Self-Study for the Professional Degree Program 2025

**University of Pittsburgh
School of Pharmacy**

University of
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OVERVIEW OF CHANGES AND DEVELOPMENTS (2016-2025)

Since the last comprehensive on-site evaluation in 2016, Pitt Pharmacy has undertaken many significant initiatives to enhance our educational programs, infrastructure, and support systems. These changes reflect our commitment to innovation, excellence, and alignment with our mission to advance the profession of pharmacy. Below, we present key updates organized by the three sections of the Standards.

Section I: Educational Outcomes

- **Personalized Education:** Expanded opportunities for tailored educational pathways through the introduction of Advanced Standing Programs, including:
  - PharmD/PhD
  - PharmD/MS in Pharmaceutical Sciences
  - PharmD/MS in PharmacoAnalytics – Pharmaceutical Outcomes Research

- **Innovative Curricula:** As described in Standard 10, Pitt Pharmacy launched new courses such as:
  - *Pharmacist Patient Care I & II*, integrating behavioral, social, and administrative sciences. These courses leverage standardized, simulated, and real patient interactions to provide hands-on learning experiences.
  - *Professional and Career Development 1,2 and 3* as a longitudinal sequence focused in development of professional identity, skills and career success.
  - Expanded *Case Conference* sequence 1-6 to enhance a cohesive, consistent and comprehensive approach to the patient care process through patient case activities introduced in concurrent courses within the term.

- **Learning Enhancements:** Details of the learning enhancements are detailed in Standard 1
  - Introduced *RxPedition*, a semester-long educational game simulating drug development process.
  - Implemented advanced technology, such as the Anatomage Table, in courses like *Pharmacotherapy of Cardiovascular Disease* to enhance student engagement and learning.

Section II: Structure and Processes for Educational Outcomes

- **Leadership Transformations:**
  - As previously reported to ACPE, key new University appointments include: (leadership structure is outlined in Standard 5)
    - Dr. Anantha Shekhar as Senior Vice Chancellor and Dean of the School of Medicine (June 2020)

- ➢ Chancellor Joan Gabel (July 2023)
  - ➢ Provost Joseph McCarthy (April 2024)

- o Dr. Amy Seybert appointed as Dean of the School of Pharmacy (July 2022), initiating significant leadership restructuring outlined in this self-study.

- o Internal leadership changes include:
  - ➢ Appointment of an Associate Dean for Faculty Affairs and Programmatic Innovation.
  - ➢ Permanent appointment of the 'Admissions Chair' position to allow for consistency and strategy in the admissions process.

- o The faculty of the University of Pittsburgh voted in support of unionization in October 2021. The final, fully executed collective bargaining agreement with the faculty union was approved in May 2024. The final CBA is available here.

- **Strategic Growth:**
  - o Developed a new strategic plan and updated mission, vision, and values statements. (The strategic plan and details are outlined in Standards 5 & 6)

  - o Pitt Pharmacy hired an embedded therapist for student support and a recruiter to enhance the qualified applicant pool. (Described in Standard 14)

  - o Pitt Pharmacy is part of the Health Science Deans collaboration to advance interprofessional education and education broadly.

- **Infrastructure Improvements:**
  - o Completed the renovation of Salk Hall (2021), described in Standard 21, featuring:
    - ➢ Expanded quiet study areas.
    - ➢ State-of-the-art laboratories, procedure rooms, and simulation spaces.
    - ➢ Classrooms optimized for active learning.
    - ➢ Reinvigorated Communications Team focused on marketing of educational programs in collaboration with the Senior Vice Chancellor Strategic Communications Team.

Section III: Assessment of Standards and Key Elements

- **Assessment Leadership and Tools:**
  - o As outlined in Standard 25, Pitt Pharmacy appointed a Director of Assessment to implement a published assessment plan, fostering continuous quality improvement.

  - o Introduced *ExamSoft* (2023) and *Suitable* (2023) to enhance technology-driven assessment practices.

- **Proactive Student Support (as discussed in Standard 13):**
  - o Established the *Coaching for Success Program*, informed by the Curriculum Assessment Committee's monitoring of student performance signals.

- Appointed a PharmD Program Director (2021) and an Associate PharmD Program Director (2024) to strengthen program oversight and student support.

- Reorganized Curran Center staff to streamline student access to resources within the School and across the University.

These and other changes underscore Pitt Pharmacy's dedication to fostering an innovative, supportive, and high-quality educational environment and a unified effort to prepare the next generation of pharmacy leaders.

Accreditation Timeline

Pitt Pharmacy's accreditation term is through 2025 with a review in Spring 2025.

Preparation in accordance with Standards 2016

- ACPE Rapid Review in Spring/Summer 2021, which provided a baseline for the 2023 ACPE Summer Task Force. (Rapid Review Taskforce, Appendix A) The ACPE Rapid Review provided an opportunity for faculty and staff to review ACPE Standards and identify areas of opportunity to better align with the ACPE Standards.
- Six members of Pitt Pharmacy's faculty and staff participated in the ACPE Self-Study Workshops in August 2022 and August 2023.
- August – September 2023: Pitt Pharmacy ACPE Summer Task Force report outs to Pitt Pharmacy Leadership Team. (ACPE Rapid Review Task Force, Appendix B)
- October 2023: Formation of Steering Committee, Co-Chairs and Standard Subcommittees.
- November 1, 2023: A 'For Your Information and Input' (FYII) session (this is the name we utilize for our schoolwide topic-based meetings) was held with faculty and staff to launch the ACPE Self-Study process.

Pitt Pharmacy Self-Study Timeline

University of Pittsburgh | School of Pharmacy

| 2022-2023 | October 2023 | May 2024 | July 2024 | September 2024 | December 2024 | February 2025 |

ACPE Rapid Review and Summer Task Force Analysis · Self-Study Launch · First Draft · Second Draft · Mock Site Visit · Third Draft · Final Report Approved and Submitted
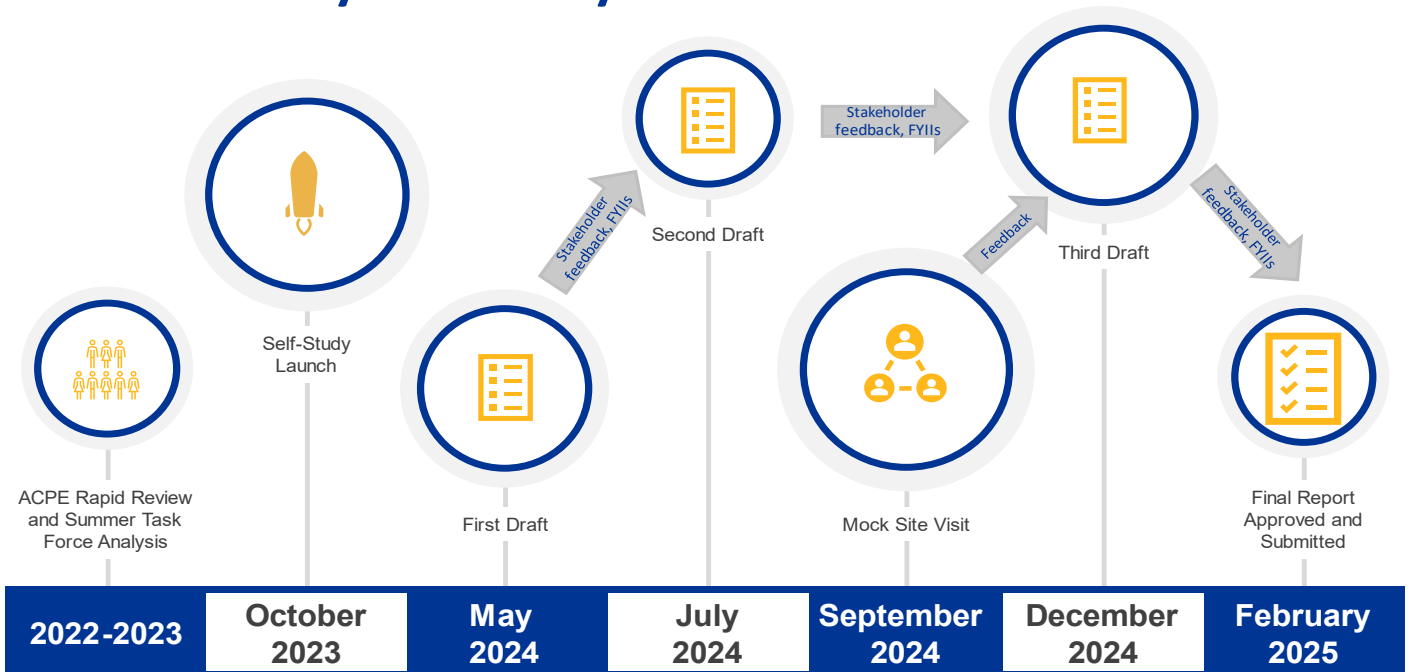
In October 2023, Dean Seybert, in collaboration with Associate Dean Denise Howrie appointed Neal Benedict, Christian Fernandez and Kristine Schonder as self-study co-chairs. With input from the department chairs, individuals were identified to participate in the self-study process as chairs, co-chairs, and members of subcommittees. Associate Dean Howrie is the Pitt Pharmacy ACPE Self-Study Champion. The Steering Committee is comprised of the Self-Study chairs, the Champion, the chairs of the subcommittees and staff.

Of the 63 faculty members that participate in the PharmD program, 100% were assigned to participate as members of the of the eight subcommittees. Twenty-five staff participated as members and co-chairs of subcommittees. Appointment of subcommittee chairs was done to provide opportunity for faculty who are not content experts to serve as subcommittee chairs, while including experts as subcommittee members. Feedback from subcommittee chairs was positive and provided opportunity to learn new areas of the PharmD program and provide new perspectives as they relate to specific standards. (Appendix C)

The Dean charged the Steering Committee to guide the overall self-study process, keep colleagues, students, preceptors, and alumni informed of the process and findings, and assure the integrity of Self-Study report. Subcommittee chairs were charged to engage subcommittee members and analyze data, prepare draft narratives for assigned standards, and assemble relevant appendices. Students were participants in the Mock Site Visit, appointed to subcommittees based on a volunteer ask and learned about the Self Study during Dean's Cabinet Meetings. Preceptors and alumni were engaged both through input opportunities at Continuing Education programs and through the Alumni Board. The members of the Board of Visitors were also provided information regarding the Self-Study process and document.

Process & Timeline (Appendix D)

- November 2023: The Self-Study process was launched at an FYII, and the Steering Committee met monthly thereafter to complete its work. To facilitate communication, a shared space in Microsoft Teams was established for document preparation.

- May – August 2024: FYIIs held to review and discuss first drafts of all narratives and gather input into key questions related to the curriculum, curricular outcomes, and assessment.

- September 2024: Revised drafts and appendices were compiled into draft Self-Study report for the mock site visit.

- October 2024: Dr. C. Kelley and Dr. L. Duke were invited for a consultative visit to provide feedback on their observations and an early draft of the Self-Study. The visit ended with a School-wide meeting during which they provided their analysis of the extent to which the school met Standards 2016, provided feedback on the on-going self-study process, and responded to questions from faculty and staff.

- October November, and December 2024: A series of FYII sessions for faculty and staff were held to gather input on evolving drafts and develop consensus around areas of strength and aspects in need of improvement.

- January 2025: The afternoon session at the Pitt Pharmacy Annual Faculty and Staff Retreat was dedicated to on-going review of the draft Self-Study document.

- February 2025: A revised Self-Study draft was circulated to faculty and staff for thorough review and final comments. Faculty directly engaged in the PharmD program were asked to agree or disagree with the statement "The Self-Study report accurately reflects the status of the school relative to the ACPE standards for accreditation." The report was approved unanimously by the faculty on February 25, 2025.

Transparency and Broad-Based Input

The Self-Study will be available to a broad base of stakeholders, so they can learn about the major themes of the report.

Documentation and Data

Appendix A	ACPE Rapid Review Taskforce & Timeline
Appendix B	ACPE Summer Taskforce Members
Appendix C	Self-Study Committees
Appendix D	Self-Study Timeline

SUMMARY OF PITT PHARMACY SELF-EVALUATION OF ALL STANDARDS

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 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.

Documentation and Data – Standard 1

Required Uploads:

☑ A copy of the professional PharmD curriculum

Appendix 1A PharmD Curriculum - CY2028

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 4-6, 69

☑ AACP Standardized Survey: Preceptors – Questions 11-13

☑ AACP Standardized Survey: Alumni – Questions 14-16 *(Please note: Alumni survey results based on 15 total responses to survey)*

Optional Documentation and Data: Optional Documentation and Data Appendices are embedded in school comments below.

Pitt Pharmacy Self-Assessment - Standard 1

	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.	●	○	○

☑ Describe the breadth and depth of the biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences components of the didactic curriculum.

☑ Describe the strategies utilized to integrate the biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences components of the didactic curriculum.

☑ Describe 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.

☑ Describe any other notable achievements, innovations or quality improvements (if applicable).

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

Foundational Knowledge

Pitt Pharmacy has a dynamic and integrated curriculum where biomedical, pharmaceutical, social, behavioral, and administrative sciences are intertwined with clinical sciences across the curriculum. The design allows for rapid curricular evolution in response to advances in science, emerging roles and expectations for pharmacists in practice, feedback from faculty, students, and preceptors (Appendices for Surveys) and from assessment data (described in Standards 24 and 25). Standard 10 describes how the curriculum aligns content vertically and horizontally across professional years and affords opportunities for students to personalize their education. Symbolic of the integrated nature of the curriculum, courses are labeled "PHARM" and are not attributable to specific departments (Appendix 1A, required). Science and practice faculty collaborate in most courses with shared responsibility for learning.

Pitt Pharmacy Outcomes (Appendix 1B, optional) articulate specific expectations for development of foundational knowledge, skills and attitudes and are the cornerstone for courses, content, learning activities and assessments. The map of core courses by curricular outcomes (Appendix 1C, optional) illustrates the extent to which outcomes including Learner and Problem Solver are addressed across the curriculum.

Pitt Pharmacy's strategy of a multifaceted approach to integration across the curriculum ensures that students show progression to mastery of the foundational science throughout their education experience. On the 2024 AACP Graduating Student Survey, 100 percent of students strongly agreed/agreed that they were prepared to apply knowledge from foundational sciences to patient care. The following sections outline strategies employed throughout each year of the program.

P1 year

The P1 year courses provide students with a foundation in the pharmaceutical sciences and the principles of practice. *Biochemistry 1 & 2* and *Principles of Drug Action* introduce principles of biochemical pathways, genetics, structure/activity relationships, drug-receptor interactions, drug design and development, pharmacokinetics, pharmacogenomics and pharmacodynamics. *Anatomy & Physiology 1 & 2* frame and develop concepts of cellular physiology, organ-system specific anatomy, and physiology. Deliberate strategies are embedded throughout the curriculum to link foundational concepts with clinical practice and the foundational science courses are designed to integrate pharmacy relevance of the content, including biochemical, pharmaceutical, and pharmacological basis for the 120 most commonly prescribed medications or those medications that have historical significance. The

Dosage Form Design and Delivery course introduces students to physical-chemical principles involved in the development of pharmaceutical dosage forms.

The *Pharmacist Patient Care 1 & 2* introduce students to the profession of pharmacy and behavioral, social, and administrative sciences core to provision of direct patient care using simulated patients, standardized patients, and actual patient interactions in learning activities. Students answer drug-related questions, review statistical principles, and complete a variety of written and verbal assignments. The courses introduce the Pharmacists' Patient Care Process (PPCP) which sets the groundwork to prepare pharmacists, as healthcare providers, to work collaboratively with others to achieve effective use of medicines and other interventions to mitigate disease and maximize health and well-being of patients and society. IPPEs in the P1 year introduce basic pharmacy practice skills and aspects of professional responsibility to meet health care needs of diverse populations.

Case Conference series throughout all three didactic years, developed in collaboration with courses within each term, provides additional opportunities for each student to develop and enhance a cohesive and comprehensive approach to patient care. The series incorporates patient case activities to reinforce the knowledge and skills introduced in concurrent courses within the term, as well as reinforcing previously learned scientific and patient care principles, skills and knowledge.

Rounding out the didactic curriculum in P1 year are the *Emerging Professional* and *Professional and Career Development 1* which establish the strong hold of professionalism at Pitt Pharmacy. These two parallel but separate courses provide a historical perspective on pharmacy and a foundation for development of skills required from the social/behavioral aspect to engage students in interacting with others.

P2 Year
The P2 year courses expand on science and practice foundations of the P1 year and content is integrated horizontally across courses. In *Pharmacokinetics and Drug Response,* students develop knowledge and skills in pharmacokinetics, pharmacogenetics, pharmacogenomics, and pharmacy calculations as they relate to rate and extent of drug absorption, distribution, metabolism and elimination. *Fundamentals of Immunology* introduces foundational knowledge of the immune system and integrates basic and applied immunology with pharmacy practice. The *Cardiology, Infectious Disease, Gastroenterology/Nutrition,* and *Nephrology/Pulmonology* therapeutic modules incorporate biomedical and pharmaceutical sciences with practice concepts. The P2 year expands on the professional behaviors introduced in the P1 year with a focus on development of skills in self-care through *Nonprescription Therapies and Self-Care Practice*. *Drug Discovery & Development* follows the process of drug development through the early stages of the drug approval process and integrates the skills students develop in evaluating scientific literature in *Drug Literature Analysis & Evaluation*.

Community Pharmacy Practice 1 & 2 deliberately focuses on IPPEs to implement direct patient care practices in the community and on principles of social, behavioral, and population health. Students practice patient interviewing skills and patient care documentation regarding patient assessment, drug therapy recommendations, and solving therapeutic problems. Reflections and small group discussions allow students to consolidate and synthesize their learning.

Professional and Career Development 2 continues to foster professional development through the P2 year, further enhancing students' professional identity, conflict resolution skills, and self-marketing as a

healthcare professional. *Case Conference series* uses patient cases that integrate concepts across therapeutic modules to enhance patient care skills.

P3 Year
Foundational pharmaceutical sciences and practice concepts are integrated through all organ-based therapeutic modules in the P3 year: *Endocrinology, Infectious Disease 2, Advanced Immunology, Neurology/Psychiatry, Oncology/Hematology, and Critical Care/Nephrology*. Students gain skills in management and advancing population health in two courses. *Population Health and Management* focuses on the connection between pharmacists and health systems by addressing population health concepts, such as health disparities, literacy and behavior change, health care reform, policy and program development. It also addresses principles of management and business for the pharmacist. *Safe Medication Use and Pharmacoeconomics* further develops literature evaluation skills in the consideration of aspects of the health care delivery system, including pharmaco-economics and continuous quality improvement practices. *Pharmacy Law* covers the laws and regulations relevant to pharmacy practice and civil liability. IPPEs in the P3 year focus on practice in hospital and institutional settings.

Professional and Career Development 3 continues professional development through the P3 year, focusing on difficult situational encounters on APPE rotations, interview skills, and self-marketing as a healthcare professional to potential employers. *Case Conference series* builds patient care skills with more complex patient cases that reflect real-life practice. Students also practice presentation skills by delivering an educational Seminar presentation to faculty and students.

P4 Year
The culmination of application and integration of students' knowledge and experiences occurs in the P4 year. Students provide patient care in a variety of settings, refine literature retrieval and evaluation skills, enhance their understanding of statistical concepts, practice oral and written communication, apply pharmacy management principles, and determine therapeutic outcomes. Specific outcomes for each core rotation are included in the course syllabi (Appendix 1D, optional) and are described in the narrative of Standard 13.

The integration of 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 is outlined for each of the professional years within the PharmD program. Examples of integration include:

P1 Year
- Case-based learning activities are incorporated in foundational sciences courses throughout the P1 year, including integration of PPCP across courses. One such integration has been between the *Pharmacist Patient Care 1* course and *Biochemistry*. Faculty in both courses teamed together in Spring 2023 to develop an interactive electronic escape room activity meant to bridge the knowledge learned about glucose metabolism with diabetes disease state and medication management, mechanism, and disease pathology.

P2 Year
- Test2Learn™ (www.test2learn.org) is an innovative approach to instruction supported through federal/foundation grant and school funding where students learn pharmacogenomics using personal genomic data. In P1 year, students have the option to undergo personal testing via

23andMe. In P2 year, students can use their own data or access provided (de-identified) real genetic data within a careful ethical framework. Faculty then lead interactive exercises and cases that are threaded through the curriculum from foundational basic sciences coursework through pharmacokinetics and ultimately material focusing on real-world pharmacogenomics implementation in the P2 year. The approach is valued because it provides first-hand exposure to population variability, innovative technologies, and practical clinical decision making with high fidelity. In 2024, we celebrated 10 years of using Test2Learn™. Over 1200 Pitt Pharmacy students have participated to date. This technology has been disseminated to an additional 3600 multi-professional individuals through more than 120 programs offered nationally.

- RxPedition is a semester-long educational game for drug development created by Pitt Pharmacy faculty in *Drug Discovery and Development*. The class is divided into groups of six with each group representing a mock biotech company. Teams experience the entire drug development process: they select a drug candidate, design studies, interpret data, and make scientific, economic and regulatory decisions. The experience is accommodated by a high-level simulation of medication trials, including patient-level pharmacokinetic and pharmacodynamic outcomes on efficacy and safety with study medications vs control medications. This is achieved through a blend of in-silico industry simulation (SimCYP™ by Centura) and prediction models bootstrapped from data in the literature on analogous compounds. Students use foundational knowledge in these decisions, making the class a capstone for the drug development curricular pathway. The student teams must balance the cost, quality, time, and public opinion for their mock drug to be approved in the end. The course is a blend of lecture, practicum, student presentations, clinical trial simulation, and just-in-time training.

- The Anatomage Table is used in the *Pharmacotherapy of Cardiovascular Disease* course to expand students' ability to learn about cardiovascular anatomy and physiology. This technology simulates life-size bodies modeled after real corpses to provide a hands-on experience for students. The experience is offered in conjunction with the new AR/AV lab in the Scaife Medical Annex at the University of Pittsburgh School of Medicine. Additionally, students also have opportunities to use the AnatomyX software, a full-body 3D immersive health education tool powered by a holographic visualization platform.

P3 Year
- Throughout the first three years of academic training, students demonstrate the ability to critically evaluate the medical/pharmaceutical literature and to establish their aptitude with scientific literature review through verbal presentations and written assignments. In the P3 year, each student prepares and delivers a seminar on a drug therapy or disease management topic. The student is expected to:
  - Analyze the study design and determine whether the methodology was appropriate for the research hypothesis
  - Determine the following:
    - whether the outcome measures chosen to determine drug efficacy or effectiveness were appropriate
    - statistical tests used were appropriate for the data analyzed
    - results were valid based on the study design
  - Assess how a research study's findings will impact patient care
  - Provide a strong conclusion and recommendation about place in therapy

Case Conference Series **(occurring in all terms of P1, P2 and P3 years):** developed to increase the number and complexity of patient cases to equip students with the skills necessary to provide patient care. Cases, which reinforce disease-specific application of foundational knowledge and clinical reasoning, are collaboratively created. Knowledge and skills emphasized include, but are not limited to, retrieval and critical evaluation of quality health care information, patient assessment, clinical decision making, development of pharmaceutical care plans, verbal and written communication with patients and other health care providers, and professional behaviors.

Notables – Standard 1

Pitt Pharmacy is a leader in Foundational Course Innovations:
- Pharmacogenomics – Test2Learn where students learn pharmacogenomics using personal genomic data.
- RxExpedition where student teams learn the drug development process through simulated clinical trial data.
- AV/AR technology in the classroom – Pitt Pharmacy remains on the cutting edge of innovation in the classroom by introducing students to new models of care through immersive learning.

Pitt Pharmacy Final Self-Evaluation – Standard 1

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**

STANDARD 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.

Documentation and Data – Standard 2

Required Uploads:

☑ Outcome assessment data summarizing overall student achievement of Standard 2 key elements for didactic coursework, introductory pharmacy practice experiences (IPPE), and advanced pharmacy practice experiences (APPE)

Appendix 2D Assessment Matrix 2023-2024

Appendix 2E, Aggregate APPE Student Performance 2023-24

REQ Aggregate IPPE Student Performance

☑ List of courses, teaching methods, and assessment measures used to address each key element of Standard 2

Appendix 2A Curricular Map PharmD Core Teaching Strategies

Appendix 2B Curricular Map PharmD Core Assessment Strategies

Data Views and Standardized Tables:

☑ **AACP Standardized Survey: Students – Questions 7-11**

☑ **AACP Standardized Survey: Preceptors – Questions 14-18**

☑ **AACP Standardized Survey: Alumni – Questions 17-21** *(Please note: Alumni survey results based on 15 total responses to survey)*

Optional Documentation and Data: Additional Optional Documentation and Data Appendices are embedded in school comments below.

Pitt Pharmacy Self-Assessment – Standard 2

	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.	● ○ ○
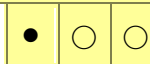
Pitt Pharmacy Comments - Standard 2

☑ Describe how the college or school supports the development of pharmacy graduates throughout the curriculum who are able to provide patient-centered care.

☑ Describe how the college or school supports the development of pharmacy graduates throughout the curriculum who are able to manage medication use systems.

☑ Describe how the college or school supports the development of pharmacy graduates throughout the curriculum who are able to promote health and wellness.

☑ Describe how the college or school supports the development of pharmacy graduates throughout the curriculum who are able to describe the influence of population-based care on patient-centered care.

☑ Describe any other notable achievements, innovations or quality improvements (if applicable).

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

Patient-centered Care

The P1 year begins with an introduction to the Pharmacists' Patient Care Process (PPCP) in two required courses (*Pharmacist Patient Care 1 (PPC1): Process and Skills; Pharmacist Patient Care 2 (PPC2): Skills and Environments*). Students develop competence in the patient-centered practice of pharmacy in different settings. The courses focus on practicing as a professional, allowing students to articulate a philosophy of practice and demonstrate professionalism. This work extends through the curriculum as students engage in IPPEs and progress to APPEs.

Pitt Pharmacy deploys different instructional methodologies throughout the curriculum (Appendix 2A, required) to enhance patient-care skills including role-play, simulations with standardized patients, virtual patient simulators, and engagement with high-fidelity human simulators. These are coupled with assessments (Appendix 2B, required) to ensure students can demonstrate skills learned in didactic activities.

In *PPC1*, students conduct patient encounters to optimize patient's pharmacotherapy and resolve drug-related problems. Students first learn what it is like to be a patient in a role-play where they portray patients with chronic conditions. Students then practice interview techniques with standardized patients in simulated environments with formative feedback targeting specific skills, such as developing communication skills.

Other activities in P1 year include meeting members of the "Jones Family" (standardized patients), followed by "patient intake" (collecting past medical history and medication history). Follow-up visits with Jones Family allow students to gather more data from the patient to identify drug therapy problems. Students also work in small teams to complete medication therapy management (MTM) sessions. Students provide individual evidence of communication skills and baseline knowledge by completing a final MTM session. Patient care skill development is continued in *PPC2*, where students practice the steps of the PPCP with older adults at Silver Scripts, a partnership with senior centers in

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Pittsburgh to provide medication reviews and screenings for seniors. This award-winning program has been a part of the curriculum for more than 20 years.

In *Self-Care and Nonprescription Therapies* in P2 fall term, students enhance their patient care techniques in a series of team- and individual-based simulations that culminate in a high-stakes summative assessment that demonstrates student readiness to progress in the curriculum. P2 students also develop patient care skills in community pharmacy sites in IPPEs in the spring. The focus on the PPCP extends to therapeutics courses that integrate pharmaceutical sciences, therapeutic principles, and disease management strategies. Patient assessment skills, therapeutic plan development, and patient care delivery considerations are woven throughout these courses. All instructors are asked to tag course content to the PPCP to enhance student recognition of the pharmacist's role in the process so the intersection between science and the profession of pharmacy can be appreciated.

Virtual patient and high-fidelity human simulators are used at Pitt Pharmacy to develop clinical decision-making and enhance provision of care (Appendix 2C, optional). Specifically, EHRGo® (Archetype Innovations, LLC) is a simulated electronic heath record (EHR) used in 3 courses in P1 year (*PPC2: Skills and Environments, Case Conference 1 and 2*), 5 courses in P2 year (*Dosage Form Design and Delivery, Cardiology, Pharmacotherapy of Infectious Disease 1, and Case Conference 3 and 4*) and 3 courses in P3 year (*Pharmacotherapy of Infectious Disease 2, Case Conference 5 and 6*). EHRGo® allows students to work in real-time on patients with various diseases and provides the opportunity to simulate authentic patient care when merged with standardized patients. In 2023-2024, Pitt Pharmacy faculty created 60 unique custom activities for use in the classroom. Virtual simulation also encompasses the use of "Storyline" and "Rise" on the "Articulate 360" platform (articulate.com) to allow for interactive decision making in the patient care process. This technology is used in 7 P1 courses (*PPC* 1 and 2, *Case Conference 1 & 2, Biochemistry 1 & 2*, and *Professional and Career Development* 1); 2 P2 courses (*Nonprescription Therapies & Self-Care Practice and Drug Literature Analysis and Evaluation*) and 1 P3 course (*Case Conference 6*).

In addition to standardized patients, standardized colleagues are utilized in the curriculum to assess student proficiency in interprofessional communication. Through these activities, students practice their medication expertise and exercise their ability to provide patient-centered care in an interprofessional setting. Standardized Colleagues are utilized in *Case Conference 5 and 6* in capstone cases described below.

Case Conference Series are one-credit courses through P1, P2 and P3 years, integrating content across concurrent courses providing students with opportunities to apply the PPCP to increasing complex patient cases in a variety of simulated sessions. P1 year cases introduce students to gathering/assessing patient-specific information and written communication in the medical record. Cases in P2 year expand on therapeutic content in concurrent courses to include a more holistic approach to the patient and address assessment skills, therapeutic decision making, application of biomedical literature, and written communication. P3 year cases advance patient care skills with increasing complexity that challenge clinical decision making with multiple therapeutic alternatives and refine interprofessional communication skills.

Capstone cases, deployed through P2 and P3 years for more than 14 years, assess the individual student's patient care skills. The P2 capstone case provides both formative (through practice) and summative assessment of skills related to patient interview, clinical decision making and medical record

documentation. The P3 capstone cases provide summative assessments of skills related to patient and interprofessional communication and written documentation at the end of each term in the P3 year. To demonstrate success and readiness to practice, students must meet an expected level of competence on the cases. Students demonstrate progressive development in patient care skills through Capstone Cases across the P2 and P3 years. The Capstone Case format has been expanded into P1 courses including *Case Conference 2* and *Pharmacy Patient Care Process 2* through standardized patient assessments.

Standard 24 describes the Readiness Assessment where students demonstrate interprofessional communication, clinical decision making (problem solving and critical thinking), and attitudes of ownership (professional responsibility and advocacy).

Assessment Data
From the Assessment Matrix for 2024 (Appendix 2D, required)
- 88 percent of students scored at or above 80 percent for the Standardized Patient final interview (P1)
- 91 percent scored at or above 80 percent for the documentation (P1)
- 97 percent of students scored at or above 80 percent for the self-care standardized patient final, which incorporates therapeutic decision-making skills (P2)
- 83 percent of students scored at or above 80 percent for the P2 capstone
- 95 percent and 98 percent of students scored at or above 80 percent for the P3 fall and spring capstone cases, respectively
- 99 percent of students scored at or above the breakpoint score of 19.35 (P3) for Readiness Assessment

**Results exceed our benchmark institutions

APPE assessments using the School's mastery scale (Appendix 2E, required) show high levels of student competence in patient-centered care skills. In 2023-2024:
- 98 percent of P4 students achieved a minimum rating of Intermediate competence for patient assessment skills
- 96.5 percent achieved the same minimum rating for formulating pharmaceutical plans and decision making

Medication use systems management

Pitt Pharmacy graduates are trained to manage medication use systems, and our curriculum mapping demonstrates the extent to which this occurs across (Appendix 2F, optional). The curricular outcome Medication Use Steward articulates specific expectations for students to demonstrate proficiency in using medication use systems to enhance patient care outcomes (Appendix 2G, optional).

Students learn pharmacy dispensing rules and regulations through the curriculum, beginning in P1 year in *PPC1 and PPC2*, and reinforced in *Dosage Form Design and Delivery*. These concepts are again reviewed in the P2 year in *Nonprescription Therapies & Self-Care*, as well as applied directly and reflected upon through activities and assignments at IPPE community pharmacy sites in *CPP2* and health care sites in *Health System Pharmacy 1 and 2*. Students also complete the Pennsylvania Pharmacists Care Network (PPCN) Medication Management Training program, a national training program notably created by Pitt Pharmacy faculty to educate pharmacists and students on the pharmacist-delivered patient-centered care.

In the P3 year, medication use systems management occurs in *Safe Medication Use and Pharmacoeconomics* and dispensing rules and regulations are again covered in *Pharmacy Law*. Appendix 2H (optional) shows IPPE institutional medication experiences; Appendices 2I and 2J (optional) show manuals for P2/P3 IPPEs. Ultimately, students apply the learned principles to practice in the required and elective APPE rotations. On the 2024 AACP Graduating Student Survey, 100 percent of students strongly agreed/agreed that they are prepared to optimize the safety and efficacy of medication use systems to manage patient healthcare needs.

Health and Wellness
Our curriculum emphasizes skills to promote health and wellness, starting in P1 year in *Community Health 1 & 2 (CH1/CH2)* focusing on Healthy People 2030. Student*s* apply health promotion principles in a series of public health projects through community-based IPPEs in P1 and P2. Additionally, P1 student teams collaborate on health and wellness presentations for the annual Health Fair (Academic year 2023-2024 celebrated the 15th annual event) in PPC2. Students are also trained to administer immunizations in P1 year. Our students are actively engaged in health and wellness across the campus and beyond as they provide vaccines (as permitted by state regulations) for children and adults for many infectious diseases such as influenza and COVID. Our students play a lead role at immunization clinics on campus, including the Pitt Pharmacy led Health Sciences Vaccination & Health Connection Hub, as well as mass vaccination events. To date, we are the only School of Pharmacy in PA that trains P1 students to become registered immunizers.

P2 and P3 students are required to complete additional patient-facing service hours that incorporate health and wellness promotion, such as brown bag learning events, blood pressure screenings, medication adherence programs, and medication take-back programs. Health promotion opportunities occur in the P3 year in *Case Conference Series* where students design pharmacist-directed interventions that impact the patient's health and wellness and in *Population Health and Management* that integrates population challenges into term projects that propose solutions to such problems. Ninety-nine percent of the graduating class of 2024 strongly agreed/agreed that the curriculum prepared them to promote wellness and disease prevention services.

Population-based care
Our curriculum is designed to facilitate student development of knowledge and skills needed to describe the influence of population-based care on patient-centered care. In *Community Health 1 & 2,* P1 students work in interprofessional teams at IPPE community sites to describe evidence-based health prevention, intervention and educational strategies for individuals and/or communities to improve health, wellness and health equity. Students develop projects at their assigned IPPE sites that could benefit the health of the community they are serving, following objectives outlined in Healthy People 2030. This work culminates in formal presentations in the spring.

In the P2 year, *Drug Literature Evaluation* focuses on literature evaluation of public health research. Students develop skills for screening, brief intervention, and referral to treatment (SBIRT) to identify and manage patients with substance abuse. In the P3 year, *Population Health and Management* emphasizes cultural competence and diverse patient populations. *Safe Medication Use and Pharmacoeconomics* concentrates on population-based medication safety, evaluation of population and health-related outcomes, and continuous quality improvement. One hundred percent of P3 students achieved a score of 80 percent or better for the public health problem analysis group paper and logic model individual

paper. In the P4 year in 2023-2024, students rated themselves highly for self-assessment of mastery for the public health curricular outcome (3.77 on 4-point scale), a rating mirrored by preceptors (3.59). On the 2024 Graduating Student Survey, 98.7 percent of students indicated that they were able to assess the health care needs of a given patient population.

Notables – Standard 2

Pitt Pharmacy has been a leader in advancing pharmacist patient care practice for decades including:
- The only Pharmacy School in Commonwealth of PA that has immunization training for P1 students.
- Silver Scripts where students practice PPCP skills and screenings with older adults in the community.
- The Health Fair engages P1 students to provide public health education to promote health and wellness to the University community.
- Capstone cases across program years assess students' patient care and interprofessional collaboration skills.
- Faculty-created training program for students to deliver patient-centered care that was developed into a national training program for pharmacists: the Pennsylvania Pharmacists Care Network (PPCN) Medication Management Training Program.
- As a founding partner of AACP's Academia-Community Transformation (ACT) Pharmacy Collaborative, Pitt Pharmacy unites colleges/schools of pharmacy and pharmacist leaders nationwide to transform community-based pharmacy practice, mobilize stakeholders and resources to support and facilitate implementation of community-based pharmacy care and amplify development and implementation of sustainable community-based pharmacy care delivery.

Pitt Pharmacy Final Self-Evaluation – Standard 2

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**

STANDARD 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.

Documentation and Data – Standard 3

Required Uploads:

☑ Outcome assessment data summarizing overall student achievement of Standard 3 key elements for didactic coursework, introductory pharmacy practice experiences (IPPE), and advanced pharmacy practice experiences (APPE)

Appendix 3B Assessment Matrix 2024

Aggregate IPPE Student Performance

Aggregate APPE Student Performance 2023-24

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 12-18**

☑ **AACP Standardized Survey: Preceptors – Questions 19-25**

☑ **AACP Standardized Survey: Alumni – Questions 22-28** *(Please note: Alumni survey results based on 15 total responses to survey)*

Optional Documentation and Data: Optional Documentation and Data Appendices are embedded in school comments below.

Pitt Pharmacy Self-Assessment – Standard 3

	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. | ● ○ ○ |

Pitt Pharmacy Comments – Standard 3

☑ **Describe 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.**

☑ **Describe how the college or school incorporates interprofessional education activities into the curriculum.**

☑ **Describe how assessments have resulted in improvements in patient education and advocacy.**

☑ **Describe how assessments have resulted in improvements in professional communication.**

☑ **Describe how assessments have resulted in improvements in student problem-solving and critical thinking achievement.**

☑ **Describe any other notable achievements, innovations or quality improvements (if applicable).**

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

The Pitt Pharmacy PharmD curriculum is designed to facilitate students' progressive development of knowledge, abilities, behaviors, attitudes, and skills critical to effective patient care and practice. These elements are reflected in the Curriculum Outcomes Problem Solver; Communicator and Educator; Ally, Promoter, and Champion; and Interprofessional Collaborator (Appendix 3A, optional).

The Curriculum Committee, through review of courses and content themes, and working in concert with the Curriculum Assessment Committee and the Justice, Equity, Diversity and Inclusion Committee (described in Standard 10), utilizes a continuous quality improvement model that maintains a contemporary, progressive curriculum that is responsive to the external health system and practice environment, feedback from students and preceptors, and incorporates data-driven analysis and recommendation from assessments as exemplified by the Assessment Matrix (Appendix 3B, required), detailed in Standards 24 and 25. Our curriculum outcomes include co-curriculum skills so there is a seamless model of teaching and learning through coursework within the classroom and student activities outside the classroom.

Pitt Pharmacy developed its program co-curriculum structure and requirements in concert with enhanced student advising, described in Standards 4 and 15, to expand student development and career support. Initially, co-curriculum activities and curriculum outcome achievements were tracked using an in-house developed portfolio system. However, with University support, Pitt Pharmacy has adopted a commercial platform for tracking student work, enabling students to build a body of work that supports their individual career track and their Pitt Pharmacy accomplishments. The "Suitable" dashboard facilitates visualization of student achievements by faculty and outside reviewers and tracks self-reflection of their career direction. This medium is readily visible as evidence of student achievement of skills.

Problem Solving

Pitt Pharmacy graduates are challenged and expected to use problem solving and critical thinking skills, with a creative and innovative mindset, to promote positive change and effective solutions to address challenges in individual or population-based care, medication use systems, technology, or pharmacy practice or policy in any setting. Each course in the curriculum facilitates student development of critical thinking and problem-solving skills, noted in the map of core courses to the Pitt Pharmacy Outcomes (Appendix 3C, optional). Specific course-embedded learning activities and assessments related to development of problem solving and critical thinking skills are outlined in the rows of the PharmD Assessment Matrix associated with Pitt Pharmacy Outcome Problem Solver.

Problem-solving skill development is integrated throughout the curriculum with specific learning opportunities and assessments embedded across the curriculum. Literature evaluation and clinical reasoning associated with standardized patient assessments are two examples among many problem-solving skills that are tracked across the curriculum. For example, literature evaluation begins in P1 year in *Principles of Drug Action* and grows in complexity in P2 year in *Pharmacokinetics and Drug Response*. Literature analysis, study design, data analysis, and evidence-based medicine are explored in *Drug Literature Analysis and Evaluation*.

Clinical applications of problem-solving skills begin in the P1 year as students interact with standardized patients in the Jones Family simulations and with older adults in the Silver Scripts program (see Standard 2). Problem-solving skills are demonstrated in standardized patient assessments across all years of the curriculum. Simulations in the *Cardiology* course and patient care simulation finals require application of clinical-making skills and problem solving. Prior to APPEs, P3 students are challenged with capstone cases to apply clinical decision-making skills to complex patient cases that demand integration of knowledge and skills drawn from concurrent and previous courses.

Student involvement in co-curricular activities is tracked through the Pitt Pharmacy Professional Development Dashboard (see Standard 4). Activities in the Dashboard designed to further enhance applications of problem-solving skills include annual competitions, such as the ASHP Clinical Skills Competition, the AMCP Pharmacy & Therapeutics Competition, Pitt Innovation Challenge (PinCh), and the ACCP Clinical Pharmacy Challenge, that foster creative thinking, problem-solving, communication, and leadership skills. Pitt Pharmacy chapters for ASHP, APhA and ACCP host local competitions, and the winners compete at the national competitions.

Education

Development of students as educators of diverse audiences begins in the P1 year and is progressively developed and refined across the curriculum. P1 students learn to educate patients through the Jones Family standardized patient simulations and Silver Scripts program (see Standard 2). Students learn strategies for public health education and awareness-building and conduct a Health Fair, approaching its 16th year, to educate University of Pittsburgh and UPMC communities on timely health-related topics.

Patient education skill development expands in P2 year in *Nonprescription Therapies and Self-care* with standardized patient assessments. In *Community Pharmacist Practice 1& 2*, students develop health promotion programs at various community pharmacy sites around the Pittsburgh area, annually engaging 4,000 to 5,000 patients. *Drug Literature Analysis and Evaluation* provides opportunities to develop and hone skills to educate peers through literature evaluation. Students develop skills to

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educate other health care professionals using oral presentations throughout the curriculum (Appendix 3D, optional), culminating with the required seminar presentation in P3 year.

Appendix 3E (optional) highlights student engagement in co-curricular activities to build education skills.

Patient Advocacy

Students are first introduced to the social determinants of health in the P1 year, with continued attention throughout the curriculum to how social, economic, cultural, and other factors, directly and indirectly, drive individual and population-based health. P1 students begin to develop patient advocacy skills at IPPE sites in *Community Health 1 & 2 (CH1 & 2).*

Patient advocacy skills are further fostered through participation in Legislative Day when the P2 class travels to the PA State Capitol to meet with representative to lobby for health care-related legislation. Since 2013, 868 students have attended 429 legislative visits. Notably, in Fall 2024, the Pennsylvania Pharmacists Association recognized Pitt Pharmacy students with a Government Relations Award.

