**University of Colorado Skaggs School of Pharmacy and Pharmaceutical Sciences**
**Programmatic Evaluation Plan**
**Last update: January 2025**

The purpose of this document is to describe the Programmatic Evaluation Plan (PEP) for the University of Colorado Skaggs School of Pharmacy and Pharmaceutical Sciences (SSPPS) to assess achievement of the mission, vision, values and goals (Appendix A) and for the purpose of continuous improvement pursuant to the mission. Programmatic evaluation consists of two interrelated processes: Organizational Effectiveness Assessment and PharmD Curriculum Assessment.

*Organizational Effectiveness Assessment* is an ongoing process of systematic collection, analysis and reporting of data to evaluate achievement of the School's mission and goals for the purpose of continuous improvement. Organizational Effectiveness Assessment includes Assessment of the Strategic Plan and Assessment of operational performance:

1. Assessment of the strategic plan – The School's mission is the basis for the School's strategic plan. The strategic plan is developed through a collaborative effort with input from faculty, staff, administration, students, alumni and external stakeholders. The strategic plan addresses initiatives, goals and key performance indicators linked to the School's mission to evaluate performance and enable mission achievement.

2. Assessment of operational performance – The School has operational functions that are necessary to achieve the School's mission. These functions are overseen by deans and administrative units within the School. Assessment of operational aspects of the School are at the discretion of the dean, the associate and assistant deans, department chairs, administrative units and School committees and are conducted in an ongoing basis or as part of strategic initiatives.

*PharmD Curriculum Assessment* is conducted to ensure student learning, curricular effectiveness and achievement of educational outcomes using a variety of direct and indirect measures to evaluate achievement of the School's PharmD curricular mission and to support evidence-based changes to courses, curriculum, and pedagogy.

**Responsible Parties**

*Executive Committee and Management Committee* – Responsible for providing direction and guidance on strategic and operational planning and assessment activities.

*Faculty Committees* – Each committee (within their charges) is responsible for ensuring the success of the School. As such, committees must set criteria and assess their performance. Two committees in particular, Assessment and Curriculum, are involved with the School's Programmatic Evaluation Plan.

- Assessment Committee – Charged to assess teaching and learning in the curriculum by reviewing and informing assessment activities, and assisting administration to define objective and subjective measures of performance for other School missions.

- Curriculum Committee - Charged to implement a systematic curricular review process that ensures all curricular offerings support the mission of the School and PharmD curriculum and enables the curriculum to remain contemporary and meet expectations of the profession.

*Director of Assessment and Outcomes* – Collaborates with faculty, administration, and staff to provide assessment data and reports with the purpose of achieving expected outcomes and ensuring compliance with accrediting agencies for all assessment efforts. The Director identifies gaps in the programmatic evaluation plan and provides notification to stakeholders with recommendations to correct deficiencies. These efforts inform decision-making to increase efficiencies and effectiveness within the School. The Director is also responsible for monitoring, assessing, and updating the PEP.

*Faculty* – Lead assessment activities at the student, course, programmatic and School level to ensure student learning and effectiveness of the School.

*Staff* – Participate in assessment of operational and strategic components of the programmatic assessment plan. Responsible for recognizing and reporting opportunities to increase efficiency and effectiveness in job responsibilities and participating in relevant assessment activities.

*Students/Alumni/External Stakeholders* – As respondents and participants, these populations provide constructive assessment data and feedback and serve on committees when needed.

**Programmatic Evaluation for Continuous Improvement**

The purpose of programmatic evaluation is continuous improvement at all levels within the School. The following pages of this document outline assessment strategies for Organizational Effectiveness Assessment and PharmD Curriculum Assessment. Included is the School's Assessment Calendar (Table 1) that details responsible individuals or groups, frequency at which assessment will occur, forms of assessment and data generated, requirements for reporting and communicating results and, finally, how data will be used to make appropriate changes and continue improvement within the School (see Figure 1). Key sections of the Assessment Calendar are described in more detail in the following sections and appropriate Appendices. Assessment is an ongoing endeavor and while this document serves as a guide to assessment activities within the School, it also is malleable and will itself be assessed, modified and redistributed as needed.
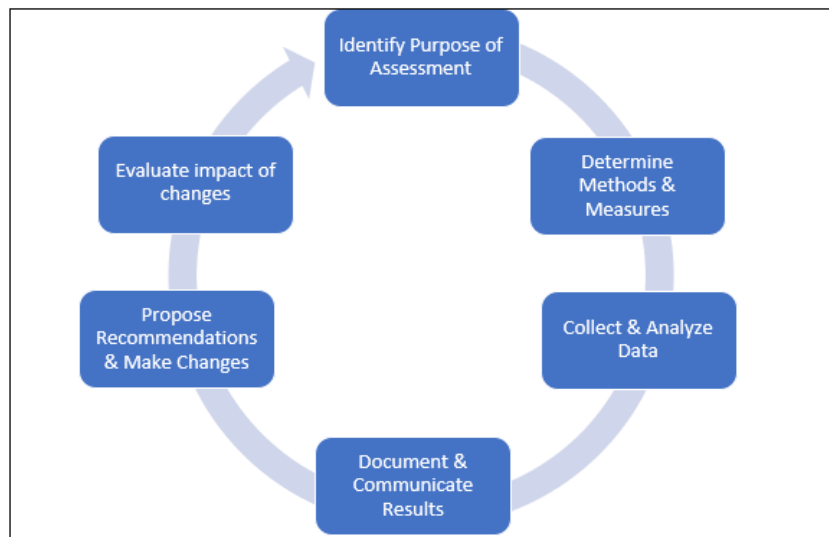


Figure 1. General assessment process within the School

**Organizational Effectiveness Assessment**

*Assessment of the Strategic Plan*

The School's Strategic Plan (Appendix B) includes Key Performance Indicators (KPIs) nested within Goals nested with Initiatives. Each KPI is assigned to responsible parties and has a timeline for completion. The SSPPS Director of Assessment and Outcomes is responsible for monitoring and assessing the progress of the KPIs on an ongoing basis while responsible parties maintain progress on achievement of the objectives. On a quarterly basis, responsible parties will submit a report detailing progress towards successful completion of the initiatives to the Director of Assessment and Outcomes, who will in-turn share the updates with the Executive Committee, Management Committee, and other key stakeholders such as the Assessment and Curriculum Committees. Each January during the SSPPS Annual Faculty Retreat, the Director of Assessment and Outcomes will provide an update to faculty on KPI achievement and provide a dashboard overview of the status of progress on all strategic plan initiatives. The quarterly reports to the Director of Assessment and Outcomes include:

(i)     the original time-line for completion of the objective,

(ii)    actions that have been taken to complete the objective (including people involved and dates of any meetings or actions),

(iii)   whether the objective has been achieved or is on-track to be achieved according to the original time-line,

(iv)    if a delay is anticipated, a revised plan, together with recommended modification to the time-line and indications of unanticipated challenges that hindered objective achievement,

(v)     if the objective is deemed unachievable, a recommendation of how the objective should be modified or whether it should be removed from the strategic plan

(vi)    suggestions for other strategic plan ideas that emanated out of actions taken in working on achievement of the objective

*Assessment of Operational Performance*

Items from the Strategic Plan are assessed and categorized as either strategic, operational, or completed. Items determined to be fundamental to the School's core functions are categorized as operational (Appendix F). These items support the mission of the School and are ongoing endeavors that contribute to the School's success. Example operational items include recruiting, admitting and enrolling the most qualified students, maintaining accreditation status, or proactively recruiting a diverse faculty and staff. While these items are not strategic initiatives, they are essential for the School to be successful in achieving all aspects of the School's mission including, education, research and other scholarly activities, service, and pharmacy practice. It is important to appreciate that many of the operational functions of the School support initiatives in the current strategic plan. In such occurrences, assessment of the strategic plan may support assessment of operational activities, hence allowing for combined efforts. These opportunities will assist in continuing to improve efficiencies and effectiveness in the School's operations while supporting mission achievement and strategic plan fulfillment.

Executive Committee members are responsible for the administrative operations of the School. In many cases, operational activities will have assessment components as part of their requirements for completion. For example, operational units such as Student Affairs, Academic Affairs, and Experiential

Education, along with operational activities including faculty productivity, faculty workload and resources, organizational culture, and leadership effectiveness necessitate regular assessment. These operations have processes in place to collect, analyze, report, and use data in a systematic manner and are outlined in detail in the School's Assessment Calendar (Table 1). Activities without built-in assessment processes will be reviewed on an as needed basis or as requested.

**PharmD Curriculum Assessment**

Assessment of the PharmD curriculum is conducted to ensure student learning, achievement of educational outcomes, and curricular effectiveness using a variety of direct and indirect measures to ensure achievement of the School's curricular mission and to support evidence-based changes to courses, curriculum and pedagogy. Students in the on-campus and remote ELPD pathways take the same courses at the same time. All assessments are identical for the on-campus and remote pathways of the entry-level PharmD (ELPD) program, and most assessment data can be stratified by pathway. The Distance Degrees and Programs (DDP) (which coordinates the North American Trained and International Trained PharmD programs) are integrated into the following assessments, but have separate consideration, where appropriate, due to program-specific courses, methodologies, and/or student considerations. Our different pathways to the PharmD degree are evaluated and compared as described in the Assessment Calendar.

PharmD Curriculum Assessment activities are detailed in the School's Assessment Calendar (Table 1) and include activities that support the process of assessment (i.e., reviewing and updating instruments used to collect data, curricular mapping, and review of assessment methods and frequency). Other specific curriculum assessment activities are organized into three categories: assessment of course content, teaching effectiveness, and student outcomes; assessment of alternative pathways (including the remote pathway and DDP programs); and assessment of program outcomes.