Examples of co-curricular activities that contribute to the development of patient advocacy skills, include organizing donation drives for underserved and homeless communities, and writing letters to state and federal representatives to support various bills that affect patient access to medications and health care, among others (Appendix 3F, optional).

Interprofessional Collaboration

Components of the Pitt Pharmacy PharmD curriculum facilitate student development of the knowledge, skills, and abilities to actively participate and engage as an interprofessional health care team member. This includes demonstrating mutual respect, understanding, and values to meet patient care needs, described in detail in Standard 11. In addition to innovations by members of Pitt Pharmacy in didactic courses to collaborate with other health professionals, faculty are actively engaged under the auspices of Health Sciences Offices across health science schools to work together to care for patients. Appendix 3G (optional) outlines the interprofessional collaboration mapping across the curriculum.

Examples of co-curricular activities that contribute to the development of interprofessional collaboration skills, include Opioid Use and Stewardship Accountability with palliative care professionals, HIV Care with the Dental School, and Diabetes Cooking event with the School of Nutrition and Dietetics, among others (Appendix 3H, optional).

Interprofessional collaboration is exemplified in P2, P3 and P4 experiential education rotations, as students progressively develop skills, actively participate as team members, and self-reflect on this facet of health care. Students assess themselves at near proficiency in interprofessional collaboration skills (3.95 on a 4-point scale). Preceptors rated 91.7 percent of students at proficiency or intermediate competency for interprofessional collaboration. On the 2024 AACP Graduating Student Survey, 97.5 percent of students strongly agreed/agreed that they were able to engage as a member of an interprofessional healthcare team.

Cultural Sensitivity

At Pitt Pharmacy, we believe there is powerful synergy that evolves from a diverse community with an inclusive culture. Students are introduced to social determinants of health across the curriculum and foster a healthy respect for the differences among us. As early as P1 orientation, students participate in

an activity that exposes cultural differences within their own class to heighten cultural humility and awareness early in their academic journey.

P1 students are introduced to concepts of cultural sensitivity with activities both in and out of the classroom. The Worlds Apart Workshop introduces students to patients with aspects of care unique to their individual experiences. Health Care Access training is presented by staff from the Pennsylvania Health Care Benefits Solutions Organization to all students. A virtual patient simulation in P2 course *Nonprescription Therapies and Self-Care* uses a diverse array of patients based on age, race/ethnicity, culture, and other factors, with whom students must engage to triage, assess, and provide appropriate care.

Cultural sensitivity is addressed in the P3 year through the Grace Lamsam Pharmacy Program for the Underserved where students provide care for patients in underserved populations in an interprofessional setting. Services are provided at the Birmingham Free Clinic, 2nd Avenue Commons, 9th Street Free Clinic, Women's Center and the Street Medicine Program.

Cultural sensitivity is an emphasis in P3 *Population Health and Management* using a poverty simulation to illustrate health access issues and social determinants of health. Cultural sensitivity concepts are incorporated into cases used in the *Case Conference* courses across the curriculum with specific reflection and class discussion to reiterate thoughtful consideration of patient needs.

Students successfully compete for travel awards through the Graduate School of Public Health to conduct global health projects and for Nationality Room (travel abroad) Scholarships. Yearly, up to 20 percent of P4 students have international experiences (compared to national average of less than 8%) and an average of 17 P4 students participate in Indian Health Service APPEs, which further enhance their cultural sensitivity. International and domestic APPE exchanges also provide learning opportunities to recognize health disparities and access to patient care. Standards 13 and 22 provide additional detail into student exposure to diverse populations. Pitt Pharmacy students have also been awarded Albert Schweitzer Fellowships and Bridging the Gap Fellowships.

Examples of co-curricular activities that contribute to development of cultural sensitivity skills, include Addressing Health Disparities, Unifying Against Stigma Through Stories, Women's Shelter Drive, Assessing Race Factors in Kidney Function, and Increasing Stroke Awareness in Spanish Speaking Populations, among others (Appendix 3I, optional).

Communication

Communication skills are developed very early and across the curriculum. Student performance in professional communication improves as they progress from P1 to P4 year. P1 students develop skills in patient interview techniques, applied in the context of the PPCP, to elicit vital information to formulate a patient care database and identify drug-related problems that are then communicated to the patient's interprofessional care team.

Students are trained in motivational interviewing techniques through *CH 1 and 2* in P1 year, apply them in simulated experiences and IPPEs, and then receive specific formative feedback in the *PPC2* course. In P2 year, students hone interview skills and begin to formulate drug therapy recommendations in the *Case Conference series*. Students continue to refine their skills in the P3 year *Case Conference series*

through written and verbal communication to both patients and physicians. With faculty guidance, students provide written and verbal recommendations directly to physicians regarding therapy recommendations and medication management.

Physician written communication is introduced in P1 year through consult letters written after standardized patient interactions. Interprofessional communication expands in P2 and P3 years to direct verbal communication skills with physicians. Simulation activities in P2 and P3 years reinforce skills through role play, human patient simulators, virtual and standardized patients, and standardized colleagues.

Assessments of professional communication are built sequentially across the curriculum and are embedded in targeted courses. Student performance is assessed using validated rubrics that facilitate a standardized approach to assessment and detailed feedback important to continued refinement of patient care skills, culminating in a summative assessment in both fall and spring semesters of P3 year. Communication scores consistently demonstrate improvement from the fall to the spring capstone case.

Communication is one of the highest rated skills by both students and preceptors at the end of the curriculum: students assess themselves at near proficiency in communication skills (3.91 on a 4-point scale); preceptors rated 74.7 percent of students at proficiency and 21.9 percent of students at intermediate competency for communication skills. On the 2024 AACP Graduating Student Survey, 98.7 percent of students strongly agreed/agreed that they were prepared to communicate with patients, healthcare professionals and caregivers.

Notables – Standard 3

- Students have consistent high degree of mastery of skills as reported by APPE preceptors and P4 students each program year, especially noted in areas of communication and education.
- Patient Advocacy: Pennsylvania Pharmacists Association recognized Pitt Pharmacy students with a Government Relations Award in Fall 2024.
- Cultural Sensitivity:
    - 4 Pitt Pharmacy students were awarded Schweitzer or Bridging the Gaps Fellowships
    - All students participate in the Grace Lamsam Program for the Underserved

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**

STANDARD 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.

Documentation and Data – Standard 4

Required Uploads:

☑ Plan for Student Achievement of the Key Elements of Standards 3 and 4 (Co-Curricular Plan) or Co-Curriculum Manual broken down by campus, branch, and pathway (branch and pathway requirements for applicable programs). The plan should include timeline, activities, outcomes, and assessment tools

Appendix 4B Professional Development Manual

☑ Outcome assessment data summarizing students' overall achievement of Standard 4 key elements for didactic coursework, introductory pharmacy practice experiences (IPPE), and advanced pharmacy practice experiences (APPE)

Appendix 4C Aggregate APPE Student Performance 2023-24

Aggregate IPPE Student Performance

Assessment Matrix

☑ Examples (2-3 for each standard) of curricular and co-curricular experiences available to students to document developing competence in affective domain-related expectations of Standards 3 and 4

Appendix 4D Dashboard Activities Professionalism

Appendix 4E Dashboard Activities Leadership

Appendix 4F Dashboard Activities Innovation

Appendix 4I Dashboard Activities Educator

Appendix 4J Dashboard Activities Patient Advocacy

Appendix 4K Dashboard Activities Interprofessional Collaboration

Appendix 4L Dashboard Activities Cultural Sensitivity

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 19-23, 25**

☑ **AACP Standardized Survey: Preceptors – Questions 26-29**

☑ **AACP Standardized Survey: Alumni – Questions 8, 29-32** *(Please note: Alumni survey results based on 15 total responses to survey)*

Optional Documentation and Data: Optional Documentation and Data Appendices are embedded in school comments below.

	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.	●	○	○

Pitt Pharmacy Comments - Standard 4

☑ Describe the plan for student achievement of the key elements of Standards 3 and 4 (co-curricular plan).

☑ Describe the tools utilized to capture students' reflections on personal/professional growth and development.

☑ Describe the processes by which students are guided to develop a commitment to continuous professional development and to self-directed lifelong learning.

☑ Describe the curricular and co-curricular experiences related to professionalism, leadership, self-awareness, and creative thinking throughout the curriculum.

☑ Describe how assessment results have resulted in improvements in professionalism, leadership, self-awareness, and creative thinking.

☑ Describe how the curriculum fosters the development of students as leaders and agents of change and helps students to embrace the ethical 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.

☑ Describe any other notable achievements, innovations or quality improvements (if applicable).

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

The Pitt Pharmacy PharmD curriculum facilitates progressive development of knowledge, skills, abilities, behaviors and attitudes that demonstrate self-awareness, leadership, innovation and entrepreneurship, and professionalism. Specifically, these elements are reflected in the Doctor of Pharmacy Curriculum Outcomes Self-Aware; Leader; Problem-Solver; and Professional and Advocate (Appendix 4A, required). These skills are introduced in the curriculum and explicitly strengthened through coursework, experiential learning and the co-curriculum with continuing emphasis in each professional year.

Pitt Pharmacy has a robust co-curricular plan for professional development (Appendix 4B, required), designed to ensure that all PharmD students are well prepared for dynamic careers. This professional development process involves a wide range of student self-assessments, reflections, and activities that prepare students for the workforce (e.g. CV development, future career planning, philosophy of care conversations, and student participation co-curriculum activities). Students begin engaging in co-curricular activities during orientation before starting the P1 year.

Pitt Pharmacy has a long-standing history of capturing quantitative and qualitative evidence of personal and professional growth of our students. Each semester, students document qualitative evidence for each of the ten curricular outcomes in their Professional Development Dashboard to demonstrate progressive growth towards achieving the outcomes. Students also document participation in co-curricular activities quantitatively. Participation in activities that promote skill development is tracked for the eight co-curriculum skills of communication, cultural sensitivity, education, leadership, patient advocacy, professionalism, innovation, and interprofessional collaboration. Qualitative evidence documented in the ePortfolio is robust for the skills of problem solver and self-awareness; therefore, students do not quantitatively track specific activities for these skills.

For years, Pitt Pharmacy has successfully deployed two internally created platforms to document our students' success. The Pitt Pharmacy Portfolio, built internally, was used to track qualitative evidence to support student obtainment of curricular outcomes. The PrimeRx WebApp was designed by students and created by our FileMaker® expert to quantitatively track student engagement in co-curricular activities. The on-going use of these two internal platforms identified significant opportunities to elevate our commitment to personalizing education within the portfolio. This led us to invest in a sustainable approach adopted by the University.

In Fall 2023, the Pitt Pharmacy Professional Development Dashboard (here forth referred to as the Dashboard) was launched, powered by Suitable, a commercially available student engagement and success software. To facilitate implementation of the new platform, the Professional Development Team created training modules for students, faculty and staff using Articulate software that outline the professional development process, requirements for documentation, and how to access and use the Suitable platform. Training modules are deployed through Canvas, the University's learning management system. As of May 2024, all four academic years have been on-boarded for use of the Dashboard, allowing for robust, on-demand reporting of student engagement and success. The implementation of Suitable aligns with the Pitt Pharmacy strategic plan. One of the priorities associated with the plan is investment in technology that supports personalized education for our students.

The Dashboard is used to highlight student self-awareness regarding their individual personal and professional growth. All students are required to use the Dashboard to guide self-directed lifelong learning. Students select evidence to demonstrate progressive development within each curricular outcome and track engagement of student involvement in co-curricular skill development. Students reflect on their experiences, using a guided reflection that promotes self-directed learning as students consider how each piece of evidence demonstrates the curricular outcome, what they learned from the experience, and future actions needed to progress towards mastery of that outcome.

The *Emerging Professional* course and the *Professional and Career Development* (PCD) course sequence include workshops that center on the themes of becoming a professional, establishing a professional identity, continuing professional development, and career goals. Professional development requirements are embedded within the *PCD* courses for student accountability to connect the importance to the overall outcomes.

Each student in the PharmD program is assigned two faculty advisors who oversee their professional development from P1-P4 year. Advisors meet with their advisees once a term in a group setting with all students from P1-P3 years to promote layered professional development learning between years. Students meet one-on-one with advisors for a Professional Development Review each term (P1 Fall

through P3 Fall). During the review, advisors engage in discussions related to career planning and personalizing education with the student. In the P3 spring term, students engage in career conversations with alumni and preceptors. In the P4 year, Debrief and Development sessions occur quarterly to continue professional development conversations as students prepare to enter the workforce. The advising process culminates with P4 students submitting a final summary of curricular outcome achievement that is discussed individually with faculty before graduation.

Our dedication to the process of guiding students to develop a commitment to continuous professional development and self-directed lifelong learning is also evident in co-curricular activities:

- Policy, advocacy, and preparation for meeting legislators, followed by P2 class participation in Legislative Day. Annually, the P2 class meets with legislators to advocate for the profession through consultative visits. Since 2013, a total of 868 students completed 429 legislative visits.
- RxPrep, a student-run organization that guides pre-pharmacy students as they prepare for application to the PharmD Program, and our Student Talent Team (recruitment), which develops strategies for recruiting students to pharmacy
- Presentations at national/regional pharmacy meetings
- Participation in the *Community Pharmacist Practice* course, of which one portion includes CE for pharmacists for the four day-long presentations and workshops

Professionalism

The foundation for professionalism begins during PharmD orientation and continues during each professional year of the curriculum. During orientation, students learn about the Professional Development Process through faculty advisors and peer guidance from student advisors. Co-curricular skill development is fostered through training modules that outline different aspects of professional development and on-going dialogue and discussion in didactic workshops and co-curricular activities.

In the P1 year, *Pharmacist Patient Care 1* (PPC1), *Emerging Professional* and *Professional Career and Development 1* (PCD1) all focus on the development of the professional. PPC1 establishes the foundation of professional interactions with patients, caregivers, and other healthcare professionals. *Emerging Professional* includes class discussions on professionalism and personalizing education to achieve goals and assignments related to development of résumés, SMART goals, and networking through Career Roundtables. *PCD1* explores career opportunities through the completion of the APhA Career Pathways and fosters self-reflection with student developed philosophy of care statements and career plan statements. Students receive their white coats in winter of P1 as a symbol of professionalism in a formal White Coat Ceremony.

Professionalism continues to develop in P2 and P3 years through the IPPE experiences and coursework in the *PCD 2* and 3 courses. In P4 year, students demonstrate professionalism in APPE experiences as validated by preceptors in APPE mastery scale assessments (Appendix 4C, required).

Outside the curriculum, opportunities for students to develop professionalism are plentiful. Student organizations host events that showcase professionalism multiple times a month, including guest speakers, discussions on post-graduate opportunities, and activities that promote the profession of pharmacy (Appendix 4D, required).

Leadership

Leadership skills are built throughout each academic year through participation in required courses, IPPEs, extracurricular activities and through student organization programming. In later years of the curriculum, elective courses and APPEs continue to build and hone these skills. As early as P1 Fall term, the *Emerging Professional* course introduces concepts of leadership, including shared leadership with its principles, coaching, and commitment management. Students examine leadership, which is part of the Pitt Pharmacy mission, as expressed in positional leadership and situational leadership in professional and personal settings. Students learn to embrace and foster leadership in both forms, recognizing that not everyone can be or wants to be a positional leader. Leadership is taking the personal responsibility for identifying and capturing opportunities for improvement, being a role model for others, and is ultimately a component of the profession. Developing personal mission and value statements are essential elements of the course.

Additional examples of curriculum-related opportunities to develop leadership skills include Areas of Concentration (ARCOs), special topics courses, and electives. Students that participate in ARCOs experience situational leadership by designing, implementing, managing and completing a project (a requirement of each student in an ARCO). Non-ARCO students also have similar opportunities through completion of *Special Topics* elective courses. In elective courses, students learn from faculty and other alumni positional leaders who explain and role model leadership.

Extracurricular opportunities for leadership development abound. Students are elected to represent their peers on School committees that affect the PharmD program, including the Curriculum Committee, Curriculum Assessment Committee, Experiential Learning Committee and Professional Development and Co-Curriculum Committee. Separately, class representatives serve on the PharmD Student Cabinet (Dean's Advisory Committee). Students can participate in one or more of the 22 student pharmacy organizations which offer opportunities for positional leadership as well as situational leadership and development.

Co-Curricular programming offered by Pitt Pharmacy and/or the Student Organizations provide opportunities for students meet with alumni or invited guest speakers who discuss and model leadership. Examples include the annual Tucci and Koch Lecture Series, PLS Mentorship Academy, and the PLS Leadership Retreat (Appendix 4E, required).

Self-awareness

Self-awareness is emphasized in the P1 year through PharmD program orientation, the *Emerging Professional* course and is continued in the *Professional and Career Development* courses each year. Early in P1 Fall term, students identify their strengths using *StrengthsFinder 2.0* and have dialogue in class with peers to identify strengths of each member of their team and encourage understanding of those strengths for team building purposes. Reflections on their unique talents and interests guide student development of goals and personalized education plans. Self-awareness is sustained through documentation in the Dashboard and application of the Mastery Scale, both of which increases student independence as self-directed learners.

Creative Thinking

Creative thinking is a part of the Pitt Pharmacy culture as infused in both the didactic and the experiential learning curriculum as well as co-curricular opportunities. As part of Professional

Development requirements, students track their participation in activities that develop creative thinking skills. Students are encouraged to creatively think to transform concepts and ideas into tangible outcomes that improve efficiency and effectiveness or address unmet needs. Students demonstrate their abilities to be creative through work documented in the Dashboard as the innovation skill.

Innovation and Entrepreneurship
Beyond participation in didactic experiences, the Dashboard highlights the opportunities for student engagement in co-curricular activities to build innovation skills (Appendix 4F, required). Examples of co-curricular activities that contribute to the development of innovation skills include, but not limited to, the Pitt Challenge, Biotech Investment Fantasy League, and the Pittsburgh Pharmacy Investment Portfolio Due Diligence Competition.

Student success
The Curriculum Assessment Committee is responsible for assessing and analyzing student success. One measure of success is through the use of the standardized four-point Mastery Scale and Stages of Professional Mastery (Appendix 4G, optional). The Mastery Scale is a powerful self-assessment tool that promotes self-awareness. Students complete baseline mastery self-assessment for each curriculum outcome beginning in P1 fall semester, and in each subsequent term such that there is a data point of collection at the beginning and end of each academic year. This process allows for individual and aggregate class data comparisons over time. Students self-report progression from awareness to proficiency from P1 through P4 years (Appendix 4H, optional).

Notables – Standard 4

- Pitt Pharmacy Professional Development Dashboard, powered by Suitable, utilizes our years of experience with co-curriculum to elevate our strategic impact for tracking student achievement. The magnitude and variety of student activities and reflections confirms the value of this new technology documenting the breadth of student work
- Development of Training Modules utilized by faculty, staff and students for Professional Development, using Articulate Software and deployment through our Learning Management System (Canvas)
- Local, state and national recognition of our award-winning students including PPA Government Relations Award in Fall 2024, and Suitable Pathways 2024 Awards for "Innovation", "Highest Engagement" and "Most Completed Activities" in Summer 2024
- Professional development process built into core curriculum through *PCD* course sequence and in P4 year through quarterly debrief sessions "Debrief and Develop"
- Engagement of Pharmacy Student Organizations in the Professional Development Dashboard as outlined by the number of programs the organizations offer

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Section IIA
Planning and Organization

STANDARD 5: ELIGIBILITY AND REPORTING REQUIREMENTS

The program meets all stated degree-granting eligibility and reporting requirements.

Documentation and Data – Standard 5

Required Uploads:

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

Appendix 5A Organizational Chart (Health Science Schools)

☑ Document(s) verifying institutional accreditation

Appendix 5B Middle States Statement of Accreditation Status

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

Appendix 5C Self-Study Evaluation Team Report

Appendix 5D 2016 ACPE Accreditation Report

☐ Complete institutional accreditation reports identifying any applicable deficiencies

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

Optional Documentation and Data: Optional Documentation and Data Appendices are embedded in school comments below.

Pitt Pharmacy Self-Assessment – Standard 5

	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.	●	○	○

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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.	●	○	○

Pitt Pharmacy Comments – Standard 5

☑ Describe how the college or school participates in the governance of the university/institution (if applicable).

☑ Describe how the autonomy of the college or school is assured and maintained.

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

Autonomy, Legal Empowerment, and Dean Leadership

The School of Pharmacy functions as an independent unit organized within the six Schools of the Health Sciences and within the University of Pittsburgh (Appendix 5A, required). The School of Pharmacy, along with the other five Schools of the Health Sciences, reports to the Senior Vice Chancellor for the Health Sciences and has a dotted-line reporting relationship to the Provost. The structure reflects the role of the provost in reviewing and approving all academic programs and faculty actions. The nine schools outside of the health sciences directly report to the provost.

Since 2022, Dean Amy Seybert has served as chief executive and academic officer of the School of Pharmacy. She is the chief spokesperson for and representative for the School in both academic and professional communities. The University of Pittsburgh Board of Trustees has delegated both the academic and managerial responsibilities through the chain of command to the academic unit level (School and/or department). The University is organized by campuses, colleges/schools, and centers. Each School is administered by a dean. In other areas, including budget operation, personnel management, and salary practice, authority is specifically delegated from the Trustees through an administrative chain including the Chancellor and Chief Executive Officer, the Provost, or Senior Vice Chancellor for Health Sciences, Executive Vice Chancellor, Vice Chancellor for Budget and Controller, deans and regional campus presidents, and chairs of the academic departments. In summary, the pattern of governance in the University is one of shared responsibilities and authority, with the ultimate legal authority residing in the Board of Trustees.

The Dean, who reports to the Senior Vice Chancellor for the Health Sciences, is a member of the Senior Vice Chancellor's Staff, the Provost's Academic Leadership Team, Health Science Deans and the University Deans; these groups meet monthly. The School's autonomy derives from the Dean's responsibility for all aspects of the School, including strategic planning, quality assessment, student

recruitment, faculty recruitment, enrollment management, resource development and allocation, and representation to external entities.

The Dean has direct access to members of the University administrators who encourage decision-making at the unit level. The Dean meets one-on-one with Dr. Anantha Shekhar, Senior Vice Chancellor for the Health Sciences and Dean of the School of Medicine, and his Chief of Staff and Vice Chancellor for Administration, Dr. Leeanna McKibben, monthly. Additionally, she collaboratively works with other Office of the Senior Vice Chancellor staff members regarding academic, financial, human resources, legal, and technological issues as needed.

Furthermore, the Dean addresses specific academic matters with Provost Joseph McCarthy and other members of the Office of the Provost. Topics include a range of academic and other health sciences and University matters, progress toward health sciences and University goals, directions for the future, practices, institutional advancement, budget, and planning. Academic appointments, promotions, and tenure decisions are vetted by both the Senior Vice Chancellor and the Provost, and, in cases of the award of tenure, by the chancellor as per University policy.

From a financial standpoint, the Dean works with University officials to secure the resources and programmatic changes essential to deliver quality educational programs and meet accreditation standards. Annually, the Dean submits funding requests for strategic initiatives through the RCRP (Responsibility Center and Resource Proposal) Process. Examples of these funding requests include, but are not limited to, new faculty hires/start-up requests, capital improvements, and programmatic support.

The Dean works collaboratively with a broad network of individuals within the University and UPMC who have access to or oversight of resources vital to the School. For example, she meets monthly with members of the Division of Philanthropic & Alumni Engagement (PAE) and biannually with Mark Henderson, Chief Information Officer. To continue to cultivate the relationship between the School of Pharmacy and UPMC, the Dean serves on multiple UPMC-based committees and boards which meet quarterly. These include the UPMC Center for High-Value Health Care and Health Plan Board of Directors, the UPMC Quality Patient Care Committee, the UPMC GME Board of Directors Meeting, and the UPMC Presbyterian Shadyside Board of Directors. Additionally, she is represented by the Chair of the Department of Pharmacy and Therapeutics at the monthly UPMC Pharmacy Service Line Leadership Meeting and UPMC Presbyterian Shadyside Cross-Campus Group Meeting.

Regional/Institutional Accreditation, Actions, and Substantive Changes

The University of Pittsburgh has been accredited by the Middle States Commission on Higher Education since 1921, and accreditation was most recently reaffirmed in June 2022 (Appendix 5B, required). The Evaluation Team Report (Appendix 5C, required) cited 12 specific commendations including the response and handling of the COVID-19 pandemic and for faculty research in vaccine development; creating and maintaining a climate of inclusion, belonging and respect; developing a reporting and monitoring process to ensure strategic goals are met; and dedication to data-driven decision making and culture of continuous improvement.

The team found that the University met or exceeded all prescribed standards. Progress continues in the new era under the leadership of Chancellor Joan Gabel. The next full self-study review for Middle States accreditation is planned for 2029-30.

In 2016, the Doctor of Pharmacy Program underwent a comprehensive review by the Accreditation Council for Pharmacy Education. The ACPE Board of Directors granted accreditation from 2016 through 2024-2025 (full 8-year cycle), to continue offering the Doctor of Pharmacy Program. Appendix 5D (required) details the ACPE Accreditation Action and Recommendations.

An interim report describing the results of an Infrastructure and Programming Study and next steps was submitted in March 2017 (Appendix 5E, optional). The next steps included a one-year building design phase followed by a three-year construction period. Then, a second interim report (Appendix 5F, optional) was submitted in March 2019 which provided further updates regarding the status of the Salk Hall renovation process including completion of the design phase, approval of renovation funds by the Board of Trustees, and temporary relocation of Salk Hall-based faculty and staff to temporary office locations. Finally, a third interim report (Appendix 5G, optional) further detailing the renovation project, in addition to multiple administrative changes, was submitted in September 2020. This report documented construction delays and a new projected completion date because of the COVID-19 pandemic in addition to the appointment of a new Senior Vice Chancellor for the Health Sciences and the appointment of a new Associate Dean for Research and Sponsored Programs and an inaugural Associate Dean for Equity, Engagement, and Justice.

In October 2021, faculty of the University of Pittsburgh voted in support of a union. The University issued comments that while the formation of a faculty union may change how the community works together, it will not change the longstanding commitment to partnering with faculty members to advance their pursuits of excellence in teaching, scholarship and research. In May 2024, a fully executed collective bargaining agreement with the faculty was finalized.

Pitt Pharmacy Final Self-Evaluation – Standard 5

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
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STANDARD 6: SCHOOL VISION, MISSION AND GOALS

The college or school publishes statements of its vision, mission, and goals.

Documentation and Data – Standard 6

Required Uploads:

☑ Vision, mission and goal statements for the college/school, parent institution, and department/division

Appendix 6A Mission and Vision Statements

Appendix 6B Plan for Pitt

Optional Documentation and Data: Hyperlinked in school comments section

Pitt Pharmacy Self-Assessment – Standard 6

	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.	●	○	○

Pitt Pharmacy Comments - Standard 6

☑ Describe how the college or school's mission is aligned with the mission of the institution.

☑ Describe how the mission and associated goals[1] address education, research/scholarship, service, and practice and provide the basis for strategic planning.

☑ Describe how the mission and associated goals[2] are developed and approved with the involvement of various stakeholders, such as, faculty, students, preceptors, alumni, etc.

☑ Describe how and where the mission statement is published and communicated.

☑ Describe how the college or school promotes initiatives and programs that specifically advance its stated mission.Describe 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.

School Mission, Vision and Values

Pitt Pharmacy established its mission, vision, and values in a clear and concise format in 2001. Subsequently, these foundational statements have undergone regular reviews by the Pitt Pharmacy Community members, leading to reaffirmations or modifications. The most recent revision took place in 2023 with input from Pitt Pharmacy stakeholders. A task force comprised of faculty and staff were provided the opportunity to review and strengthen our mission, vision and values. All faculty and staff had the opportunity to reflect and provide input on the mission statement revisions that grew out of the task force. The finalization of the mission was an interactive process with faculty, staff, student pharmacists and alumni. These declarations are readily accessible on the School's website, About | School of Pharmacy (pitt.edu) Appendix 6A, required, and prominently displayed at various locations within the School of Pharmacy.

These statements and values help to mold our Strategic Plan which is described in Standard 7. Resource allocation and strategic initiatives align with the vision, mission and values of Pitt Pharmacy. The Dean refers to the mission, vision and values as part of School-wide meetings, retreats and interactions. Student pharmacists are introduced to the School's mission, vision and values during student orientation sessions. The mission, vision, values and goals are also shared with stakeholders such as student pharmacists, members of our Board of Visitors, the Alumni Board and visitors to the School. Student cabinet members reviewed the mission and goals as part of their regular meetings with the Dean. Stakeholders can provide feedback on the mission, vision and goals through both in-person and virtual meetings.

The School's mission aligns and is consistent with the University mission, which is:
To leverage knowledge- through teaching, research and community service- for society's gain.

The Pitt Pharmacy mission mirrors the institution's mission and vision (Appendix 6B, required), intertwining to improve the health and well-being of our communities. At the core of both mission statements is a passionate dedication to education, research and service. By aligning our goals and aspirations to those of the institution, we are collectively able to collaborate across the University to impact communities. The institutional Plan for Pitt outlines the goals of the University of Pittsburgh.

PharmD Program Mission:
The Pitt Pharmacy Doctor of Pharmacy Program inspires student pharmacists to personalize their education and become medication experts, interprofessional collaborators, and leaders who advocate, champion, and act to improve health, wellbeing, and quality of life for individuals and communities.
Revised May 2023

Pitt Pharmacy 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. Student pharmacists have access throughout their education to train as interprofessional teams. Specific examples of interprofessional training are outlined in Standards 11 and 12 of this document.

Commitment to Educational Outcomes

Excellence, innovation, and leadership in education, research and scholarship, patient care and service continue to be central to the mission of the school. The school has adopted missions specific to our educational programs. The mission of the PharmD program is included on syllabi and is consistent with the curricular outcomes. This PharmD Program mission was recently evaluated and revised to ensure alignment with both the University and Pitt Pharmacy. Additionally, the mission statements align with the Educational Outcomes outlined in Standards 1-4.

Education, Scholarship, Service and Practice

Pitt Pharmacy's mission, as well as the PharmD program's mission, both underscore the unwavering dedication to excellence in professional education, research and scholarship. This commitment extends to encompass professional and community service, pharmacy practice, and continuing professional development. By upholding these commitments, Pitt Pharmacy remains steadfast in its mission to cultivate future leaders in pharmacy who can address the evolving healthcare needs of society.

Consistency of Initiatives

The Dean's annual report (Appendix 6C, optional) offers evidence of a steadfast commitment to the goals and objectives. Within the report, summaries of faculty and staff accomplishments serve as a direct testament to the School's dedication to education, research, scholarship, patient care and service throughout the year. This report is readily available on our website for all stakeholders to review.

Resource allocation is aligned with the goals and objectives as well. Since the School's strategic planning process is guided by our mission, initiatives inherently advance the mission. An example includes new initiatives pursued in 2024 to develop combined degree programs. This new initiative aligns with the mission and goals of the school. Annually, we evaluate the allocation of resources and reports strategy to senior leadership of the University, including the Provost and the University's Chief Financial Officer. This exercise ensures all program initiatives are consistent with the University and Pitt Pharmacy's mission, vision and goals.

Subunit goals and objectives alignment

Pitt Pharmacy is committed to achieving its strategic goals. This commitment is seamlessly reflected in the collaborative efforts of its two departments: Pharmacy and Therapeutics, and Pharmaceutical Sciences. Both departments play a pivotal role in contributing to the realization of the School's overarching strategic goals. Faculty and staff in both departments contribute to the development of the goals and are held accountable for alignment of their work to the goals and objectives of the school. Annual priorities are determined in collaboration with the Leadership Team and posted to the School's website.

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STANDARD 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.

Documentation and Data – Standard 7

Required Uploads:

☑ College or school's strategic planning documents

Appendix 7A Strategic Plan

Data Views and Standardized Tables:

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

☑ **Questions –11-12 from Faculty Survey**

Optional Documentation and Data: Optional Documentation and Data Appendices are embedded in school comments below.

Pitt Pharmacy Self-Assessment – Standard 7

	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.	●	○	○

Pitt Pharmacy Comments - Standard 7

☑ Describe 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.

☑ Describe how the college or school's strategic plan aligns with the University or institutional strategic plan.

☑ Describe how the strategic plan facilitates the achievement of mission-based (long-term) goals.

☑ Describe 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.

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

☑ Describe 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.

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

☑ Describe any other notable achievements, innovations or quality improvements (if applicable).

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

Inclusive Process

Pitt Pharmacy has a rich history of strategic planning beginning with a long-term plan that covered the period 2001-2006. Pitt Pharmacy has embraced a culture of continuous improvement through strategic planning. The School's commitment to excellence in pharmacy education, research and service is deeply rooted in its history of visionary planning, adaptability, and proactive initiatives. The current Pitt Pharmacy Strategic Plan (Appendix 7A, required) is mission and vision driven, aligns with the central University strategic plan, known as the Plan for Pitt (Appendix 7B, optional) and is a continuously evolving document that drives resource allocation and new initiatives.

In January 2023, Pitt Pharmacy launched an effort to reimagine our strategic plan at a faculty and staff retreat. The diagram below depicts the process utilized for development of the Strategic Plan 2024-2029.
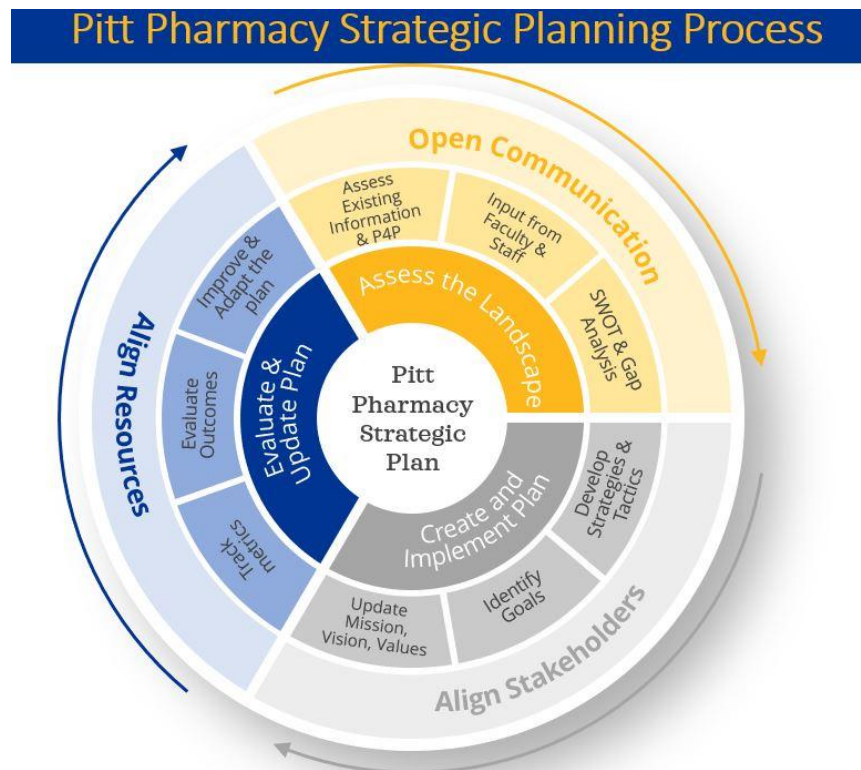
Input from faculty, staff, student pharmacists, alumni, and other stakeholders was used to develop the plan (Appendix 7C, optional), all while working with members of the central University strategic planning team. The table of opportunities (Appendix 7D, optional) for stakeholders to review and provide input as part of the planning process demonstrates the inclusive process utilized. The School hosts dedicated

planning retreats, faculty and staff meetings, For Your Information and Input (FYIIs) sessions and other venues to provide input on the plan. The plan is intended to be dynamic and flexible and is re-evaluated annually. A dedicated retreat was held in January 2024 for faculty and staff to reflect and internalize how they would "Put Themselves Into the Plan", so it would be a living document. Specific annual strategic priorities (Appendix 7E, optional) are shared annually with faculty, staff and stakeholders and can be found on the Pitt Pharmacy website.

In April 2024, the University of Pittsburgh Board of Trustees formally approved a University-wide strategic plan and website for the Plan for Pitt 2028 | Office of the Chancellor . As the University launched its reinvigorated plan, Pitt Pharmacy worked closely with the Chancellor's Office to ensure alignment of our plan with the University's plan. Members of the Chancellor's team lead our Strength, Weakness, Opportunity, Threat (SWOT) analysis during the planning phase, then reviewed and endorsed the plan. Both plans focus on student recruitment and success, propelling research and scholarship, service, and support for a welcome and engaged community.

The Pitt Pharmacy Strategic Plan outlines five strategic goals:

5 STRATEGIC GOALS

EXCELLENCE IN EDUCATION — Establish Pitt Pharmacy as the preeminent leader in pharmacy, pharmaceutical sciences and interprofessional teaching, learning and assessment.

RESEARCH SCHOOL OF DISTINCTION — Be recognized as the preeminent leader in drug discovery, development, translation, implementation, and outcomes research that transforms patient care.

IMPROVING HEALTH THROUGH SERVICE — Position Pitt Pharmacy as the destination for practice transformation, innovation, and impact while improving the lives of those in our communities.

THRIVING PITT PHARMACY COMMUNITY — Regard Pitt Pharmacy as the best place to work or train.

CONTINUED SUCCESS, INNOVATION AND SUSTAINABILITY — Secure Pitt Pharmacy's legacy of excellence for the long-term.

The strategic plan is utilized as the guiding document for new program initiatives and resource allocation. These goals align directly with the Plan for Pitt outlining a focus on education, research, service and community.

Appropriate Resources

The Pitt Pharmacy Strategic Plan is a roadmap supported by resources and has commitment from senior administration across the University to ensure successful implementation and alignment with the University goals. University administration demonstrates commitment to the strategic priorities of the School and the University.

The University has implemented a new responsibility-centered budget model (RCM) that provides more decision-making power to individual schools related to financial decisions, including resource allocation. Financial resources are allocated to support School-level goals along with the opportunity to request strategic advancement funding from central University. Annually, the Dean presents Pitt Pharmacy strategic priorities and discusses the allocation of funding to support these priorities with the Provost, the Chief Financial Officer, and other senior administrative leaders. Planning for the Strategic Resource Review meeting involves input from the School's Planning and Budgeting Committee, the Leadership Team, and the Finance Team to ensure alignment with the Pitt Pharmacy plan. As a result of the Responsibility Center Resource Proposal (RCRP) process and the Strategic Resource Review meeting, Pitt Pharmacy is pleased to have received funding from the University in support of its strategic initiatives. These resources are directed towards critical areas such as faculty and staff recruitment and retention, student support, research program funding and infrastructure development. This support from the University and the reallocation of funds from lower to higher strategic priorities and cost-saving initiatives fundamentally increase our ability to support the strategic goals. Standard 21 provides depth on facility changes that have occurred since our last accreditation.

Substantive Change Planning

Central to Pitt Pharmacy's strategic planning philosophy is the alignment of initiatives with the School's overarching goals and mission. Pitt Pharmacy's strategic plan drives decision making including substantive changes to programs within the School. Strategic decisions, whether it be curriculum enhancements, research priorities, or community engagement efforts, are carefully evaluated to ensure it contributes to the advancement of the School's mission and vision.

To ensure the effective implementation of the strategic plan, Pitt Pharmacy established clear metrics and accountability mechanisms (Appendix 7F, optional). The University supports these efforts by providing access to data and resources necessary for monitoring progress and making informed decisions to drive continuous improvement. Metrics are collected on a fiscal year basis and are maintained to ensure accountability and adherence to our strategic goals. Each metric is tied to our strategic goals and the tactics associated with the goals. This dashboard ensures that Pitt Pharmacy is on track to meet the goals and aligns to the Plan for Pitt. A subset of the metrics includes our Key Performance Indicators (KPIs) that are reported out on an annual basis to key stakeholders including but not limited to:

Stakeholder	Forum	Frequency
Provost, CFO & other key University leaders	Strategic Resource Request meeting	Annual meeting
Alumni leaders	Alumni Board meeting	Annual presentation
Valued BOV members	Board of Visitors meeting	Bi-Annual meeting

Pitt Pharmacy faculty, staff, trainees	State of the School presentation	Annual meeting
	Dean's Hour	Informal discussion of relevant KPIs monthly
Pitt Pharmacy Stakeholders and National Pharmacy Deans	Dean's Report	Annual report & on website

The Pitt Pharmacy Leadership Team utilizes one meeting per month to focus specifically on review of strategic goals, progress towards those goals and alignment of resources. Additional individuals who have responsibilities for specific elements of the plan are invited to attend and/or present updates to members of the Leadership Team. An example of a strategic focused meeting, in March 2024, the meeting focus was on Goal 1: Excellence in Education. Faculty and staff involved in the recruitment, admissions, and retention were invited to attend the Leadership Team meeting. The sole agenda for this meeting was to focus on strategy around enrollment and retention. Tactics and ideas around actions that could be taken to secure the most diverse and academically qualified student pharmacists into our program were discussed. Additionally, opportunities around student retention and well-being led to the decision to host a Pitt Pharmacy Teaching Retreat in May 2024. While strategy is discussed in all Leadership Team meetings, the monthly focused session ensures that team members are held accountable to the goals outlined in the plan.

The 2023 School of Pharmacy Dean's Report (Appendix 7G, optional) is an annual report developed for University administrative and stakeholder review. The Dean's Report reflects successes and metrics around the five strategic goals. It captures the effectiveness of the planning process and confirms progress towards achieving the mission and vision.

An example of quality improvement because of the strategic plan is the commitment of resources to support student pharmacists. Goal 1.3 is to Assure an optimal learning environment, include access to wellness and academic support resources, focused on student success. In direct alignment with this goal, Pitt Pharmacy proposed increased wellness support for student pharmacists through the placement of an embedded therapist within Pitt Pharmacy. This allocation of resources was vetted through appropriate channels, the University Counseling Center, and the Leadership Team to support the stated goal. In collaboration with the University Counseling Center, an embedded therapist joined Pitt Pharmacy in March 2024. Student pharmacists were informed of their opportunity to utilize embedded services through the student advisory groups, announcements and monitor posts.

As Pitt Pharmacy looks to the future, the School remains committed to its tradition of strategic planning and continuous improvement. The plan is not a static document but a dynamic framework that allows for innovation and flexibility. This ensures that the goals and tactics outlined in the plan are not only achievable but sustainable and advances the mission of Pitt Pharmacy. By leveraging its rich history of planning, revisiting its plan, and taking initiatives aligned with its goals, Pitt Pharmacy is well-positioned to continue its legacy of excellence in pharmacy education, research, and service.

- Pitt Pharmacy has a long history of strategic planning and utilizing the goals to guide our daily work. The success of the faculty, staff and trainees serves as evidence of successful planning. The current plan has been recognized by the Associate Vice Chancellor for Strategic Initiatives as a 'great plan' that aligns with the Plan for Pitt and is utilized as an example to share across the University for other units seeking guidance.
- Pitt Pharmacy's attention to the needs of the learners to establish a thriving community is notable. The addition of counseling services offered by the embedded therapist and renovation of space that provides learners study space and lounge areas are two examples of enhancements to the learner experience within Pitt Pharmacy.

Pitt Pharmacy Final Self-Evaluation – Standard 7

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**

STANDARD 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.

Documentation and Data – Standard 8

Required Uploads:

☑ College or school organizational chart

Appendix 8E Organizational Chart

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

Appendix 8C Leadership Team Position Descriptions

☑ Faculty Handbook and/or written bylaws and policies and procedures of college or school

Appendix 8D Bylaws

Appendix 8G Faculty Handbook

☑ List of committees with their members and designated charges

Appendix 8I Pharmacy Committees 2024

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

Appendix 8K Emergency Management Guidelines

Appendix 8L Pitt IT Policies and Standards

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

Appendix 8A Dean Seybert CV

Appendix 8B Leadership Team CVs

☑ Evidence of faculty participation in university governance

Appendix 8H Pitt Pharmacy Faculty Participation in University Committees

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 2** *(Please note: Alumni survey results based on 15 total responses to survey)*

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

Distribution of Full-Time Pharmacy Faculty by Department and Rank

Faculty Rank	Pharmaceutical Sciences	Pharmacy and Therapeutics
Professor	11	7
Associate Professor	4	20
Assistant Professor	11	21
Instructor	2	0
Other	0	1

Comments: Pitt Pharmacy has an appropriate mix of ranks within the faculty members.

Optional Documentation and Data: Optional Documentation and Data Appendices are embedded in school comments below.

Pitt Pharmacy Self-Assessment – Standard 8

	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.	●	○	○

☑ Describe how the college or school's organization and administration and the process for ongoing evaluation of the effectiveness of each operational unit.

☑ Provide 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.

☑ Describe how college or school bylaws, policies and procedures are developed and modified.

☑ Describe how the college or school's administrative leaders foster relationships that support interprofessional education and practice opportunities.

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

☑ Describe 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.

☑ Describe how the authority and responsibility of the dean ensures all expectations of the standard and guidelines are achieved.

☑ Describe how the dean interacts with and is supported by the other administrative leaders in the college or school.

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

☑ Describe any other notable achievements, innovations or quality improvements (if applicable).

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

Leadership Collaboration

Amy L. Seybert, PharmD is Dean, chief executive and academic officer (CEO) of the School of Pharmacy, an autonomous unit within the University of Pittsburgh. The Dean has direct access to the upper administration of the University. She works on a regular basis with the Provost and the Office of the Senior Vice Chancellor for the Health Sciences on academic, financial, facilities, and human resources management and activities. The Dean attends monthly Health Sciences Deans meetings (chaired by Dr. Anantha Shekhar, Senior Vice Chancellor for the Health Sciences) and Academic Leadership Team meetings (chaired by Dr. Joseph McCarthy, Provost). Additionally, she is a member of the Clinical and Translational Science Institute (CTSI) Steering Committee and the Health Sciences Planning and Budget Committee.

Qualified Dean

Dr. Seybert has served as CEO and Dean of Pitt Pharmacy since 2022. Prior to being named Dean, she served as Chair of the Department of Pharmacy and Therapeutics from 2012 to 2022. As documented in her curriculum vitae (Appendix 8A, required), she has hands-on experience with all aspects of academic pharmacy. As outlined in Standard 5, the Dean provides leadership to the academy at large, as well as local, regional and the national levels. For example, Dr. Seybert has provided leadership at the national level as past president of the ACPE Board of Directors and continues to lead by serving on the Board.

Dean Seybert enjoys the respect and support of faculty, staff, student pharmacists, and alumni. She has been an effective advocate for the School; has the support of the University administration, including the Senior Vice Chancellor, the Provost and the Chancellor. She has advocated for the School to

administration and to UPMC and has led all stakeholders to a shared vision that is synchronous with the goals of the University. Under her leadership, Pitt Pharmacy has:

1. Risen to number nine in reputation-based [US News & World Report rankings](#)
2. Consistently ranked among the top schools of pharmacy specifically in National Institutes of Health (NIH) funding as [reported in the annual Blue Ridge Institute for Medical Research rankings](#)
3. Reinvigorated the Pitt Pharmacy Strategic Plan
4. Increased the number of applicants across PharmD, Graduate and Residency training programs.
5. Achieved outstanding programmatic assessment data (NAPLEX, MJPE, Match Rates, National Awards)
6. Sustained financial support and resources from the University and UPMC
7. Consistently ranked among the top schools of pharmacy in the annual [American Association of Colleges of Pharmacy (AACP) funded research rankings](#)
8. Led School-wide efforts to update our strategic plan, mission, vision, values, and programmatic outcomes.

Qualified Administrative Team

The Dean chairs the Leadership Team of the School, which includes individuals who are exceptional in their fields and extremely well-suited for their positions. Appendices 8B and 8C (required) include CVs and job descriptions, highlighting their qualifications and national reputations. As per the Pitt Pharmacy Bylaws (Appendix 8D, required), the Leadership Team meets weekly to advance the mission, vision, and goals, exchanges information, recommend actions, and advise the Dean and department chairs. Monthly meetings focus on strategic topics, promoting academic leadership development and the opportunities to evaluate interprofessional education and practice.

Dean's Other Substantial Administrative Responsibilities

Occasionally, the Dean serves on University search committees for senior administrative positions, including the recruitment of the current chancellor. The University provides adequate resources to support the effective administration of these committees.

Authority, Collegiality and Resources

The School of Pharmacy embraces participative and systematic short- and long-term strategic planning, promoting a culture of continuous quality improvement evident in the curricular programs and Pitt Pharmacy overall. This culture provides our School with agility and adaptability while maintaining stability amid the expectation of change. The PharmD curriculum and the Pitt Pharmacy Strategic Plan exemplify this agility. The Dean and Leadership Team foster civility, collaboration, teamwork, and professionalism throughout the School.

Organizational charts for the School of Pharmacy's Administrative (Leadership) and Research Center Structures are in Appendix 8E (required) and Appendix 8F (optional) respectively. The research centers are organized units that focus on conducting research in specific fields of study. They promote interdisciplinary collaboration, enhance research capabilities, and support the University's mission. Our organizational structure defines roles, responsibilities, and relationships, supporting the program and achieving mission goals. For example, bidirectional communication is facilitated through venues such as the 'For Your Information and Input' (FYII) meetings, enabling staff and faculty to share ideas, report issues, and ensure information flows effectively to and from the Leadership Team and the dean.

Every three years, faculty evaluate the Dean and department chairs through a comprehensive University-led process, with results reviewed by their supervisor (Senior Vice Chancellor or Dean) to develop improvement plans if needed. Annually, the Dean evaluates Leadership Team members, focusing on achieving the School's strategic goals and objectives.

The Leadership Team oversees implementing elements of the School's Strategic Plan, with faculty and staff contributing to its development, resource allocation, and execution. The two departments collaborate on unified goals rather than having independent plans, encouraging teamwork within the School. Policies often encompass all educational programs, such as the recently revised substance use policy for learners. Dean Seybert serves as the School's chief spokesperson, and as such, has final authority to ensure compliances with standards and guidelines. The University of Pittsburgh Board of Trustees delegates academic and managerial responsibilities through the chain of command to the School or departments. The University is organized by campuses, colleges/schools, and centers, and each led by a dean.

The faculty of the School are organized into two departments: Pharmaceutical Sciences and Pharmacy and Therapeutics. Department chairs, who are also members of the Leadership Team, oversee budgets, faculty hiring, development, evaluation, participation in teaching, and the quality of educational programs, as well as scholarly achievement. Centers request group resources (such as staff support) from the Dean and Leadership Team, while department chairs regularly review faculty research progress and individual faculty success.

Department chairs hold monthly faculty meetings, with additional meetings as needed. School-wide faculty and staff meetings occur at least three times annually with advance agendas. The Dean hosts an annual State of the School meeting to share updates on the progress of Pitt Pharmacy and monthly open office hours to provide updates, ask questions, and engage informally with faculty and staff.

School Participation in University Governance

As stated in the quote from the Faculty Handbook, "the pattern of governance in the University is one of shared responsibilities and authority." The Faculty Handbook can be found published on the University website (Appendix 8G, required). The School has demonstrated a high level of commitment and leadership within University committees. One third (26 of the School's 80 full-time faculty members serve on at least one University committee, and many serve on multiple committees (Appendix 8H, required). Faculty members hold leadership positions in University Committees, for example, Education Policies (Bonnie Falcione, co-chair), Student Admissions, Aid, and Affairs (Sue Skledar, co-chair). Faculty are also appointed to Ad Hoc Committees of the University Senate for focused matters. Faculty share in governance through the University Senate, which provides communication channels with administrative officers of the University and the Board of Trustees. School of Pharmacy faculty serve on the Senate Council (Deanne Hall and Brian Potoski), along with faculty chairs/co-chairs of the University Committees. Recommendations to the Senate are expressed through two deliberative bodies, the Faculty Assembly and the Senate Council; each has School faculty representation. Shared governance is also reflected in the University Planning and Budget System and in the primary faculty governance committees, which are listed here.

Because pharmacy expertise is considered essential to human investigation, faculty members in the School provide support and pharmacotherapy expertise to Institutional Review Board subcommittees.

The Institutional Review Board Executive Committee reports to Bill Yates, Vice Chancellor for Research Protections.

Faculty Participation in School Governance

Faculty and staff participate and lead School of Pharmacy committees and taskforces (Appendix 8I, required); nearly 100 percent of the faculty currently participate on at least one School committee. Committees have rotating membership and leadership according to Bylaws and individual committee guidance documents. When Pitt Pharmacy policies overlap with University policies, Pitt Pharmacy policies must be approved by the University; examples are the Research Incentive Policy and the School's Appointment, Promotion and Tenure Policies and Guidelines. In many situations, the School follows University policies rather than establishing its own policies.

As described in the School's Bylaws (Appendix 8D, required), Pitt Pharmacy has a culture of consensus building rather than voting. Changes to the School's Bylaws, however, do require a vote by faculty. The Bylaws, first developed in 2009, are reviewed periodically by faculty and the Leadership Team. Changes may be proposed by standing committees, by the Leadership Team, by the Dean, or by petition signed by ten or more members of the faculty. Amendments to the bylaws are distributed to faculty at least ten days prior to the faculty meeting at which the vote will occur. Modifications to the Bylaws require approval by two-thirds of voting faculty (those present at the meeting and those who have received written ballots). Using the described process, the Pitt Pharmacy Bylaws were modified in 2016 with respect to leadership and duration of committee appointments. Pitt Pharmacy will be able to submit revisions of the Bylaws in the future now that the faculty collective bargaining has been finalized.

School-wide communication and development or revision of policies and procedures (Appendix 8J, optional) occurs through Faculty meetings, retreats, and For Your Information and Input (FYII) sessions; at the latter, in-depth conversations occur on a single topic. The Dean also provides periodic short email updates or more extensive "Pitt Pharmacy Script" communications by email.

Within departments and centers, meetings and emails are the primary modes of communication. Throughout the School, informal conversation is encouraged. Communication within the School is effective based on cohesiveness among faculty and staff and administration.

Systems Failures

Contingency plans are in place at Pitt Pharmacy. UPitt Ready is the University of Pittsburgh's business continuity planning system. This plan enables the University and Pitt Pharmacy to maintain operations and services in the face of a disruptive or catastrophic event. A diverse team of Pitt Professionals has developed Emergency Management Guideline to provide a basic procedural framework for responding to any type of emergency at the University's Oakland Campus. The information regarding Emergency Management Guidelines can be found in Appendix 8K, (required). The University uses the Emergency Notification System to alert members of the University to Emergency situations via cell phone, text, and email within minutes of an event occurring. This Emergency Notification System can be used in any emergency that could arise on campus. Messages are customized to the nature and location of the emergency. Pitt Pharmacy follows the safety measures and disaster plans of the University. In addition, the School has internal means of emergency communications, including a public address system in Salk Hall, panic buttons in classrooms, website postings, and fire alarms. CPR and active shooter training programs are annually held for Pitt Pharmacy community members.

All pharmacy computers are managed by MECM (Windows) or JAMF (Apple). All disks are encrypted, and computers are behind Pitt's network firewall, which uses identify-based rules to access secure resources. Known folders (Desktop, Pictures, and Documents) are backed up to OneDrive automatically on Windows PCs. Secure, redundant file storage locations are provided via restricted Isilon shares and SharePoint Online. Microsoft Defender ATP (Advanced Threat Protection) is installed on all devices. IT policies and Standards at Pitt can be found here (Appendix 8L, optional).

Pitt Pharmacy servers are hosted at the University of Pittsburgh's NOC (Network Operation Center) and are backed up daily and patched monthly. The servers are virtual and backed up to the University DR site. Health Sciences IT support staff participate in Disaster Recovery procedures annually.

National events and the COVID pandemic have underscored the critical need for robust emergency planning at Pitt Pharmacy. Our plan includes communication protocols, ensuring availability of essential resources, and providing training for staff and student pharmacists. These plans are updated regularly to ensure preparedness and safety within the Pitt Pharmacy community.

Alternate Pathway Equitability

Pitt Pharmacy does not have any alternative pathways to the Doctor of Pharmacy degree.

Pitt Pharmacy Final Self-Evaluation – Standard 8

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**

STANDARD 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.

Documentation and Data – Standard 9

Required Uploads:

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

Appendix 9A Summary of links to Policies and Handbooks

Faculty Handbook

University Student Code of Conduct

Pitt Pharmacy Policies and Procedures

Pitt PharmD Student Handbook

Pitt Staff Handbook

Pitt Policy of Nondiscrimination and Anti-Harassment Policy

Equity, Diversity and Inclusion Policies, Procedures and Practices

☑ Examples of intra/interprofessional and intra/interdisciplinary collaboration

Appendix L Links to IP and Collaborative Education

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

Appendix J Pitt Pharmacy MOU - Agreements Examples

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

Appendix 9K MOU-Agreements for Research Collaborations

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

Appendix 9I MOU-Agreements for Academic or Teaching Collaboration

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 46, 51-53, 55**

☑ **AACP Standardized Survey: Alumni – Questions 1, 3-5**

☑ **AACP Standardized Survey: Preceptor – Question 30**

Optional Documentation and Data: Optional Documentation and Data Appendices are embedded in school comments below.

Pitt Pharmacy Self-Assessment – Standard 9

	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.	●	○	○

Pitt Pharmacy Comments - Standard 9

☑ Describe strategies that the college or school has used to promote professional behavior and outcomes.

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

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

☑ Describe the number and nature of affiliations external to the college or school.

☑ Provide details of academic research activity, partnerships and collaborations outside the college or school.

☑ Provide details of alliances that promote and facilitate interprofessional or collaborative education.

☑ Describe any other notable achievements, innovations or quality improvements (if applicable).

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

Leadership and professionalism

Promoting a Professional Culture for Lifelong Learning and Leadership
Our School is committed to cultivating an environment where student pharmacist, faculty, staff, and preceptors exemplify professionalism and a dedication to lifelong learning. At the heart of our mission to develop pharmacists and pharmaceutical scientists as innovators and leaders is a set of nine core values:

- **P**rofessionalism
- **I**ntegrity
- **T**eamwork
- **T**rust
- **P**assion
- **H**ealth Equity
- **A**ccountability
- **R**esponsibility
- **M**utual Respect

Professionalism is our foremost value, and behaviors and attitudes of student pharmacists, staff, faculty, and preceptors reflect our mission, vision, and values. Our faculty, staff, and student handbooks and our Office for Equity, Diversity, and Inclusion (OEDI) outline policies such as code of conduct, academic integrity, faculty-student relationships, professional attire (student pharmacists), social media (student pharmacists), and substance use (Appendix 9A, required).

Leadership is encouraged through formal positions (e.g., committees, functional areas) and situational roles within teams and workgroups. Pitt Pharmacy values everyone's unique perspective, talent, and experiences, fostering respect and collaboration within the School, across the University, and beyond. Our alumni enrich the educational experience by contributing in the classroom at student engagement events, as preceptors, career mentors, and positive role models.

Pitt Pharmacy values its people as its greatest resource, with administration supporting professional and leadership development. Faculty and staff are encouraged to enroll in programs such as the AACP Academic Leadership Fellows Program, ACCP Teaching and Learning Certificate, and AACP Leadership Circles. The University also offers extensive learning and development resources for faculty, staff, and student pharmacists:

- **Office of Academic Career Development**:
  - Health Sciences Faculty Leadership Academy
  - K Award Resource Center
  - Med Ed Faculty Development Seminar Series Springboard Program
  - Women in Medicine and Science Forum
- **Office of the Provost Faculty Diversity & Development**:
  - National Center for Faculty Development and Diversity
  - Provost's Diversity Institute for Faculty Development
  - The ACC Academic Leaders Network
- **Office of Health Sciences Diversity, Equity and Inclusion**:
  - Social Justice Faculty Fellowship and DEI training and enrichment programs
  - Circle Up conversations – sexual misconduct prevention dialog sessions
- **University Center for Teaching and Learning**:
  - Assessment and Teaching Conference
  - Numerous resources, on-line programs, learning communities, and resources for teaching best practices
- **University Counseling Cente**r:
  - Mental Health Champion Training and Certificate Program (2023)
- **Office of Human Resources**: Faculty & Staff Development Programs:
  - Leadership Development
  - Professional Development

- o   Diversity and Inclusion Certificate
- o   Supervisor Essentials
- o   LinkedIn Learning certificates

Student leadership is encouraged through student organizations (Appendix 9B, optional), class leadership roles (e.g., Class President and Representative), Co-curricular programs, like PIER (Pharmacy Innovation, Education, & Research, Appendix 9C, optional), which helps develop essential skills such as leadership and professionalism. Additionally, each organization offers student leadership opportunities through executive boards, subcommittees, and project lead roles. These efforts are supported by faculty advisors, along with guidance from our Professional Student Engagement Coordinator and Associate Dean of Student Success and Professional Initiatives. A fall student leadership retreat and monthly student organization leader meetings under the APhA student organization umbrella further enhance student leadership development. Within practica and courses, team assignments each semester provide situational leadership opportunities for students. To demonstrate growth, student pharmacists post evidence of leadership on their Professional Development Dashboard each semester. As a longitudinal resource, the Professional Development Program pairs student pharmacists with faculty career and learning advisors, meeting each semester throughout each student's journey through Pitt Pharmacy.

Strategies for Promoting Professional Behavior and Outcomes

Professionalism is emphasized to our student pharmacists starting at P1 orientation. Each student signs our Code of Conduct (Appendix 9D, required), obtains a Pennsylvania pharmacy intern license, completes the P1 Fall *Emerging Professional* course (Appendix 9E, optional), and participates in the Gordon J. Vanscoy Annual White Coat Ceremony. To reinforce their commitment, students reaffirm the Code annually via signature.

Professionalism is further integrated through our *Professional Development* course sequence, throughout P1-P4 years, where student pharmacists receive longitudinal development coaching. Student pharmacists document evidence of professionalism each term as a curricular <u>and</u> co-curricular outcome in their Pitt Pharmacy Professional Development Dashboard. These activities are then discussed with their faculty advisor.

To evaluate professionalism in the experiential setting, our APPE/IPPE evaluation forms include a Professional Behavior Rating Scale, which provides feedback from preceptors. Among P4 preceptors (Class of 2024):
- 99.8% rated student pharmacists positively on professionalism metrics.
- 97.4% of preceptors and 100% of graduating alumni agree/strongly agree that student pharmacists "act in a manner consistent with the trust given to pharmacists by patients, other healthcare providers, and society."
- 100% of our student pharmacists agree/strongly agree that they are "aware of expected behaviors for professional conduct."

Culture of Collaboration Within the Pitt Pharmacy Community

At Pitt Pharmacy, teamwork and mutual respect are core values that are fostered through open communication, collaborative problem-solving, and multiple avenues for input. For example, as discussed in Standard 6, a year-long consensus-building strategic planning process occurred from January 2023-January 2024 for the School of Pharmacy. Through a thoughtful, iterative process, Pitt Pharmacy had over 400 points of contact with faculty, student pharmacists, leadership, and alumni to provide input. The planning culminated with a retreat entitled "Put Yourself in the Plan," where

participants could see the Strategic Plan goals, strategies, and tactics, and determine how they could best integrate into the new plan for the School.

Consensus-building also guides policy development and decision-making by ensuring broad input from faculty, staff and students (Appendix 9F, optional). This process is supported through various forums, including:
- School-wide "For Your Information and Input" (FYII) meetings for faculty and staff development (see Appendix 9G, optional),
- Regular meetings with faculty, staff, and committee student organizations
- Open faculty and Dean office hours
- The Dean's Council of Student Leaders meeting
- Annual faculty/staff retreat.

Pitt Pharmacy also fosters a collaborative culture through a series of events designed to bring together students, faculty and staff. These include:
- A "Back-to-School" picnic to kick off the academic year
- Pre-finals gatherings, including a "P3 Send-Off," for the upcoming P4 APPE year.
- Alumni Career Roundtable Event
- The Career Expo
- JEDI (Justice, Equity, Diversity, and Inclusion) Speaker Series and Journal Clubs
- Young Professionals Lecture
- Student Industry Organization Symposium
- The Annual Julius A. Koch Memorial and Nicholas C. Tucci Lectures.

In addition to these initiatives, we are proud that two of our student pharmacists (J. Okwamba and A. Khieu) received funded projects through the University's 2024 uniting theme: "Year of Discourse and Dialogue." Each year, the University identifies a theme for the Pitt Community to support the creation of interdisciplinary, broad-based projects, and it was an honor for our students to receive this distinction.

Our strong culture of collaboration is reflected in student feedback, with 100% of student pharmacists agreeing/strongly agreeing that "faculty, administrators and staff served as positive role models for student pharmacists" and that "faculty displayed respect for colleagues and student pharmacists" (100% agree/strongly agree).

Culture of Collaboration External to the School of Pharmacy

Affiliation Agreements and Memorandum of Understanding (MOU) Documents
Pitt Pharmacy is one of six Schools of the Health Sciences on the Pitt campus. Four UPMC hospitals and the Pittsburgh VA Medical Center are within walking distance to the University. An overarching affiliation agreement for practice, education, and research between UPMC and the University has existed since 1992. We have national and international agreements and MOU documents for service, teaching and research, in addition to those for experiential learning (Appendix 9H, optional). Eleven agreements are international. Example of a multi-scope international agreement with Malaysia is Appendix 9I (required).

In addition, eight formal agreements exist between the School of Pharmacy and these national organizations (Appendix 9J, required):
- Allegheny County Health Department
- Food and Drug Administration

- Indivior, Inc. Medical Affairs Fellowship
- NACDS Foundation for the Faculty Scholars Program
- Pennsylvania Pharmacists Association/Pennsylvania Pharmacists Care Network
- Certara Center of Excellence (Devanathan)
- Pharmacy, Innovation, Experience, & Research (PIER) Program: CVS Health (Patel, Fernandez)
- Veterans Affairs Health System – Pharmacogenomics (Empey)

Research Activity, Partnerships, and Collaborations Outside the School
Pitt Pharmacy thrives on collaboration and teamwork beyond Salk Hall, partnering with national and international universities, governmental and non-governmental agencies, and national associations. Key research partnerships and collaborations are listed below (Appendix 9K, required):

- Allegheny County Health Department:
    - Science to build sustainable, equitable pharmacist-led patient care services (Carroll)
- National Institute of Health
    - Clinical and Translational Science Institute (CTSI): bench to bedside (Empey)
    - Centers for AIDS Research: National Institute of Allergy and Infectious Disease (Devanathan, Rohan)
- Certara Center of Excellence:
    - Center of excellence for PK/PD solutions (Devanathan)
- Clinical and Translational Science Institute (CTSI):
    - Pharmacogenomics research across six Health Sciences Schools
- Community Pharmacy Foundation:
    - ACT Collaborative: Academia-Community-Transformation (Coley, McGivney, Herbert)
    - Community Pharmacy Foundation grant: Medicaid populations (Coley)
    - Flip the Pharmacy: advance community practice (McGrath, Hake)
- Food and Drug Administration:
    - Research, teaching, scholar exchange (Nolin)
- Institute for Precision Medicine:
    - Clinical care with personalized medicine (Empey)
- Pennsylvania Pharmacists Care Network:
    - Build sustainable value-based care models (McGivney, McGrath, Hake)
- Peter M. Winter Institute for Simulation Education and Research:
    - Human patient simulators, virtual/augmented reality (Coons, Smithburger, Benedict, Seybert, Kobulinsky)
- Pitt Pharmacy Innovation Lab with partners: Pyrls, Ziplitics, Korion, Sparx, Major League innovations in healthcare (Patel)
- Small Molecule Biomarker Core: (Nolin, Devanathan)
- Fellowship Research and Education Collaborations (examples):
    - Indivior, Inc: Medical Affairs Fellowship (Kane-Gill, Boyce [Biomedical Informatics])
    - NCCIH Center of Excellence for Natural Product Drug Interaction Research – Natural Product Drug Interactions Fellowship (Kane-Gill, Boyce)
    - Nephrotoxin Stewardship and Medication Safety – UPMC (Kane-Gill)
    - Pharmacogenomics – research and training (Empey, Coons, Berenbrok)
    - Health Economics & Outcomes Research Fellowship – Novartis (Kane-Gill, Suh)
    - AI Pharmacometrics and Systems Pharmacology (Xie)

Alliances That Promote and Facilitate Interprofessional or Collaborative Education
Interprofessional (IP) collaboration and education are part of our fabric at Pitt Pharmacy. The proximity to the Health Sciences Schools, and the focus on IP learning at the University and School level, afford us opportunities to learn, teach, and collaborate. Encouraging cross-institutional educational events, teaching in other health profession schools, and advancing research across institutions are evidence of alliances. Many of our faculty have joint appointments at other Schools at the University, for example, the School of Medicine; School of Health and Rehabilitation Sciences; and the Division of Geriatric Medicine. The list below describes examples of collaborative alliances (see Appendix 9L, required). Examples of support documents for these activities are included (Appendix 9M, optional).

- **Pitt Vaccination & Health Connection Hub**:
  - Built on successful COVID-19 response, a clinical service and health-maintenance resource on-campus, serving as IP learning laboratory
- **Health Policy Institute for Interprofessional Practice and Education**:
  - Schools of the Health Sciences and Social Work provide IP training – Annual IP Forum (1,136 student attendees from the Health Sciences Schools in Fall 2023)
- **School of Health Rehabilitation Sciences (Audiology) and AphA**:
  - OTC Hearing Aid and Hearing Self-Care Symposium; OTC hearing aid resources
- **School of Medicine**:
  - IP Geriatrics Week (280 student pharmacists from the health sciences schools in Fall 2023); teaching at the General Internal Medicine Conference for clinicians in Pittsburgh
- **School of Nursing**:
  - Collaborative teaching of pharmacology course
- **School of Health and Rehabilitation Sciences (Dietitian Nutritionist Program)**:
  - Collaboration for older adult experiential activity (Silver Scripts); Health & Wellness Fair
- **Pharmacogenomics (PGx) Test2Learn**:
  - Educational resources for genomics
- **VA Healthcare System**:
  - Contract for education of national VA pharmacist workforce (>6000 pharmacists)
- **CVS Health:**
  - PIER Program for student mentoring/career development **Certara Center of Excellence:** PK/PD solutions (Devanathan)
- **Clinical and Translational Science Institute (CTSI):**
  - ICRE Certificate (Empey), Mentored Research
- **Howard University**:
  - Longitudinal student exchange for teaching cultural humility and health equity
- **Office of International Services**:
  - Curricular Practical Training (CPT) guidelines
- **PA Coalition of Experiential Learning Leaders**:
  - Monthly meeting for collaboration and networking (Skledar, chair)

Notable – Standard 9

- Pitt Pharmacy has an extensive local, regional, national, and international outreach network. These collaborations are a strength of the School of Pharmacy.

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**

Section IIB
Educational Program for the Doctor of Pharmacy Degree

STANDARD 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.

Documentation and Data – Standard 10

Required Uploads:

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

Appendix 10B PharmD Curriculum

Appendix 10L PharmD Curriculum Visualized

☑ A map/crosswalk of the curriculum (didactic and experiential) to the professional competencies and outcome expectations of the program

Appendix 10H Curricular Map PharmD Core Outcomes

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

Appendix 10X Curriculum Table with Coordinators 2024-2025

☑ A list of the members of the Curriculum Committee (or equivalent) with including their position/affiliation to the college or school, committee charges and assignments

Appendix 10C Charges and Members of the Curriculum Committee

☑ A list the major accomplishments of the Curriculum Committee in the last 3 years

Appendix 10I 3-year Summary of Curriculum Committee Actions

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

Appendix 10Y Evaluation materials 2025

☑ Representative examples of instructional methods (2-3 of each) employed by faculty to actively engage learners, integrate and reinforce content across the curriculum, provide opportunity for mastery of skills, instruct within the experiential learning program, stimulate higher-order thinking, problem solving, and clinical-reasoning skills, and address/accommodate diverse learning styles.

Appendix 10M Curricular Map PharmD Core Teaching Strategies

☑ All course syllabi (didactic and experiential)

Course Syllabi

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 23-28, 55, 60**

☑ **AACP Standardized Survey: Alumni – Questions 7, 8, 12** *(Please note: Alumni survey results based on 15 total responses to survey)*

☑ **AACP Standardized Survey: Preceptor – Questions 2, 9**

Optional Documentation and Data: Optional Documentation and Data Appendices are embedded in school comments below.

Pitt Pharmacy Self-Assessment – Standard 10

	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.[2]	●	○	○
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.	●	○	○

Pitt Pharmacy Comments – Standard 10

Design:

☑ Describe the college or school's curricular philosophy.

☑ Describe the professional competencies of the curriculum.

☑ Describe the curricular structure and content of all curricular pathways including the elective courses and experiences available to students.

Delivery:

☑ Provide examples of evidence that knowledge, practice skills and professional attitudes and values are integrated, reinforced and advanced throughout the didactic and experiential curriculum.

☑ Describe the efforts of the college or school to address the diverse learning needs of students.

☑ Describe how the Pharmacists' Patient Care Process has been incorporated into the curriculum.

☑ Describe any nontraditional pathway(s) leading to the Doctor of Pharmacy degree (if applicable).

Oversight:

☑ Describe how the college or school completes curriculum review process.

☑ Describe how the results of curricular assessments are used to improve the curriculum with examples provided (if applicable).

☑ Based on mapping, describe how gaps in curricular content or inappropriate redundancies are identified and inform curricular revision with examples provided (if applicable).

☑ Describe how the curriculum design enables students to integrate, achieve, and apply competency areas needed for the delivery of holistic patient care with examples provided.

☑ Describe how teaching/learning methods are used to: facilitate achievement of learning outcomes, actively engage learners, promote student responsibility for self-directed learning, foster collaborative learning, and are appropriate for the student population (i.e., campus-based vs. distance-based) with examples provided.

☑ Describe any other notable achievements, innovations or quality improvements (if applicable).

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

The Pitt Pharmacy curriculum is designed, delivered, and monitored to ensure breadth and depth of requisite knowledge and skills; maturation of professional attitudes and behaviors; and exploration of professional areas of interest.

Program Duration
The PharmD program is a 4-year educational program, with the first 3 years a composite of didactic coursework, experiential activities, professional and career development, and personalization through electives. The 4th program year is composed of eight advanced practice experiences including both required and elective 200-hour rotations.

The program's mission statement appears first in each course syllabus to anchor course objectives, content, and assessments in educational purpose (Appendix 10A, optional):

> *The Pitt Pharmacy Doctor of Pharmacy Program inspires student pharmacists to personalize their education and become medication experts, inter-professional collaborators, and leaders who advocate, champion, and act to improve health, wellbeing, and quality of life for individuals and communities.*

The curriculum is organized across 9 terms. A minimum of 134.5 credits is required for graduation: 82.5 credits of required didactic, 6 credits professional electives, 6 credits required IPPE courses, 25 credits of required APPEs and 15 credits of elective APPEs (Appendix 10B, required). The curriculum meets required experiential learning hours for IPPE and APPE (see Standards 12 and 13).

Pitt Pharmacy has a well-integrated curriculum that threads concepts horizontally and vertically across program terms and years, with deliberate, logical sequencing to foster knowledge, skills, and attitudes for success. Through programmatic assessment, responsive change using continuous quality improvement occurs. Courses continuously evolve to meet changes in practice, external healthcare and education landscapes, feedback from learners, and peer review. Faculty expertly integrate practice and research for student success including post-graduate education. Cross-department teaching occurs as faculty representing practice participate in foundational science courses and science-based faculty contribute to therapeutic sequences.

Curricular Oversight

The Curriculum Committee (CC) provides proactive oversight of the curriculum (Appendix 10C, required) during monthly meetings and *ad hoc* sessions. The CC includes:

- 8 voting faculty elected by their peers, 4 focused in P1 and P2 years and 4 in P3 and P4 years. Representation of science and practice is sought through pro-active faculty recruitment.

- 3 voting members: chair, vice chair, and past chair appointed by the Dean following self-nomination or recruitment
- 8 non-voting students (2 elected by each class)
- 1 alumnus appointed by the Dean
- Up to 7 ex officio members to facilitate communication among committees
  - Director/Associate Director of PharmD Program
  - Chair of Curriculum Assessment Committee
  - Co-Director of Professional Development Committee
  - Director of Experiential Learning
  - Director of Graduate Programs
  - Associate Dean for Equity, Engagement, and Justice or designee

CC formulates plans to address recommendations by the Curriculum Assessment Committee based on aggregate student performance data. CC closely coordinates with the Experiential Learning Committee to define, maintain, and enhance IPPE and APPE opportunities. CC interfaces with the Professional Development Committee to assure development of co-curriculum skills and personal, career, and professional identity. Student representatives actively participate in discussions and course reviews and were instrumental in expansion of electives, IPPE and APPE opportunities and diversity and health equity in the curriculum.

Sessions called FYIIs (For Your Information and Input) are frequently convened for faculty and staff input and education. Recommendations from CC are brought before the faculty at large for discussion and consensus at department and School meetings, then reviewed by the Dean, the Leadership Team and, when necessary, the Budget and Planning Committee.

CC members serve as professional year coordinators (PYCs), convening meetings with coordinators to thread concepts and content within and across years. Meetings occur before and during each term. PYCs coordinate timing of major assessments to assure reasonable student workloads (Appendix 10D, optional). An in-house curriculum technology ("Syllabus Builder") facilitates standardization of syllabi and weekly academic grids for cross-course coordination and student time management (Appendix 10E, optional).

Curriculum Review and Quality Assurance

CC approves significant changes to existing courses and any new courses. Systematic review of content, design, and delivery for each course occurs at least once every 4 years (Appendix 10F, optional). Each review by a subcommittee of faculty and students examines the syllabus, learning materials, assignments, examinations, and evaluations by students. A rubric-based report is provided for discussion of strengths and opportunities to enhance learning, providing feedback for quality improvement at the course level.

Content Depth and Breadth

CC evaluates threads of content and assessments in sequenced courses for progressive development. Examples include incorporation of key elements of:
- Pharmacists' Patient Care Process
- Entrustable Professional Activities
- Professional Identity Formation

- Content-specific areas such as opioid use disorder and pain management

Course coordinators are responsible for conduct of courses, overseeing efforts by contributing faculty. The CC maintains guidelines for course coordinators and course support (Appendix 10G, optional). Horizontal and vertical integration is illustrated in the curricular map (Appendix 10H, required).

Over the past 3 years, notable innovations were made while maintaining our philosophy of "net neutral" credit hours and balanced student workload (Appendix 10I, required). When new courses such as *Professional and Career Development 1, 2,* and *3* were added, reductions in overall student workload and credit hours in other courses occurred through collegial negotiation. CC Task Forces led enhancements in structure, sequencing, and content in target areas of pharmacogenomics, immunology, drug development and infectious disease.

Knowledge Application, Skill Development, Professional Attitudes and Behaviors Development

Students are prepared to practice in diverse patient care settings, with application of biomedical, pharmaceutical, behavioral, and social and administrative sciences in practice. The curriculum is designed to achieve the Pitt Pharmacy Outcomes, adopted May 2023, which align with the AACP Curriculum Outcomes and Entrustable Professional Activities 2022 (Appendix 10J, optional).

P1 students develop a foundation in pharmaceutical sciences and patient care including the Pharmacists' Patient Care Process and practice systems (Appendix 10K, optional). In P2 and P3 years this is expanded through organ system-based therapeutics courses and IPPE activities (Appendix 10L, optional). APPE rotations in P4 year culminate in application and integration for practice-readiness.

Pharmacists' Patient Care Process (PPCP)

The PPCP is introduced in a required P1 two-course sequence (*Pharmacist Patient Care Process 1: Process and Skills*; *Pharmacist Patient Care Process 2: Skills and Environments*) to begin development of competence in patient-centered practice. Students practice the PPCP with older adults in the award-winning Silver Scripts Program, completing comprehensive medication reviews. Students focus on COLLECT and ASSESS in the first visit, then ASSESS drug therapy problems and develop PLANS to address problems. On return visits, students can collaboratively IMPLEMENT plans and propose strategies to MONITOR and EVALUATE patients.

PPCP is emphasized in the *Case Conference Series* skills-based courses in P1, P2 and P3 years, with integration of content from concurrent courses with patient assessment skills, therapeutic plan development, and patient care delivery while managing increasingly complex patient cases in simulated settings.

Teaching and Learning Methods/Diverse Learners

Faculty members employ diverse teaching methods: lectures, team-based learning, peer-to-peer role play, patient simulation, team projects, standardized patients/colleagues, laboratory sessions (Appendix 10M, optional). The School works with University Disability Resources and Services to accommodate learner needs. Didactic lectures are recorded for student viewing. All courses utilize the university-supported Canvas learning management system, supporting video recordings, discussion boards, electronic assignment submission and grading, and other technology.

Innovative approaches to learning are woven across the curriculum, using simulated electronic health records (e.g., EHRGo) and audience engagement platforms (e.g., TopHat). Skills assessment using standardized patients has long been used in formative and summative capstones to individualize assessments. Additional details regarding learning and assessment methods are provided in Standards 24 & 25.

The 2024 Graduating Student Survey responses support graduates' satisfaction with the quality of education and practice preparation:

- 100% strongly agreed/agreed that they were provided opportunities to engage in active learning
- 98.7% strongly agreed/agreed that they were academically prepared to enter APPEs
- 100% strongly agreed/agreed that they were prepared to enter practice

Electives

Students select a minimum of 6 elective hour credits in areas of professional interest. A variety of courses within and outside the School are available (Appendix 10N, optional). Students may seek approval for electives outside a pre-approved list (Appendix 10O, optional) and also may earn credit for scholarly investigations in pharmaceutical sciences, professional practice, or other areas through Mentored Research or Special Topics elective options (Appendix 10P, optional). Student enrollment in elective courses is provided in Appendix 10Q (optional).

Students can select practice settings to explore career direction while meeting IPPE and APPE requirements. For example, P3 students may select an interest area in health system pharmacy for one rotation while P4 students may select up to 3 APPEs electives.

Areas of Concentration (ARCOs), Honors College, and Combined Programs

P1 and P2 students may remain part of the University Honors College to earn both Honors Degree and Bachelor of Science in Pharmaceutical Sciences. Students may also elect to earn a newly approved combined PharmD/PhD in Pharmaceutical Sciences, PharmD/MS in Pharmaceutical Sciences or PharmD/MS in PharmacoAnalytics.

ARCOs allow students to build deep understanding and skills through completion of a minimum of 15 elective credits including didactic coursework, 2 APPE rotations, and 1 mentored scholarly project. There are 7 Pitt Pharmacy ARCOs: Community Leadership, Innovation, and Practice; Geriatrics and Palliative Care; Global Health; PharmacoAnalytics; Pharmacotherapy Scholars; Pharmacy Business Administration; Research (Appendix 10R, optional).

Certificates and Microcredentials

Students complete certificate training and microcredentials in the curriculum. In the P1 year, students complete the APhA Pharmacy-Based Immunization Delivery Certificate and obtain licensure to immunize in Pennsylvania. P2 students complete 1) Pennsylvania Pharmacists Care Network (PPCN) Medication Management Training Program; 2) Screening Brief Intervention and Referral Treatment (SBIRT), and 3) digital badges in pharmacogenomics and over-the-counter hearing aids (developed by Pitt Pharmacy faculty and recognized through AACP Innovation in Teaching Award process).

Feedback from Students

Students provide feedback of course and faculty teaching effectiveness through the University Office of Measurement and Evaluation of Teaching and to preceptors via the Office of Experiential Learning. Other avenues for valued feedback include via elected class representatives in discussion with faculty, course coordinators, and program administrators.

Feedback and Assessment

More than 90 percent of core courses employ two or more methods of assessment (Appendix 10S, required): written examinations, case analyses, standardized patients, capstone cases, oral presentations, group projects, written treatment and monitoring plans (SOAP Notes), and patient education materials.

Remuneration/employment

Students do not receive payment for participating in course-based, co-curricular-based, or experiential learning activities, nor are they placed in the specific practice area at a pharmacy practice site where they are currently employed. International students may enroll in Curricular Practical Training (Appendix 10T, optional) associated with their F-1 visa.

Academic Integrity

Online examinations are deployed using ExamSoft (adopted in 2023) with oversight by faculty and graduate teaching assistant proctors. Testing occurs in multiple classrooms for adequate spacing. Faculty utilize question banks to ensure exams are unique.

Notables – Standard 10

- Long history of Pitt Pharmacy commitment to personalized student learning.
- The 18 articles published (2021-2024) are evidence of the commitment and rigor with which improvements are conceptualized, implemented, and evaluated (Appendix 10U, optional).
- Since 2003, the Provost's Advisory Council on Instructional Excellence has awarded 16 competitive grants to pharmacy faculty members for innovative teaching and assessment (Appendix 10V, optional), 4 since 2016.
- Eight pharmacy faculty have been awarded the prestigious Chancellor's Distinguished Teaching Award since 1999 (Appendix 10W, optional).
- Extension of course review process to add feedback on aspects of diversity and equity.
- Adoption of technology platforms that enhance learning.
- Cross-department integration by faculty experts in science and practice in most courses.

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**

STANDARD 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.

Documentation and Data – Standard 11

Required Uploads:

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

Appendix 11C Interprofessional Mission Values

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

Appendix 11M Statements Addressing Interprofessional Education and Practice Contained in Student Handbook

☑ A copy of the Interprofessional Education Plan that documents the student involvement, other health profession involvement, timeline, activities, outcomes, assessment, resources, and tools utilized.

Appendix 11E Interprofessional Education Curriculum Overview

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

Appendix 11N PITT Form IPE Data AY 24

☑ Outcome assessment data summarizing overall student participation and outcomes in IPE activities

Appendix 11K P4 APPE Preceptor Evaluation of Student Learning 2022-24

Appendix 11J Student Evaluation of IPE Learning 2022-24

☑ Representative examples (2-3) of instructional methods employed by faculty to incorporate meaningful interprofessional learning opportunities

Appendix 11G Hub Description

Appendix 11I Underserved Clinic Experience

Appendix 11O P3 Capstone Physician Consultation Guide

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 3, 38**

Optional Documentation and Data: Optional Documentation and Data Appendices are embedded in school comments below.