Assessment of the curriculum begins at the student level and aggregates to the programmatic level. The assessment process is dependent upon a wide array of participants for success, none more important than the faculty. Faculty continually work to improve curriculum and student learning and ensure the effectiveness of the curriculum through a multitude of teaching and assessment strategies. Curriculum assessment also depends on various data sources including student and faculty feedback, standardized test results, course grades, and AACP survey results. Key data sources used in the School's Curriculum Assessment are mapped to the Kirkpatrick Framework (Figure 2), a globally recognized method of evaluating results of learning programs.

| LEVEL 1: REACTION | LEVEL 2: LEARNING | LEVEL 3: BEHAVIOR | LEVEL 4: RESULTS |
|---|---|---|---|
| • Course, Course Director and Instructor evaluations<br>• Focus groups<br>• AACP Graduating Student and Alumni surveys<br>• Program surveys, APPE exit survey, P4 curriculum exit survey | • Course grades<br>• Individual assessment grades (within courses)<br>• Pathway comparability (ELPD on-campus, ELPD remote, DDP) | • Experiential (IPPE, aIPPE, APPE)<br>• EPAs<br>• AACP preceptor surveys<br>• Co-Curriculum | • NAPLEX/MPJE pass rates and area scores<br>• AACP Graduating Student and Alumni surveys<br>• On-time graduation rate<br>• PGY1 match rate<br>• Graduate employment rate |

Figure 2. Map of key data elements of the School's PharmD Curriculum Assessment to the Kirkpatrick Framework (https://www.kirkpatrickpartners.com/the-kirkpatrick-model/)

The formal assessment of curriculum function for the School is carried out by the Assessment Committee. Working closely with the Curriculum Committee and the Director of Assessment and Outcomes, the Assessment Committee gathers and reviews data to ensure the School's curricular mission is being met. The Assessment Committee will also ensure that the results of the assessments are communicated to the appropriate faculty, staff, administrators, preceptors, students and other stakeholders. Recommendations may be made to the appropriate stakeholders regarding monitoring and/or action that could be taken as a result of these assessments. The main activities that are the responsibility of the Assessment Committee include:

- Evaluating standardized assessments including the North American Pharmacist Licensure Examination (NAPLEX) and the Multistate Pharmacy Jurisprudence Examination (MPJE) to assess programmatic outcomes against standardized national measures (Appendix C)
- Reviewing instruction and courses, including mid-course focus groups conducted with students, course directors, department chairs, and the Associate Dean for Education to gather formative course feedback; and summative course reviews conducted by the Assessment Committee (Appendix D)
- Reviewing standardized data from AACP surveys (e.g., graduating student, faculty, alumni, preceptor) to assess performance over time and compared to peer institutions and national averages (Appendix E)

The School's assessment calendar (Table 1) provides the specific assessment activities, the frequency with which they occur, responsible parties, data sources and who will receive the information to make any necessary improvements.

Table 1. SSPPS Assessment Calendar

| Activity | Assessment purpose | ACPE 2016 Standard | Timeframe | Responsible Party | Source | Delivered to | Outcome |
|---|---|---|---|---|---|---|---|
| Assessment of PharmD Curriculum | | | | | | | |
| Review and update instruments (Course and instructor evaluations, exit surveys, program surveys) [a] | Support assessment activities | | Every 2-3 years | Assessment Committee | CourseEval surveys, exit surveys, program surveys | DAO, PharmD Program Director | Modifications made to instruments, creation or removal of instruments |
| Curriculum mapping: Map courses to ABOs (COEPAs starting in 2023), ACPE Apx 1 [a] | Ensure ABOs are assessed throughout the curriculum | 10.7, 25.3 | Annually at Course Review | Curriculum Committee | Course syllabi | DAO, Faculty | Course Review; modifications to mappings as needed |
| Review assessment methods and frequency in courses [a] | Ensure formative and summative assessments are used; avoid over-assessment | 24.1, 25.3 | Every 2-3 years | Assessment Committee | Course syllabi | DAO, Curriculum Committee, Course Directors | Course Review; modifications as needed |
| *Course Content, Teaching Effectiveness, and Student Outcomes [a]* | | | | | | | |
| Focus groups [b] | CQI of Course content, teaching effectiveness | 24.4, 25.3 | April, November – Annually | ADE, DAO, Course Directors, Department Chair(s) | Students | Course directors, chairs, ADE, DAO | Feedback to use to guide changes to course; Reflection in the course renewal by Course Director |
| Course, course director, and instructor evaluations (includes didactic courses, aIPPE, P1-P3 co-curriculum) [b] | CQI of Course content, teaching effectiveness | 24.4, 25.3 | May, December – Annually | PharmD Program Director | End-of-course surveys - quantitative responses and grades | Assessment Committee, Course Directors | AC reviewer assigned to course(s) for review |

| Activity | Assessment purpose | ACPE 2016 Standard | Timeframe | Responsible Party | Source | Delivered to | Outcome |
|---|---|---|---|---|---|---|---|
| Review of Course, Course Director evaluations | CQI of Course content, teaching effectiveness | 24.4, 25.3 | February (fall courses), June (spring courses) – Annually | Assessment Committee | End-of-course survey results; course grades | DAO, Course Directors, Curriculum Committee | Evaluation form from Assessment Committee |
| Review of Instructor evaluations | CQI of Course content, teaching effectiveness | 24.4, 25.3 | February (fall courses), June (spring courses) – Annually | Individual faculty, Dept. Chairs | End-of-course survey results | Dept Chair, individual faculty | Inclusion in annual review materials; feedback for individual faculty to use in their teaching |
| Curriculum Committee Course Review and Renewal | CQI of Course content | 24.1, 24.4, 25.3 | May (fall courses), September (spring courses) – Annually | Curriculum Committee, Course Directors | Assessment Committee evaluation; Course Director review | Renewal form and updated syllabus back to Curriculum committee | Changes to courses |
| Review P4 exit survey results | CQI of Course content | 24.4, 25.3 | June - Annually | DAO | P4 curriculum exit survey & P4 APPE exit survey | Curriculum Committee, ADE | Report summarizing feedback from graduating students |
| Review P1-P3 program survey results | CQI of Course content | 24.4, 25.3 | June - Annually | DAO | P1-P3 program surveys | Curriculum Committee, ADE | Report summarizing feedback from graduating students |
| Review AACP Curriculum Quality surveys (Graduating students, preceptors, alumni) [b] | CQI of Course content, teaching effectiveness | 24.2, 24.4, 25.2, 25.3 | July – annually or biennially [a] | Assessment Committee | AACP survey results | DAO; Executive Committee; faculty | Report reviewing trends and comparisons to peers and National; identified areas of school excellence, areas of substantial growth, and areas for future growth |
| Review Didactic course results | Monitor student outcomes | 24.3, 25.6-25.8 | July - Annually | DAO | Course grades | Assessment Committee, ADE | Review of readiness to enter APPEs; modify coursework as necessary |

| Activity | Assessment purpose | ACPE 2016 Standard | Timeframe | Responsible Party | Source | Delivered to | Outcome |
|---|---|---|---|---|---|---|---|
| Review IPPE, aIPPE results | Monitor student outcomes | 24.3, 25.6-25.8 | July - Annually | DAO | IPPE, aIPPE preceptor evaluations | Assessment Committee, ADE, ADEP | Review of readiness to enter APPEs; modify coursework as necessary |
| Review APPE results | Monitor student outcomes | 24.3, 25.6-25.8 | July - Annually | DAO | APPE preceptor evaluations | Assessment Committee, ADE, ADEP | Review of readiness to provide patient care in a variety of health care settings; modify coursework as necessary |
| Review Co-Curriculum results | Monitor student outcomes | 24.3 | July - Annually | DAO | Results of evaluations | Assessment Committee, ADE | Review of readiness to enter APPEs; modify coursework as necessary |
| Review Interprofessional Education (IPE) results | Monitor student outcomes | 25.6 | July - Annually | DAO | Results of evaluations | Assessment Committee, ADE | Review of readiness to contribute as member of interprofessional collaborative patient care team; modify coursework as necessary |
| Review ABO/COEPA Assessment | Monitor student outcomes | 24.3, 25.3 | July - Annually | Assessment Committee | Course reviews; Course grades; curriculum maps | DAO; ADE | Report of outcome achievement |
| *Alternative pathways* | | | | | | | |
| ABO/COEPA assessment in DDP | Monitor student outcomes; assess pathway comparability | 24.4, 25.5 | February – Biennially | Asst. Dean of DDP | DDP ABO report | DAO; Assessment Committee | Assessment committee reviews and provides any feedback to DDP and Curriculum Committee |
| Review of DDP Course evaluations | CQI of Course content, teaching effectiveness | 24.4, 25.3 | February – Annually for Fall courses<br><br>June – Annually for Spring Courses | Asst. Dean of DDP | End-of-course survey results; course grades | DAO, DDP Course Directors, Assessment Committee | Assessment committee reviews and provides any feedback to DDP and Curriculum Committee |

| Activity | Assessment purpose | ACPE 2016 Standard | Timeframe | Responsible Party | Source | Delivered to | Outcome |
|---|---|---|---|---|---|---|---|
| Pathway comparability evaluation – remote versus on-campus pathway | Monitor student outcomes; assess pathway comparability | 24.4, 25.5 | Annually | DAO | For each pathway: Tutoring usage; Course grades; GPAs; experiential performance; progression | ADE; ADSA; Assessment Committee | Summary of any differences in outcomes between programs |
| Pathway comparability evaluation – DDP programs versus ELPD | Monitor student outcomes; assess pathway comparability | 24.4, 25.5 | Annually | DAO | For each pathway: Tutoring usage; Course grades; GPAs; experiential performance; progression | Asst. Dean of DDP; ADE; ADSA; Assessment Committee | Summary of any differences in outcomes between programs |
| *Program outcomes [a]* | | | | | | | |
| Review NAPLEX pass rates | Determine practice readiness | 16.3, 24.2, 24.3 | January – Annually | DAO | Test results | Assessment committee; faculty | Review trends and compare to peers and National |
| Review MPJE pass rates | Determine practice readiness | 16.3, 24.2, 24.3 | January – Annually | DAO | Test results | Assessment committee; faculty | Review trends and compare to peers and National |
| On-time graduation rates | Monitor program outcomes | 16.3 | June - Annually | Student Services | Student tracking system | ADSA; DAO | Review trends and compare to peers and National (if data available); Posted on the website and reported to Executive Committee |
| Progression and matriculation rates | Monitor program outcomes | 16.3, 24.3 | June - Annually | Student Services | Student tracking system | ADSA; DAO | Review trends and compare to peers and National (if data available); Posted on the website and reported to Executive Committee |
| Assessment of Organizational Effectiveness | | | | | | | |