	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.	●	○	○

College or School's Pitt Pharmacy Comments – Standard 11

☑ Describe how the college or school supports the development of pharmacy graduates who are trained with other health professionals to provide patient care as a team.

☑ Describe 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.

☑ Describe how the results of interprofessional education outcome assessment data are used to improve the curriculum.

☑ Describe any other notable achievements, innovations or quality improvements (if applicable).

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

Interprofessional Team Dynamics

Interprofessional collaboration and education is a priority at Pitt Pharmacy and across the University of Pittsburgh Schools of the Health Sciences. Pitt Pharmacy engages, enhances, and empowers students to practice as effective members of interprofessional teams throughout the four-year curriculum to improve health and medication-related outcomes and ensure equitable care for patients (Appendix 11A, optional). The commitment to interprofessional education and collaboration is rooted in our Curriculum Outcomes (Appendix 11B, optional) and the interprofessional vision, mission and goals (Appendix 11C, required). IPE activities are guided by these statements, reflecting the Interprofessional Education Collaborative competencies.

In 2007, the Pitt Working Group on Interprofessional Education was established to create strategic leadership to advance IPE across all Schools of the Health Sciences. This strengthened into the Office of Interdisciplinary Education, which "develops and implements strategies for teams of specialists to drive improvements in health care by supporting opportunities at the student level to learn in blended teams.

Through programming, research, experiential learning and community engagement between the Health Science Schools and many other partners across the University, the Office of Interdisciplinary Education aims to promote a team-based care model early in a student's journey, preparing them to work in the ways that health professionals collaborate across fields" (Appendix 11D, optional). Pitt Pharmacy faculty members have been an integral part of the process to initiate, solidify, and sustain a commitment to IPE at the University of Pittsburgh.

Collaboration and teamwork are at the heart of the Pitt Pharmacy curriculum beginning at Orientation when students are assigned to groups of 5-6 students. Each subsequent semester students are randomly assigned to a new group of colleagues so that students have opportunities to learn and practice skills necessary to participate as productive team members. Students also participate in interprofessional activities with other health professions activities (Appendix 11E, required) that prepare students for the processes, communication and challenges of interprofessional teamwork fundamental to success in IPPEs and APPEs.

Interprofessional Team Education

P1 Year
Pharmacist Patient Care 1 and 2 and the *Emerging Professional* are didactic courses in which students consider their unique contributions to patient care as pharmacist members of interprofessional teams, gain an understanding of the roles and responsibilities of other health care professionals, and begin to develop interprofessional communication skills related to care plan development.

The Health Sciences Interprofessional Forum "Educating Health Care Teams of the Future" has annually engaged first-year students from across the Schools of the Health Sciences since 2008. This two-hour event showcases the expertise of different health professionals in the context of a simulated patient case, demonstrates the importance of teamwork from the patient's perspective, and identifies benefits and challenges to practicing in an interprofessional environment (Appendix 11F, optional). In the Fall of 2023, the IP Forum was attended by 1,316 students from across the health.

IPPE Learning Sites
P1 students actively contribute to interprofessional teams in communities by demonstrating mutual respect, understanding, and values to meet patient care needs and goals. Students complete experiences at community and public health sites; for example, centers for older adults, centers for patients with special needs, crisis centers, community centers, underserved clinics, dental health clinics, and family health clinics. Students are precepted by interprofessional leaders at the individual learning sites, such as nurses, social workers, dentists, or volunteer coordinators, with scheduled debriefs and guided assignments precepted/led by faculty experts in public health throughout the semester. Sites engage learners from other health professions as well, such as primary care and dental clinics and the Pitt Vaccination & Health Connection Hub. Students gain a fundamental understanding of pharmaceutical care and a fostered sense of community involvement though guided learning in these diverse populations.

Silver Scripts
P1 students in the Spring term provide care for older adults during on-site visits to Pittsburgh area senior centers as part of the Silver Scripts Program. Students interact with patients, caregivers, and other healthcare professionals to provide patient care under direct supervision of a pharmacist preceptor. The morning of each senior center visit, P1 students meet with Nutrition and Dietetics

students for just-in-time orientation to the experience and discuss with their colleagues their backgrounds, experience, and what they can contribute to the care of the seniors.

Health & Wellness Fair
Students conduct an annual Health Fair for the public as part of the *PPC2* course in the Spring term of P1 year. In this event, students collaborate with peers to educate patients and the public to promote health and wellness. Students select topics and create posters based on Healthy People 2030 Goals and Objectives. As of 2023, the event is hosted collaboratively by the School of Pharmacy and the School of Health and Rehabilitation Sciences, with 25 posters presented across the two health disciplines.

P2 Year
Interprofessional communication skills are developed in the classroom in the *Nonprescription Therapies and Self-Care* course which are then applied in experiential learning activities. In *Community Pharmacist Practice 1 and 2* (CPP1/2), students interact with patients, caregivers, and healthcare providers at centers for older adults, community pharmacies, and the Pitt Vaccination & Health Connection Hub on-campus. Focus areas include community health outreach, transitions of care, care for older adults, and preventative health and wellness.

Silver Scripts
The focus of Silver Scripts in the P2 year is a deeper understanding of caring for older adults while learning with other health professionals and community leaders. Opportunities expand to team pharmacy students with nutrition students to evaluate and provide recommendations for medication and nutrition regimens, and with students from the School of Social Work. A "transitions of care" exercise allows P2 students to take on a leadership role transitioning their knowledge of the community and resources to the P1 students who will go to the same site in the spring.

Prior to interprofessional visits to senior centers, students from the varied programs learn alongside and from one another through presentations from participating faculty and students. Pharmacy students also learn about nutrition and dietetics, audiology, social work, and dental medicine professions and how each care for patients in the community from faculty and students from each of these programs.

IPE at the Hub
The Pitt Vaccination & Health Connection Hub is a pharmacist-led interprofessional patient care preventative health and wellness practice that includes faculty, staff, and students across the health sciences. The Hub operates in partnership with University Pharmacy and is a unit of the Senior Vice Chancellor of the Health Sciences. Students work with an interprofessional team of pharmacists, clinicians and experts from the Schools Nursing, Medicine, Pharmacy to care for Pitt employees, students, and other community members. Students create collaborative plans for people seeking immunizations, biometric screening, and preparing for international travel. Students complete at least one visit during P2 year as a patient-facing, interprofessional experience, working alongside colleagues to learn about, from and with each other (Appendix 11G, required).

P3 Year
Capstones
Each student participates in simulated interprofessional "APPE Readiness" assessment during the P3 Capstone at the end of both fall and spring semesters. Each student must demonstrate effective pharmacist-patient and pharmacy-colleague interprofessional communication. The student interviews a standardized patient to identify drug-related problems, then develops a pharmacotherapy care plan for

the patient. The student then meets with the standardized colleague to provide verbal recommendations and justification for proposed actions. Standardized colleagues are portrayed by practicing physicians and physician-extenders. Interprofessional communication skills and use of evidence-based medicine are assessed using a standardized rubric (Appendix 11H, optional).

Care for the Underserved
P3 students complete one or more visits to an underserved clinic in the Pittsburgh area during their P3 year**. S**tudents use patient care skills as an active member of the interdisciplinary health care team providing care for uninsured and underinsured patients. Students learn to mitigate health disparities as they work with individuals, communities, and at-risk populations, along with other professional students and health care practitioners to formulate a patient-specific care plan. Students from many health science schools collaborate to apply communication skills in patient interviews, medication histories, and care plan development. Students have opportunities to provide recommendations to physicians and other providers regarding drug therapy. Activities are completed under direct supervision of a pharmacist or physician, as part of an interprofessional team (Appendix 11I, required).

P3 Hospital/Health-System IPPEs
P3 students learn interprofessional collaboration and team dynamics during direct patient care experiences with healthcare teams. Students also learn from and with interprofessional leaders in health systems including administrators, medication safety specialists and others during their foundations and specialized services IPPEs. Reflections analyzing interprofessional teams including the dynamics of interactions are required. Students note significant interprofessional exposure across all types of practice sites. In aggregate data from all IPPE experiences, preceptors rate students highly in their ability to collaborate as part of an interprofessional team to provide patient-centered care, with 76 percent of students achieving a rating of Intermediate Competence or Proficiency (Appendix 11J, required).

Interprofessional Team Practice
APPEs:
APPEs provide rich environments for interprofessional collaboration and team dynamics as students actively engage in shared patient care therapeutic decision-making and other team activities in a variety of practice environments. During acute care, ambulatory care and institutional practice APPEs, students analyze and reflect on their interprofessional teams including the dynamics of their interactions, as well as attend a minimum of 1 interdisciplinary/interprofessional meeting with written summary.

P4 Preceptor Evaluations of Student and P4 Student Evaluations of Preceptor and Site contain metrics that evaluate student IP engagement and capabilities (Appendix 11K, optional). Each year, our P4 students are consistently rated as effective IPE team collaborators. In 2023-2024, students assessed themselves at near proficiency in interprofessional collaboration (3.95 on a 4-point scale), like the rating from preceptors (3.78).

As reported by our Class of 2024 in the latest Graduate Student Survey, by program end, students reported IPE activities in lectures (55%), patient centered care cases (80%), clinical simulations (80%) and community projects (75%). They also reported IPE collaborations, in addition to physicians, with nurses (90% students), occupational and physical therapists (each 51%), dentists (66%), physician assistants (79%) and social workers (76%).

Interprofessional Geriatrics Activity

Since 2008, P4 students have joined the Interprofessional Geriatrics activity, a three-day, virtual, interactive course with over 280 students from the Schools of Medicine, Pharmacy, Nursing, Social Work, Dental Medicine, Occupational Therapy, Physical Therapy, and Health and Rehabilitation Sciences participating. Pitt Pharmacy enrolls an average of 15-20 students each Fall. Students learn from geriatric experts from the School of Medicine, Schools of the Health Sciences, and the University of Pittsburgh Medical Center on caring for the older adult, aging in place, and the 4 M's of Age-Friendly Care (Mind, Mobility, Medication, and what Matters Most). Older adults also participate in this event, in small groups with health professional students and faculty.

Education-Practice Partnerships

Pitt Pharmacy faculty led the Pitt BEAT (Bridging Education And Team-Based care) for Blood Pressure grant from the American Medical Association. The program brings together faculty and students from 5 health science programs (Pharmacy, Medicine, Nursing, Dietetics/Nutrition and Physician's Assistant) to consistently learn and practice blood pressure measurement. Students from across the health sciences engaged in blood pressure screenings at mass vaccination events, Pitt Community Engagement Centers and at the Pitt Vaccination and Health Connection Hub.

Pitt Pharmacy clinical faculty are members of high functioning interprofessional practice teams in direct patient care environments where students in IPPEs and APPEs are immersed in team-based collaborative care. Example environments include antibiotic stewardship, oncology, transplant, pain and palliative care, cardiology, critical care, internal medicine, geriatrics, pediatrics, primary care, diabetes care, and care for the underserved.

Notables – Standard 11

- Pitt Pharmacy faculty have played an integral role in strengthening the commitment of IPE at the University level for all Schools of the Health Sciences.
- Silver Scripts was established 20 years ago and continues to grow as an interprofessional experience for students.
- The Pitt Vaccination & Health Connection Hub is a pharmacy-led unit that serves as an interprofessional learning space for all Schools of the Health.
- The Grace Lamsam Pharmacy Program for the Underserved has provided opportunities for students to work on interprofessional teams to provide pharmacy services to the underserved community in the Pittsburgh area for 30 years.
- The Pitt Community Engagement Centers provide a rich learning and growth opportunity for students and faculty to collaborate across the health sciences and beyond with the school of education, engineering and more.
- Sub-outcomes for the "interprofessional collaborator" curriculum outcome have been mapped to ensure that student exposure to IPE is threaded throughout courses and activities (Appendix 11L, optional)

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**

STANDARD 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).

Documentation and Data – Standard 12

Required Uploads:

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

Appendix 12A PharmD Curricular Outcomes Core Courses Presences - Curricular Map

☑ Overview of IPPE curriculum (duration, types of required and elective rotations, etc.)

Appendix 12B Overview of EL Program IPPE-APPE Curriculum 2024

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

Appendix 12D IPPE Hours chart and Simulation Inventory

☑ Introductory pharmacy practice experiences student manual

Appendix 12E IPPE Student Manuals

☑ Introductory pharmacy practice experiences preceptor manual

Appendix 12F IPPE Preceptor Manuals

☑ Introductory pharmacy practice experiences student and preceptor assessment tools

Appendix 12G Student and Preceptor Evaluation Tools

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

Appendix 12K IPPE-APPE Preceptor Training and Recruiting Tools

Data Views and Standardized Tables:

☑ **AACP Standardized Survey: Faculty – Question 34**

☑ **AACP Standardized Survey: Student – Questions 24, 26-28, 58, 59, 69-71**

☑ **AACP Standardized Survey: Alumni – Questions 7, 10** *(Please note: Alumni survey results based on 15 total responses to survey)*

Optional Documentation and Data: Optional Documentation and Data Appendices are embedded in school comments below.

	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.	●	○	○

Pitt Pharmacy Comments - Standard 12

☑ Describe how student performance is assessed and documented in IPPEs, including the nature and extent of patient and health care professional interactions, and the attainment of desired outcomes.

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

☑ Describe 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.

☑ Describe how the college or school uses simulation in the IPPE curriculum (if applicable).

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

☑ Describe any other notable achievements, innovations or quality improvements (if applicable).

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

Didactic Curriculum

The didactic and experiential elements of the pre-APPE curriculum are integrated and intentionally sequenced to prepare student pharmacists for practice in contemporary and emerging pharmacy settings. Student pharmacists are engaged in rigorous instruction in biomedical, pharmaceutical, behavioral, social, and administrative sciences, integrated with pharmacy practice and professional experience. Standard 10 and the PharmD program curricular map (Appendix 12A, required) demonstrate the breadth and depth of professional content covered in the curriculum. A description of the progressive development of knowledge, skills, abilities, and behaviors threaded through IPPE/APPE experiences is provided in Appendix 12B (required), with IPPE learning objectives and assignments provided in the Experiential Learning course syllabi (Appendix 12C, required). During IPPEs, student pharmacists enhance their professional behavior and engage in shared clinical decision-making with patients and preceptors in community and institutional settings, in preparation for APPEs.

To encourage practice readiness and prepare student pharmacists to succeed in experiential learning activities, practica and laboratory sessions are strategically threaded throughout the program. In the first three years of the curriculum, weekly sessions facilitate student development of skills necessary for the practice of pharmacy. Practicum sessions occur in specific courses and within the cross-course Case Conference series. In the P2 and P3 years, integrated practica are shared by multiple courses, providing opportunities for more complex cases. IPPEs are integrated in the experiential courses throughout the first three years of the curriculum and built alongside these classroom experiences.

Development and Maturation

Integration of Basic Sciences and Therapeutics
Beginning in the P1 year, student pharmacists build foundational knowledge in the pharmaceutical sciences and principles of practice. *Biochemistry* and *Anatomy and Physiology* frame and develop the concepts of cellular physiology, organ system anatomy, and physiology. The pharmaceutical sciences series begins in P1 fall and continues through P2 spring, including *Dosage Form lab, Pharmaceutical Calculations, Principles of Drug Action, Pharmacokinetics,* and *Drug Development 1*. This sequence covers concepts in pharmacology, pharmacokinetics, drug discovery, pharmaceutical analysis, biotechnology, and gene therapy.

Foundational sciences are integrated with therapeutics and practice in the P2 and P3 years in sequential, organ system-based therapeutic modules. Patient care activities continue into the P3 year with increasing complexity, incorporating cases that require student pharmacists to recall foundational science principles to resolve complex drug therapy problems. P3 year also expands upon pharmacy practice in the *Population Health & Management and Safe Medication Use & Pharmacoeconomics* courses, which provide deeper understanding of the US health care delivery system, data analysis, and population-based care.

The Case Conference series is threaded throughout all six semesters of P1-P3 years and integrates the applied sciences with foundational science through case studies and teamwork. Basic science and clinical faculty course coordinators work together to develop content that aligns with concurrent courses. An example of this intentional alignment comes from the *Biochemistry and Pharmacist Patient Care Process* courses, in which student pharmacists work in teams and use information learned in these two courses to solve escape room case-based activities. This pedagogical approach earned the

University of Pittsburgh's Innovation in Education Award for its success in using game-based learning to apply foundational science concepts to clinical cases.

IPPE Expectations and Duration

Embedded Experiential Education
This intentional pedagogical design also extends to experiential learning, as IPPEs are embedded in core courses: *Community Health 1 & 2, Pharmacist Patient Care Process 2, Community Pharmacist Practice 1 & 2, and Health System Pharmacy 1 & 2*. The integrated structure develops student professional responsibility and patient care skills while providing contact points throughout the semesters for debriefs and reflection. Further description of the IPPE activities is provided in Appendix 12B and 12C (required). IPPEs (326 hours) provide minimum of 150 hours balanced between community and health-system setting, in US practice sites.

In the *P1 Community Health* course series, students begin developing the professional responsibility to meet fundamental healthcare needs of diverse populations, linked to Healthy People 2030, social determinants of health (SDOH), and health equity at community health sites in Pittsburgh, such as underserved and family medicine clinics. An example of the integrated didactic/experiential approach in is a unique photovoice assignment, where students capture photographs of their community site to describe connection of social inequities with health status, and better understand of the pharmacist role in SDOH. Students identify healthcare access concerns, resources, and other factors impacting health disparities. Application of this knowledge continues throughout the course as students complete on-site assignments with their preceptor, and reflections related to SDOH and pharmacoequity.

At the end of the P1 year, as part of the *Pharmacist Patient Care Process 2* course, students complete a one-week community pharmacy practice immersion week. This connects fundamental P1 year patient care knowledge (i.e., "top drugs") and skill development (i.e., immunizations) to students working directly with pharmacist preceptors for pharmacy-centered care, and to shape their professional identity.

The deliberate focus of the P2 IPPEs embedded in *Community Pharmacist Practice 1 and 2* is provision of direct patient care services in the community. Students spend 8 hours each Friday at community pharmacies in the Spring semester, led-in by two Fall semester days (104 hours). This experience builds on the P1 immersion experience, as students practice patient interviewing skills, complete patient assessments and plans, provide patient education, and work with community pharmacist preceptors to complete patient care assignments and community outreach. During P2 Spring, four Fridays replicate national meetings with skills-based workshops led by keynote speakers who are influential leaders in community pharmacy practice. Using the PITT Form, students document patient care experiences to reveal the collective impact on population health. Real-time, on-site Zoom check-ins with course faculty allow student to reflect on learning in the moment at their sites and foster learning across varied community pharmacy sites.

EXPERIENTIAL LEARNING

P1 and P2 students interview patients at local senior centers, with pharmacist preceptor oversight. Visits take place in P1 Spring and P2 Fall.

INTERPROFESSIONAL

PharmD students are joined by Dietetics and Audiology students to provide patient care. Interprofessional pre-briefs and debriefs foster student reflection and learning.

SILVER SCRIPTS PROGRAM

LONGITUDINAL CARE

Each semester, students complete two 2-hour visits at the same site approximately 1 month apart, allowing students to provide longitudinal patient care.

AWARD WINNING

The Silver Scripts program has been highly successful, earning the University of Pittsburgh Community Engaged Scholarship Forum's Partnership of Distinction Award in 2021.

Our Silver Scripts Program has been an integral part of our curriculum for 20 years, providing P1 and P2 students the early opportunity to provide care to older adults in the community. SilverScript student objectives are to: 1) practice pharmacist patient care skills that include establishing relationships, identify drug-related needs, and document care; 2) demonstrate effective communication skills with patients, pharmacist preceptors, and students from other disciplines; and 3) develop professional identity. Students are precepted on-site by pharmacists in the older adults' living center, and medication histories, regimen reviews and care plans are developed for these patients.

Embedded in *Health System Pharmacy 1 & 2*, P3 IPPEs focus on practice in hospital/health-system settings. Students apply principles of acute care medication management, participate in direct patient care, and explore specialized areas of health-system practice. All student pharmacists complete a one-week direct patient care rotation during health system IPPEs. Student pharmacists without hospital experience complete one-week foundational IPPE, while student pharmacists with documented hospital and IV preparation experience complete their additional week in direct patient care or specialized health system services (e.g., medication safety). Student debriefing sessions are held to discuss progress and learning.

Longitudinal Experiential Learning Activities
To ensure all student pharmacists cultivate affective domain elements such as interprofessional collaboration, problem-solving, and patient advocacy, longitudinal experiential learning activities are integrated into the experiential courses as a required part of the pre-APPE curriculum. During the P2 year, all student pharmacists spend time at the Pitt Vaccination and Health Connection Hub, a pharmacy-led, interprofessional site on-campus that offers vaccination and preventive health resources. This activity provides opportunities for basic skills development and interprofessional collaboration. During the P3 year, each student provides care for patients at an underserved clinic in Pittsburgh, such as the Birmingham Free Clinic, Women's Center and Shelter, or Pitt Street Medicine. Student pharmacists serve members of the community who are uninsured, underinsured, unhoused, or facing crisis. Additionally, before advancing to APPEs, all student pharmacists individually complete minimum of 12 hours of pharmacist care in the community, in outpatient clinics or community/pharmacy health screening events, such as those noted above.

Simulation for IPPE

Pitt Pharmacy faculty have extensively integrated simulations for learning and formative assessments throughout the P1-P3 years to reinforce curricular outcomes prior to APPEs. High-fidelity mannequins, standardized patients and providers, virtual patients, and a simulated electronic health record and pharmacy dispensing system are incorporated across the pre-APPE curriculum. IPPE on-site and simulation hours, detailed by course and activity, are provided in Appendix 12D (required). Twenty-six of the required 300 IPPE hours come from structured simulation activities.

Affective Domain Elements

Learning within domains of self-awareness, problem-solving, professionalism, leadership, and communication is fostered in curricular and co-curricular experiences. We have a robust array of purposefully developed experiences with assessment strategies to document the competency of individual students' skills. In addition to the above-mentioned activities in the experiential courses, the P1 year *Emerging Professional* course guides students as they develop their professional identities, identify strengths and personality characteristics (i.e. StrengthsFinder), navigate group interactions, learn to give and receive feedback, and develop a foundation for ethical decision-making consistent with the expectations and trust placed upon pharmacists. Additionally, the competency-based *Professional and Career Development* course series threaded through P1-P3 year provides students with opportunities for self/career development and life-long learning, which translate directly into experiential learning activities in the field. Students post evidence of their progress in their Pitt Pharmacy Professional Dashboards, with discussion each term with their faculty advisor.

IPPE Expectations

Evaluation of student performance
IPPE activities are guided by course syllabi (Appendix 12C), and manuals and documents provided to students and preceptors (Appendix 12E, 12F, required). Entrustability and mastery scale-based IPPE evaluation tools for preceptors and students are in Appendix 12G (required). Aggregate student IPPE performance scores consistently show 100% P2 student pharmacists and 99% P3 student pharmacists earning satisfactory or honors (S/H) over the last 3 years (Appendix 12H, required). P1 student pharmacists are rated on a 1–4-point professional behavior scale (1=awareness; 2=beginning competence; 3=intermediate competence; 4=proficient; max 45-48 points) and earned a mean of 42.4/45 points and 46.18/48 points during the last 3 years. Additionally, students note significant interprofessional exposure on IPPEs (Appendix 12I, optional). Through multiple years of preceptor global outcome score evaluations, the contextual change to the P3 health-system environment challenges our student pharmacists with skills and knowledge that differentiates from P2 sites. Student self-evaluations show the progressive increase in confidence from P1 to P4 year, validated by P4 year preceptors (Appendix 12J, optional). Preceptor recruiting and training materials are provided to new and current preceptors (Appendix 12K, required); more description of this is provided in Standard 20.

Care Across the Lifespan

Students use the PITT Form to document patient interactions, show patient demographics, disease states, and patient care services. Highlights are below (Appendix 12L, optional).

- Silver Scripts (P1, P2): Students (2022-2023) provided care to nearly 400 seniors and completed 153 comprehensive medication reviews, 358 blood pressure assessments, and referred 13 patients for additional care. In their P1/P2 year, the class of 2024 cared for 511 older adults through the program.

- Community Pharmacist Practice 2 (P2): Students documented 4,173 patient interactions at their P2 IPPE sites, for tobacco use, osteoporosis, dyslipidemia, hypertension, behavioral health, and diabetes. Patient education, adherence counseling, and self-care was 65% of the interactions, followed by CMR/TMR (19%) and immunizations (17%).

- Health-System Pharmacy 1&2 (P3): In 2022-2023, P3 students documented 1770 patient interactions: 37.8% patients were > 60 years and 31.8% were 41-60 years. Students cared for White patients (61%), followed by 17% Black, 4.2% Hispanic/Latino, and 3.7% Asian. Patients received 6-10 medications (35.3%), with 4.6% receiving over 20 medications, often transplant

patients. Encounter reasons were medication management for cardiovascular, neurologic, and gastrointestinal disease states. Drug therapy problems were identified in nearly half of the patients, to recommend additional therapy (i.e., stress ulcer prophylaxis, bowel regimens) or perform monitoring (i.e., pharmacokinetics). Additional data on population diversity is provided in Standard 13.

Notables – Standard 12

- Incorporation of novel pedagogical approaches into the pre-APPE curriculum, including photovoice, escape rooms, and standardized patients and colleagues.
- Silver Scripts is a deliberate strategy to engage student pharmacists with older adults in the community through patient-centered care.
- Required experiential learning activities ensure student exposure to interprofessional practice, direct patient care, and care for the underserved during the pre-APPE curriculum. Data from the PITT forms and student self-reflection demonstrate that students are exposed to a wide range of patients, disease states, and drug therapy problems before progression to APPEs.

Pitt Pharmacy Final Self-Evaluation – Standard 12

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**

STANDARD 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.

Documentation and Data – Standard 13

Required Uploads:

☑ 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 would cover all the activities. The list of activities mapped, however, can include activities not specifically listed in Appendix 2.)*

Appendix 13G APPE Rotation Assignment Crosswalk ACPE

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

Appendix 13B Overview of EL Program IPPE- APPE Curriculum 2024

☑ Advanced pharmacy practice experience student manual

Appendix 13I Student APPE Orientation Manual and Materials

☑ Advanced pharmacy practice experience preceptor manual

Experiential Learning Manual

☑ Advanced pharmacy practice experience student and preceptor assessment tools

Appendix 13F Student Evaluation of Preceptor and Site

Appendix 13J P4 APPE Preceptor Evaluation of Student

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

Appendix 13O P4 APPE PITT Form Summary 2023-2024

Appendix 13P Diversity Data Analysis

Appendix 13Q Interprofessional Learning

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 29-38**

☑ **AACP Standardized Survey: Alumni – Questions 9, 13** *(Please note: Alumni survey results based on 15 total responses to survey)*

Optional Documentation and Data: Optional Documentation and Data Appendices are embedded in school comments below.

	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.	●	○	○

Pitt Pharmacy Comments - Standard 13

☑ Describe 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.

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

☑ Describe how the college or school ensures that students' advanced pharmacy practice experience hours fulfill the required four practice settings.

☑ Describe how the college or school provides students' an in-depth experience in delivering direct patient care as part of an interprofessional team.

☑ Describe 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.

☑ Describe 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.

☑ Describe 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.

☑ Describe any other notable achievements, innovations or quality improvements (if applicable).

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

Timing, APPE Duration, Required APPE, and Geographic Restrictions

The APPE curriculum spans the P4 year and provides a continuum of required and elective, individualized, pharmacy practice experiences. Students may not proceed to P4 APPEs until they successfully complete all P1, P2, and P3 year requirements. Appendix 13A (required) includes master APPE syllabi, containing specific objectives for each rotation, preceptor responsibilities, and student assignments. Appendix 13B (required) overviews the APPE rotation sequencing. The APPE experiences are mapped to curricular outcomes in the Curricular Map (Appendix 13C, optional). In the P4 year, each student completes eight 5-week APPE rotations, comprising 40 total weeks, with each rotation 200 hours in length, totaling 1600 APPE hours. The required (core) rotations are completed in the United States. Students complete elective rotations to further personalize their education.

In 2023-2024, Pitt Pharmacy engaged 307 unique sites for APPE rotations, with 431 preceptors providing a total of 938 rotations. Appendix 20E lists our APPE sites and preceptors. For each APPE rotation, a preceptor/site description is posted in the E*Value system to aid students in selecting experiences (Appendix 13D, optional). All students have access to a comprehensive APPE Guidebook and can apply for application-based rotations (Appendix 13E, required).

Rotation Selection Process
To ensure all students have equal opportunity to schedule desired local APPE rotations, students are matched with requested APPE sites/preceptors through an electronic, algorithmic, optimization process within E*Value during P3 spring semester. In addition to the four required APPE practice settings, students must complete an additional patient care rotation in either ambulatory or acute care, and one additional patient care APPE from one of the four core categories, or a patient care elective, such as long-term care, pediatrics, or home infusion. These required patient care rotations total 1200 hours. The two-remaining elective APPEs can be selected as additional patient care experiences, or non-patient care electives such as industry, management, or academia. The experiential learning (EL) director and associate director intensively advise students on APPE selections.

E*Value yielded 98% and 99% of rotations matched to students' top 5 preferences in 2023 and 2024, respectively, with 80% and 81% of students matched to their #1 preference these years. This data, and strong agreement with APPE variety and quality (94.6-100%), reinforce our fair and effective rotation selection processes.

Site Evaluation and Quality Improvement
Sites and preceptors are evaluated by students at rotation completion (Appendix 13F, required). Site-specific and preceptor-specific feedback in E*Value is shared with preceptors each year. Students can provide confidential comments to the EL faculty for additional input. Students also attend virtual "Debrief and Develop" sessions that combine professional development breakouts with breakouts specific to site experiences. Sites are evaluated during in-person and remote site visits by EL team members. Preceptors are interviewed to assess student engagement, preceptor enthusiasm, and site readiness. Information gathered from these visits is used for quality assurance and improvement purposes.

Ongoing assessment of sites and the longitudinal, progressive development of the EL program is provided by the EL Committee, which is composed of EL course coordinators, EL Program leaders/staff,

two non-faculty preceptors, and two student representatives from each professional year. The Committee establishes preceptor and site standards, reviews evaluative data, provides feedback, and makes programmatic recommendations to the Curriculum and Assessment Committees. Specific site quality improvements and actions are provided in Standard 22.

Evaluation of Student Performance
Students complete assignments for APPE rotations for patient care interactions, participation on rounds, case presentations, drug information questions, care plans, and interprofessional meetings. These requirements are detailed in APPE syllabi (Appendices 13A). Each APPE and its assignments have been mapped to our PharmD Program outcomes, EPAs, our evaluation measures, and ACPE domains, to ensure student experiences encompass learning activities (Appendix 13G and Appendix 13H, required). Students attend two orientation sessions for APPE preparedness and expectations (Appendix 13I, required).

For each APPE, preceptors complete a midpoint and final evaluation of the student's progress, and the student completes self-evaluations, incorporating the mastery scale with embedded entrustability language (Appendix 13J, required). With each outcome and its associated activity statements, the preceptor evaluates the student on a scale of awareness (level 1), beginning competence (level 2), intermediate competence (level 3), and proficiency (level 4), to denote if the student is able and entrusted to…" for each statement. These statements are mapped to EPAs to track student development during P4 year. The plan for integration of EPAs for tracking student-level assessment is described in Appendix 13K, optional. EL faculty use a proactive counseling process to support students identified at midpoint as having performance or professionalism concerns from preceptor scores and/or feedback. An unsatisfactory score, professionalism rating scale concern, or multiple scores at level 1 or combined 1 and 2 in core APPE experiences trigger EL faculty-student discussion, counseling, and monitoring through remaining rotations to confirm student achievement at higher levels (Appendix 13L, optional).

As an aggregate performance measure, students complete a mastery scale at the beginning and end of each program year of the P1-P3 years and at end of P4 year as a summation of the achievement of curricular outcomes. There is remarkable consistency in self-assessment scoring, especially at program conclusion, between preceptors and students aggregate self-assessment scoring. Appendix 13M (optional) shows the progression of student self-mastery of knowledge, skills, and attitudes identified in the curricular outcomes through the four years, including the overlay of preceptor assessment on the same scale. The high achievements of mastery have been consistent over the last three years. Scoring for health-system (P3) and acute care (P4) reflect the most complex learning environments for our students, and students report increased mastery as they progress to P4 year, with most acceleration from Fall to Spring P1, and then P3 Spring to P4 Spring.

For individual APPE performance, preceptors evaluated 938 APPE student experiences for 2023-2024 (Appendix 13N, required): 99% were satisfactory or above, and of those, 40% were honors. The one unsatisfactory experience was successfully remediated using a learning plan personalized for the student.

Patient Care Emphasis

Direct patient care experiences are available in ambulatory care, acute care, community, and hospital settings. Students with prior hospital experience can elect an advanced hospital rotation, providing

opportunities in specialized care such as medication safety or home infusion. Sequential block experiences (2 or more 5-week rotations at the same site) are offered for expanded continuity of care.

The summary of P4 year PITT Form data (Appendix 13O, required) demonstrates the extent of direct care interventions, interprofessional, and diverse population interactions. For 2023-24, students documented 27,264 patient interactions, with highlights below:

- Patient age (years): > 60 years (40.6%); 41-60 (30%); <18 (7.2%)
- Men/women: (each ~47%); 0.6% transgender man/transgender woman (each 0.3%); 0.1% non-binary
- Ethnicity: White (55%); Black or African American (16.6%); Hispanic or Latino (4%); Asian (4%); American Indian (3.6%); Native Hawaiian, other Pacific Islander, other ethnic background (rest)
- Primary disease states: cardiovascular (38.8%); neurologic (23%); gastrointestinal (19.7%); endocrine/diabetes (17.4%)
- Encounter reasons: medication management (22.6%); targeted medication review (27.1%); medication counseling (16.3%); medication reconciliation (8.9%); 5.8% (1581) vaccinations
- 44.3% of patients had drug-related problems identified with 11,409 recommendations made
- Provider communication: physician (43.8%); other healthcare professional (30%)

Our EL team partnered with Howard University College of Pharmacy to create a 2-block (10 weeks) domestic rotation exchange, named The Cooper-Stewart Longitudinal APPE Exchange Program, with the goal of enhancing participating students' cultural responsiveness in caring for patients from different sociodemographic backgrounds. Capitalizing on the demographic differences between Pittsburgh and Washington DC, this innovative program received a Scholarship of Teaching and Learning award from AACP for its collaborative pedagogical approach within experiential learning. The first student cohort completed the program during Fall 2023, and the program has continued every fall semester. In 2004, the University of Pittsburgh awarded this program its competitive Provost's Award for Diversity in the Curriculum.

Overall, in the Graduating Student Survey, students strongly agreed/agreed that they can apply patient care skills in the community (89.8%); ambulatory care (97.4%); acute care settings (98.7%); and hospital settings (95%) and have opportunities for direct interaction with diverse populations (97.5%).

Diverse Populations

We sought to better understand the diversity of patients our students encounter on rotations, with an aim to assess patient diversity more objectively than the PITT form affords. Internal correlation analyses of PITT Form data, 2020 Census demographic info, and multiple diversity indexes (Census Diversity Index, Social Vulnerability Index, and state and national Area Deprivation Indexes) found that Census Diversity Index (DI) and Social Vulnerability Index (SVI) were accurate predictors of the sociodemographic diversity patients encountered on IPPE/APPE rotations.

The results of this internal analysis are summarized in Appendix 13P (required). Overall, our EL sites are distributed across areas of low to high vulnerability, as indicated by the broad SVI ranges and higher standard deviations for all EL sites and rotation subcategories. Racial diversity (Census DI) is limited in P1 and P2 IPPEs due to geographic limitations, as evidenced by the narrow ranges and low SD in these years. Overall, our students experience greater exposure to patients of different racial backgrounds during P3 and P4 years, when students have more geographic flexibility. Our extensive EL site affiliations allow our students to use concepts learned in their Community Health and Population Health courses to gain experience caring for patients from diverse backgrounds during IPPE/APPE rotations.

Interprofessional Experiences

Pitt Pharmacy is committed to providing students with in-depth experiences to deliver direct patient care in the interprofessional (IP) team setting. Student self-assessment of mastery for "collaborator" (interprofessional interactions) shows growth from "awareness" in the P1 year to the transition to "proficient" in the P4 year (Appendix 13M, required). Appendix 13Q (optional) shows student IP ratings and activities. Students rated 3.73/4 that they actively participated in team-based pharmacotherapy decision-making, and that they were a contributing member of the patient care team 98.2%, 98.2%, 100%, 98.9% of the time during their acute care, ambulatory care, community, and hospital rotations, respectively. In the 2024 Graduating Student Survey, 100% students strongly agreed/agreed that APPEs allowed them to collaborate with other healthcare professionals.

Elective APPEs

Students personalize selection of elective rotations from a rich array of opportunities based on their learning and career interests. Local, regional, national, and international experiences include underserved, rural health, managed care, long-term care, industry, research, regulatory, government, associations, and academia. International and global health sites include Australia, Malawi, China, Italy, Ireland, Namibia, and Honduras. Exchange programs have expanded nationally through the Cooper-Stewart Exchange and internationally with the University of Toronto, Memorial University of Newfoundland, and the International Islamic University Malaysia. Appendix 13E highlights application-based APPEs. Many additional opportunities are on our Site List in the E*Value system. In the 2024 AACP Graduating Student Survey, students strongly agreed/agreed that the variety of APPE electives met their needs (97.4%).

Preceptor Development

All preceptors receive access to preceptor development tools and programs. An on-line manual for preceptors is available: Experiential Learning Manual | School of Pharmacy (pitt.edu). Preceptors are encouraged to complete our internally developed online, home-study Pitt Pharmacy Preceptor Development curriculum, which provides content on the Pitt Pharmacy mission and values, ACPE standards, EPAs, preceptor roles and responsibilities, evaluation process, and effective teaching methods. Additionally, preceptors can access other education programs, such as the NACDS/APhA Community Pharmacy Preceptor Education Program. Preceptors are invited to attend free, live webinars educational programs hosted by Pitt Pharmacy twice per year, and have access to over 20 home-study, continuing education modules, intended to increase accessibility for preceptors outside the Pittsburgh region. (Preceptor Development Resources)

Notables – Standard 13

- Creative and collaborative expansion to telemedicine including ambulatory care telehealth first implemented during and continuing post-COVID. Many partners (i.e., industry, managed care) utilize hybrid work structures that maintain unique telehealth learning experiences.
- A vast menu of APPE opportunities provides maximal student customization of an individualized learning and development pathway. The depth and breadth of direct, diverse patient care, business, global health, and interprofessional experiences is a strength of our program.
- Documentation of breadth of student experiences including diversity of patient encounters

- Continuous development of innovative experiential learning opportunities including new sites within the US and internationally and unique practice settings and experiences. An example is the work resulting in the University of Pittsburgh 2024 Provost's Award for Diversity in the Curriculum that recognizes cross-institutional pharmacy collaboration in APPEs to further cultural diversity and health initiatives.

Pitt Pharmacy Final Self-Evaluation – Standard 13

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**

Section IIC: Students

STANDARD 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.

Documentation and Data – Standard 14

Required Uploads:

☑ Curriculum Vitae of the student affairs administrative officer

Appendix 14D McGivney Student Affairs Director CV

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

Appendix 14C PharmD Program Structure for Operational Communication

☑ Student Handbook and/or Catalog Handbook (college, school or university)

Appendix 14G Student Handbook

☑ Copies of information distributed to students regarding student service elements (financial aid, health insurance, etc.)

Appendix 14A QR Codes for Student Resources

Appendix 14B New Student Orientation Guide

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

Appendix 14I Equity, Diversity and Inclusion Policies, Procedures and Practices

Appendix 14J Disability Statements and Policies

Appendix 14K Pitt Pharmacy PharmD Testing Policy

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 39-43, 45, 49, 50**

☑ **AACP Standardized Survey: Alumni – Question 11**

☑ **AACP Standardized Survey: Preceptor – Question 5**

Optional Documentation and Data: Optional Documentation and Data Appendices are embedded in school comments below.

Pitt Pharmacy Self-Assessment – Standard 14

	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.).	●	○	○

Pitt Pharmacy Comments - Standard 14

☑ Describe the 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, and counseling). - N/A

☑ Describe the sections of the student handbook that deal with specific requirements of the standard and guidelines.

☑ Describe 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. - yes - yes

☑ Describe any other notable achievements, innovations or quality improvements (if applicable).

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

The John P. and Constance A. Curran Student Center, located on the 5th floor adjacent to classroom areas, is the hub for services for PharmD and graduate students. The faculty and staff of the center have knowledge and experience to support student academic and personal needs, whether financial, physical and/or mental well-being or academic. Recruitment, admission, experiential learning, financial aid, academic support and advising, course registration, and support for student-led organizations are coordinated through the Curran Center.

The Curran Center connects students to expanded and comprehensive School or University services and offices, including financial aid, health services, disability resources and services, counseling, campus safety, housing, and wellness programs. In yearly Pitt Pharmacy orientation for each program year, University resources are discussed; written and web-based materials including QR codes and links have been provided for access to and descriptions of services available to all University of Pittsburgh students (Appendix 14A, optional, 14B, required). With the University emphasis on "Academic Year 2022-2023: The Year of Emotional Well-Being", specific emphasis has been placed on access to resources including the University Counseling Center in the Division of Students Affairs. Students have access to additional resources through the University and the Health Sciences. The Health Sciences Ombuds Team is available to help students to resolve conflict while giving unbiased feedback on matters of concern. The Office of Compliance, Investigations and Ethics promotes accountability and trust through guidance, investigation and support to students to maintain the culture reflective of Pitt's values.

Changes in leadership within the Curran Center provided an opportunity to re-confirm responsibilities and lines of communication to enhance support (Appendix 14C, required). The Associate Dean of Academic Affairs and Education (also serving as PharmD Program Director) and Associate Dean of Student Success and Professional Initiatives (Appendix 14D, required) share leadership roles, encompassing experiential learning, recruitment and admission, student success resources, organizations, and student life. These leaders are directly responsible for assisting individual students in need and also interface with the Leadership Team and Dean for planning and resources. They provide leadership in orientation programs, recommend student-related policy changes, and report actions and progress on student-related Strategic Plan goals. Other faculty responsible for elements of the program development include the Director (Professor Skledar) and Associate Director (Dr. Yarabinec) of Experiential Learning and the PharmD Program Associate Director (Dr. Schonder).

The Director of Student Services (Ms. Borrelli) oversees the day-to-day operations of the Curran Center and is a leader, with the Director of Admission, in recruitment and admissions. Invaluable staff include the School Registrar (Ms. Sorensen). The center is staffed daily, 8-4 pm, by staff with faculty back-up. Student records are physically maintained by the school registrar in the Curran Center.