| Activity | Assessment purpose | ACPE 2016 Standard | Timeframe | Responsible Party | Source | Delivered to | Outcome |
|---|---|---|---|---|---|---|---|
| Review AACP Curriculum Quality surveys (faculty) [b] | Faculty workload and resources; Organizational Culture; Leadership Effectiveness; Governance; Effectiveness of Organizational Structure | 25.1, 25.2 | July – annually or biennially | Assessment Committee | AACP survey results | DAO; Executive Committee; faculty | Report reviewing trends and comparisons to peers and National; identified areas of school excellence, areas of substantial growth, and areas for future growth |
| Faculty evaluation of administrators | Leadership Effectiveness | 25.1 | January - Annually | Past Faculty Senate Chair; Faculty Senate Chair | Annual faculty survey of administrators | Dean; Asst. and Assoc. Deans, Dept. Chairs | Use feedback to become more effective administrators |
| Faculty effectiveness and productivity | | 25.1, 25.4 | Annually | Individual Faculty | CV; other required documentation | Dept. Chair | Basis of performance review |
| Assessment of operational functions | Monitor operational functions of the School | 25.1 | As needed or requested basis | Operational functions of the School are the responsibility of the Executive Committee and will be assessed on an as needed or requested basis in collaboration with the DAO to provide greater data analytics for each unit. | | | |
| *Student Affairs* | | | | | | | |
| Assessment of Admissions Criteria | Review and update admissions criteria | 25.9 | Ongoing | Admissions Committee | Admissions data; academic performance of students | Admissions Committee; Student Affairs | Review trends to assure effective admission procedures and qualifications. |
| Review AACP Curriculum Quality surveys (Graduating students, alumni) [b] | Assess Student Services | 25.2 | July – annually or biennially | Assessment Committee | AACP survey results | DAO; ADSA | Report reviewing trends and comparisons to peers and National; identified areas of school excellence, areas of substantial growth, and areas for future growth |
| *Academic Affairs* | | | | | | | |

Original version developed in 2015; Last updated by H. Anderson to remove PCOA, add remote pathway, and update description of the Course Evaluation Review process on: 1/22/2025; Reviewed by AC on 5/17/2023 and 6/7/2023, EC on 6/13/2023; Presented to faculty on 8/25/2023     10

| Activity | Assessment purpose | ACPE 2016 Standard | Timeframe | Responsible Party | Source | Delivered to | Outcome |
|---|---|---|---|---|---|---|---|
| Assessment of Accreditation compliance | Regular monitoring of accreditation standards | 25.1 | July – Biennially | ADAFA; DAO; Standing Committees | Review of current Standards | Executive Committee; Faculty | Modification as appropriate to areas of concern |
| *Experiential education* | | | | | | | |
| Review P4 APPE exit survey | CQI of experiential education | 24.4, 25.3 | June - Annually | DAO | AACP Surveys; APPE Exit survey | ADEP | Tracking and review of data for continuous improvement |
| Review AACP Curriculum Quality surveys (Graduating students, alumni, preceptors) [b] | CQI of experiential education | 24.4, 25.2, 25.3 | July – annually or biennially | Assessment Committee | AACP survey results | DAO; ADEP | Report reviewing trends and comparisons to peers and National; identified areas of school excellence, areas of substantial growth, and areas for future growth |
| Review Practice Sites/preceptors | | 25.3 | Ongoing | ADEP | Experiential Site surveys and reviews | Experiential Education Committee | Tracking and review of data for CQI |
| *Strategic Plan Assessment* | | | | | | | |
| Monitor Strategic Plan initiatives | Regularly monitor progress towards strategic initiatives; update Strategic Plan as necessary | 25.1 | Quarterly (Mar, Jun, Sept, Dec) | DAO | Reports from responsible parties | Executive Committee, Management Committee | Quarterly reports to faculty; full annual report/dashboard to faculty in January |
| *PEP Assessment* | | | | | | | |
| Assess PEP | Review PEP, outcomes | 24.1-24.4 | May - Annually | DAO | Outcomes from previous year's plan; Changes to ACPE standards | ADAFA | Report summarizing previous year's evaluation activity and assessment of the PEP |

| Activity | Assessment purpose | ACPE 2016 Standard | Timeframe | Responsible Party | Source | Delivered to | Outcome |
|---|---|---|---|---|---|---|---|
| Revise PEP (as necessary) | Maintain currency of PEP | 24.1-24.4 | June - Annually | DAO | PEP edits Executive Committee and Assessment Committee input | Executive Committee and Assessment Committee, Faculty | Updated PEP for the following year |

[a] assessments include on-campus and remote pathways

[b] see Assessment Timeline (Table 2 below) for more details on timing of these assessments

[c] list of abbreviations:

  ADAFA: Associate Dean of Academic and Faculty Affairs

  ADE: Associate Dean of Education

  ADEP: Assistant Dean of Experiential Programs

  ADSA: Associate Dean of Student Affairs

  CQI: Continuous quality improvement

  DDP: Distance Degrees and Programs

  DAO: Director of Assessment and Outcomes

Table 2. Assessment Timeline

| | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| AACP surveys administered | | | | | | | | | | | | |
| Faculty [a] | | | | | | ■ | | | | | | |
| Graduating student [b] | | | | ■ | ■ | ■ | | | | | | |
| Preceptor [c] | | | | | | ■ | ■ | ■ | | | | |
| Alumni [c] | | | | | | ■ | ■ | ■ | | | | |
| SSPPS internal surveys/assessment | | | | | | | | | | | | |
| Course & course director evaluations [d] | | | | ■ | | | | | | | ■ | |
| Instructor evaluations | | | | ■ | | | | | | | ■ | |
| Focus groups | | | | ■ | | | | | | | | |
| P1 – P3 program survey | | | | ■ | | | | | | | ■ | |
| P1 – P3 co-curricular survey | | | | ■ | | | | | | | ■ | |
| P4 APPE exit survey | | | | ■ | | | | | | | | |
| P4 Curriculum exit survey | | | | ■ | | | | | | | | |
| P4 postgraduation plans survey | | | | ■ | | | | | | | | |

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[a] administered annually when deemed necessary, otherwise administered biannually (even years); the timeframe the survey is open for faculty will fall within the timeframe it is open by AACP but may vary from year to year
[b] administered annually
[c] administered biannually (odd years)
[d] includes all didactic courses (P1 – P3) and aIPPE

**University of Colorado Skaggs School of Pharmacy and Pharmaceutical Sciences**
**Mission, Vision, Values and Goals**

The School's mission, vision, values and goals set forth the objectives of the school.

### Mission

We are committed to excellence and innovation in professional, graduate and post-graduate education; scholarship and research; patient-centered care; public health advocacy; and societal leadership and engagement.

### Vision

Together, our innovation, discoveries and engagement with our communities improve the health and well-being of society.

### Values

In fulfilling our mission, the faculty, staff, and students of the University of Colorado Skaggs School of Pharmacy & Pharmaceutical Sciences are committed to the following values as an institution and in our actions as individuals:

- accountability
- collaboration
- diversity & inclusiveness
- entrepreneurism
- integrity

- professionalism
- respect
- leadership
- discovery & innovation
- social responsibility

**University of Colorado Skaggs School of Pharmacy and Pharmaceutical Sciences
Strategic Plan 2021-2026**

| | | | Responsible parties | Timeline |
|---|---|---|---|---|
| Initiative 1: Advance the evolution of the PharmD curriculum to equip students and graduates with the knowledge and skills necessary for success in the changing pharmacy practice environment. | | | | |
| | Goal 1.1.: *Revise the PharmD education programs to optimize learning and prepare students for diverse and emerging career opportunities* | | | |
| | | KPI1: Review and, as appropriate, revise course content and delivery of PharmD programs to promote learner engagement and learning | | |
| | | 1.1: Enhance efficiency and flexibility in PharmD content so that it can be used in a variety of other educational programs. | ADE, Curriculum Committee chair | 2 yr after implementation of new curriculum (2026) |
| | | 1.2: Revise in- and out-of-class time, assessment and evaluation of student learning to take into consideration learner workload | ADE, Curriculum Committee chair | By end of year 1 of the new curriculum (2023) |
| | | 1.3: Implement learning strategies that maximize active learning and learner engagement in class | ADE, Curriculum Committee chair | By end of year 1 of the new curriculum (2023) |
| | KPI 2: Revise the entry-level PharmD (ELPD) curriculum to ensure graduates are prepared to lead and succeed in a changing pharmacy practice environment, incorporating key principles such as leadership, technology, health care quality, and entrepreneurship. | | ADE, Curriculum Committee chair | After implementation of all years of the new curriculum (2025) |
| | KPI 3: Revise the ELPD curriculum to allow students to graduate as well-rounded entry-level pharmacists while allowing them to explore areas of interest. | | ADE, Curriculum Committee chair | After implementation of all years of the new curriculum (2025) |
| | KPI 4: Develop processes by which students in the PharmD curriculum could concurrently complete SSPPS MS or PhD programs. | | ADE, ADAFA, ADRGS | As new curriculum is being developed (2023-25) |
| | KPI 5: Create educational programs that attract a wider range of learners. | | ADE, DOCP chair (DOPS chair) | Start in 2021-22 |
| Initiative 2: Invest in two or three key research areas of emerging importance in drug therapy | | | | |
| | Goal 2.1: *Expand the Center for Pharmaceutical Outcomes Research (CePOR)* | | | |
| | KPI 1: Recruit additional faculty member(s) to CePOR to sustain current educational programs, expand research and educational enterprises, and exploit entrepreneurial opportunities. | | DOCP chair (Dean) | 2021-22 |
| | Goal 2.2 *Develop an internationally recognized center for small molecule and biologic discovery and development* | | | |