Family Educational Rights and Privacy Act (FERPA)

The Family Educational Rights and Privacy Act of 1974 (FERPA) provides students' rights of access to education records and limited control over disclosure from education records. The University describes FERPA and the University policy and process for safeguarding and complying with regulations (Appendix 14E, 14F, optional). At least annually, the Office of the University Registrar provides information to students via email, annual notice in the course catalog and notices on the Office of the University Registrar's FERPA information page (https://www.registrar.pitt.edu/students/ferpa). Faculty and staff of the Curran Center are knowledgeable of FERPA and comply with its requirements. Each year, FERPA and student rights and processes are reviewed for our students and links provided to university materials.

Financial Aid

All students receive financial aid information in admissions packets and resources are reviewed at each orientation session for each program year. The Student Handbook (Appendix 14G, required) details resources for financial aid under the admissions sub header with links to the University's Office of Admissions and Financial Aid (OAFA). Following feedback in the 2023 Graduate Student Survey regarding access to financial aid information (only 57% strongly agree/agree vs national 68.9%), additional programming and personal contacts are now advertised with an open-door policy.

A Curran Center staff member (Ms. Mannino) and a professionally trained member of OAFA are liaisons for information and as advocates for personalized attention to individual students. Financial aid presentations occur twice per term and, when dates of expected financial aid issues approach, students are reminded of services and scholarship applications and deadlines.

Students are also reminded of the University Financial Wellness Office guest speaker series on topics related to financial wellness. Recent presentations include - "Women and Money" and "A Humorous Guide to Money and Mental Health", as well as effective money management, lease agreements, and other timely concerns. During P-4 "Debrief and Develop" professional development, OAFA advisors present loan and debt repayment strategies with question/answer break-out rooms.

Through aggressive fund-raising including the Annual Giving Day (https://pittdayofgiving.com/campaigns/pitt-pharmacy-scholarship-fund), Pitt Pharmacy offers both competitive and need-based scholarships each year, with $828,900 provided to student pharmacists for Academic Year 2024-2025. The Awards & Scholarship Task Force is co-chaired by the Associate Dean of Student Success and Professional Initiatives and the Director of Student Services, with membership including other staff and faculty from Student Services and the Director of Finance for the School. Staff communications and School website contains links for scholarship information. Students are assisted in pursuing additional scholarship funds from University-supported funds.

Health Services

The University of Pittsburgh Students Health Center provides access through clinics for needed primary care and other services. Students may access a full-service pharmacy, a dietician for counseling, and health education programming including stress management. Student Wellness fees fund these, as well as campus recreation, the Care and Resource Center and the University Counseling Center. All graduate and professional students are eligible for student health coverage through the University of Pittsburgh. The University also provides Thrive@Pitt as an online directory for students to access a list of off-campus, licensed mental health clinicians.

The School of Pharmacy works with the University Counseling Center as it offers immediate access for students through on-call counselors, future appointments or drop-in services. Services include individual and group counseling, relationship/couples counseling, workshops, peer support spaces (online and in-person), consultations, specialized care services, care coordination and self-help resources. However, the School recognized increasing need for counseling services within the School of Pharmacy and now employs a full-time embedded therapist to address the unique needs of our professional students. The therapist is located on-site in the Curran Student Center for remote or in-person appointments and weekly "Ask a Therapist" sessions.

In addition to University immunization requirements, the School of Pharmacy has a contemporary immunization policy that is annually reviewed with students (Appendix 14H, optional). Vaccinations, as components for experiential learning placement and site activities, must be completed annually and evidence submitted through the Castle Branch monitoring system. The Experiential Learning Office is responsible for prospective monitoring throughout the four professional years.

Advising

Advising includes academic advising, professional and career development and individualized mentoring

to guide students as they personalize their education to prepare for their chosen professional path.

Academic advising occurs in the Curran Center through conversations with the Registrar, program director/associate director and experiential learning office. Students frequently seek advice from faculty mentors or advisors, directors of specialized Areas of Concentration and through networking activities.

Over the past 6 years, Pitt Pharmacy has refined its student advising program in response to student input through committees such as the PharmD Student Cabinet and data from AACP and University surveys of graduating students. The advising program is best described as a "career and professional development program" (described in Standard 4), including the newly designed longitudinal *Professional and Career Development (PCD)* course sequence that provides opportunities for career networking and advising. Career opportunities, advice and personalization also occur as students select IPPE and APPE rotations, with extensive participation by the Office of Experiential Learning.

- **Professional Development Faculty Advisors.** This "layered approach" includes peer advising, student advising, and faculty advising within professional development groups, engaging 40 faculty each year as advisors. Each student meets with their assigned faculty advisor at least twice a term in learning groups with peers and students from other professional years. Summative individual faculty-student end-of-term conversations encourage career-focused discussions.

- **Professional and Career Development 1,2,3 sequence**. The Curriculum Committee and the Professional and Career Development Committee collaboratively identified the benefits of longitudinal courses that allow for sequencing of personal, professional and career development.

- **Professional Career Development Dashboard powered by Suitable.** In Academic Year 2022-2023, Pitt Pharmacy cooperatively developed a professional dashboard, building on the University contract with Suitable technology selected for "outside the curriculum" tracking. Staff and faculty members of the Suitable Task Force worked to develop a unique pharmacy-focused dashboard that permitted tracking of student development, not limited to co-curriculum activities but also incorporating self-reflection on curriculum outcomes and career development. Deployed in Academic Year 2023-2024, the dashboard was universally successful to students and advisors in end-of-term meetings, permitting efficient display and discussion of personal development.

Alumni networking opportunities and career focused discussions begin in the first professional year when Career Roundtables occur, through novel networking in subsequent years such as "Ask the Expert" in Health System Pharmacy, "Speed Networking" in *Professional Development 2* coursework and recruitment of non-faculty as reviewers for P3 mock career introductions and interviews.

For the approximately 50 student pharmacists who annually participate in formalized Areas of Concentration, program directors and contributing faculty serve as mentors. Students participating in Special Topics or Mentored Research electives utilize faculty as mentors as the projects may be foundational to future careers.

Skill Development for Postgraduate Success.

Pitt Pharmacy provides specific information sessions on post-graduate training including residencies,

fellowships, and graduate programs. Through faculty-led or student-organized sessions, students achieve success in competitive applications, improving applications and interview skills in mock interviews and curriculum vitae reviews, especially during P4 "Debrief and Development" sequences.

Nondiscrimination and Diversity

All faculty and staff adhere to the University policies and procedures on nondiscrimination, equal opportunity, and affirmative action (Appendix 14I, required), made evident in the student handbook and the school website. Over the past six years, Pitt Pharmacy has benefited from the initiatives of the Pitt Pharmacy Justice, Equity, Diversity and Inclusivity Committee (JEDI) in recruitment and retention, education and course reviews.

Disability Accommodation

Disability Resources & Services (DRS), located within the Office for Equity, Diversity, & Inclusion, is the designated unit to determine reasonable accommodations and services, under the provisions set forth in the Americans with Disabilities Act (Appendix 14J, required). Faculty, Associate Deans and staff work with students and designated DRS specialists; recommendations for accommodations are forwarded to program leaders and individual course coordinators.

Alternative testing (Appendix 14K, required) is arranged through separate room assignment and proctoring, use of the University Testing Center and make-up testing days. In the 2023 graduate student survey, student pharmacists indicated access to accommodations at the strongly agree/agree level of 57% (vs national 68.9%). However, 40% of our graduates did not use such resources and could not comment, giving an appearance of limited access.

Notables – Standard 14

- Recruitment of a full-time embedded therapist
- Expanded University programs and resources for student needs, including Counseling Center
- Structured school approach to support students with disability accommodations
- Unique Professional Development Dashboard integrating evidence and self-reflection on curriculum outcomes and co-curricular skills
- Career advising opportunities and networking including personalization through ARCOs and mentored research/special topics

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**

STANDARD 15: ACADEMIC ENVIRONMENT

The college or school develops, implements, and assesses its policies and procedures that promote student success and well-being.

Documentation and Data – Standard 15

Required Uploads:

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

Appendix 15A Pitt Pharmacy website

☑ Student complaint policy related to college or school adherence to ACPE standards

Appendix 15F PharmD ACPE Student Grievance Policy

Appendix 15G PharmD Student Grievances Policy

☑ 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)

Appendix 15K Record of Student Complaints

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

Appendix 15B Pitt Pharmacy 2024-2025 SOP Committees

Appendix 15Q PharmD Student Cabinet 24-25

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

Appendix 15L School of Pharmacy Prof Code of Conduct Policy and Procedures

Appendix 15M University Student Code of Conduct

☑ Policies related to academic integrity

15O Academic Integrity Statements and Policies

☑ Recruitment brochures

REQ PharmD Promo Brochure

Required Documentation for On-Site Review:

☑ The Student Complaints File

Data Views and Standardized Tables:

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

☑ **AACP Standardized Survey: Faculty – Question 38, 39**

☑ **AACP Standardized Survey: Student – Questions 44, 47-48, 50, 56-57, 60**

☑ **AACP Standardized Survey: Preceptor – Questions 3-4**

Optional Documentation and Data: Optional Documentation and Data Appendices are embedded in school comments below.

	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, academic calendars, handbooks, 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.	●	○	○

Pitt Pharmacy Comments - Standard 15

☑ Describe the participation and contribution of students on college or school committees.

☑ Describe the organization, empowerment, and implementation of a student government association or council.

☑ Describe 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.

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

☑ Describe how the complaint policy is communicated to students.

☑ Describe how the college or school handles student misconduct.

☑ Describe how the college or school provides information regarding distance education opportunities (if applicable).

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

☑ Describe any other notable achievements, innovations or quality improvements.

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

Our School website, updated and improved in 2023 as part of University website enhancements, provides an overview of the school, recent news, and information about educational and training programs with application links. This website Home | School of Pharmacy (pitt.edu) serves as the central home for the school, with a dedicated site for students with links to needed information and resources (Appendix 15A, required).

Student information

Re-designed from the previous "PharmD Student Portal" with student input, this area provides links to the student handbook, individual pharmacy class pages, student organizations, term files, Professional Development Dashboard link, and a resource area with links to forms such as the PITT Form, scholarship applications, the portfolio platform, the student-published Pitt Capsule newsletter, School committees and councils, and other resources. The results of the 2024 Graduate Student Survey revealed approximately 93.7% strongly agree/agree that the school presents timely information to student pharmacists.

Student Representation

Pitt Pharmacy believes that the student voice is essential to advance our School's mission and goals and reflects our culture and values. Students enhance our programs by sharing new ideas and input into facets of the school. The School has a long tradition of student representation and participation on committees, student organizations and in other leadership and service roles. The experiences provide opportunities for growth of leadership, professional, and communication skills as students engage with their peers, faculty and staff. A list of student members on School of Pharmacy and the PharmD program committees is found in Appendix 15B (required).

Student leadership roles in the School include:
- PharmD Student Cabinet convenes monthly to provide feedback and dialogue with the Dean, Associate Dean of Student Success and Professional Initiatives, and the Associate Dean of Academic Affairs and Education. The Cabinet is comprised of three students elected as representatives from each class (P1-P4) and the APhA-ASP president and APhA-ASP president-elect. The open dialogue format ensures communication for students and our program. The PharmD Student Cabinet is a forum through which students can address a broad range of issues that impact student life and the quality of the PharmD program. Also, members review and comment on the Pitt Pharmacy Strategic Plan. Student members of the 2025 PharmD Student Cabinet are listed in Appendix 15Q, (required).
- PharmD Program Council, to be reconvened by the Associate Dean of Academic Affairs and Education to meet several times each term, consists of faculty and staff with program leadership responsibilities and 2 elected student members per class.
- Elected student class officers, class representatives and committee representatives. Elections are coordinated by the Director of the PharmD program, initially in the Fall of the 1st professional year. An overview of committees with options for student membership is provided during the recruitment and election process. Students are responsible for representing their class as a whole and individually during committee work. Class representatives additionally are liaisons for the class with course coordinators and with program faculty and staff leadership.
- The Alumni Society Board is led by the School's Alumni Coordinator and serves as the coordination board for engagement of our alumni near and far. Student members of the Alumni Board work with alumni, support connections between alumni and students, and participate in hosting alumni events.

In the 2024 graduate student survey, 84% respondents (in agreement with national scoring) strongly agree/agree that the administration responds to problems of concern. Also, 98% percent of respondents strongly agreed/agreed that they were aware that student representatives served on School committees in matters of curriculum. Effective student representation is therefore a key element in our lines of communication with student pharmacists.

A list of student organizations with advisors and officers is found in Appendix 15C (optional). Pitt Pharmacy is home to 22 PharmD student organizations. APhA-ASP serves as the umbrella organization for all student organizations except for RxPrep, which works in collaboration with Student Services to advise pre-pharmacy students. These organizations host many opportunities for student development and create connections for students to enhance their leadership skills. Student organizations support student travel to state and national meetings, host guest speakers, provide community outreach, and lead professional advocacy efforts with trips to our state legislature and to national office in Washington DC each year. The School provides a budget to each organization, and students learn to maximize the impact of their organization through responsibly managing a budget in line with University policies.

The PharmD Professional Council is comprised of one student organization leader from each of the 22 student organizations. The Council is led by the Student VP of Finance delegated by APhA-ASP and supported by the staff Professional Student Engagement Coordinator and Associate Dean of Student Success and Professional Initiatives. The Professional Council meets monthly to ensure continuity of support between the organizations, foster connections between student organizations, and provide updates and feedback.

Each year, individual organizations provide summary activity reports to the Curran Center, including programs and presentations; examples are provided in Appendix 15D (optional). A comprehensive list of student presentations can be found in Appendix 15E (optional).

Student pharmacists have been empowered to develop and share ideas to enhance student life and program achievement. As a direct result of student input:
- The Ella P. Stewart Conference Room in Salk Hall is the product of student initiative, conceived and planned by student pharmacists who provided persuasive arguments that led to this recognition in honor of her life, legacy, and resilience. A portrait of Stewart was commissioned by local artist Douglas J. Webster and is displayed proudly in the conference room to further honor her remarkable life. A City of Pittsburgh Proclamation was issued to honor the legacy of the first Black female to graduate from Pitt Pharmacy and become a pharmacist in Pennsylvania. This is a notable achievement by student pharmacists from idea to result.
- Full-time Embedded Therapist for student pharmacists, staff and faculty at Pitt Pharmacy: Our student pharmacists advocated on behalf of themselves and their peers to have ready access to a therapist on-site in Salk Hall. Therefore, we have partnered with the University Counseling Center to have a full-time therapist dedicated to Pitt Pharmacy to support mental health and well-being needs. The therapist has an office in the Curran Student Center and is available for both in-person and remote sessions.
- Growth of Student Advising: Our student pharmacists advocated for enhanced advising through the recruitment of student advisors to work alongside faculty advisors as a part of our professional development advising system. There are now 45 student advisors working with 40 faculty advisors to support each of the student advising teams. The student advisors meet at least once a term and are available throughout the year to assist with professional development dashboard evidence and reflection and activities. Also, the student advisors lead a building tour/scavenger hunt during P1 orientation to welcome student pharmacists in an active way to begin to feel comfortable at Pitt Pharmacy.
- Student Lockers, Kitchens, and Club Storage: Student pharmacists have long advocated to have these resources in Salk Hall. With the building renovation, we were able to provide a locker for every student, a student kitchen, and student organization (club) storage areas consolidated on

the 5th floor of Salk. Also, student pharmacists can access Salk Hall 24/7 with their student IDs, affording them quiet/safe study space in addition to spaces the University provides campus wide.

- Mental Health Mondays: Inspired and led by PharmD Student, Thomas Barish, Class of 2025, student pharmacists receive email inspiration and reminders of resources available to them each Monday. The resources are reviewed by faculty advisors prior to distribution.
- Professional Advocacy Trips: Our student pharmacists were the inspiration and advocates for participation in our yearly trip to the Pennsylvania Pharmacist Association's Legislative Day in Harrisburg, PA, attended by the entire P2 class and co-led by the PPA Student Chapter with faculty advisor support. Both PPA and APhA-ASP student leaders also advocated for a yearly trip to Washington DC to visit APhA Headquarters and to advocate on Capitol Hill.
- Invited speakers and guests: When our student pharmacists have ideas, we listen. Examples include two City of Pittsburgh Mayoral proclamations, invited guest lectures for the Tucci and Koch Lectures each year, and our end of term Winter Celebration for all student pharmacists, and the P3 Student Send Off.
- White Coat Ceremony and Graduation: These special events are co-created with student pharmacists working alongside our Special Events Coordinator, Associate Dean of Student Success and Professional Initiatives, and Dean. We do not have guest speakers, rather utilize the time to celebrate EACH student reading their name and a personalized bio they write. Students actively participate in key curriculum revisions and in core course reviews and have been active advocates for expansion of course electives including Introduction to Pharmaceutical Industry, LGBTQIA-focused coursework that is open to the University at large, climate change, and other areas.

Complaints Policy and Student Misconduct

Pitt Pharmacy maintains policies and procedures for the submission of student grievances (Appendix 15F, 15G, required) that may include student or faculty professional conduct, academic integrity violations, and Title IX issues, as well as the process for submitting a complaint to ACPE for unresolved issues related to the accreditation standards. Entering P1 students participate in an orientation prior to start of classes that reviews Pitt Pharmacy mission and values, curriculum overview, group learning activities, and key policies such as the code of conduct, academic performance, grievance resolution and access to personal and professional help. Use of the PharmD student handbook and websites and Canvas as our LMS are also a part of orientation. Schedules of activities from orientation in fall 2024 for each class are provided in Appendices 15H, 15I, 15J (optional).

At the beginning of each professional year, each student individually attests that they have been provided access to and have reviewed major policies and procedures including ACPE complaint policies. The file of ACPE complaints is kept in a secure location in the Curran Student Center. No complaints have been filed for the last 6 years (Appendix 15K, required).

School of Pharmacy policies align with University policies in describing students' rights to due process and appeal mechanisms, especially in relation to academic performance progression and code of conduct. Links to the University Sexual Harassment Policy and other relevant student policies are embedded in the School policies such as the School's Professional Code of Conduct Policy for Students. Also, students are made aware of resources through the Title IX Office at Pitt and the array of educational programs aimed at preventing sexual assaults and harassment, relationship violence, and stalking (https://www.titleix.pitt.edu/). School policies are appended in Appendices 15L, 15M, 15N (required), as well as statements related to academic misconduct (Appendix 15O, required).

- Pitt Pharmacy is notable for creating an environment and culture that seeks and values student perspectives. Students are extensively engaged in committees and policy-development decisions. Furthermore, all students, not solely elected representatives, are invited at least annually to provide input to the Dean for continual program improvement. Students further develop leadership, creativity, and communication skills as they consider improvements in pharmacy education and student life and create innovative solutions. The seriousness with which their suggestions are considered builds power skills and, we believe, develops confident future pharmacists.
- Pitt Pharmacy students have been recognized with many national awards through student organizations and personal interests (Appendix 15P, optional).
- Pitt Pharmacy students are active in DEI efforts in the school, the Health Sciences schools and at the University level including outreach, interprofessional programming, curriculum integration, course structure, course review, and oath of professionalism. The powerful nature of student voice drove the recognition and establishment of the Ella P. Stewart Room.

Pitt Pharmacy Final Self-Evaluation – Standard 15

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**

STANDARD 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.

Documentation and Data – Standard 16

Required Uploads:

☑ List of preprofessional requirements for admission into the professional degree program

Appendix 16H Admissions Prerequisites Worksheet 2023-2024

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

Appendix 16K 2024-2025 Admissions Guidelines
Appendix 16L Admissions Guidelines UPG
Appendix 16M Admissions Guidelines UPJ
Appendix 16N Admissions Guidelines UPB

☑ 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)

Appendix 16A Enrollment Data

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

Appendix 16D Admissions Org chart

☑ List of admission committee members with name and affiliation

Appendix 16E 2023-2024 PharmD Admissions Committee Members

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

Appendix 16B PharmD Admissions Committee Guidance

Appendix 16R PharmD transfer policy

Appendix 16S PharmD Course Waiver Exemption Policy

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

Appendix 16J Pitt Pharmacy Technical Standards PharmD Program

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

Appendix 16I 2024 Writing Assessment PharmD

Appendix 16P Interview Questions 2024

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

PharmD Handbook: Admissions | School of Pharmacy

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

Appendix 16G PharmD Student Success Indicators

Data Views and Standardized Tables:

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).

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

Applications and Admissions/Enrollments for the past three years

Applicant Summary

Year	Two Years Prior 2021	Previous Year 2022	Current Year 2023
Total Applications	292	310	336
Admitted (offers made)	170	190	199
Matriculated	114	112	116

Comment: Pitt Pharmacy has maintained consistent enrollment targets over 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 gender

Enrollment Summary

Year	Two Years Prior 2021	Previous Year 2022	Current Year 2023
Total Enrollment	456	455	447
Male	158	140	129
Female	297	314	317

Comment: Enrollment over past three years show a slight decline in Male enrollment. Pitt Pharmacy will continue to expose potential candidates to the wide array of career opportunities within the profession of pharmacy.

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

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

Enrollment Summary			
Year	Two Years Prior 2021	Previous Year 2022	Current Year 2023
Total Enrollment	456	455	447
American Indian or Alaska Native	1	2	1
Asian	115	110	118
Black or African American	20	21	19
Hispanic or Latino	12	12	16
International/Foreign	8	8	9
Native Hawaiian or Other Pacific Islander	0	3	1
Two or More Races	0	0	0
Unknown	10	5	4
White	289	293	278

Comment: *Pitt Pharmacy has a slight increase in minority enrollment over the past three years.*

☑ GPA (Mean, Maximum and Minimum) for past 3 admitted classes

Overall Grade Point Average (GPA) for Past 3 Years
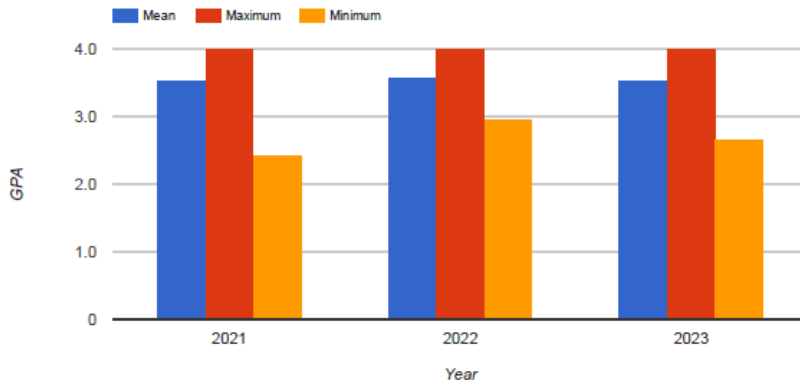
*Data represents matriculated students

Year	Mean	Maximum	Minimum
2021	3.54	4.00	2.41
2022	3.58	4.00	2.95
2023	3.53	4.00	2.66

Comment: GPA mean and maximums are relatively consistent over the past three years and the minimum has increased slightly from 2021 to 2023.

☑   Science GPA (Mean, Maximum and Minimum) for past 3 admitted classes

Science Grade Point Average (GPA) for Past 3 Years
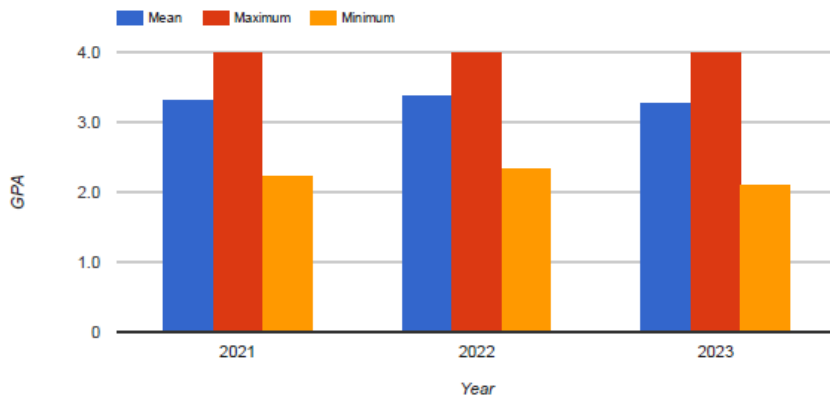
*Data represents matriculated students

Year	Mean	Maximum	Minimum
2021	3.33	4.00	2.23
2022	3.39	4.00	2.34
2023	3.28	4.00	2.11

Comment: *Science GPAs remain relatively constant over the past three years.*

Optional Documentation and Data: Optional Documentation and Data Appendices are embedded in school comments below.

☑ Mean GPA for Admitted Class for Past 3 Years Compared to Peer Schools

Benchmarking Reports

Comparison of Mean Total Grade Point Average (GPA)

Year	University of Pittsburgh	Peer Group	National
2021	3.54	3.40	3.28
2022	3.58	3.50	3.31
2023	3.53	3.50	3.31
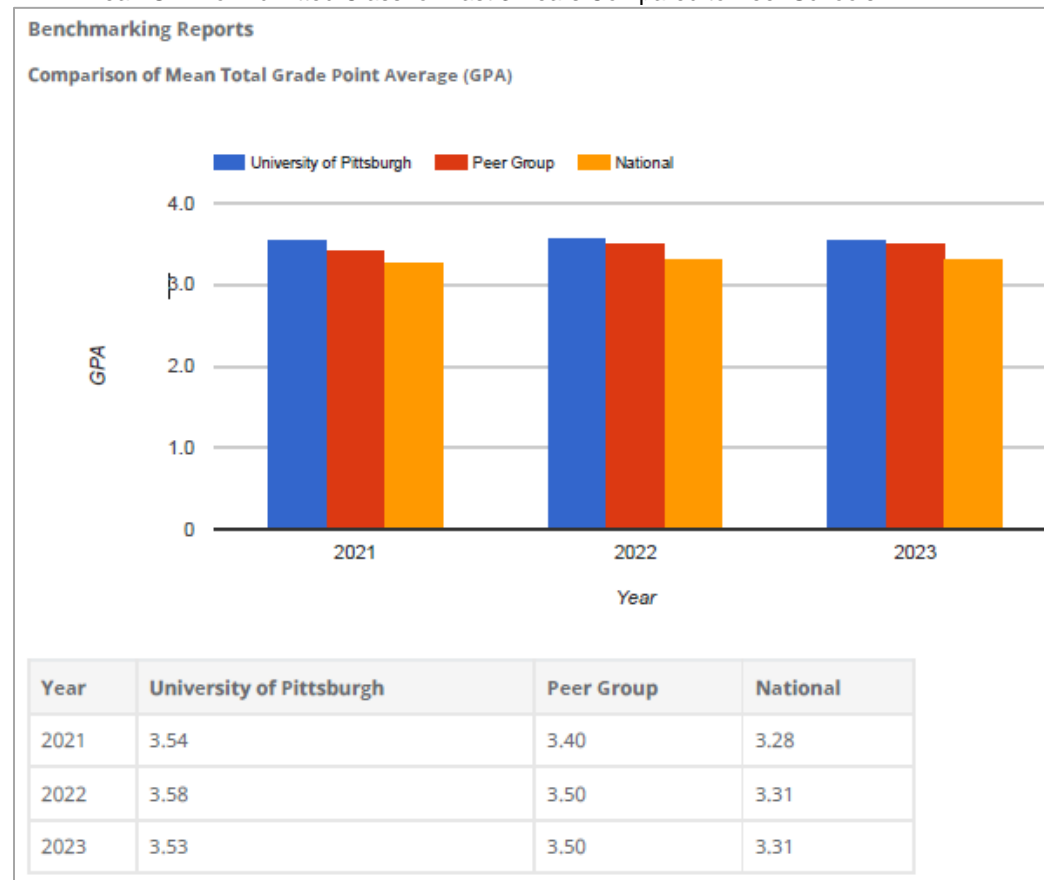
Comment: *Pitt Pharmacy Mean GPA exceeds those of our Peers and National levels*

☑   Mean Science GPA for Admitted Class for Past 3 Years Compared to Peer Schools

Comparison of Mean Science Grade Point Average (GPA)

Year	University of Pittsburgh	Peer Group	National
2021	3.33	3.34	3.14
2022	3.39	3.37	3.18
2023	3.28	3.39	3.15
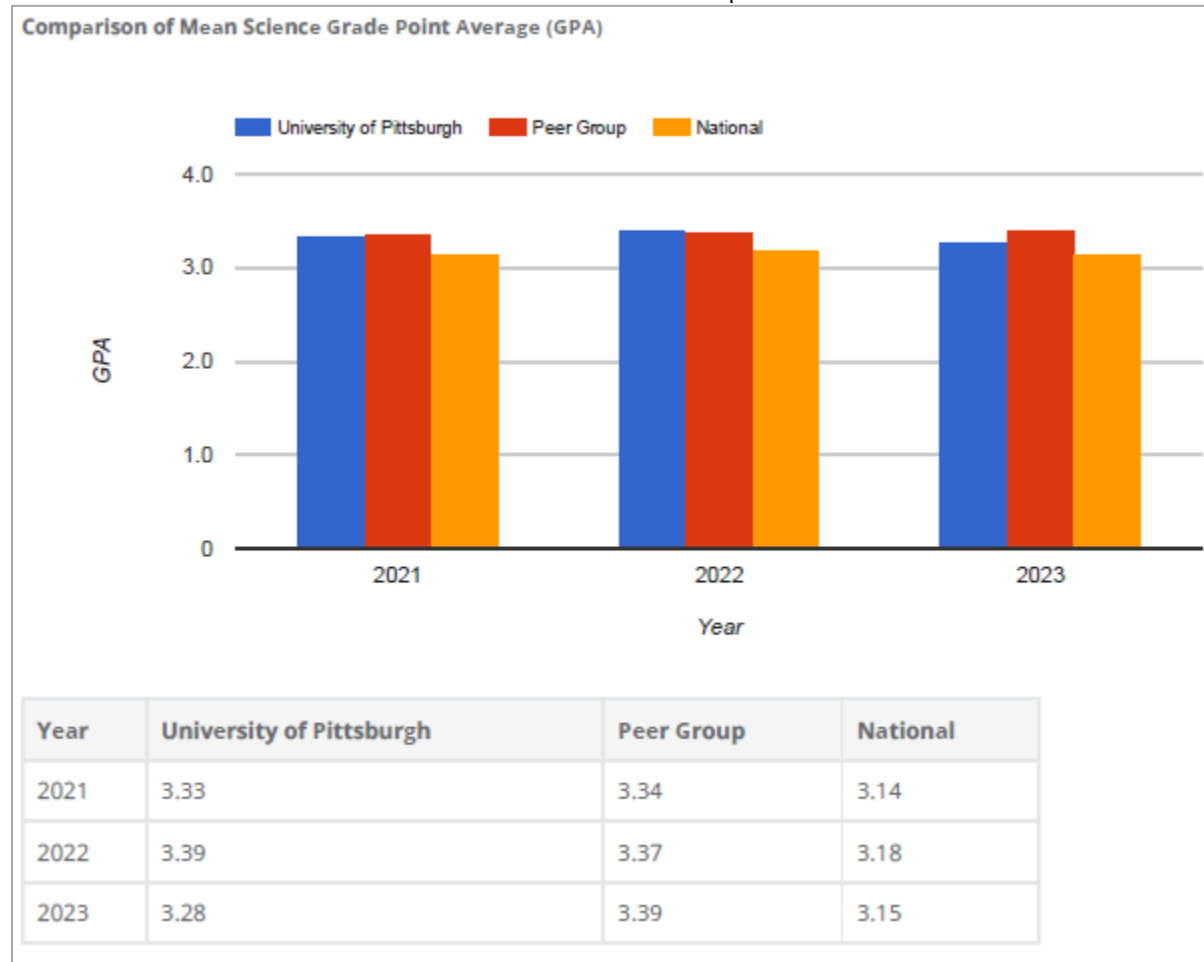
Comment: Pitt Pharmacy Mean Science GPAs align with our Peer Group and exceed National levels.

Pitt Pharmacy Self-Assessment – Standard 16

	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.	●	○	○

Pitt Pharmacy Comments – Standard 16

☑ Describe how specific requirements of the standards and guidelines for admissions and enrollment are met, including those for early admission agreements or policies, if applicable.

☑ Describe how admission evaluations of students are documented and how records are maintained.

☑ Describe the college or school's recruitment methods.

☑ Describe the methods used to assess verbal and written communication skills of applicants to the program.

☑ Describe how enrollment is managed in alignment with available physical, financial, staff, faculty, practice site, preceptor and administrative resources.

☑ Describe how curricular outcomes data are correlated and related to admissions data.

☑ Describe 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.

☑ Describe any other notable achievements, innovations or quality improvements.

Enrollment management

Pitt Pharmacy has the resources to support the PharmD program with target enrollments. (Appendix 16A, required).

Recruitment efforts
Throughout the year, Pitt Pharmacy participates in and hosts recruiting which are led by student pharmacists, faculty, and staff (a staff enrollment and recruitment specialist was added in late 2023). The audience for the programs ranges from middle school to high school and college students. Highlights of the programs include high school visits with the simulation mannequin, current students visiting their high schools to talk about their career paths, and summer programs. There are two summer programs, PIER and RxPLORE. The RxPLORE is a professional summer day camp for rising high school juniors and seniors that provides exposure to the roles of pharmacists in healthcare with guidance from faculty, staff, and current student pharmacists. The Pharmacy Innovation Experience and Research (PIER) program is a virtual 5-week program offered to high school and undergraduate students to increase pharmacy awareness, provide participants student pharmacist mentors, and identify barriers

to recruiting minorities to the profession and to Pitt Pharmacy. The student pharmacist mentoring experience has been described in a publication (*Curr Pharm Teach Learn*. 2024;16(5):370-6).

Pitt Pharmacy holds information sessions as part of the University Office of Admissions and Financial Aid Blue & Gold Days for prospective students, Admitted Student Days, and tours as part of weekly visits to the school.

Prepharmacy Advising
In addition to recruiting events, PharmD program applicants meet with admissions team members. Undergraduate students at any Pitt campus can schedule meetings for prepharmacy advising through Pathways, the University undergraduate advising application. Applicants can set up meeting times directly with team members.

Pitt Pharmacy has a student pharmacist-run undergraduate organization, RxPrep, to support prepharmacy students through the pharmacy application process and increase knowledge about a career in pharmacy. The organization meets throughout the academic year. Each RxPrep prepharmacy member is paired with a mentor who is a current Pitt Pharmacy student.

Admission procedures

The PharmD Admissions Committee oversees all aspects of the admissions process, including the regular assessment of criteria and procedures for admission to the PharmD program (Appendix 16B, optional). The committee is composed of the chair (Director of PharmD admissions; (Appendix 16C, optional), admissions staff members, and a minimum of 10 faculty members with representation from each of the two school departments. The Committee works in collaboration and consultation with the Director of the PharmD program and the Associate Dean of Student Success and Professional Initiatives. Faculty members are appointed to the committee by the Dean upon recommendation of the department chairs or through self-nomination. The leadership and voting members of the 2023-24 Admissions Committee are provided (Appendix 16E, required) and the Admissions Organizational chart is provided in Appendix 16D (required).

Pitt Pharmacy offers two pathways of admission to the PharmD program: 1) guaranteed admissions program with the University of Pittsburgh and 2) open admissions. The criteria and procedures for admission to the PharmD program are available on the publicly-accessible webpage from the pharmacy centralized application service (PharmCAS), the PharmD Student Handbook, recruitment and information sessions, or individual meetings with a PharmD admissions team member. Core PharmD admissions team members, including the Director of Admission and the Director of Student Services, manage the PharmCAS application process, guide and support applicants through the application process, and manage the logistics for on-site applicant interviews and applicant communications.

Based on the 2023 United States Supreme Court ruling overturning the race-conscious admissions decisions, the chair and the director of student services, who have full access to application materials through PharmCAS, are not voting members of the Committee. Race and ethnicity information reported by the applicants are not viewable to committee members who serve as reviewers.

Applicants who complete an on-site interview are evaluated using pre-determined admissions criteria that mirror guarantee admission criteria or are reviewed independently by two voting committee members. The committee generally meets within two weeks of admissions interviews dates. Reviewers note information on academics, extracurricular activities/work, personal essay, and letters of

recommendation. Each reviewer performs a holistic review of application materials in PharmCAS and interview reports available on a private Teams channel to record a global recommendation of "accept now", "accept soon", "accept", or "do not accept". No formal scoring system is used to evaluate applicants. Reviewers receive training on PharmCAS and support from committee leaders and members (Appendix 16F, optional).

Admissions offers are made on a rolling basis, with a majority of offers provided to applicants by the beginning of March, illustrating that Pitt Pharmacy is aligned with the Cooperative Admissions Guidelines.

Program description and quality indicators

Detailed information about the PharmD program, including accreditation status; application guidance and admissions criteria; and annually updated program quality indicators (Appendix 16G, required), including on-time graduation rates, NAPLEX first-attempt pass rates are updated annually and published on a publicly-available site.

Admission criteria

Pitt Pharmacy aims to recruit and admit qualified applicants who have the potential for academic success and the ability to practice in team-centered and culturally diverse environments. All applicants must have a verified PharmCAS application, successfully complete all prerequisite courses (website; Appendix 16H, required), submit a writing assessment upon invitation for interview (Appendix 16I, required), meet the technical standards (Appendix 16J, required), and participate in a successful on-site interview upon invitation. Reporting Pharmacy College Aptitude Test (PCAT) scores has been optional since the 2021-2022 cycle. The test was retired in January 2024. As noted, the Committee reviews all application materials in a holistic manner.

Guaranteed admissions
The guaranteed admissions program represents a partnership between the School and the University of Pittsburgh at the main and regional campuses. The school sets the criteria for guaranteed admission and the office of admissions on each campus applies the criteria to high school students applying for first-year admissions to the University of Pittsburgh who select pre-pharmacy as their intended field of study on their application. (Appendices 16K, 16L, 16M, 16N, required) Pitt Pharmacy administration and core admissions team members review the criteria annually. To exercise the pharmacy guarantee, applicants submit their admissions materials in the Fall of the second year in college. Students with the pharmacy guarantee constitute approximately half of the students in each class whether admitted through the guarantee or open admissions pool. Applicants are reviewed as noted above.

Open Admissions
Applicants who were not awarded or do not meet the guaranteed admissions criteria are reviewed in the open pool. Applicants must submit the same materials and are evaluated using the same criteria regardless of admissions pathway.

All applicants must complete the pre-professional required courses (at least 62 credits) prior to the Fall of the P1 year (Appendix 16H, required). The prerequisite courses include a minimum of 30 credits of specified mathematics and science courses, 6 credits of English composition or writing intensive courses, and 24 credits of elective courses in the humanities, social sciences, or other natural science, physics, computer science, or additional math courses. Pitt Pharmacy accepts and transfers credits for

prerequisites from any accredited US institution and English Canadian institutions provided a grade of C or better has been obtained. Advanced placement credit or college in high school credit are accepted to fulfill course requirements.

Admission materials

The school produces and makes available to prospective students the criteria, policies, and procedures for admission to the professional degree program. Admissions materials are available on the publicly-available website and as a handout that is distributed during admissions and recruiting events.

Written and oral communication assessment

Oral communication skills are evaluated by faculty through individual interviews. A public speaking course is encouraged but not required for admission. Success in a communications course is noted. Applicants provide a personal statement as part of their PharmCAS application which is reviewed primarily for content by the Committee. Applicants invited for an interview and who meet with an admissions team member for a prerequisite review are provided a Qualtrics link to the Pitt Pharmacy internal written communication prompt (Appendix 16I, required). A tool for formal evaluation of the writing sample has not been implemented. Successful performance in the required English composition or writing intensive courses are noted by the Committee.

Candidate interviews

Interviews are conducted virtually through Zoom. (Appendix 16O, optional) Each interview is conducted by a team of two faculty members and one applicant. These are closed folder interviews meaning that interviewers only know the applicant's name and do not have access to their application materials. The faculty interviewers use standardized behavioral interview questions designed to obtain evidence of desired characteristics/domains including initiative, problem solving/analysis, team player, sensitivity/empathy, stress tolerance, and oral communication skills (Appendix 16P, required). Interviewer training is provided annually (Appendix 16Q, required). The faculty complete the evaluation tool for the interview with feedback to the committee via Qualtrics, a secured, electronic survey instrument licensed by the University, and the results are only available to the core admissions team members. The forms are downloaded from Qualtrics and temporarily uploaded in the private Teams channel for voting members of the committee based on the meeting agenda and all are collected on a shared drive that is only accessible by the core admissions team members and select student services staff.

Transfer and waiver policies

The sequencing of the courses beginning in the first professional year and modular design of the curriculum is such that accommodating students who have fulfilled portions of the pharmacy course requirements at other pharmacy schools is not feasible. A process has been outlined for an individual who is seeking transfer to another PharmD program due to personal circumstances (Appendix 16R, required).

However, upon enrollment, students may request a waiver from specific professional courses provided they can demonstrate satisfactory performance in a course equivalent in content to the course offered by the School of Pharmacy (Appendix 16S, required). The most common requests for exemptions are for *Biochemistry 1* and for *Anatomy and Physiology 1*. Even when students are exempted, they are

encouraged to attend the classes, since the School's courses are developed with vertical integration with therapeutic modules that begin in the second professional year.

Correlation of Curricular Outcomes and Admissions Data
Guaranteed and open admission students are equally qualified for entry to the PharmD program based on science GPA, overall GPA, PCAT, and interview scores. (Appendix 16T, optional). Students admitted through the two pathways perform equally well in the PharmD program. Note that the data reported in PharmCAS do not typically include all prerequisite courses as applicants are encouraged but not required to complete the Fall academic update in PharmCAS. Retention and graduation rates confirm that admissions policy and procedures maximize the probability that students will successfully complete the program in the expected timeframe.

An analysis of academic success from the calendar years of 2017-2019 conducted by the Curriculum Assessment Committee included admissions data (PCAT, admissions interview, science GPA), course performance (capstones), curriculum assessments (readiness, PCOA), and NAPLEX performance (pass/fail first attempt and top and bottom quartiles) (Appendix 16U, optional). The NAPLEX data were reported at the individual student level at the time facilitating the analysis. The findings were that NAPLEX first pass had a significantly higher admissions science GPA compared with those who did not pass NAPLEX on first attempt during the time frame. There were strong correlations of GPA and PCOA with NAPLEX results. Capstone performance correlated with the bottom quartile of NAPLEX scores which may help in identification of student pharmacists at-risk.

Scores show that students admitted in the last 5 years (Class of 2019 – Class of 2023) have been successful in all attempts to pass the NAPLEX (90.8%, 93.9%, 90.4%, 87.0%, and 90.1%, respectively. These rates were higher than schools in the state of Pennsylvania and the nation. Similarly, the MPJE results for graduates in the last 5 years are 92.7%, 87.8%, 92.3%, 81.9%, and 83.7%, respectively. These were also higher rates than the state and the nation. Details in Standards 24 and 25.

Pitt Pharmacy admissions data reported in AAMS are comparable to peer schools and exceed national averages for PCAT, mean science GPA, and mean total GPA. Of note, PCAT scores were reported by 196 of 239 applicants (82%) in 2021 (all matriculated students reported a score; Appendix 16T, optional), 109 out of 296 applicants (37%) in 2022, and 52 of 319 applicants (16%) in 2023.