| | | | | |
|---|---|---|---|---|
| | | KPI 1: Recruit additional faculty members in the area of drug discovery, biologics and pharmaceutical biotechnology. | DOPS chair, ADRGS, Dean | 2021-23 |
| | | KPI 2: Establish a multidisciplinary Center for Drug and Biologic Discovery with state-of-the-art infrastructure which will serve as a campus and system-wide hub for collaboration and development of new therapies. | DL, DOPS chair, ADRGS, Dean | 2021-22 |
| | Goal 2.3: *Develop sustainable postgraduate, doctoral and postdoctoral training programs* | | | |
| | | KPI 1: Obtain external funding for residents/residency programs, research fellowships, predoctoral and post-doctoral programs. | DOCP vice-chair; graduate program directors, ADRGS | 2022-24 |
| | | KPI 2: Expand formal mentoring programs to include postdoctoral fellows and residents. | DOCP vice-chair; DOPS vice-chair, ADRGS | 2022-24 |
| Initiative 3: **Cultivate a fulfilling learning and work environment among our faculty, learners, and staff, where individuals are rewarded, and the overall organization thrives.** | | | | |
| | Goal 3.1: *Develop a culture in which all SSPPS stakeholders are a part of creating a fulfilling work and learning environment* | | | |
| | | KPI 1: Engage SSPPS faculty, learners, and staff in the development of a process to assess the well-being and work-related experience of SSPPS stakeholders. | ADO, ADSA, HR Dir., Faculty Senate chair | 2021-23 |
| | | KPI 2: Implement processes to ensure individuals feel valued and recognized for their contributions. | ADO, HR Dir., Faculty Senate chair, ADEDI | 2022-24 |
| | | KPI 3: Foster a positive work environment that acknowledges and respects the distinct and diverse roles and responsibilities of all stakeholders (i.e., faculty, learners, staff, and affiliates). | ADO, DOCP chair, DOPS chair | 2021-23 |
| | | KPI 4: Foster a team environment that values engagement and collaborations between faculty, staff, administration and units (e.g., offices and departments) to strengthen the school's community. | ADO, DOCP chair, DOPS chair, Dir. HR | 2021-23 |
| | | KPI 5: Conduct annual AACP faculty surveys to monitor improvements in relationships between faculty and administration. | ADAFA, DAO, Assessment Committee | 2021-26 |
| | | KPI 6: Develop formal mentoring programs for professional research associates and research assistants. | DOPS vice-chair, ADRGS | 2022-23 |
| | Goal 3.2: *Implement proactive measures to promote diversity, equity, and inclusion across the school* | | | |
| | | KPI 1: Acknowledge and seek to address the needs of underrepresented, faculty learners and staff. | ADEDI | 2021 |
| | | KPI 2: Provide a safe and supportive environment for persons from diverse backgrounds. | ADEDI, HR Dir., ADSA | 2021-23 |
| | | KPI 3: Improve cultural awareness among all members of the SSPPS community. | ADEDI, AMC DEI office | 2021-22 |
| | Goal 3.3: *Create a structure and culture that encourages active, collaborative participation from all SSPPS employees in our financial wellness with accountability and flexibility/agility.* | | | |

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| | KPI 1: Revise promotion and tenure guidelines to apply value to efforts including collaborative initiatives that bring financial health into the organization. | ADAFA, DOCP chair, DOPS chair, Dean | 2021-22 |
| | KPI 2: Ensure individual staff contributions to financial and operational well-being of the school are suitably recognized. | ADFB, HR Dir. | 2021-22 |
| | KPI 3: Review and, as appropriate, modify school administrative and committee structure to promote optimal performance and productivity. | ADAFA, Dean, DOCP chair, DOPS chair | 2021-22 |
| | KPI 4: Enhance transparency of the budgetary process and allocation of funds to faculty and staff. | ADFB, Dean | 2021-22 |
| *Initiative 4:* **Develop and implement a business model that leads to long term sustainability for the school.** | | | |
| Goal 4.1: *Increase total giving to the SSPPS by 10% annually on average for 5 years* | | | |
| | KPI 1: Expand annual giving campaigns | Philanthropic advisor, Dean | 2021-25 |
| | KPI 2: Partner with the campus Advancement Office to secure funding for major gifts, encompassing specific projects and programs, including endowed chair positions | Philanthropic advisor, Dean | 2021-25 |
| | KPI 3: Make a concerted effort to build relationships with PhD alums to increase their contributions to the school | Alumni Affairs, Graduate program directors, Philanthropic advisor | 2021-23 |
| | KPI 4: Continue to work closely with the ALSAM Foundation until it reaches the end of its predetermined lifespan | Philanthropic advisor, Dean, ADRGS | 2021-26 |
| Goal 4.2: *Develop and take advantage of entrepreneurial activities that prevent future budget shortfalls* | | | |
| | KPI 1: Promote increased awareness and opportunities for entrepreneurship within the school and expand our influence across campus | ADO, MJoy | 2021-23 |
| | KPI 2: Expand entrepreneurial education programs in pharmacy and pharmaceutical sciences for internal and external stakeholders | ADO, MJoy | 2021-22 |
| | KPI 3: Develop an incubator program to foster innovation and development of prototypes, e.g., clinical, devices, diagnostics, drugs, etc. | MJoy | 2021-23 |
| | KPI 4: Foster and develop partnerships with external entities to diversify revenue streams and enhance educational opportunities. | ADO, ADE, ADRGS | 2022-25 |
| Goal 4.3: *Revise programs and initiatives to positively impact revenue models for the school* | | | |
| | KPI 1: Evaluate revenue and distribution models in existing and proposed new programs of the school | ADO, ADFB | 2021-22 |
| | KPI 2: Implement changes to revenue and distribution models as needed | ADO, ADFB | 2022-23 |
| | KPI 3: Develop and implement structured pre-pharmacy and related programs with higher education partners that enhance the recruitment and retention of qualified applicants to the ELPD program | ADSA | 2021-23 |