Notables – Standard 16

- Admissions target seats has been 114 for 14 years and has been met or exceeded each year despite national decline in applications.
- Class science GPA, prerequisite GPA, PCAT scores have been consistent demonstrating a strong process and pool.
- The national number of applicants per seat was 0.95 for the Class of 2027 admitted in the Fall 2023. Applicants per seat for Pitt Pharmacy for the classes of 2024, 2025, 2026, 2027, and 2028 were 2.14, 2.09, 2.56, 2.72, and 2.94, respectively. The increase in applications and maintenance of academic standards at Pitt Pharmacy are notable considering the national decline over the last several years.

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**

STANDARD 17: PROGRESSION

The college or school develops, implements, and assesses its policies and procedures related to student progression through the PharmD program.

Documentation and Data – Standard 17

Required Uploads:

☑ Section of Student Handbook, Catalog, and/or 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

Appendix 17A PharmD Progression of Students 2024

Appendix 17B PharmD Student Resignation Policy

Appendix 17C PharmD Student Leave of Absence Policy

Appendix 17F Coaching for Success Program

Appendix 17G PharmD Academic Performance Improvement Plan Guidance

Appendix 17H PharmD Remediation Policy

REQ PharmD EL Absence Request Policy and Form

REQ PharmD Grade Appeal Policy

☑ Relationship analysis of student variables, admission variables, and academic performance

Appendix 17D PharmD Classes 2020-2028 Admission Graduation Retention

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)

Analysis of Student Academic Performance Throughout the Program (e.g., progression rates, academic probation rates, attrition rates)

Year	Attrition Rate	Academic Dismissals	Student Withdrawals[a]	Delayed Graduations
2021	3.5%	0.0%	3.5%	0.0%
2022	2.7%	0.0%	0.9%	1.8%
2023	0.9%	0.0%	0.0%	0.9%

a:Withdrawal includes any reason (other than academic dismissal or delayed graduation) for removal from the program, including disability or death

Comment: *As discussed in detail in Standard 17 comments, Pitt Pharmacy has a long tradition of high retention rates. Pitt Pharmacy has implemented multiple strategies to improve retention rates as discussed below.*

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

Standard 17, On-Time Graduation Rates

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

Year	School	National
2021	96.5	86.9
2022	97.3	86.7
2023	99.1	84.7
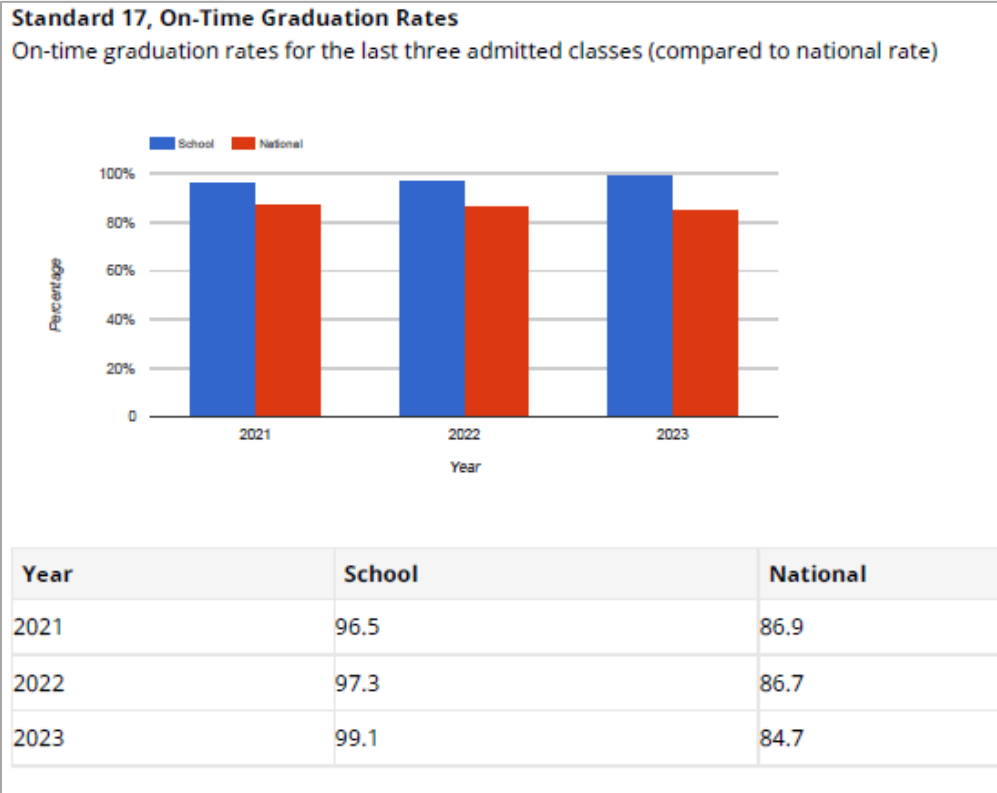
Comment: Pitt Pharmacy On-Time Graduation Rates exceed the national average.

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

Standard 17, Percentage Total Attrition Rate

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

Year	School	National
2021	3.5	13.1
2022	2.7	13.3
2023	0.9	15.3
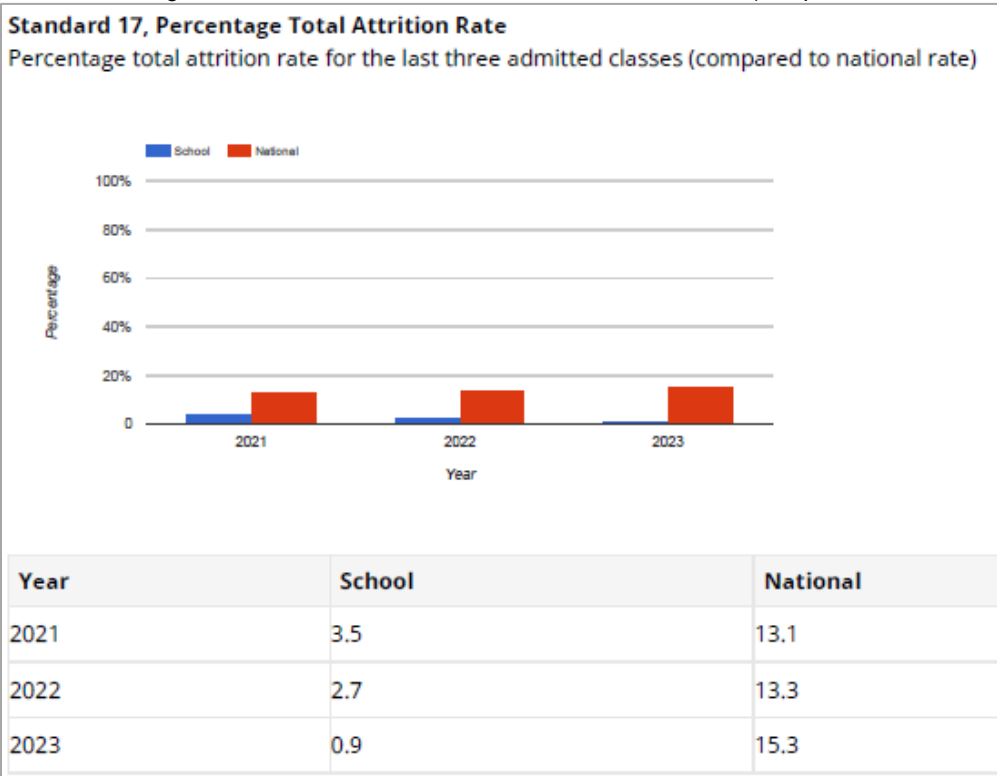
Comment: Pitt Pharmacy attrition rates are well below the national average.

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

Standard 17, Percentage Academic Dismissals
Percentage academic dismissals for the last three admitted classes (compared to national rate)

Year	School	National
2021	0.0	3.1
2022	0.0	2.6
2023	0.0	2.9
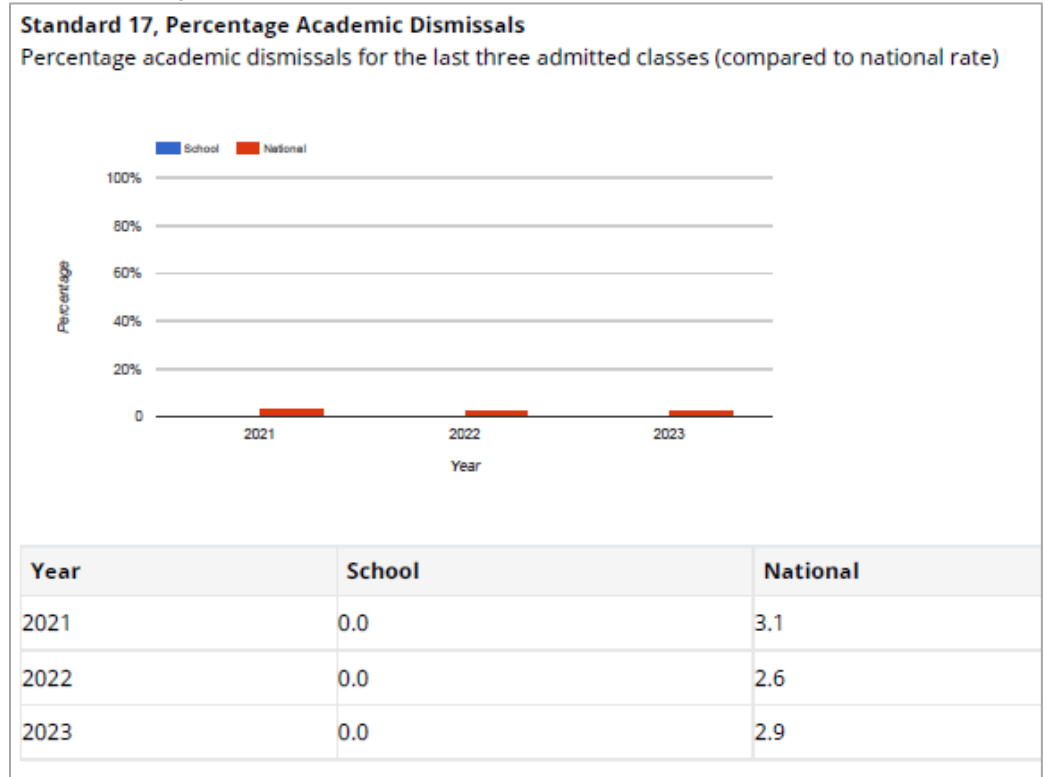
☑ **AACP Standardized Survey: Faculty – Question 40**

Optional Documentation and Data: Optional Documentation and Data Appendices are embedded in school comments below.

Pitt Pharmacy Self-Assessment – Standard 17

	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.	● ○ ○

Pitt Pharmacy Comments Standard – Standard 17

☑ Describe how student matriculation, progression and graduation rates relate to admission and transfer variables.

☑ Describe 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.

☑ Describe the early intervention and remediation policies and how these rates affect to progression.

☑ Describe how academic probation, leaves of absence, dismissal, readmission, due process, and appeals rates affect to progression at your program.

☑ Describe any other notable achievements, innovations or quality improvements (if applicable).

Academic Programs, Policies & Procedures

Pitt Pharmacy has a long tradition of high admission and retention rates, with attrition below national rates. Policies and procedures for academic progression and other aspects of academic performance are available through the Student Handbook and the School website and are reviewed with students each year, who must attest to their review and understanding (Appendices 17A, 17B, required). The Associate Deans of Academic Affairs and Education and of Student Success and Professional Initiatives, the PharmD Program Director, and Associate Director are each available to work with students bringing questions and concerns.

Academic performance is reviewed individually for each student each term by the Academic Performance Committee (APC), a faculty-staff committee responsible for oversight of all facets of academic standing of PharmD students. For students who do not meet academic standards of academic standing, the APC determines individualized options for course remediation (in discussion with faculty) or subsequent course enrollment, recommended actions for those on academic probation, program dismissal, appeals of committee actions and other actions governed under the policies of the program.

Program Admission Association with Program Matriculation

The Curriculum Assessment Committee examined predictors of academic success for the Class of 2017 and its 113 student pharmacists. Student-specific measures of academic performance were reviewed for "Academic Success" defined by NAPLEX success. There were no significant associations of NAPLEX performance with any academic credentials used in admission decisions, although there were statistically significant associations of NAPLEX success with Pitt Pharmacy summative P-2 and P-3 capstone performance and GPA scores, beginning in Fall P-1 year and continuing through P-4 cumulative GPA. Many students who were unsuccessful in NAPLEX testing had a documented history of below goal achievement during their academic careers.

Subsequent re-examination of NAPLEX success for the Classes of 2017-2019 demonstrated correlation of success with pre-admission Science GPA. After program entry, PCOA performances in Biomedical and Pharmaceutical Science areas correlated with NAPLEX success. Additionally, quartile of performance in

key internal measures such as capstones and readiness assessments also correlated with NAPLEX success.

These observed student progression issues prompted the Curriculum Assessment Committee to re-examine potential "signals" for proactive monitoring and intervention. Identified pre-matriculation triggers included the need for a student to re-take science and/or math prerequisites multiple times as well as composite science GPA less than 2.5. Using this information for the Classes of 2026, 2027 and subsequent years, the PharmD Director of Admissions has made prospective referrals of students to the Coaching for Success Program (described below). Although approximately 15 students in the Classes of 2026 and 2027 were so identified, 10-12 of these students each year were able to successfully complete the P-1 academic year on time and without course remediation.

Program pre-admission performance criteria were not absolute predictors of program completion, NAPLEX success or career success in employment. However, pre-admission science GPA and subsequent course performance (defined by GPA) and internal performance measures enable more direct monitoring and proactive intervention to enhance student success.

As NAPLEX and MJPE performance scores are now available for individuals graduating in the Class of 2024, the Curriculum Assessment Committee in collaboration with the Director of Admissions and other faculty will re-examine performance indicators from pre-admissions data, academic performance and readiness plans to inform other variables affecting student success.

Academic Advising

Academic advising has been integral to the PharmD program through the Curran Student Center, using a triage process of student to faculty and staff depending on concerns (summarized in the Curran Center Communication schematic in Appendix 17E (optional). The PharmD Program Director position was established during the COVID pandemic to enhance counseling and support connections for academic advising and performance, academic organization and program structure. More recent enhancements include appointment of the Associate Program Director (Dr. Schonder), addition of resources for program oversight and student support, and a reorganization of Curran staff to facilitate student accessibility to resources.

Associate Dean of Student Success and Professional Initiatives, Dr. Melissa McGivney, appointed in 2024, has expanded success initiatives for students including those needing academic or other types of support. The statement "Come to the 5th floor Curran Center" has become the mantra used in orientation, re-orientation and during academic terms to remind students of the available expertise in the Curran Center and greater University.

Early intervention Program "Coaching for Success" and Remediation Policies

Pitt Pharmacy has implemented various strategies for early detection, monitoring and intervention for individuals with academic and other needs that may impact successful performance. Although originally directed by the former Associate Dean for Students, early detection and counseling efforts have been expanded under the direction of the current Program and Associate Directors and the Associate Dean of Student Success and Professional Initiatives. The Coaching for Success Program (Appendix 17F, required) provides a structure to engage with individual students to assess needs, provide ongoing referrals and plans for other actions, meet and track prospectively across professional years. Although most students come to the program for academic performance needs, it also includes opportunities for students with professional performance concerns outside academic issues.

Students are invited to participate in this voluntary program through self-referral or by referral by faculty and staff including:

- The Director of PharmD Admissions who applies preadmission "triggers" correlated with academic success: Science GPA, Composite Science and Math GPA, number of times a student needed to meet prerequisite course grades.
- Course faculty in early detection strategies based on academic and/or professional course performance during an academic term
- Academic Performance Committee based on end-of-term academic and professional performance

Strategies incorporated into the program include 1) continued monitoring and advising by Curran Center faculty and staff, 2) participation of Professional and Career Advisors when appropriate, 3) course-specific Performance Improvement Plans, 4) formalized plans through Coaching for Success, 5) recruitment of teaching assistants in active roles as tutors and time management counselors.

The number of students eligible for the program has increased in the 2022-2023 and the 2023-2024 academic years when compared to previous years. As of September 2024, approximately 12 student pharmacists will be invited to participate in Coaching for Success based upon past performance. Additionally, we will be monitoring assessment performance in concert with course coordinators through ExamSoft technology (implemented in AY23-24). Teaching assistants have been engaged as time management "councilors" for students who may benefit from weekly skill meetings. Also, the school is actively recruiting an academic advising staff specialist for additional expertise in success planning and prospective student monitoring.

Course coordinators are responsible for inviting students that perform below course-specific thresholds to meet and, working with each student, construct individual Performance Improvement Plans (PIPs) to improve success in remaining course activities (Appendix 17G, required). Students with non-academic needs uncovered during the confidential meetings are referred to the Associate Dean of Student Success and Professional Initiatives. Copies of PIPs are provided to the Associate Deans of Academic Affairs and Education and of Student Success and Professional Initiatives. Faculty continue to monitor performance prospectively for the remainder of term. Students who do not elect to meet or participate in PIPs are not eligible for course remediation.

The PharmD Course Remediation Policy (Appendix 17H, required) has been expanded in recognition of the increased numbers of students post-COVID who may benefit from a structured plan when grades below C-minus are earned or when the term or cumulative GPA(s) are below 2.0. Course coordinators recommend whether remediation is appropriate to remedy "focused" knowledge/skills or whether "full" course remediation is necessary. Plans are approved by the Academic Performance Committee. However, overall rates of participation in course remediation have been low, with participation most likely when professional year progression has been compromised.

Individualized academic programming plans are developed by the Academic Performance Committee with input and recommendations from the Associate Deans of Student Success and Professional Initiatives and of Academic Affairs and Education. Pitt Pharmacy has increased emphasis upon student well-being, study skills, linking of available University support resources and other "outside the curriculum" support for student pharmacists, as well as more structured tutoring and prospective monitoring of individual student performance. Orientation and re-orientation activities occur with more

attention to well-being and outreach, emphasizing the Curran Center as the hub for help for student pharmacists across the needs and resources to improve student success.

The PharmD Program has a strong history of academic success demonstrated through many years, as exemplified by the Classes of 2020-2024 student retention and on time graduation rates of 95-100% (Appendix 17D, required) over the past 5 years. Overall attrition rates for Pitt Pharmacy have been low (less than 5%), below reported national rates. Only 8 students in the Classes of 2020-2024 (0.1%) have withdrawn from the program, using the processes described in the Academic Progression Policy, with reasons including career changes, geographic re-location, or academic difficulties. These numbers are well below the national average data. Only 3 students in the past 4 years have applied for and been granted medical leaves of absence (Appendix 17C, required), with successful returns to the program and successful progression.

Most students placed on academic probation have been successful in subsequently achieving good academic standing and completing program years. Only 3 student pharmacists in the past 4 years have been dismissed following academic probation periods.

The Classes of 2025-2027 have experienced challenges in academic performance and career progression, as also reported across PharmD programs as national trends during/following COVID pandemic. Pitt Pharmacy has also experienced increases in numbers of students with challenging academic, financial and personal health needs requiring greater access to resources including University-supported disability accommodations related to mental health challenges and/or learning needs.

Students in the Class of 2025, admitted to our 4-year program for Academic Year 2021-2022 during "return to in-person learning", appear to have experienced the greatest negative effects of the COVID pandemic. This class has increased attrition including greater rates of academic delay (5% of admitted students) and withdrawal (6% of admitted students), as well as increased needs for academic support and resources for their well-being. The Class of 2026, admitted in Fall 2022 also in transition to "in-person learning", testing and teamwork, also shows increased rates of academic delay (3.5% of admitted students) and program withdrawals (4.3%). The Class of 2027 has demonstrated low attrition rates to date (4.5% after 1st professional year), with monitoring continuing as they progress through the P-2 year.

Although these numbers are below the national average data, we are carefully tracking current and incoming classes and are hopeful of improved outcomes reflecting support, advising and other academic interventions. The Class of 2028, for example, who has been notable for their connectedness and mutual support to each other, is performing well in academic, professional and social environments.

Notables – Standard 17

- Continued Recruitment of Qualified Students
- Coaching for Success Program for Early Identification, Advising and Monitoring
- Performance Improvement Planning by Dedicated Course Coordinators and Faculty
- Course Remediation Policy to Enhance Academic Success
- High Matriculation Rates with Low Attrition Compared to National Average
- Expanded University and School Support Resources

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**

Section IID
Resources

STANDARD 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.

Documentation and Data – Standard 18

Required Uploads:

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

Appendix 18A Faculty Org Chart

☑ ACPE Faculty Resource Report related to number of full-time and part-time faculty.

Appendix 18B Faculty Resource Report

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

Appendix 18F Faculty turnover

☑ List of voluntary or adjunct faculty, with academic title/status (not including preceptors)

Appendix 18C Adjunct Faculty

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

Appendix 18D Internal Teaching Responsibilities of Faculty FY24

Appendix 18E External Teaching Responsibilities of Faculty FY24

☑ Evidence of faculty and staff capacity planning and succession planning.

Appendix 18G Capacity and Succession Planning

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)

Table 1 w Comment - Key University Administrators and Faculty Credentials

☑ AACP Standardized Survey: Faculty – Questions 25, 30

☑   Table: Allocation of Faculty Effort (total for all faculty with ≥ 0.5FTE)

Total Faculty Profiles: 77
Completed Total Faculty Profiles: 77
In-Progress Faculty Profiles: 0
Not Started Faculty Profiles: 0
Part-time Faculty: 2

Activity	Total Faculty FTE	Percentage of Effort
Teaching in "professional years" of PharmD program	12.19	16.34%
Research scholarly activity	25.64	34.37%
Service / committee assignments	7.40	9.92%
Practice	10.62	14.24%
Administration	4.83	6.47%
Precepting	2.90	3.89%
Faculty mentoring	1.01	1.35%
Student advising	4.18	5.60%
Professional/personal development	1.71	2.29%
Teaching in other school program, e.g., post-graduate	3.12	4.18%
Teaching in "pre-professional" years	0.90	1.21%
Other	0.10	0.13%
Total	74.60	100.00

Comment: *Pitt Pharmacy has adequate, qualified faculty to teach the PharmD program.*

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

Total Faculty Profiles: 77
Completed Total Faculty Profiles: 77
In-Progress Faculty Profiles: 0
Not Started Faculty Profiles: 0
Part-time Faculty: 2

Faculty Rank	0-1 year	2-5 years	6-10 years	11-15 years	16-20 years	> 20 years	Total
Professor	1	5	4	4	3	1	18
Associate Professor	2	5	11	4	1	1	24
Assistant Professor	3	15	10	0	2	2	32
Instructor	0	2	0	0	0	0	2
Other	0	1	0	0	0	0	1
Total	6	28	25	8	6	4	77

Comment: *Pitt Pharmacy has faculty distributed all multiple ranks with variable levels of experience in rank.*

Optional Documentation and Data: Optional Documentation and Data Appendices are embedded in school comments below.

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

Pitt Pharmacy Comments - Standard 18

☑ Describe the process and interval for conducting faculty workload and needs assessments.

☑ Describe the process and interval for conducting staff workload and needs assessments.
☑ Describe the rational for hiring any part-time faculty, and the anticipated duration of their contract.

☑ Describe how the college or school is planning for faculty and staff capacity and succession planning.

☑ Provide the college or school's student-to-faculty ratio and describe how the ratio ties in with the college or school's mission and goals for the program.

☑ Describe any other notable achievements, innovations or quality improvements (if applicable).

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

Sufficient Faculty

Description of Faculty
As of August 2024, Pitt Pharmacy employed a total of 80 faculty members, of which 75 are full-time and 5 are part-time. An organizational chart depicting faculty by department is in Appendix 18A (required). The ACPE Faculty Resource Report is in Appendix 18B (required). Of the 80 faculty members, 65 (81%) are actively engaged in the PharmD Program as instructional faculty; these 65 faculty members were asked to complete the 2024 AACP Faculty Survey according to the guidance provided by AACP and ACPE.

The Department of Pharmaceutical Sciences employs 27 full-time faculty members, while the Department of Pharmacy and Therapeutics employs 47 full- and 5 part-time faculty. Pitt Pharmacy engages a limited number of part-time faculty; reasons for part-time employment are either because of personal preference by the faculty member or because of the need for specific expertise (e.g. Pharmacy Law and Pharmacy Business). The recruitment and rationale for hiring part-time faculty as well as the duration of contracts is made by the Dean, in collaboration with department chairs and based on consideration of both the immediate tactical opportunities and the long-term strategy of the School to fulfill its mission. Appendix 18C (required), lists voluntary or adjunct faculty, with academic title/status.

Faculty Responsibilities and Teaching Contributions
Faculty teaching commitments in the PharmD program by course, professional year, and term are listed in Appendix 18D (required), which shows that Pitt Pharmacy has a sufficient number of faculty qualified to effectively address programmatic teaching needs. The daily and weekly schedules of the faculty are appropriately variable, given the wide array of faculty responsibilities related to the mission of the School. The expertise and leadership of Pitt Pharmacy faculty members are also demonstrated through their teaching contributions external to the School, which is detailed in Appendix 18E (required).

Faculty Departures
A complete list of departures by department, reason for departure, name, and rank is included as Appendix 18F (required). Pitt Pharmacy has consistently maintained a more than adequate faculty base to support the PharmD program. At the time of 2009 accreditation review, as well as the 2016 accreditation review, Pitt Pharmacy employed 80 full-time faculty members. In the past five years, 26 members left the School. Of these, 9 left for retirement and others left for personal reasons or after accepting positions at other academic institutions. Faculty hires have generally matched departures over time.

Assessment of Faculty Workload and Teaching Load
Faculty workload and teaching assessments are completed annually, when faculty complete an online achievement report that includes data for classroom and experiential teaching (hours) and committee service and research achievements. Faculty members support their quantitative data with annotations and an updated curriculum vitae. As an example of assessing needs, the Curriculum Committee and the Graduate Program Council communicate detailed information about the curriculum, curricular changes, and upcoming needs to the Leadership Team as needed. This information is compared with planned or

pending changes in personnel (e.g., retirements, resignations, new hires). Department chairs then evaluate faculty workload and adjust as necessary and appropriate.

As noted in Appendix 18G (required), department chairs determine who might have the capacity to take on additional or altered teaching when meeting with faculty to review annual achievement reports; if faculty have no additional capacity, consideration is given to hiring either full-or part-time faculty to fill the need. As the need for new hires is identified, standard processes for the approval of new faculty positions and for recruitment into those positions are initiated.

Succession planning for leadership is addressed through deliberate rotation of committee chair positions, appointments to committees and purposeful investment in leadership development.

Sufficient Staff

As detailed in Appendix 18H(optional), Pitt Pharmacy employs a total of 107 staff members, a number that includes University of Pittsburgh School of Pharmacy's Program Evaluation and Research Unit (PERU) staff members (PERU). Of the 55 non-PERU staff, there are 33 administrative staff, 4 health professions, and 18 research staff. Pitt Pharmacy consistently attracts well-qualified staff members and has consistently maintained an employee base to assure the effective and efficient operation of the School's programs for education, research, patient care, and service.

Assessment of Staff Workload and Needs
Yearly, staff workload and needs assessments are completed during the Annual Staff Performance Appraisal process. Each staff member completes a Staff Self Appraisal Form that provides a reflective review of the individual staff members' performance over the prior year. Then they meet with their immediate supervisor to discuss their achievements and plan for the upcoming year. Based on the self-appraisal and supervisor appraisal forms, the head of the responsibility center can determine who may have the capacity for additional duties or if additional full or part-time staff need to be hired to fulfill those roles. When there is turnover within a team, the tasks slated to that vacancy are analyzed and can be redistributed based on interest, strengths, and experience of others within the existing team. At that time, any other identified needs are also taken into consideration and may be added to the vacant position to best serve the operation and needs of the School. This means that staff vacancies are not always filled 1 for 1, but rather hiring of new staff takes into consideration the short-term and long-term development of support needs within the School. As the need for new hires develops, University procedures are implemented to recruit for those staff positions.

Faculty-to-Staff and Student-to-Faculty Ratios
The ratio of faculty (80) to administrative (non-research, non-PERU) support staff (37) is 2.2-to-1. Some support activities, such as educational technology support, research support, and facilities management, are centralized within the Office of the Dean in order to promote a uniform distribution of service to all faculty of the School. Faculty have access to educational support staff who assist in technical details of course delivery. Pitt Pharmacy has a cohort of faculty and staff with the qualifications and experience needed to effectively deliver and evaluate the professional degree program.

The student-to-faculty ratio for instruction in the School is 5.1-to-1, based on PharmD student enrollment in P1 through P3 years (329) and 65 instructional faculty members. Based on P1 through P3 student pharmacists and 80 faculty, the student-to-faculty ratio is 4.1-to-1. Nearly all faculty members interact with PharmD students as most faculty who do not teach in the PharmD Program interact with

student pharmacists regarding research, and some serve as advisors for student organizations. All faculty engage in PharmD applicant interviews.

Notables – Standard 18

- The 2024 AACP Faculty Survey data show that 82% faculty strongly agreed/agreed that the School has a sufficient number of staff to effectively address programmatic needs (question #25), and 76% of faculty strongly agreed/agreed that the School has a sufficient number of faculty (question #30). These percents greatly exceed the national average (63% and 61%, respectively).
- Pitt Pharmacy's low ratio of students-to-faculty enables the effective delivery of the PharmD curriculum and facilitates the Pitt Pharmacy goal that students will personalize their education. The low ratio facilitates the offering of a broad range of opportunities, including Areas of Concentration, elective courses, and small group and individualized instructional opportunities such as special topics and mentored research independent study courses.

Pitt Pharmacy Final Self-Evaluation – Standard 18

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**

STANDARD 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.

Documentation and Data – Standard 19

Required Uploads:

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

Appendix 19B Faculty Publications

Appendix 19C Faculty Presentations

Appendix 19D Faculty Active Research Area

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

Appendix 19H Procedures Employed - Conceptual Understanding

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

Appendix 19E Promotion and Tenure Guidelines

☑ CVs of faculty and staff

Faculty CVs

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

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

Faculty Rank	White			Black or African American			Hispanic or Latino			Asian			Native Hawaiian / Other Pacific Islander			American Indian or Alaska Native			Two or more races			International / Foreign			Prefer Not to Respond / Unknown			Total
	M	F	U	M	F	U	M	F	U	M	F	U	M	F	U	M	F	U	M	F	U	M	F	U	M	F	U	
Professor	7	6	0	0	0	0	0	0	0	4	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	18
Associate Professor	7	12	0	1	0	0	1	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	24
Assistant Professor	3	14	1	0	3	0	0	0	0	9	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	32
Instructor	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Other	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Total	17	32	1	2	3	0	1	0	0	17	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	77

Comments: *Pitt Pharmacy faculty are diverse in rank and gender. Additional efforts are needed to diversify the pool of faculty candidates to diversify race/ethnicity.*

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

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

Faculty Rank	B.S Degree	M.S. Degree	Pharm.D. Degree	Ph.D. Degree	Other Degree	Total
Professor	0	1	6	8	3	18
Associate Professor	0	1	15	8	0	24
Assistant Professor	0	0	16	14	2	32
Instructor	0	0	1	1	0	2
Other	0	0	1	0	0	1
Total	0	2	39	31	5	77

Comment: *Pitt Pharmacy faculty are well-qualified to teach the PharmD program.*

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

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

Faculty Rank	Tenured	Nontenured, tenure track	Nontenure track	Nontenure track institution	Not Applicable	Total
Professor	15	0	3	0	0	18
Associate Professor	5	3	16	0	0	24
Assistant Professor	0	9	23	0	0	32
Instructor	0	0	2	0	0	2
Other	0	0	0	0	0	0
Total	20	12	44	0	0	76

Comment: *Pitt Pharmacy faculty represent diversity of tenure, tenure track and appointment stream faculty.*

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

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

Tenure Status	Pharmaceutical Sciences	Pharmacy and Therapeutics	Total
Nontenure track	9	35	44
Nontenured, tenure track	6	6	12
Tenured	13	7	20
Total	28	48	76

Comment: *Pitt Pharmacy faculty represent diversity of tenure, tenure track and appointment stream faculty across departments.*

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

Research, Scholarly, Professional and Scientific Activity by Department:

	Pharmaceutical Sciences	Pharmacy and Therapeutics
Publications (Total Number of Faculty)	25	42
No. of publications in peer-reviewed journals during the past 3 years:	447	354
No. of books/ book chapters published in the past 3 years as author or co-author:	17	38
Number of faculty with no publication activity	3	6
Presentations (Total Number of Faculty)	20	36
No. of invited presentations during past year at prof. or scientific meetings and conferences:	61	100
No. of research presentations or posters during past year at prof. or scientific meetings and conferences:	73	77
Number of faculty with no presentation activity	8	11
Grant Funding (Total Number of Faculty who participated as a Principal Investigator, Co-Investigator, or Researcher in the following categories of extramural grants received during the past year:)	24	22
NIH:	23	7
Other Federal:	11	9
State or regional:	0	3
Industry (pharmaceutical manufacturer, device manufacturer, biotech company, etc.):	4	2
Number of faculty with no grant funding activity	4	27

Comments: *Pitt Pharmacy faculty are scholarly, and several are well-funded researchers.*

Optional Documentation and Data: Optional Documentation and Data Appendices are embedded in school comments below.

	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.	●	○	○

Pitt Pharmacy Comments - Standard 19

- ☑ Describe 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.

- ☑ Describe 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.

- ☑ Describe 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.

- ☑ Describe 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.

- ☑ Describe the college or school's policy or expectations regarding research productivity for faculty, including timeline for new faculty.

- ☑ Describe 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 (if applicable).

- ☑ Describe the performance review process for full-time, part-time and voluntary/adjunct faculty and staff.

- ☑ Describe the faculty and staff development programs and opportunities offered or supported by the college or school.

- ☑ Describe any other notable achievements, innovations or quality improvements (if applicable).

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

"Through inclusive excellence, innovation, and leadership", Pitt Pharmacy's faculty and staff "achieve pioneering and exemplary pharmacy and pharmaceutical sciences education, research and scholarship, and patient care and service" (Pitt Pharmacy mission).

Educational effectiveness

Faculty Composition and Credentials
Of the 80 faculty members, 76 (95%) have earned doctoral degrees in disciplines corresponding with their responsibilities to the curriculum and to the mission of the School. Of the 52 faculty members in the Department of Pharmacy and Therapeutics, 44 have a PharmD; of these, 9 have earned an additional degree (Masters or PhD). Of the 27 faculty members in the Department of Pharmaceutical Sciences, 26 have a PhD, and 1 has a PharmD. Of the 28 full-time faculty members who provide patient care, 22 (79%) hold at least one board certification in their specialty area (Appendix 19A, optional). Faculty encompasses the relevant disciplines within the biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences to ensure the School can meet its mission.

Pitt Pharmacy faculty members demonstrate a continuous commitment to be effective educators. Since the 1990s, Pitt Pharmacy has been using active and group learning. Faculty not only effectively use contemporary educational techniques to promote student learning, but they are also either innovators or early adopters and assessors of contemporary and emerging technology and approaches. Every PharmD course has a designated educational support staff member plus teaching assistant support to facilitate adoption and implementation of contemporary approaches and technology. Evidence of the Pitt Pharmacy educational environment and culture of teaching excellence and innovation is found in the 17 educationally focused papers published from July 2021 through June 2024.

Aggregate faculty performance as evaluated by students and compiled by the Office of Measurement and Evaluation of Teaching has demonstrated superior teaching effectiveness as rated by learners using a Likert Scale of 1 (Strongly Disagree) through 5 (Strongly Agree) in categories of:
- Overall Course Effectiveness (including structure, effectiveness of learning) - median 4.37
- Climate of Belonging = median 4.59
- Overall Effectiveness of Teaching Methods – median 4.2
- Overall Effectiveness of Assessment Methods – median 4.2
- Overall Effectiveness of Instructor – median 4.2
- Sensitivity to Multicultural Issues – median 4.76
- Inclusive Learning Environment – median 4.67

Scholarly Productivity

Overall, Pitt Pharmacy faculty published 607 papers (Appendix 19B, required) and delivered 970 presentations (Appendix 19C, required) in the past three academic years. The active research areas of each faculty are listed in Appendix 19D (required). Pitt Pharmacy publications demonstrate expertise in pharmacology, computational and synthetic drug discovery, drug formulation and delivery, pharmacogenomics, preclinical ADME, anti-viral and infectious disease research, and "big data" research. Additionally, faculty have expertise in practice-based research in the community, drug addiction and prevention, and extensive therapeutic area clinical research including transplantation, diabetes, critical care, and cardiology. Educational scholarship includes a range of types of simulation and assessment.

In addition to fulfilling the teaching, service, and patient care missions of the University and the School, faculty members extensively engage in research and scholarly activity; expectations are described in the University's Faculty Handbook, and also in the School's guidelines for the evaluation of faculty for promotion and tenure (Appendix 19E, required). All faculty are evaluated using the same criteria;

however, the degree to which each area is emphasized can vary depending on discipline and focus. The School has consistently ranked among top schools of pharmacy in National Institutes of Health (NIH) funding, which is a source of pride for faculty, staff, and administration.

Service and Patient Care Commitment

Committee memberships and leadership among faculty for School, University, and national professional and scientific organizations are numerous (Appendix 19F optional). Also, staff are members of School, University and national committees and working groups. Staff participate in University-wide communications, technology, and administrative working groups. Appendix 19A (optional) lists faculty members with practice sites as evidence of the range of expertise of our faculty who are active in pharmacy practice.

Faculty Orientation, Mentorship, and Practice Understanding

Faculty and Staff Recruitment
Pitt Pharmacy follows the University policies, procedures, and practices for the recruitment of faculty and staff. The University's Office for Equity, Diversity, & Inclusion has comprehensive recruiting guidelines and resources. These resources include strategies for establishing a fair recruiting process, suggestions for interview questions in faculty searches, and an example evaluation sheet for impartially assessing faculty candidates. Of note, verification of education, training, and licensure status (for clinical faculty) is part of the faculty interview process.

New faculty members are oriented through the University's established campus-wide orientation process. Individualized faculty orientation is also provided by the department chair and the Associate Dean for Business and Operations. Additionally, clinical faculty members meet with physician and nursing directors to establish the foundation for their clinical practice and research.

Starting in 2023, each Department developed a pilot process for matching newly hired faculty to a current faculty member for formal mentorship. This Faculty Peer Mentorship Program was established in response to new faculty feedback that they did not have the mentoring that they needed when they were new hires. Importantly, this peer mentoring program is not a replacement for the monthly advising that new hires receive from their department chair during their onboarding or general guidance/coaching for technical tasks that any faculty might receive when doing something new in their faculty role. Also, it recognizes that junior faculty will often need multiple (informal) mentors, and that is certainly permitted within the program structure. The Faculty Peer Mentorship Program is described in Appendix 19G (optional). Ongoing assessment and improvement of this process is planned in the upcoming year.

Pitt Pharmacy provides opportunities for non-pharmacist faculty to have a conceptual understanding of pharmacy practice and pharmacist faculty to gain a conceptual understanding of current and future trends in the scientific basis of the biomedical, pharmaceutical social/administrative and clinical sciences (Appendix 19H, required). One example of these opportunities includes a yearly event where non-pharmacists and pharmacists participate in 8-minute interactions like the speed dating concept. Another example is the shadowing experience offered to non-pharmacist faculty who want to learn more about any area of pharmacy. In this experience, the non-pharmacist shadows a practicing pharmacist for a day, much like learners might shadow a pharmacist. Compared to the 2022 faculty survey, the 2024 faculty survey showed an increased percent of faculty who agreed or strongly agreed that Pitt Pharmacy has

implemented programs to orient non-practice faculty to the pharmacy profession and professional education (64% vs. 56%). This is better than the 2024 national average (57%).

Faculty and Staff Development

University, School, and departmental opportunities for faculty and staff professional and career development are plentiful and broad ranging in areas of focus as outlined in Appendix 19I (optional).

The Office of Academic Career Development (www.oacd.health.pitt.edu/) offers topics including strategies for success within and outside the tenure stream and workshops on developing grants and managing research programs. The University Center for Teaching and Learning http://www.teaching.pitt.edu/ offers events and workshops focused on teaching methodologies, technologies, and enhancing effectiveness in the classroom. The University's Clinical and Translational Science Institute (CTSI) (https://ctsi.pitt.edu/about-us/events/) offers guidance documents, workshops, and events to assist faculty with learning about and navigating the conduct of research. Pitt Pharmacy offers development opportunities through FYII (For Your Information and Input) sessions and the School's annual retreats when topic experts are invited to present. The Office of Research for the Health Sciences offers expert one-on-one assistance with the preparation of grant proposals.

Efforts to communicate the vast number of career development opportunities available through the School and University are now sent to faculty via regular email communication from the Office of the Dean.

Also, Pitt Pharmacy supports faculty participation in external leadership and development programs including AACP Academic Leadership Fellows program, ACCP Academy Teaching and Learning Certificate, and ACCP Academy Leadership and Management Certificate Program. Support is available for faculty to attend meetings that will enhance their teaching, practice, and research programs.

As with faculty, staff have access to programs on career development through the Office of Human Resources (https://www.hr.pitt.edu/current-employees/learning-development) and through the School. Staff members attend the Pitt Pharmacy education, research, and strategic planning retreats. Monthly staff meetings are held to discuss development and efficiency issues. The School has made a significant effort to include administrative staff in development and planning retreats to improve overall efficiency.

Policy Application

Faculty and Staff Performance Review
The University requires that all faculty and staff be annually reviewed. Faculty members document their accomplishments in teaching, research and scholarship, patient care if applicable, and service and include a self-evaluation on a web-based annual review document. Faculty members meet with their respective department chairs annually to discuss performance and goals, both annual and career, to prepare a professional development plan. It is in these meetings that faculty workload is reviewed and discussed. A letter from the department chair documents the meeting's outcome along with a plan to guide continued development and progress toward promotion and tenure, if applicable. The Dean must document in a letter to the provost by a specific date annually that each faculty member has received a letter describing their evaluation for the past year.

Also, staff are annually evaluated by a specific date. Staff members complete a performance evaluation form and meet annually with their supervisor. The annual review includes the staff member's self-

appraisal and the supervisor's evaluation. Areas addressed include accomplishments, strengths, annual objectives, and opportunities for professional development. The supervisor and staff member develop goals and a plan for achieving these goals.

Faculty and Staff Retention
To celebrate retention, Pitt Pharmacy has an annual event for faculty and staff who are celebrating "working at Pitt Pharmacy anniversaries" with years that end in five or zero. Neither Pitt nor Pitt Pharmacy has specific retention policies.

The Associate Dean for Business and Operations administers an exit survey to both faculty and staff who depart from Pitt Pharmacy to obtain feedback regarding why faculty and staff have decided to terminate their employment.

Notables – Standard 19

- On the 2024 faculty survey, faculty agree that they are engaged and involved in strategic planning (98% vs. the national average of 88%). Faculty are aware and utilize School and University resources to improve teaching and facilitate student learning (92% vs. the national average of 74%) and develop competency in research and scholarship (80% vs. the national average of 74%).
- Pitt Pharmacy faculty are exemplary for their research, teaching, service, and patient care as evidenced by the numerous presentations and publications in these areas. They also have an innovative spirit for the continual improvement in the student learning experience as evidenced by the numerous awards for assessment and teaching innovation.
- Pitt Pharmacy staff are extraordinary. All have a remarkable commitment to achieving excellence and innovation in student learning, supporting superb research and scholarship, and engaging in service to local and national professional and scientific societies. Within the PharmD program, the staff meet and exceed expectations supporting admissions and recruitment, placing student pharmacists at IPPE and APPE sites, supporting faculty in delivering an excellent and innovative educational experience, facilitating the actions of student organizations, advising student pharmacists, and developing print and Web site communications that meet the needs of applicants and student pharmacists, or organizing the symbolic events.
- Faculty (based on the 2024 survey) perceive that performance workload and assessment of performance is below the national average. It is noteworthy that Pitt Pharmacy deployed a taskforce in 2024 to investigate faculty workload and develop a clear and equitable workload policy.

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**

STANDARD 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.

Documentation and Data – Standard 20

Required Uploads:

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

Appendix 20B CV

☑ List of active preceptors (student placements within the past 3 years) with credentials and practice site

Appendix 20E All IPPE-APPE Preceptors and Sites

☑ Number and percentage of all APPE precepted by non-pharmacists categorized by type of experience.

Appendix 20F 2021-2024 Non-Pharmacist Grid

☑ Preceptor recruitment and training manuals and/or programs

Appendix 20K Preceptor Training Educational Opportunities

☑ Policies and procedures related to preceptor recruitment, orientation, development, performance review, promotion, and retention (*Detailed in Comments Section with links*)

Appendix 20G Selection Criteria for Preceptors and Sites

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

Appendix 20L EL Quality Improvement Actions 2022-24

Data Views and Standardized Tables:

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

☑ **AACP Standardized Survey: Student – Questions 53-54**

☑ **AACP Standardized Survey: Preceptor – Questions 1, 6-10, 30-33**

Optional Documentation and Data: Optional Documentation and Data Appendices are embedded in school comments below.

	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.	●	○	○

Pitt Pharmacy Comments - Standard 20

☑ Describe experiential education office including faculty/staff and a workload analysis.

☑ Describe how the college or school applies the policies and procedures for preceptor recruitment, orientation, performance, and evaluation.

☑ Discuss the college or school's student-to-preceptor ratio and how the ratio allows for individualized mentoring and targeted professional development of learners.

☑ Describe how the college or school fosters the professional development of its preceptors commensurate with their educational responsibilities to the program.

☑ Describe the process for soliciting active involvement of preceptors in the continuous quality improvement of the education program, especially the experiential component.

☑ Describe any other notable achievements, innovations or quality improvements (if applicable).

☑ Provide an interpretation the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms.

Experiential Education Administration

The Office of Experiential Learning (OEL) reports to the Director of the Doctor of Pharmacy program, Denise Howrie, PharmD. The Experiential Learning program is administered by two full-time faculty members, Susan J. Skledar, RPh, MPH, FASHP, Director of Experiential learning and Continuing Professional Development (100% effort) and Ashley Yarabinec, PharmD, BCGP, Associate Director of Experiential Learning (50% effort) and two staff members, Ms. Anna Schmotzer, Assistant Director of Experiential Learning (100% effort) and Ms. Robie Gosney, EL Specialist (100% effort). CVs are included in Appendix 20B (required). In addition to the individuals in the OEL, Pitt Pharmacy has an Experiential Learning Committee which is composed by the Core EL Program Team, coordinators for IPPE/APPE courses and other experiential activities, two student representatives from each professional year, and two non-faculty preceptors (Appendix 20A, optional). The Experiential Learning Committee interfaces

with the OEL, the Curriculum Committee, Curriculum Assessment Committee, and the Professional Development Program. Together, the committee and members of the office provide integration of curricular content, implementation, integrity of the longitudinal experiential learning program, and quality of sites and preceptors.

Appendices 20A and 20C (optional) provide further details of the Experiential Learning team's duties including each team member's responsibilities. Primary programmatic responsibilities of the faculty are new site identification, preceptor recruitment and engagement, site quality assessments, student coaching, and evaluation of student performance. Staff members' primary responsibilities include ensuring student compliance for site requirements, maintaining the rotation management system (E* Value) and onboarding system (CastleBranch), and preceptor communications for student placements. In 2022, the team completed a workload analysis (Appendix 20D, optional) to evaluate time allocation for responsibilities. The responsibilities of the team are regularly evaluated as new programs are introduced and discontinued.

Preceptor Criteria

One of the School's strengths is the scope and expertise that Pitt Pharmacy preceptors bring to experiential education. There were 837 active preceptors during the three-year 2021-2024 APPE/IPPE cycles (May-April). Of these, 93.2% percent are licensed pharmacists who precept the core experiential learning activities. Appendix 20E (required) lists IPPE and APPE sites and preceptors, background, and precepting ratios. Non-pharmacist preceptors who precept elective, non-patient care APPEs (e.g. pharmaceutical industry, research) are described in Appendix 20F (required). Selection criteria for preceptors and sites are provided in Appendix 20G (required). Prospective preceptors submit application materials before a new IPPE or APPE site is approved. These include the Preceptor Data form, Site Description Form, and CVs/résumés summarizing preceptor qualifications. In addition to evaluation of these application materials, Pitt Pharmacy uses a multi-faceted approach in evaluating suitability of sites and preceptors, including site visits, phone discussions, and periodic Zoom meetings (Appendix 20I, optional). In 2022-2023, and 2023-24, Pitt Pharmacy met with 70 and 68 different preceptors, respectively, to review IPPE and APPE program requirements and site application materials.

Student to Preceptor Ratio

The majority (88.3%) of preceptors have a 1:1 student to preceptor ratio, with the remainder maintaining a 2:1 (10.3%). Rarely, a higher ratio occurred during the COVID pandemic or if student pharmacists are unexpectedly displaced. On the 2024 AACP Graduating Student Survey, 96.2% strongly agreed/agreed that preceptors provided individualized guidance that met their needs. This high percent agreement is likely an effect of maintaining optimal student: preceptor ratios for both IPPE and APPEs. Furthermore, on the 2023 and 2024 AACP Preceptor Survey, 96.3-100% of preceptors reported that the student-to-preceptor ratios at their site were appropriate to maximize learning.

Preceptor Education and Development

New preceptors meet with a member of the Core EL Team either in-person or via online platforms (e.g. Zoom) to review program mission, outcomes, expectations and student requirements. Additionally, the student performance evaluation tool (Appendix 20H, optional) is reviewed with each potential preceptor to explain our mastery scale, frequency of student performance evaluations, and the H/S/U grading scale. Preceptors are provided with orientation materials including an online Experiential Learning Manual (available at https://www.pharmacy.pitt.edu/experiential-learning-manual) and ACPE accredited training modules posted on the School of Pharmacy Website (available at: https://www.pharmacy.pitt.edu/academics/doctor-pharmacy/office-experiential-learning/current-

preceptors/preceptor-resources). Content from these accredited modules is included in IPPE-APPE Training and Recruiting Tools. New preceptors are provided with a Welcome Sheet that summarizes these orientation materials, program requirements, and preceptor benefits and resources. Furthermore, Pitt Pharmacy offers free remote access to the complete services of the Health Sciences Library System and to additional continuing education programs through the UPMC Center for Continuing Education in the Health Sciences (https://cce.upmc.com/). Live fall and spring ACPE-accredited programs are offered annually (Appendix 20J, optional, for sample flyers) to preceptors. Appendix 20K (required) provides a list of preceptor training activities. In the 2024 AACP Preceptor Survey, 100% of preceptors strongly agreed/agreed that they knew the process for documenting and addressing student performance. Compared to the 2019 and 2021 AACP Preceptor Survey, we have seen improvements in preceptor knowledge of how to manage academic (from 71.1% to 86.4%) and professional (from 81.1% to 91%) misconduct by student pharmacists. Compared to previous surveys, the number of preceptors who strongly disagreed/disagreed that they received the results from student evaluations was reduced from 21% in 2016 to 7.4% in 2024. Directions on how to retrieve student evaluation feedback are provided in the end-of-year thank-you letter, and now also in the preceptor Welcome Sheet.

Preceptor Engagement

Performance and Evaluation
A multi-pronged approach (Appendix 20L, required) is utilized to ensure overall preceptor and site quality: (1) Student pharmacists are required to evaluate preceptors at the end of each IPPE and APPE using standardized forms available online. Preceptors can obtain these de-identified student reviews through the E*Value system. The OEL reviews the student evaluations of preceptors and site at the end of each experience; (2) A confidential comment section is included in the student evaluation. This is viewable only by the OEL staff and enables student pharmacists to include confidential feedback on a particular preceptor or site. Any concerning comments are given to the Director and Associate Director. All comments are reviewed and discussed with the student and/or the preceptor during the experience so that appropriate interventions (e.g. such as student coaching on communication strategies) can be made promptly; (3) Additional information on preceptor and site effectiveness is obtained from student pharmacists through live group debriefing sessions with OEL faculty. Combined, these approaches are utilized to guide future actions by the OEL such as preceptor follow-up or site visits. Specific examples of preceptor/site quality improvement actions are provided in Appendix 20L, required. For example, one site was recently recategorized from an ambulatory care APPE to an elective APPE because the patient volume was inadequate to meet rotation objectives. In the 2024 AACP Preceptor Survey, 90.1% of Pitt Pharmacy preceptors strongly agreed/agreed that they understand their performance criteria as a preceptor.

An aggregate review of student pharmacists' preceptor evaluations shows that student pharmacists are highly satisfied with Pitt Pharmacy preceptors. For example, the 2022, 2023 and 2024 classes have rated the overall teaching effectiveness as 3.8 out of 4 for APPE and IPPE preceptors (Appendix 20M, optional). Student pharmacists also rated on a 4-point Likert scale that their preceptors served as a positive role model (median 3.8), allowed them to assume practice responsibilities (median 3.8), and provided them with constructive feedback on progress (median 3.8). Data from the 2024 AACP Graduating Student Survey (Questions 53 and 54) shows that 98.7% of student pharmacists agree or strongly agree that their preceptors modeled professional attributes and behaviors and 96.2% agree or strongly agree that preceptors provided them with individualized instruction, guidance and evaluation. These high scores have been sustained for the last three years and meet or exceed the national average.

Student pharmacists show their appreciation of preceptor efforts by nominating preceptors for the Preceptor of the Year Award. Each year the graduating class presents this award to one APPE volunteer preceptor, one APPE faculty preceptor, and one IPPE volunteer preceptor. A chart of past winners of this award is in Appendix 20N (optional) and is proudly displayed on our School website.

Seeking Preceptor Feedback & Engagement

We regularly seek feedback from preceptors to enhance experiential education and our educational program in general. Our IPPE and APPE preceptors complete evaluations of all student pharmacists assigned to them at the midpoint and end of each experience (Appendix 20H, optional). Feedback from these evaluations is used to improve individual student performance and the content of student IPPE/APPE orientations and experiences. In the 2024 AACP Preceptor Survey, 97.5% of preceptors strongly agreed/agreed that they are aware of the mechanism to provide feedback to the School. Furthermore, 96.3% of preceptors strongly agreed/agreed that they have ongoing contact with the OEL and 92.6% reported that they received the support they need from OEL. Classroom activities and workshops are also created in support of curricular outcomes including professionalism, effective communication, and interprofessional collaboration. For example, preceptor feedback informed a workshop in Community Health 1 on *"Orientation to P1 IPPEs and Professionalism on Rotation."* A similar preceptor-led workshop is held in the P3 year in Health System Pharmacy 1 entitled, *"Ask the Expert"* that focuses on opportunities in health system pharmacy and how student pharmacists and preceptors can successfully interact. Twenty-nine preceptors participated in this session in Fall 2024. Additionally, preceptor input is actively solicited for experiential activities throughout the year. For example, APPE assignments were recently revised with the input of 10 non-faculty preceptors to match new PharmD program outcomes, entrustable professional activities, and current practice. Furthermore, preceptors are involved in curricular design and assessment through participation on the Curriculum Committee (one volunteer preceptor/alumnus), the Experiential Learning Committee (two alumni preceptors), and the Continuing Education Steering Committee (four preceptors).

Additional preceptor engagement opportunities outside of APPE/IPPE experiences include guest lectures, continuing education programs, classroom activities (e.g., workshops, practica), roundtable discussions, and student organizations (Appendix 20O, optional). Preceptors are invited as guest lecturers in HSP1 to discuss pharmacy practice, innovations, and challenges in the hospital environment. In HSP2, invited preceptors lead a skills assessment lab in aseptic technique. Community and ambulatory care preceptors are invited to Community Leadership Innovation and Practice Workshops where they lead discussions in their practice areas. These day-long workshops begin with a continuing education presentation by a national or regional leader in community pharmacy practice. Preceptors engage with our student pharmacists outside of the classroom in activities like career roundtables, portfolio reviews, and the Health and Wellness Fair. Student organizations invite preceptors to engage their members in discussions on a variety of topics including pharmacy practice, career opportunities, and professional growth.

Pitt Pharmacy recognizes the contributions of all preceptors. Preceptors receive annual thank you letters and certificates of recognition, conferring on them the title of "Associate Clinical Preceptor of Pharmacy and Therapeutics" (Appendix 20P optional). The certificates of recognition are hand-signed by the Dean, Department Chair of Pharmacy and Therapeutics and both the Director and Associate Director of Experiential Learning. The letters include instructions for preceptors on how to retrieve student feedback on their rotation and kudos provided on their site evaluations. Finally, non-faculty preceptors who consistently make significant contributions to the School through precepting and teaching may be offered adjunct faculty appointments.

- Depth and breadth of preceptors across a wide array of pharmacy practice and non-traditional learning experiences is a strength of the Pitt Pharmacy program. Over 800 preceptors across the region, nation, and globe, contribute to the ability of our student pharmacists to personalize their education in rich, real-world, learning environments.
- Strong Preceptor engagement through direct precepting, advising, guest lecturing, facilitating labs, participating in workshops and practica, and providing formal (committee) and informal (discussions, 1:1 reaching out to OEL) feedback. Preceptors volunteer their time, talent and expertise, and are valued, and recognized, by student pharmacists, OEL and Pitt Pharmacy for their contributions.
- The multi-pronged approach for continually evaluating and improving experiential learning preceptor and site quality is an essential mechanism for the OEL. Actionable change has been identified and carried out through this process.

Pitt Pharmacy Final Self-Evaluation – Standard 20

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**

STANDARD 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.

Documentation and Data – Standard 21

Required Uploads:

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

Appendix 21B Square Footage School of Pharmacy

Appendix 21C Classroom Square Footage

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

Standard 21I Physical Facilities and Educational Resources

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

Appendix 21 AALAC Accreditation

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 60-68**

☑ **AACP Standardized Survey: Preceptor – Questions 34-35**

Optional Documentation and Data: Optional Documentation and Data Appendices are embedded in school comments below.

Pitt Pharmacy Self-Assessment – Standard 21

	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.	●	○	○

Pitt Pharmacy Comments - Standard 21

☑ Describe the physical facilities, including available square footage for all areas outlined by research facilities, lecture halls, faculty offices, laboratories, etc.

☑ Describe how the college or school's physical facilities (or access to other facilities) utilize current educational technology.

☑ Describe the educational resources available to faculty, preceptors, and students (library, internet access, etc.).

☑ Describe how the college or school makes available technological access to current scientific literature and other academic and educational resources to students, faculty, and preceptors.

☑ Describe the equipment for educational activities, including classroom and simulation areas.

☑ Describe the equipment for the facilities for research activities.

☑ Describe the facility resources available for student organizations.

☑ Describe the facilities available for individual or group student studying and meetings.

☑ Describe any shared space and how the facilities encourage and support interprofessional interactions.

☑ Describe any other notable achievements, innovations or quality improvements (if applicable).

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

Physical facilities

Description

Salk Hall and Salk Pavilion house the administrative, research, and teaching hubs of the School of Pharmacy. The University of Pittsburgh is among the few universities nationally that has six Schools of the Health Sciences, eleven additional undergraduate and professional schools, and an academic medical center with several hospitals and clinic buildings all on the same campus. A link to an interactive map of the University of Pittsburgh Oakland campus appears in Appendix 21A (optional). As summarized in Appendix 21B (required), the School occupies a total of 94,311 SF of space that includes 84,311 SF of University allocated space plus 10,000 SF in leased space. Office space provided to clinical faculty at UPMC is not included in the square footage. A list of Pitt Pharmacy classrooms, including conference rooms available for teaching, plus spaces shared with the School of Dental Medicine, is in Appendix 21C (required). Of the 84,311 SF total University allocated space, Pitt Pharmacy has 21,427 SF of teaching

space plus access to an additional 6,956 SF space in Salk Hall, which is shared with the School of Dental Medicine. The Commons is an additional 1,561 SF. The School of Dental Medicine occupies space in both Salk Hall and Salk Pavilion.

A significant event for the School of Pharmacy was the University-supported renovation of Salk Hall completed in October 2021. Following these renovations, 3,580 SF of classroom space were added. Importantly, 2,528 SF of student lounge interaction space was added. The renovated space provides 1,965 SF of fully equipped conference room space that collectively seats 79 people. Also, the new Salk Hall space houses 53,100 SF of state-of-the-art open laboratories, procedure rooms, equipment corridors, offices, and conference rooms. School faculty occupy the floors where the Center for Computational and Chemical Genomics, Medicinal Chemistry, and Center for PharmacoAnalytics, Pitt Pharmacy Innovation Lab, the Pitt Pharmacy Community Leadership and Innovation in Practice Center, the Center for Excellence in Computational Drug Abuse Research, and the Master of Science in Pharmacy Business Administration program are located. A walk-bridge connects the fifth floor of the renovated Salk Hall with the second floor of Salk Pavilion. The renovation of Salk Hall ensures opportunity for active learning in the classroom and provides students with space to interact and to have quiet study space.

Faculty and Staff Offices, Research and Equipment
Every pharmacy faculty member has a private office; those who have offices outside Salk also have access to a shared-office or drop-in space in Salk Hall. Each faculty and staff member has a desk and appropriate office furniture and computer/printer hardware and software to accomplish their responsibilities. Also, part-time faculty have either shared office space or can utilize hotel space when they are in Salk Hall. Computers within Salk Hall and Salk Pavilion are linked to the University of Pittsburgh network; faculty computers within UPMC-owned buildings have access to the university's network through a Pitt account portal. Additionally, faculty, students, and staff can obtain an impressive number of software products from the University for little or no cost. Appendix 21D (optional) includes links to available technology along with an annotated list of University and School links relevant to Standard 21. On the 2024 AACP Surveys, 100 percent of faculty strongly agreed/agreed that Pitt Pharmacy has physical facilities to effectively support academic program needs.

Appendix 21E (optional) provides an inventory of laboratory equipment located in faculty research laboratories in Salk Hall and Salk Pavilion. The department chairs and Associate Dean for Research and Sponsored Programs regularly evaluate shared equipment needs and purchases, maintenance contracts, and emergency power electrical power needs. The University is accredited by AAALAC (Appendix 21F, required) for responsible animal care and use, though the accreditation documentation is not for external distribution.

Classrooms and Other Learning Environments
Both Salk Hall and Salk Pavilion have full wireless access as well as data ports for connections to University servers. Most courses are taught in Salk Hall, where the School's three large, four mid-size, and four small classrooms along with ten conference rooms (Appendix 21C, required) are located. Also, the School shares a third large classroom and has access to an additional seven other classrooms in Salk Hall. School faculty have access to stadium-seating classrooms in Scaife Hall and other campus buildings allowing us to expand when needed for special class sessions, invited speakers, and workshops. Other campus locations are occasionally used for expanded School offerings. On the 2024 AACP Surveys, 96 percent of graduating students strongly agreed/agreed that study areas at Pitt Pharmacy or elsewhere on campus were conducive to learning.

Practice Skills Laboratories, Educational Simulation, and Technology. Learning spaces have been designed and constructed to facilitate active learning. Faculty engage P1 students in patient and virtual simulation and steadily intensify skill development experiences and simulations throughout the PharmD program. The Rite Aid Patient Care Studio (5500 Salk) and the E.C. Reif Compounding Lab and Maker Space (5900 Salk) are the primary Salk Hall locations for skills practice, competency evaluation, and simulated experiences. The 5900 lab has 55 student workstations that accommodate dispensing, pharmaceutics and dosage forms compounding, and technique laboratories (e.g. sterile products compounding).

The Patient Care Studio contains four, standalone, double-sided glass paned standardized patient rooms (approximately 120 SF each). Each room contains a counseling table (2 chairs) and a separate table for observers/evaluators. The Compounding Lab and Maker Space supports simulated patient encounters using high-fidelity human patient simulators and partial task trainers (blood pressure arms). Additional simulation approaches include the use of virtual patient avatars and VPSim, which provides internally developed patient cases that allows students to enhance their clinical decision-making skills. An interactive web-based virtual Electronic Health Record (EHR) called EHRGo allows students to extract patient information from a health record and document the patient interactions.

Educational Technology. In addition to the above simulations that include technology applications, Pitt Pharmacy has continued to support and encourage innovative teaching approaches including video-ready room (5261 Salk), Phoenix WinNonlin, Simcyp, SAS Data-Mining, and others. Information technology (IT) staff survey the School's large classrooms daily to ensure equipment is running appropriately and fresh batteries are in place. The Video Ready Room (5651 Salk) contains an all-in-one lightboard with a built-in camera and recording studio with the Camtasia software suite that collectively allows for the creation and delivery of flipped classroom education. Also, the Video Ready Room allows for the creation of innovative videos for online curricula. Throughout the curriculum, students use two internally developed software adaptations to authentically experience the "Pharmacists' Patient Care Process." The PITT Form allows students to "document and bill" for patient visits to teach patient and interprofessional communication and documentation skills. The 2024 AACP Surveys indicated that 90 percent of faculty strongly agreed/agreed that Pitt Pharmacy has resources to effectively address instructional technology needs.

Peter M. Winter Institute for Simulation Education and Research (WISER). WISER, a leading academic medical center healthcare simulation center, is a 16,000 SF nationally accredited simulation facility located on the University of Pittsburgh campus. WISER is utilized by the University's Schools of Pharmacy, Nursing, and Medicine. For over 10 years, Pitt Pharmacy has been a key partner with WISER for the development of drug-related patient cases. Pitt Pharmacy uses WISER to deploy its Readiness Assessment. WISER provides access to 13 human patient simulators and 22 Medical Education Theaters (simulated patient rooms and intensive care units). WISER is equipped with three debriefing rooms, two large classrooms, two rooms for BLS and ACLS certification examinations, and a multipurpose laboratory with partial task trainers.

Augmented Reality and Virtual Reality Lab. The renovation of space in Scaife Hall included a new AR/VR lab that Pharmacy students utilize for interactive learning experiences. The state-of-the-art lab utilizes an Anatomage Table and HoloLen2 AR headsets. The combination of Anatomage modules and AR technologies for various disease states and diagnostics dramatically enriched student learning. Standing in front of a 3D heart, they can now explore beyond the heart's chambers. Students can interact with

the heart's arteries and conduction system, examine healthy and unhealthy cardiac anatomy, and monitor medications and see where they work in the heart.

Student Facilities and Resources
Student Services staff are located in the Dr. John P. and Constance A. Curran Center for Pharmacy Students, which is on the 5th floor of the newly renovated Salk Hall. Admissions, experiential learning, the registrar and student organization staff are co-located in the Center. Adjacent to Student Services are student lounge areas filled with tables, glass boards, and lockers to securely store personal belongings. An alcove jutting from the lounges is a kitchenette outfitted with a sink, refrigerator, and microwave ovens. In addition to these lounges and the Commons, students use the John M. and Gertrude E. Petersen Events Center, RxPresso café, Scaife Hall coffee-shop lobby, UPMC Presbyterian cafeteria, and Falk Library; the latter three are across the street from Salk Hall and provide exceptional interaction opportunities, study spaces and/or food service. Pharmacy students have 24/7 secure access to the study spaces in Salk Hall. These spaces provide opportunities for informal interprofessional interactions. The University has seven computing laboratories for students, one near the School in Sutherland Hall and the Falk Library.

Student organizations have access to classrooms and conference room spaces when not being utilized for teaching to conduct meetings and events. With the renovations, student organizations were provided with spacious closets to store their organization materials and supplies.

Interprofessional Interactions. The table in Appendix 21G (optional) outlines locations where interprofessional experiences occur for all students in addition to experiential learning sites. In the 2024 AACP Graduating Student survey, 97.5 percent of students responded that their pharmacy practice experiences allowed them to collaborate with other health care professionals.

Educational and Librarian Resource Access
The University Library System comprises 12 libraries that provide information resources to faculty, staff, and students at the University community. The Falk Library of the Health Sciences, located in Scaife Hall, houses the Health Sciences Library System (HSLS), which supports the educational, research, and clinical services of the Schools of the Health Sciences and UPMC. Recently, the Falk Library underwent a complete renovation of the library space. The new Main Desk is a one-stop shop for asking questions, borrowing materials and checking in for new group study rooms. Pharmacy students can study in comfort with brand new furniture and study areas. A link to the overview of HSLS physical and electronic resources is in Appendix 21D (required). HSLS houses many print journals and books, as well as audiovisual and educational software; it also provides access to digital manuscripts through several online journals, as well as databases such as PubMed, Micromedex, Ovid Medline, and UpToDate, among others. HSLS subscribes to AccessPharmacy®, an online collection of textbooks and other pharmacy-related resources. AccessPharmacy® is available to Pitt and UPMC users. Faculty, adjunct faculty, staff, students, and preceptors are eligible for remote access to HSLS resources and can avail themselves of trainings offered by HSLS librarians, including effective use of EndNote, Microsoft Office software, and PubMed. Michele Klein-Fedyshin, MSLS, BA, BSN, RN is the liaison librarian for the School of Pharmacy; see Appendix 21H (optional) for her CV. All volunteer preceptors are eligible to obtain remote access to HSLS by requesting a University e-mail account sponsored by the Director of Experiential Learning.

Housekeeping and Safety

Facilities Management of the University is responsible for construction and renovations and for general housekeeping and maintenance throughout the University. All buildings have wheelchair entrances and handicapped accessibility. The University's Office of Environmental Health and Safety routinely conducts safety checks and offers training programs. The University's Radiation Safety Committee assures safety and regulatory compliance with the use of radioactive materials and radiation in research and clinical practice. In cases of acute injury or illness, Salk Hall and Salk Pavilion are equipped with automated external defibrillators, fire extinguishers, and emergency kits stocked with first-aid supplies and naloxone. Additionally, faculty of the Department of Anesthesiology in the School of Dental Medicine (Salk Hall) provide first emergency response by calling 412-648-8621. Large classrooms and meeting spaces are equipped with panic buttons to hail emergency personnel. Calling the campus emergency numbers, 624-2121 or 811, summons police, fire, and ambulance services. Emergency phones are available throughout the campus. In 2007, the University's Emergency Notification System was implemented to send real-time emergency information by e-mail, text and/or voicemail messages to students and employees.

Notable – Standard 21

- The renovation of Salk Hall (July 2016 to October 20210) represents a significant milestone in enhancing the educational and collaborative environment at Pitt Pharmacy. The space reconfiguration was meticulously designed to transform previously dark areas, allowing natural light to permeate and create a more welcoming atmosphere. Key improvements include the construction of new classrooms, the addition of student study areas, and the intentional creation of opportunities for collaboration among students, faculty, and staff. Faculty and staff spaces received modern upgrades, including new furniture and an open-concept lab area, which fosters greater interaction and shared use of equipment. The project culminated in achieving a platinum green certification – the only building on campus to achieve this certification – underscoring the building's commitment to sustainability and energy efficiency.
- Pitt Pharmacy faculty and students have access to innovative educational technology facilities both at the Wiser Center and in AR/VR space in the newly renovated Scaife Hall.
- Pitt Pharmacy houses state-of-the art research equipment within our facilities. Equipment grants have provided faculty optimal equipment purchases over the past several years.

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**

STANDARD 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.

Documentation and Data – Standard 22

Required Uploads:

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

Appendix 22G Affiliation Agreement Template

Appendix 22H Memorandum of Understanding Template

Appendix 22I Example Affiliation Agreement and MOU

☑ 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 with student placements in the past 3 years should be identified.)

Appendix 22A All IPPE-APPE Preceptors and Sites 2021-2024

☑ ACPE IPPE Capacity Chart (Template available for download

Appendix 22B IPPE Capacity Chart

☑ ACPE APPE Capacity Chart (Template available for download)

Appendix 22C APPE Capacity Chart

Optional Documentation and Data: Hyperlinked in school comments section

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Pitt Pharmacy Self-Assessment – Standard 22

	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.	●	○	○

☑ Provide a 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.

☑ Describe the strategies used for the ongoing quantitative and qualitative development of sites and preceptors and formalization of affiliation agreements.

☑ Describe how the college or school assures, measures, and maintains the quality of sites and preceptors used for practice experiences.

☑ Describe how quality improvements are made based on assessment data from practice sites.

☑ Describe how the college or school determines the need to discontinue a relationship that does not meet preset quality criteria.

☑ Describe any other notable achievements, innovations or quality improvements

Quality Criteria

Capacity Assessment
Pitt Pharmacy has an expansive catalog of over 1800 vetted IPPE and APPE learning sites with a rich community of valued preceptors. This enables our students to maximally personalize their education by selecting sites that are in their areas of enhanced learning, career path, and/or areas of concentration.

From 2021-24, 837 unique preceptors offered experiences across our learning sites (Appendix 22A, required). In 2023-24, 583 individual preceptors taught our student pharmacists in APPEs (431 preceptors; 307 sites; 938 rotations) and IPPEs (238 preceptors; 216 sites; 433 rotations). Many of our preceptors offer both IPPE and APPE experiences. Each term, a proactive capacity analysis ensures adequate site availability. Students submit preferences for IPPE and APPE selection, with the ability to personalize choices increasing each year.

Our APPE and IPPE capacity charts (Appendix 22B and 22C, required) show adequate numbers of placements to allow for student selection flexibility and rescheduling needs throughout the year. Through analysis of internal data, maintaining close relationships with existing sites, and bringing in new quality practice sites, the EL Office is confident that IPPE/APPE capacity will continue to be a strength of the program moving forward. Community pharmacy sites have the most usable excess. Institutional sites have some excess, but many of these offerings are outside Pittsburgh (> 2 hours) and may remain unused. A geographic capacity analysis is provided in Appendix 22D (optional). This analysis is important because P1/P2 IPPEs are embedded into experiential courses which are completed locally. As the P3 IPPE (hospital/health-system) can be completed in the summer or over term break, students complete an average of 27% of these experiences outside of Pittsburgh each year.

Regarding APPEs, local capacity for acute care, ambulatory care, and hospital rotations remains maximally utilized, with a small degree of excess. The APPE-IPPE geography capacity analysis shows an increase in total out-of-area APPE placements by nearly 10% over the last 3 years, with the largest increase in students requesting sites outside of Pittsburgh, but within Pennsylvania. Our students consistently complete 21% of APPEs out-of-state, highest in the elective category (i.e., industry, FDA, international), followed by ambulatory care (i.e., VA sites, Indian Health sites), and hospital sites. Elective APPEs allow our students to explore many non-traditional learning opportunities they may see in post-graduate education or workforce. Students can select elective APPEs in direct patient care, or

expand their learning into areas such as research, specialty pharmacy, association management, industry, academia, or leadership.

Strategies for Development of Sites and Preceptors
The Selection Criteria for Preceptors and Sites are discussed in Standard 20. In addition to obtaining preceptor CV/resume, two documents are used to collect data on prospective preceptors and sites. The Preceptor Data Form gathers qualifications and training of the preceptor. On the Site Description Form, preceptors describe their practice site, including patient populations served, disease states encountered, and interprofessional collaboration that the student will experience. Also, preceptors summarize major learning opportunities and objectives for the rotation, along with unique site features. Preceptors are able to use the School-developed rotation syllabi from our on-line manual (EL Manual), or design their own syllabi, to provide learning objectives.

Recruiting preceptors and sites is an ongoing OEL process. Methods for identifying new sites include engagement of alumni, networking at local, regional, and national meetings; faculty collaborations through service and research; PGY1/PGY2 resident teaching rotations; requests from student pharmacists to establish new sites; and targeted design based on School and University priorities. Alumni can connect to Pitt Pharmacy precepting on our School's website (Become a Preceptor), or via direct communication with the OEL. Students identify an average of 25 new sites each year based on career interests or home state familiarity. As each new site or preceptor is identified, a zoom meeting or phone call occurs to orient the new preceptor and discuss the learning site, select rotation category, and explain our PharmD Program. Forms are sent in a follow-up welcome message along with a Welcome Sheet.

A focal point has been to develop sequential APPEs which can span 10-week or 15-week timeframes (2-3, 5-week blocks), in core required and/or elective rotation categories. For progression of learning, site familiarity and continuity, and simplified onboarding, preceptors and student pharmacists enjoy these experiences. We have 25 active sequential experiences (7 electives; 18 core, Appendix 22E, optional). Most of these experiences are application-based, with site details provided by preceptors for the students via our APPE Guidebook each Fall (Appendix 22F, optional).

During COVID, many of our hospital learning sites compressed learning opportunities to only accommodate APPEs, or to limit total learner numbers on-site. Post-COVID, to regain learning opportunities, the OEL created an "advanced hospital APPE" for students with significant, supervisor-verified, hospital pharmacy experience, for opportunities in medication safety, investigational drugs, formulary management, and leadership. Student assignments were created to compare/contrast the advanced site to their internship site on elements of the medication use process, and to challenge these experienced student pharmacists to learn advanced topics in hospital practice. In 2024, 16 P4s completed this experience, and 11 are slated to complete this in 2025.

A key focus for OEL has been to increase opportunities for our students to learn in different healthcare systems and cultures and to care for diverse patient populations. We have developed several exchange programs. Currently, nine countries are included in our international APPE program, and of these, three are APPE exchanges. Since 2020, six students have participated in the international exchanges. Within the US, we are proud to have developed the Cooper-Stewart Longitudinal APPE Exchange with Howard University, starting in the Fall of 2023. Five students participated in this novel exchange between Pitt Pharmacy and Howard University, an HBCU, and four additional students participated in Fall of 2024. Students are guided through provision of culturally responsive care, mitigating implicit bias, caring for diverse populations, to ideally become culturally affirming healthcare providers. Another rich experience

for our students with the American Indian population is through the US Public Health Service (Indian Health Service). Yearly, we average 15 students completing these unique ambulatory and acute care APPEs across 13 active sites. Additionally, a process for measuring diversity of patient populations at our learning sites has been developed and evaluated, using two validated scales: the social vulnerability index and the census diversity index. We are confident these scales will help us not only categorize our learning sites but also quantify student engagement with diverse populations to increase that moving forward.

Affiliation Agreements

All experiential learning sites have signed affiliation agreements with the School of Pharmacy. The agreements follow a template provided from the University of Pittsburgh Office of University Counsel [OUC] (Appendix 22G, required). For agreements between universities (i.e., for educational or research APPEs), a memorandum of understanding (MOU) is completed (Appendix 22H, required). The elements of the relationship between the University of Pittsburgh and the University of Pittsburgh Medical Center (UPMC), a primary collaborator with Pitt Pharmacy (31% and 33% of APPEs, respectively in 2022-23 and 2023-24), are provided in a master affiliation agreement for learners in all Schools of the Health Sciences. Examples of completed agreements are provided in Appendix 22I (required).

Affiliation agreements and MOU articulate the responsibilities of the School, learning site, and student; terms of the relationship; insurance and liability; and student requirements and conduct expectations. Some sites require that we use their affiliation agreement, and in these cases, the agreement is vetted by our OUC. The OEL is responsible for establishing agreements with newly acquired sites, and keeping existing site agreements current, according to terms of each agreement. Sites define their learning experience requirements (aka prerequisites), for example, immunizations, background checks, site-specific training, requirement for state-specific intern license. These requirements are communicated to the student pharmacists in our rotation management system, E*Value. All student pharmacists are required upon entry to obtain and document a list of EL site requirements, which cover most site onboarding prerequisites. The OEL uses the CastleBranch platform to house student onboarding/health history requirements. Student pharmacists maintain their individual accounts throughout their years at Pitt Pharmacy.

Evaluation

Measuring and Maintaining Site and Preceptor Quality
The OEL uses a multi-pronged, continuous quality improvement (CQI) approach for ongoing preceptor and site assessment and evaluation. Longitudinal metrics pertaining to placements, capacity, preceptor education, and student performance and satisfaction are monitored (Appendix 22J, optional). The components of the CQI process include student site/preceptor evaluations (Appendix 22M, optional), student debriefing sessions; 1:1 feedback from student pharmacists or preceptors; and site visits for new or existing learning sites (Appendix 22K, optional). After each learning experience, students complete an evaluation, rating preceptor and site satisfaction, and provide feedback to the preceptor. Additionally, students can provide confidential comments on the evaluation for the OEL. The OEL staff review each student's submitted form at midpoint and final of the experience, to identify areas of concern that OEL faculty can address with the student and preceptor. Comments are addressed in real-time, for learning through coaching or for other actionable intervention. In aggregate, students provide feedback on rotation experiences in live (zoom) or in-person debriefing sessions, held quarterly (P1, P4), each term (P3), and weekly (P2) with experiential learning faculty and course coordinators. Site visits are conducted by OEL faculty to review current learning environments, meet preceptors, and discuss

improvements. In 2022-23 and 2023-24, 70 and 68 preceptors, respectively, were visited at their learning sites to review IPPE/APPE programs and student activities (Appendix 22N, optional). Information gathered from this multi-pronged approach is used to validate the site/preceptor, categorize the type of experience offered; prompt additional discussion with the preceptor to improve the experience; and/or remove the site/preceptor from the program.

Quality Improvement and Site Changes Made from Site and Preceptor Assessment Data
The Quality Improvement Action Table outlined in Standard 20 (Appendix 20L) outlines the improvements made to learning sites from 2022-24. During this time, 23 changes were made to the Pitt Pharmacy preceptor roster: 15 preceptors/sites were removed due to closure or relocation from the primary site; 4 were removed due to student feedback and EL faculty review; 2 were removed due a preceptor financial stipend requirement; and 2 sites were put on-hold until staffing and workflow stabilize to accommodate learners. The preceptor/site removal rate due to poor evaluation is less than 1% (4/583 [active preceptor number per year]).

Aggregate student data show high satisfaction with APPE and IPPE learning sites from 2022-2024 (Appendix 22L, optional). Students scored APPE preceptors 3.74-3.85 on a 4-point scale (1:strongly disagree [SD] to 4:strongly agree [SA]) related to providing ample orientation, time spent with student, enthusiasm, level of difficulty, provision of ongoing feedback on progress, and overall teaching effectiveness. Similar scores (3.75-3.85) were received for IPPE preceptors. Students highly rated APPE as well, indicating a 3.8 for overall practice site experience (APPE) and 3.75-3.83 (IPPE). Over 99% of students A/SA that our sites and preceptors provide quality overall practice experiences. Individual year ratings, including graphics of agreement level, are in Appendices 22M (optional).

On the AACP graduating student survey (2024), students rated IPPEs as preparing them well for APPEs (95% strongly agree/agree); involvement in direct patient care in community and hospital settings (89.9% SA/A); and high quality (93.7% SA/A). When questions were split into community, ambulatory care, hospital, and acute care IPPEs, student responses with acute and ambulatory care exceeded 94% SA/A; however, community ratings were not as high, with 92.8% agreeing with direct patient care involvement. Faculty provided education on different ways pharmacists provide patient care provision in different settings, for example, explaining the difference in the hospital (procuring an urgent reversal agent stat) and community (prescription refills) compared to acute care (participating on rounds). Debriefing sessions in 2024 centered on defining and discussing what patient care looks like in these difference settings, yielding great discussions.

Notables – Standard 22

- Proactive (per semester/IPPE type/geographic) capacity analysis affords ample choice for students to personalize their learning. We creatively design and recruit new learning sites with alumni, regional/national connections, and expanding student interests. The Application-based APPE Guidebook provides students with opportunities to apply for local, regional, and national experiences, with over 70 opportunities. These experiences are highlights of over 1500 possibilities for P4 rotations.
- Our APPE exchanges focus on increasing opportunity and interactions of our students with diverse learning experiences and patient populations during P4 year. Also, students interact with these patients in P1 and P3 years.

- Pitt Pharmacy has designed and evaluated an objective scoring system for marking diversity of populations at our learning sites. We are confident this system will lead other schools of pharmacy in quantification of types and extent of diversity at learning sites.
- We use a multi-pronged, CQI approach to ensure site and preceptor quality for students. Evaluation of student learning and satisfaction, and preceptor effectiveness is embedded into APPE/IPPE planning and evaluation.

Pitt Pharmacy Final Self-Evaluation – Standard 22

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**

STANDARD 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.

Documentation and Data – Standard 23

Required Uploads:

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

Appendix 23D Financial Summary Report

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

Appendix 23F Tuition - In-state

Appendix 23G Tuition - Out-of-state

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

Appendix 23E Funding Support by Source

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

Appendix 23E Funding Support by Source

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 34**

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

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

Year	School	National
2024	36,696	35,947
2023	35,978	35,411
2022	34,762	34,433
2021	33,558	33,957
2020	32,770	33,535
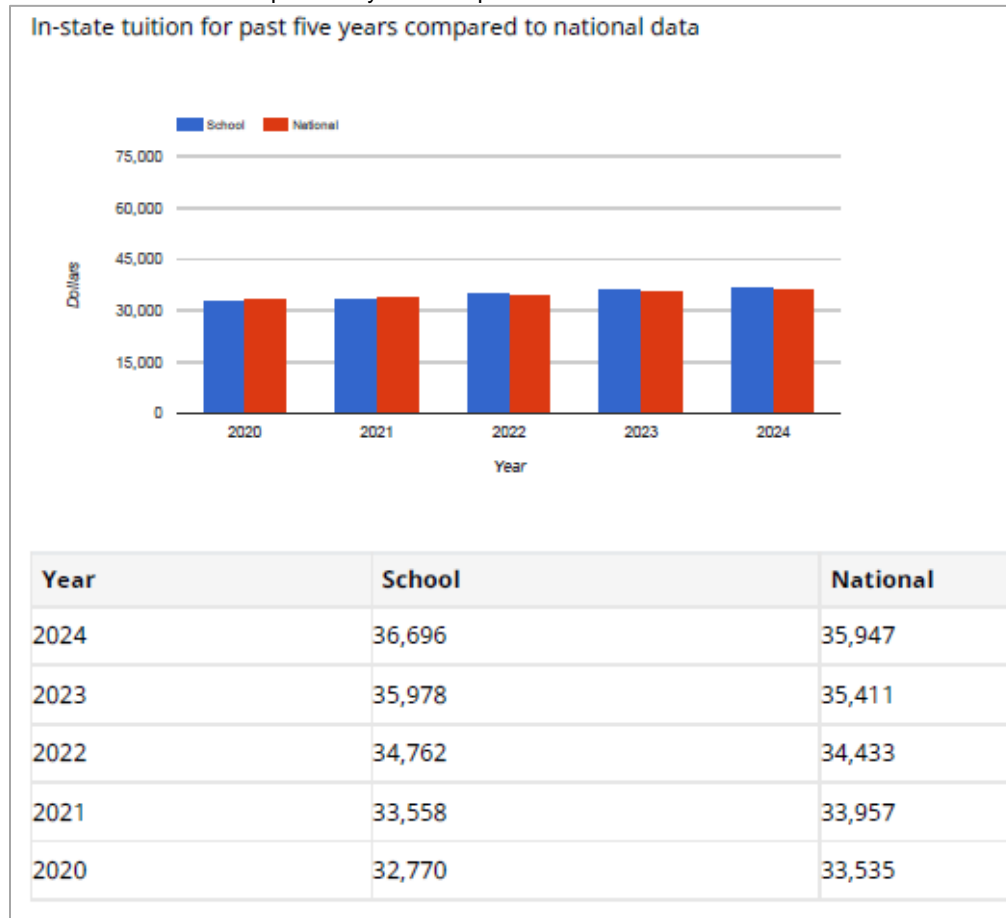
Comment: *Pitt Pharmacy in-state tuition is comparable to the national average. Tuition increase have been modest.*

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

Out-of-state tuition for past five years compared to national data
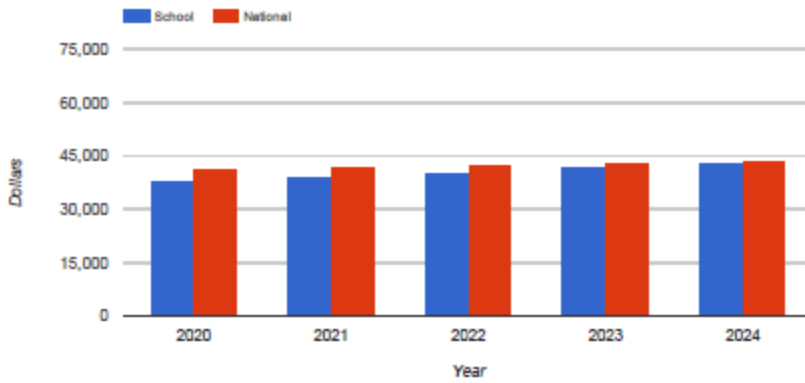
Year	School	National
2024	43,020	43,499
2023	41,366	42,979
2022	39,968	42,173
2021	38,618	41,796
2020	37,678	41,077

Comment: *Pitt Pharmacy Out-of-state tuition is below the national average.*

☑ Total grant funding for past five years compared to national data

Standard 23, Grant Funding
Grant funding for past five years compared to national data

Year	School	National
2022	25,165,787	
2021	26,459,398	7,351,227
2020	23,111,569	7,055,243
2019	26,806,136	6,449,520
2018	18,058,308	5,661,781
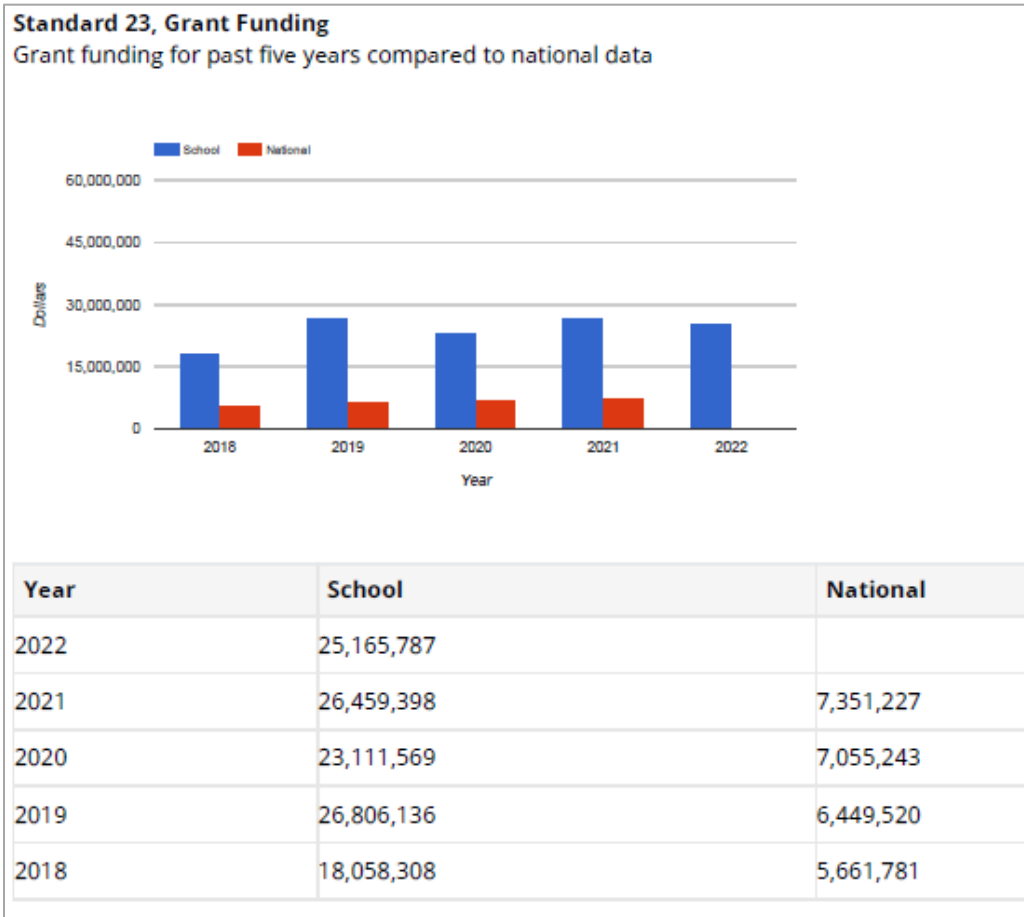
Comments: *Pitt Pharmacy is ranked #5 in total grant funding.*

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Optional Documentation and Data:

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

In-State Tuition ($)

Year	University of Pittsburgh	Peer Group	National
2020	32,770	22,292	33,535
2021	33,558	22,674	33,957
2022	34,762	23,039	34,433
2023	35,978	23,463	35,411
2024	36,696	26,190	35,947

*Peer institutions include Purdue University, The Ohio State University, The University of Arizona, The University of Iowa, The University of Texas at Austin, University of Illinois at Chicago, University of Kentucky, University of Michigan
*Peer and national data represents average of the first professional year of in-state tuition

Comment: *Although Pitt Pharmacy's in-state tuition is higher than our peers, we have had modest tuition increases in recent years.*

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

Out-of-State Tuition ($)

| Year	University of Pittsburgh	Peer Group	National
2020	37,678	39,424	41,077
2021	38,618	39,099	41,796
2022	39,968	36,453	42,173
2023	41,366	40,496	42,979
2024	43,020	43,398	43,499

Comment: Pitt Pharmacy out-of-state tuition aligns with peers and national mean.

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

Comparison of Extramural Funding

Year	University of Pittsburgh	Peer Group	National
2018	18,058,308	13,531,595	5,634,722
2019	26,806,136	16,449,083	6,449,520
2020	23,111,569	19,215,198	7,055,243
2021	26,459,398	19,255,544	7,367,009
2022	25,165,787	22,110,816	8,534,124
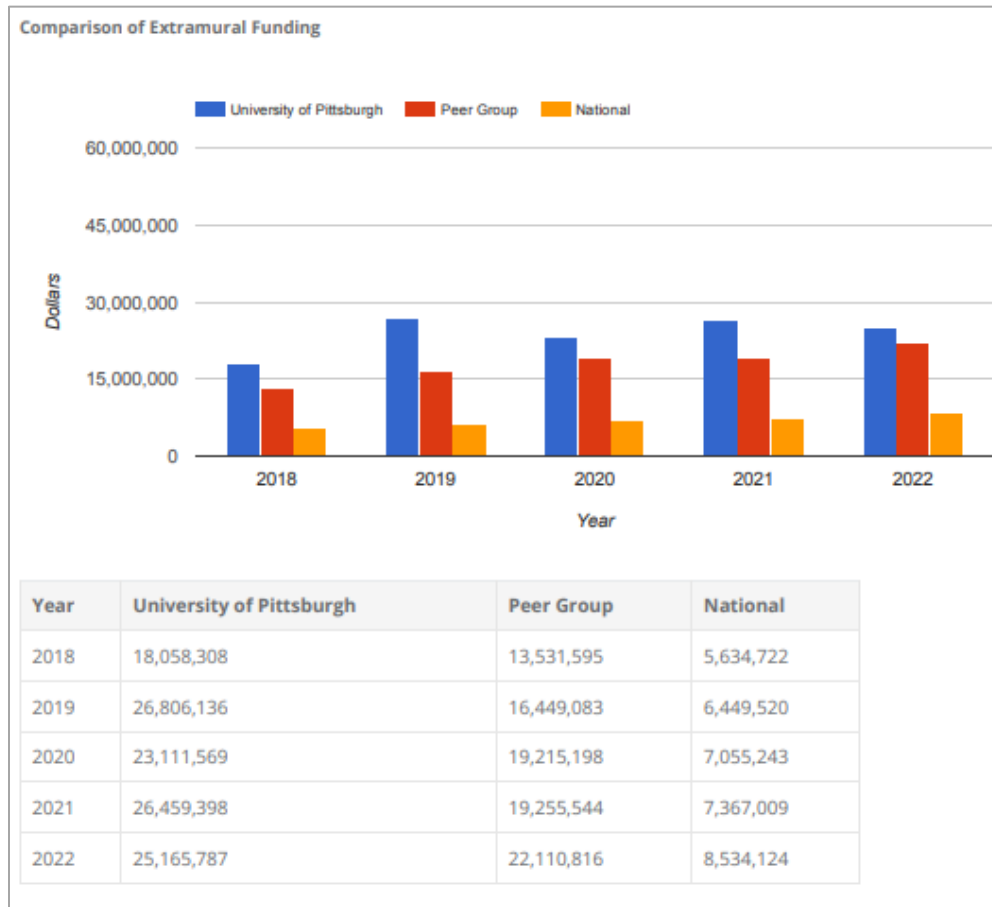
Comment: Pitt Pharmacy ranks #5 in nation for grant funding

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

Comparison of NIH Funding

Year	University of Pittsburgh	Peer Group	National
2018	10,216,300	10,617,795	4,767,478
2019	14,981,460	12,040,612	5,138,353
2020	10,258,778	15,095,466	5,554,979
2021	13,941,133	15,527,724	5,757,642
2022	12,125,371	15,516,736	7,178,314

Comments: Pitt Pharmacy is ranked #14 in NIH finding nationally.

☑ Faculty salaries by academic rank expressed as a percentile against a selected peer group of colleges and schools. *(Note: This salary comparison report is available on-site for review as requested.)*

☑ Other Optional Documentation and Data: Appendices are embedded in school comments below.

Pitt Pharmacy Self-Assessment – Standard 23

	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.	●	○	○

☑ Describe 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.

☑ Describe how enrollment is planned and managed in line with resource capabilities, including tuition and professional fees.

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

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

☑ Describe any other notable achievements, innovations or quality improvements.

The University of Pittsburgh is a state-related institution and receives an annual appropriation and capital funds from the Commonwealth of Pennsylvania.

Enrollment Support
Enrollment is strategically managed through both institutional and market analysis. Enrollment trends, yield rates and recruiting pipelines are assessed along with institutional resources including faculty and staff capacity, physical space, and budget. Additionally, market influences including occupational and competitor trends are evaluated. Lastly, student success is monitored to ensure enrollment retention.

Annually, enrollment and tuition projections are submitted and are reviewed by the Office of the Provost. Target enrollment per class is approximately 114 student pharmacists which ensures the School meets the University's tuition goals as well as ensuring adequate faculty, staff and physical space capacity. In FY24, 447 students were enrolled in the PharmD Program.

Budgetary Input
At the University, budgeting and planning responsibilities are shared across the organization with the Chancellor, in conjunction with the Board of Trustees, having ultimate authority over the activities. The Planning and Budgeting System (PBS) is the comprehensive framework for the long-range planning and budgeting processes within the University. The PBS process is intended to facilitate the University's strategic plan, the Plan for Pitt, and ensures a consistent framework for planning and budgeting decisions. Under the PBS, planning and budgeting involves the active involvement of administrators, faculty, staff and student pharmacists. A detailed description of the planning and budgeting system for the University is outlined on the website The Planning and Budgeting System (PBS) of the University of Pittsburgh | Office of the Provost | University of Pittsburgh. For additional budgetary details, The University's Fact Book is available at https://www.ir.pitt.edu/university-information/fact-book.

The Dean holds the overall financial responsibility for the School's budget. The Dean and the Leadership Team determine how resources will be allocated to drive the strategic direction of the School. The School's Planning and Budgeting Committee (PBC) reviews and approves programmatic changes that impact faculty resources and the budget. The Director of Finance is responsible for the day-to-day financial oversight of the School. The primary sources of funding for the School include an annual University allocation, UPMC support, endowment/gift income and grants/contracts. The School's strategic plan drives resource allocations across all funding sources.

University Allocation: On an annual basis, the School receives an allocation from the University that is linked to tuition generation. The allocation is based on the previous year's allocation with adjustments

for compensation increases and program changes. The School is responsible for creating a detailed budget for these funds. Input from the PBC and Leadership Team ensures alignment with the School's strategic plan. The budget is approved by the Dean before being submitted to the CFO's Office.

Starting in FY23, the University implemented an evaluation tool that enables the School to generate incentive funds based on total performance including direct activities and central revenue and overhead costs, which are used to further the School's educational and research missions.

UPMC Support: Annually, the School works with UPMC to create a budget that provides support to a number of clinical faculty, staff and residents. To ensure alignment with the School's strategic plan, the budget is approved by both the Department Chair of Pharmacy and Therapeutics and the Dean.

Endowment/Gift Income: The University supports the School's philanthropic endeavors with a full-time director of development, who, in conjunction with the Leadership Team, aligns development efforts with the School's Strategic Plan. Budgets for gifts and endowments are developed to align with donor restrictions. Appendix 23A and 23B (optional) show the growth in the book value and market value of the School's endowments.

Grants/Contracts/Indirects: Research funding is an integral part of the resource base. The School has consistently ranked among the top schools of pharmacy in NIH funding and other research support. Budgets are developed by project in conjunction with the Principal Investigator and approved by School's Director of Research Administration and through the Office of Sponsored Programs. Appendix 23C (optional) shows total and NIH grant rankings over the past five years. Research rankings increased in the past year and providing research infrastructure has been a priority of the School.

Appendix 23D(required) provide all fund financial summaries for FY23 and FY24 and projections for FY25. Appendix 23E (required) provides an analysis of funding support by source.

Revenue Allocation
The University, with the approval from the Board of Trustees, annually sets the PharmD tuition rate. The annual tuition for FY25 is $36,696 and $43,020 for in state and out-of-state students, respectively, and annual fees of $1,942. Tuition and fees for pharmacy students are not increased to support other educational programs at the expense of the quality of the professional program.

Appendix 23F (required) and Appendix 23G (required) provide both a comparison of 2023-24 in-state and out-of-state tuition rates for tuition and mandatory fee data for the University of Pittsburgh and peer schools. Over the past 5 years, the University has set modest tuition fee increases. Appendix 23H (optional) provides tuition and fee data for the past 5 years in table format. Our in-state tuition is at the high-end of our peer schools and the out-of-state tuition is at the low-end of our peers. Fees during the two semesters cover expenses required of the student to complete the requirements of the program, such as immunization certification and CPR training. Also, fee money is used to support the 15+ professional student organizations.

To increase opportunities for student pharmacists to personalize their education, the School petitioned University administration for a tuition and fee structure that allows for an annual tuition, where student pharmacists may register for additional and summer credits with no additional tuition expense. For summer term classes, student pharmacists pay fees only. This tuition and fee structure allows student

pharmacists to take extra courses and participate in research opportunities for credit during the summer at little extra cost.

The School has pursued additional sources of revenue through development of new programs and partnerships. New programs include the MS Program in PharmacoAnalytics. This online, competency-based program provides student pharmacists with tools and skills necessary to analyze large, healthcare datasets and apply data analytics and pharmacoepidemiology concepts to enhance pharmaceutical use and outcomes.

Sound business practices and efficient utilization of funds has created a strong and stable foundation on which outstanding and innovative programs are built.

Equitable Allocation
Achieving the School's education, research, patient care, and service mission requires a strong foundation of financial resources, physical space, and human resources. Allocation of funding, space, and faculty time occurs to assure success of each part of the School's mission.

Regarding equitable facilities, the University supported a complete renovation of Salk Hall starting in 2021. Following these renovations, 3,580 SF of classroom space was added, and 2,528SF of student lounge interaction space was added. The new Salk Hall space also houses 53,100 SF of state-of-the-art open laboratories, procedure rooms, equipment corridors, offices, and conference rooms. The state-of-the-art renovations demonstrates the University and School commitment to maintaining equitable facilities across the program.

Input on equitable allocation of resources occurs at multiple levels within the School. Department Chairs and Staff Administrators receive feedback from faculty and staff regarding annual strategic priorities and allocation of resources to support these priorities. This input is shared with the Leadership Team and discussed at a monthly meeting focused on strategic priorities and resource allocation. This process, in conjunction with the School's Planning and Budgeting Committee described previously, facilitates support of the School's strategic plan.

Pitt Pharmacy Final Self-Evaluation – Standard 23

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**

Section III: Assessment of Standards and Key Elements

STANDARD 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.

Documentation and Data – Standard 24

Required Uploads:

☑ The college or school's assessment plan (or equivalent) (plan should cover curriculum, structure, and process)

Appendix 24A Pitt Pharmacy Assessment Plan

Appendix 24M PharmD Assessment Report 2024

☑ Description of formative, summative, standardized and comparative assessments of student learning and professional development used by college or school (Template available for download)

Appendix 24B Assessment Matrix 2024

Appendix 24C Formative and Summative Assessments

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

Appendix 24D Mastery Summary Form

Appendix 24E Preceptor Eval of Student EPA Mapping

Appendix 24F Classes of 2022-2024 Global Scores

Appendix 24G Professional Development Requirements

Appendix 24I Pitt Pharmacy Student Readiness Plan

Appendix 24J Aggregate APPE Student Performance 2023-24

Appendix 24K IPPE Hours Chart and Simulation Inventory

Appendix 24L P4 APPE Pitt Form Summary

☑ Performance of graduates (passing rates of **first-time candidates** on North American Pharmacist Licensure Examination™ (NAPLEX®) for the last 3 years (only NABP provided documents required for upload)

Appendix 24H NAPLEX and MJPE Score Summary CY2019-2023

☑ 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 for download) Not Applicable

☑ Performance of graduates (passing rate of **first-time candidates**) on Multistate Pharmacy Jurisprudence Examination® (MPJE®) for the last 3 years (only NABP provided documents required for upload)

Appendix 24H NAPLEX and MJPE Score Summary CY2019-2023

☑ Outcome assessment data summarizing students' overall achievement of educational outcomes/professional competencies in the pre-APPE and APPE curriculum

Appendix 24J Aggregate APPE Student Perform 2023-24

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 4-22**

Graduating Student Survey Q. 4-24

☑ **AACP Standardized Survey: Alumni – Questions 14-32**

Alumni Survey Q. 14-32

☑ **AACP Standardized Survey: Preceptor – Question 11-29**

Preceptor survey Q.11-29

Optional Documentation and Data: Optional Documentation and Data Appendices are embedded in school comments below.

Pitt Pharmacy Self-Assessment – Standard 24

	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.	●	○	○

Pitt Pharmacy Comments - Standard 24

☑ Describe 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.

☑ Describe how the college or school uses the analysis of assessment measures to improve student learning and the level of achievement of the educational outcomes.

☑ Describe 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.

☑ Describe 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

☑ Describe how the assessment plan measures student achievement at defined levels of the professional competencies in aggregate and at the individual student level.

☑ Describe how the college or school uses information generated within the assessment plan(s) to advance quality within its Doctor of Pharmacy program.

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

☑ Describe any other notable achievements, innovations or quality improvements (if applicable).

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

Formative and Summative Assessment

Assessment Plan
The Pitt Pharmacy Assessment Plan (Appendix 24A, required) serves as the foundation for programmatic and educational outcomes assessment in support of the School's educational mission and strategic goals. The plan ensures that processes are in place to collect, manage, analyze, and operationalize data to promote positive institutional, programmatic, and curricular outcomes. The plan outlines the necessary formative and summative feedback provided to the University, School, and key stakeholders to demonstrate quality assurance and formulate action plans for quality improvement. Key assessments are identified along with data collection timelines, responsible units for evaluation, and result reporting.

Assessment Matrix
The PharmD Assessment Matrix (Appendix 24B, required) assures quality and drives improvements related to the educational outcomes. The Matrix identifies formative and summative evidence from didactic and experiential learning settings inclusive of both qualitative and quantitative evaluations. Matrix measures include knowledge- and performance-based assessments to ensure a well-rounded

evaluation of student progress and competence. Measures are selected by the Assessment Committee horizontally and vertically within the curriculum to drive curricular and programmatic decisions. The matrix is provided as part of the School's annual report to the Provost's Office and informs School committee actions for continuous quality improvements.

Further descriptions of select formative and summative assessments of student learning and professional development are included in Appendix 24C (required). Multiple technologies are leveraged to administer these formative and summative assessments. Technologies are extensions of Canvas, the University learning management system, and include ExamSoft, Top Hat, Turnitin and eValue.

Mastery Scale
Pitt Pharmacy uses a mastery-based assessment strategy (Appendix 24D, required). The mastery scale promotes consistency and reliability of assessments across users, courses, and program years in both didactic and experiential courses. Students self-assess their level of mastery for each educational outcome at the beginning and end of each professional year. Also, the scale serves as the foundation for experiential learning evaluations and skills-development rubrics, as well as tracking of EPAs. Mastery scale scores from preceptors, faculty, and students are analyzed by the Assessment Committee for quality assurance and improvement opportunities related to educational outcomes progress. A taskforce of faculty members across key committees revised the mastery scale to include EPAs and levels of entrustability (Appendix 24E, required).

Appendix 24F (required) includes a graphical representation of consistent student progress from awareness to proficiency across the curriculum as reported by students and preceptors using the Mastery Scale for the Classes of 2022-2024. The graph suggests a high concordance of P4 student self-assessment with preceptor APPE scores, indicating student self-awareness. Additionally, the data show student achievement of curricular outcomes by the conclusion of the program.

Portfolios
Pitt Pharmacy has over 25 years of experience with student portfolios. Portfolios document student progress toward achievement of both co-curriculum skills and curricular outcomes across all four professional years. The electronic portfolio is a component of the Pitt Pharmacy Professional Development Dashboard (Suitable). Documentation processes and requirements are outlined for students in a training modules (Appendix 24G, optional). Support for completion of requirements is embedded in the Professional and Career Development courses in the P1, P2, and P3 professional years. In the P4 year, students are mentored by the Professional Development Team.

Students select quality evidence from didactic, experiential, and extracurricular experiences to include which will be displayed along with a reflection in their portfolio. Additional professional development materials including résumés, CVs, career plans, philosophy of care, and patient care data (PITT form reports). Faculty advisors review and provide feedback on evidence included in portfolios during the professional development reviews held at the end of each semester.

Alumni survey responders report agreement (100%) that the School provides opportunities for individuals to examine and reflect on how behavior and choices affect personal and professional growth.

Standardized Assessments

Student performance on standardized assessments, such as the NAPLEX and MPJE, are indicators of programmatic success. Performance on the NAPLEX and MPJE examinations continues to more than

exceed the national average (Appendix 24H, required). The Pre-NAPLEX has been integrated within the P3 and P4 years to further prepare our students. Students are asked to reflect upon their Pre-NAPLEX results within their portfolios as they prepare for the NAPLEX (Appendix 24N, optional). Strategies to maintain and improve MPJE scores including pre-graduation review sessions, with provision of study resources for both licensing exams available throughout the program.

Regularly, the School deploys AACP surveys to faculty, students, alumni, and preceptors. These data are analyzed and discussed by the Assessment Committee and presented to the leadership, faculty, staff, and students. Changes to the Pitt Pharmacy experience are data-driven based on AACP survey responses. The School uses assessment data to improve the curriculum and the program and 86% of faculty report that assessment processes are effective.

Student Readiness

Pitt Pharmacy graduates are "practice ready", as attested to by 100% of our 2024 graduates in the Graduate Student Survey. A Pitt Pharmacy Readiness Plan establishes an "APPE ready" performance standard as well as a "practice ready" plan for graduation (Appendix 24I, required). The plan outlines the knowledge, skills, and attitudes required for "readiness" as performance in three target areas: 1) knowledge and skills assessments, 2) IPPE/APPE accomplishments, and 3) professionalism and behaviors as demonstrated as professional identity and practice accountability.

Formative and summative assessments outlined in the Assessment Plan and in the Assessment Matrix are used in the readiness plans. For any student who does not meet identified measures for progression, appropriate actions may include referral to the Coaching for Success Program, interventions described in the relevant School policies including Academic Progression of Students, Professional Code of Conduct and use of Performance Improvement Plans or Course Remediation. Mandatory repetition of an IPPE or APPE may be required to address practice deficiencies, as governed under Experiential Learning policies and procedures.

Clinical Capstone Cases
Clinical capstone cases, embedded throughout each of the first 3 professional years, assess individual student abilities of critical thinking, patient assessment, pharmaceutical care plan development, professional responsibility, and communication skills. Capstone cases assess student knowledge and skills through integration of key science and therapeutic content learned during concurrent coursework throughout a given professional year into the case challenges. Multiple teaching methods are employed in case construction including simulation especially in use of standardized patients and colleagues, requiring students to analyze medication records, interview and counsel patients, develop therapeutic plans, communicate and defend therapeutic plans, and document actions in concise written notes.

In response to resources and time consideration for faculty, staff, and students, the nationally recognized Pitt Pharmacy Readiness Assessment (that has been in place since 2015) is evolving during Spring 2025 into a "Readiness Capstone" that will provide a high-stakes, multi-faceted knowledge and skills evaluation prior to the P4 year.

Experiential Learning Outcomes
Mastery scale scores with EPAs are monitored throughout IPPEs and APPEs and are tracked by the Experiential Learning team to assure student readiness. In 2023, preceptors evaluated 938 APPE student experiences (Appendix 24J, required): 99% were satisfactory or above, and of those, 40% were honors.

Simulation
Simulation (Appendix 24K) is embedded throughout the curriculum in the form of virtual patients, virtual reality, high-fidelity mannequin models, standardized patients, and standardized colleagues. Simulation affords learners the opportunity to make clinical decisions in protected environments and to obtain immediate feedback on performance. Faculty have opportunities to actively engage learners; reinforce content; promote mastery of skills; stimulate higher-order thinking, problem solving, and clinical reasoning skills; and accommodate diverse learning styles. These innovative teaching and learning strategies promote student readiness for IPPEs, APPEs and practice.

PITT Forms
The Pharmacist Interaction Tracking Tool (PITT) Form is a Qualtrics-based survey that each student uses to track encounter-specific data from an interaction with patients, caregivers, or other health professionals during a variety of experiences throughout the curriculum, primarily IPPE and APPE. Reports of compiled PITT Form data are analyzed by the Assessment Committee and reported to Curriculum and Experiential Learning Committees to document breadth of interactions and promote improvement initiatives around student readiness (Appendix 24L, optional).

Results from the 2024 AACP Graduating Student Survey indicate strong agreement of preparation to communicate (98.7%) and collaboration (100%) with health care providers, patients and caregivers. Survey data indicated that students are prepared to engage as members of interprofessional teams (97.5%) and are academically prepared to enter APPE experiences (98.7%).

Culture of Continuous Quality Improvement
Curricular assessment involves the systematic use of valid and reliable measures that permit the School to sequentially assess student learning and apply an outcomes-driven continuous quality improvement process. The Assessment Committee is specifically tasked with the collection and analysis of data from key assessments as outlined in the plan (Appendix 24A, required). The Assessment Committee collaborates with other School committees including, but not limited to, the Curriculum, the Experiential Learning, and the Professional Development and Co-Curriculum Committees, and faculty and staff of the Curran Center for Student Services. From the faculty survey, 86% of respondents agreed that the School uses programmatic assessment data to improve the curriculum.

Pitt Pharmacy applies a data-driven assessment strategy that collects quantitative and qualitative data from (a) internal sources (e.g., curricular assessments, faculty, staff, students, Dean's Advisory Board), (b) external sources (e.g., Board of Visitors, preceptors, student employers), and (c) national data of student performance (e.g., NAPLEX, MPJE, and Pre-NAPLEX). Stakeholders are encouraged to use all available data to direct the systematic and sequential evaluation of the structure and organization of curricular content and the curricular outcomes.

The Assessment Committee develops and distributes an annual Assessment Report for School leadership and committees (Appendix 24M, optional). In the report, the Committee formulates goals, identifies progress indicators towards those goals, and develops recommended actions for the school based on assessment data. These recommendations help to drive program quality assurance and improvement efforts to enhance student learning in targeted areas. Examples of data-driven improvements include:
- Experiential Learning: Development of a prospective monitoring plan for specific students whose preceptor evaluations demonstrate underperformance on professional characteristics. The monitoring process has proven successful in identifying and tailoring student learning.

- Curriculum Committee: Teaching faculty are encouraged to consider the new [NAPLEX Content Outline](#) in their PharmD courses to prepare students for the NAPLEX and MPJE. Pre-NAPLEX integration into P3 and P4 years is intended to aid exam preparation and increase pass rates.

- School Leadership: Efforts to improve informational technology software and content delivery technologies for better collection, analysis, and visualization of data to drive quality improvement efforts and enhance student learning. Coursetune has aided in curricular and assessment design, while ExamSoft helps course coordinators and PharmD program directors identify at risk students while providing a secure testing environment.

- Student Support: Development and revisions of key student support systems to promote progression and advancement. These systems include Coaching for Success (discussed in Standard 17), the addition of a director and associate director of the PharmD program, implementation of new platforms for Professional Development and Co-Curriculum documentation and ExamSoft for curriculum mapping and student performance monitoring that promote performance improvement planning.

Notables – Standard 24

- Transparent Assessment Plan and Assessment Matrix to drive quality assurance and improvement
- Pitt Pharmacy received national and University awards in recognition of excellence in assessment.
- Transparent and detailed student readiness plan that includes targeted knowledge, skills, and behaviors along with resources to support students.
- Annual Assessment Report to communicate with School leadership and committees and inform data-driven quality improvement.
- Exceptional performance on NAPLEX and MPJE pass rates.
- Consistently high-performance ratings from APPEs preceptors when analyzed for curriculum outcomes and EPAs.
- Continuous quality enhancements driven by key assessment measures.

Pitt Pharmacy Final Self-Evaluation – Standard 24

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**

STANDARD 25: ASSESSMENT ELEMENTS FOR SECTION 11: STRUCTURE AND PROCESS

The college or school develops, resources, and implements a plan to assess attainment of the Key Elements within Standards 5–23.

Documentation and Data – Standard 25

Required Uploads:

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

Appendix 25G Curriculum Assessment Charges

☑ Examples of instruments used in assessment and evaluation (of structure and process)

Appendix 25A Pitt Pharmacy Assessment Plan

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)

Appendix 25F Graduating Student Survey

☑ Faculty Survey Summary Report (all questions)

Appendix 25C Faculty Survey

☑ Preceptor Survey Summary Report (all questions)

Appendix 25E Preceptor Survey

☑ Alumni Survey Summary Report (all questions)

Appendix 25D Alumni Survey

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 72

☑ Faculty Survey: Responses to Open-Ended Question 45

☑ Preceptor Survey: Responses to Open-Ended Question 36

☑ Alumni Survey: Responses to Open-Ended Question 36

Survey Open-Ended Comments

Optional Documentation and Data: Optional Documentation and Data Appendices are embedded in school comments below.

Pitt Pharmacy Self-Assessment – Standard 25

	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.	●	○	○

Pitt Pharmacy Comments - Standard 25

☑ For each of the following, describe the process for assessment, and how the outcomes/results of the process advance overall programmatic quality:

    a.   effectiveness of the organizational structure

    b.   mission and goals

    c.   didactic curriculum

    d.   experiential curriculum

    e.   co-curriculum activities

    f.   clinical reasoning skills

    g.   interprofessional education

      h.   faculty effectiveness in scholarship, teaching, and professional/community service

      i.   admissions process 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

      j.   alternative program pathways to degree completion

☑ Describe any other notable achievements, innovations or quality improvements (if applicable).

☑ Describe how the AACP Curriculum Quality Surveys results inform decision making, quality assurance, and quality improvement; and reflect on strengths and limitations of data.

Assessment of Organization Effectiveness

The School of Pharmacy has a long-standing tradition of strategic planning. The strategic planning process, including alignment with the University, and oversight is detailed in Standard 7. The strategic plan serves as the foundation of institutional assessment at Pitt Pharmacy.

Programmatic and curricular assessment data are collected, analyzed, and distributed by the Director of Assessment. In alignment with the Pitt Pharmacy Strategic Plan, the Director of Assessment is charged with the implementation of the School's assessment plan (Appendix 25A, required) through use of contemporary educational standards, guidelines, and best practices. Progress towards programmatic and curricular assessment goals are annually distributed through the Assessment Report. The Assessment Plan and Assessment report are further detailed in Standard 24.

Program evaluation
Faculty, staff, students and other stakeholders are invited to formally and informally provide input on all aspects of the School. The strategic plan is one aspect where formal input is sought (Appendix 25B, optional). In the 2024 survey, 98% of faculty agreed that the School effectively employs strategic planning and 98% agreed that the School requested their input during the development of the strategic plan (Appendix 25C, required). Alumni agreed (73.3%) that the Dean encourages alumni to stay involved (Appendix 25D, required). Among preceptors, 97.5% agree that they are aware of the mechanism to provide feedback to the School (Appendix 25E, required).

The results of the AACP surveys are used to support and inform initiatives related to the PharmD program (Appendices 25C, 25D, 25E and 25F, required). Stakeholders are encouraged to complete surveys when they are distributed. The average graduating student response rate for the last 5 years was ~60% (Appendix 25F, required). Efforts were made to encourage responses from the Classes of 2023 and 2024 during P4 debrief sessions and individual professional development reviews by highlighting the importance of survey data to the School. In 2024, the faculty agreed that the assessment processes are effective (86%) and the curriculum oversight processes are effective (94%).

Curriculum assessment and improvement

Pitt Pharmacy has a culture of continuous quality improvement. The PharmD curriculum is assessed by the Curriculum Assessment Committee who is charged with programmatic and educational outcomes assessment in collaboration with the Curriculum, Professional Development and Co-Curriculum, Academic Performance, Experiential Learning Committees, Academic Affairs, and the directors of the PharmD program (Appendix 25G, required). Data elements collected and reviewed by the Curriculum Assessment Committee include AACP surveys, Pre-NAPLEX score reports, licensure results (NAPLEX, MPJE), curriculum mapping, course and term academic performance (ExamSoft), performance in key

internal measures in each program year through the Assessment Matrix, and PITT forms (Appendix 25H, required).

The PharmD Assessment Report is annually prepared by the Curriculum Assessment Committee to share internally in the school and externally with the University, our key stakeholders and other partners (Appendix 25I, optional). The report summarizes selected measures of performance within and across program years, summative performance on licensing exams and other data reviewed by the Committee. The report outlines recommendations to enhance educational effectiveness in target areas.

The Assessment Matrix has been a longstanding tool used to capture performance on key measures across the curriculum linked to the School's educational outcomes (Appendix 25J, required). The Committee identifies, collects, and reviews the assessments included in the Matrix to assure curriculum quality and develop action plans for improvement.

In Fall 2023, Pitt Pharmacy implemented the use of ExamSoft as a lockdown browser capable of providing scores tagged to curricular outcomes and NAPLEX competencies. This technology supports curriculum assessment efforts and augments measures within the matrix. In the first year of use, 26 courses deployed assessments: 101 exams, 12 quizzes, two assignments, and 6 performance assessments (Appendix 25K and 25L, optional). ExamSoft data will be used to provide data on performance of specific assessments, courses, and can be used to identify students at-risk in real time. Revisions to ExamSoft test tagging are planned to incorporate updated 2025 NAPLEX and MPJE domains to further inform student knowledge and application in key test areas.

The Curriculum Assessment Committee oversees the curriculum mapping process to promote quality improvement efforts. Since 2019, course coordinators have used *Syllabus Builder*, an internal web application, to create standardized course syllabi, including standardized language and organization, course schedules, and grading elements that are aggregated into a grid for each term and professional year. Course link grids are provided to faculty, staff, and students for planning and organization purposes. Within *Syllabus Builder*, coordinators enter the course learning outcomes which they then map to Pitt Pharmacy curricular outcomes. Keywords from the accreditation standards list and Pitt Pharmacy-specific terms are selected for tracking purposes (Appendix 25M, optional). Also, teaching and assessment strategies are identified by the coordinator and incorporated into a curriculum map.

A commercially available curriculum mapping software, *Coursetune*, licensed by Pitt Pharmacy, has been used to map courses from the 2023-2024 academic year, using data extracted from course syllabi and intensive examination of posted learning materials in the *Canvas* learning management system. This software provides visual review of course architecture for courses, groups of courses, or programs. *Coursetune* allows for detailed input and subsequent analysis of course learning outcomes, individual session learning objectives with Bloom's taxonomy, and course activities. Reports can be run at the course level, groups of courses, professional years, and all courses. The course information and reports can be reviewed by the course coordinator(s) and the Curriculum Assessment and PharmD Curriculum Committees to identify future improvements in course design and content.

At the beginning and end of each professional year. Pitt Pharmacy students engage in metacognition via completion of the Mastery Scale (Appendix 25N, optional). Preceptors and faculty use the scale to evaluate student skills. The scale helps to standardize evaluations and provide quality assurance and improvement opportunities. Additionally, the Pharmacist Interaction Tracking Tool (PITT) form reports are reviewed by the Curriculum Assessment, Office of Experiential Learning, and leadership to report the

breadth and depth of student interactions with patients and other healthcare professionals throughout the PharmD curriculum (Appendix 25O, optional).

The curriculum also focuses on professional development and co-curriculum skills to prepare students for practice which is described in more detail in Standard 4. The Professional and Career Development courses in each didactic professional year communicates, tracks, and holds students accountable for the professional development requirements with guidance from the Professional Development and Co-Curriculum Committee. In Fall 2023, *Suitable*, a commercially available student engagement platform licensed by the University of Pittsburgh was adopted by Pitt Pharmacy to replace two internal documentation platforms, an electronic portfolio and a co-curriculum activity tracking system. The Pitt Pharmacy Professional Development Dashboard powered by *Suitable* provides one platform for all professional development documentation. The Dashboard provides real-time visualization by students and robust reporting capabilities to support student success in meeting the professional development requirements.

Pitt Pharmacy prepares student pharmacists for practice. Licensing exam scores demonstrate that student pharmacists graduating in the last 5 years (Classes 2019 – 2023) have been successful in all attempts to pass the NAPLEX (90.8%, 93.9%, 90.4%, 87.0%, and 90.1%, respectively (Appendix 25P, optional). Pitt Pharmacy results were in the top 4 of peer schools for the Classes of 2021, 2022, and 2023 (Appendix 25Q, optional) Similarly, the MPJE results for graduates in the last 5 years were 92.7%, 87.8%, 92.3%, 81.9%, and 83.7%, respectively (Appendix 25R, optional). Also, these were higher rates than the state and the nation and comparable to peer schools (Appendix 25Q, optional). AACP graduating student survey respondents confirm the success of the program with agreement that they were prepared to enter pharmacy practice (100%, 100%, 94.6%, 98.6%, and 100% for Classes 2020 through 2024, respectively) which was higher than the national response of 94.4% for Class of 2024 (Appendix 25F**,** required).

Faculty productivity assessment

The School annually collects information from faculty detailing teaching responsibilities for use during yearly performance reviews by department chairs*.* During the annual review process, the chairs are responsible for identifying faculty teaching assignments, evaluating teaching workload, and reviewing course and faculty evaluations from students to provide recommendations for improvements.

Assessment of faculty teaching performance is a component of the faculty productivity assessment. Assessment of teaching is a multimodal approach including input from students, faculty peers, and instructor self-assessment. Pitt Pharmacy has integrated a Peer Observation component to our assessment of teaching practices (Appendix 25S, optional). This policy ensures a uniform and systematic process for the evaluation of classroom teaching across the program by peers.

Interprofessional preparedness

Pitt Pharmacy is committed to preparing student pharmacists to practice as part of an interprofessional team. Since 2019, interprofessional collaboration has been tracked as a co-curriculum skill. The 2023 curricular outcomes specifically include Interprofessional Collaborator stating that students will actively engage and contribute as a healthcare team member by demonstrating core interprofessional competencies. There are several opportunities for interprofessional collaboration throughout the curriculum (Appendix 25T, optional). Evidence of interprofessional collaboration is tracked through the

Professional Development Dashboard, Mastery Scale, AACP graduating student surveys, IPPE and APPE preceptor scores and in PITT form data.

Clinical reasoning skills

Specific activities related to the development of clinical reasoning including problem solving, critical thinking, evidence-based care plan and recommendation opportunities, and critical thinking skills are outlined both in the Assessment Matrix and the student readiness plan (Appendix 25U, optional). Students educate, collaborate, and work with a broad range of people beginning in the P1 year and continuing throughout each term of the curriculum with increasing challenges as the complexity of therapeutic topics and acuity increases.

APPE preparedness

The didactic curriculum is structured to provide the knowledge, skills, and attitudes for student pharmacists to be ready for APPE. In the Pitt Pharmacy Student Readiness Plan (Appendix 25U, optional), the School confirms the knowledge, skills, and attitudes required for APPEs. As outlined in the plan, there are embedded assessments of knowledge, skills, and attitudes throughout the P1 through P3 professional years. Respondents to the graduating student surveys agreed that they were academically prepared to enter advance pharmacy experiences (98.5%, 100%, 91.9%, 95.8%, and 98.7% for the Classes of 2020 – 2024, respectively). In the Spring of 2025, Pitt Pharmacy will administer the Readiness Capstone. This assessment will integrate the nationally recognized Readiness Assessment within the Case Conference Capstone series

Admission criteria

Admissions criteria are regularly reviewed by the PharmD Admissions Committee and leadership. The School has successfully recruited qualified and diverse classes despite the national decline in applications over the past several years. The academic qualifications of admitted students have remained similar across the last 12 years, including GPAs and interview scores (Appendix 25V, optional). The qualifications of the admitted student pharmacists are supported by their academic success and NAPLEX and MPJE passing rates.

Notables – Standard 25

- Pitt Pharmacy has an established and collaborative strategic planning process.
- Successful implementation of the professional development and co-curriculum dashboard.
- Collaborative efforts to evaluate the curriculum through the Assessment Committee, Curriculum Committee, Professional Development and Co-Curriculum, Academic Performance Committee, Experiential Learning Office, Associate Dean of Academic Affairs and Education, and Directors of the PharmD program.
- Pitt Pharmacy has a structured process to evaluate APPE Readiness.
- Admitted students are successful in program.
- Curricular revision through a continuous quality improvement approach by the Curriculum and Assessment Committees to identify areas to implement changes and enable content to be taught more efficiently and sequentially, while minimizing redundancy. One such quality improvement occurred in Fall 2024 when we identified that reversing the order of Principles of

Drug Action course with Dosage Form Design and Delivery allows for more efficient delivery of content in a sequential manner that enhances student learning

Pitt Pharmacy Final Self-Evaluation – Standard 25

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**