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| | | KPI 4: Assess the need and, as appropriate, create structured professional training programs for employees of external partners | ADDDP, ADEP, ADCA | 2022-25 |
| | Goal 4.4: *Collaborate with Anschutz Medical Campus (AMC) deans and University of Colorado Denver central administration to develop new revenue streams to assist in the financing of the health professions schools.* | | | |
| | | KPI 1: Engage and promote the establishment of working groups from AMC schools to identify shared interests and potential revenue streams | ADO, Dean, ADRGS | 2021-23 |
| | | KPI 2: Establish working groups from AMC colleges and schools that would identify educational resources that could be shared to maximize educational efficiencies across professional programs | ADE, ADAFA | 2022-25 |
| | Goal 4.5: *Identify, support and/or implement legislation and actions that advances pharmacy practice in Colorado and fosters reimbursement activities for pharmacists beyond dispensing-based activities.* | | | |
| | | KPI 1: Work with CU Medicine and other clinical partners to leverage billing opportunities for clinical pharmacy faculty providing direct patient care | ADCA, ADO | 2022-24 |
| | | KPI 2: Implement increased pharmacist scope of practice areas passed in the pharmacy sunset legislation and identify opportunities to further increase scope of practice through advocacy and legislation | ADO | 2021-24 |

**Responsible party key:**

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| ADAFA | Associate Dean for Academic and Faculty Affairs |
| ADCA | Associate Dean for Clinical Affairs |
| ADDDP | Assistant Dean for Distance Degrees & Programs |
| ADE | Associate Dean for Education |
| ADEDI | Assistant Dean for Equity, Diversity, and Inclusion |
| ADEP | Assistant Dean of Experiential Programs |
| ADFB | Associate Dean for Finance & Budget |
| ADO | Associate Dean of Operations |
| ADRGS | Associate Dean for Research & Graduate Studies |
| ADSA | Associate Dean for Student Affairs |
| DAO | Director of Assessment and Outcomes |
| DL | Dan LaBarbera |
| HR Dir. | Director of Human Resources |
| MJoy | Melanie Joy |

**Assessment Committee**
**Process for Evaluation of Standardized Assessments**

The Assessment Committee (AC) is responsible for evaluating the aggregated results from Standardized Assessments including the North American Pharmacist Licensure Examination (NAPLEX) and Multistate Pharmacy Jurisprudence Examination (MPJE).

**Evaluation Process**
The NAPLEX and MPJE are administered during specified timeframes and results are analyzed by the school when made available by NABP. While student-level results are provided, they are de-identified so they cannot be linked with student-level data from the PharmD program. Therefore, outcomes for different pathways cannot be compared. Aggregated national and peer results are also available for comparisons.

The Director of Assessment and Outcomes and the Assessment Data Analyst are responsible for analyzing the Standardized Assessment data and preparing reports of aggregated results for the AC. The report includes within school trends over time for total scores and area scores, as well as comparisons to peer institutions and national data for the given calendar year, where available. The AC evaluates the aggregated results based on within class, School, peer institution, and national trends.

**Reporting Findings**
The AC will generate a summary report highlighting any data warranting further discussion. This report will be forwarded to the appropriate stakeholders including the Executive Committee, Management Committee, Curriculum Committee, Distance Degrees and Programs Committee, course directors and any other appropriate individuals. It will also be shared with all faculty. These data will be used to help stakeholders create or adjust policies and/or modify curriculum, where appropriate, to address specific issues identified within the AC report.

**Action Items**
When requested by the AC, stakeholders will provide a response to issues identified based on the evaluation of the results. Any changes made will be monitored and evaluated by the AC and/or Director of Assessment and Outcomes.

# Appendix D

## Assessment Committee
## Process for Course Evaluation Review

The Assessment Committee (AC) reviews all P1-P3 ELPD courses in June (for Spring courses) and February (for Fall courses) using a process that summarizes student feedback and course grades. Distance Degree Program courses are reviewed using a similar tool and processes with slight modifications to address unique curricular and student issues. The IPPE, Advanced IPPE and APPE rotations are evaluated using unique evaluation tools. These data are presented to the AC annually by a representative from the Office of Experiential Programs. These data are acted upon by the Experiential Education Committee after each rotation and actions taken are included in the report provided to the AC. The AC will provide recommendations back to the Experiential office with concerns with the evaluation tools/process and data.

### Evaluation Process

Each semester, students are required to complete a course evaluation in CoursEval® for every course. The course evaluation tool is reviewed and updated on a regular basis (at least every 5 years). This tool assesses several major domains including learning strategies, course content, evaluations and assessments, and the helpfulness of the course director. These items are rated using a 5-point Likert scale (1 = strongly disagree to 5 = strongly agree).

Mean ratings for each course evaluation item for each course are extracted from CoursEval® by the Assessment data analyst. These data are extracted by section within each course, which allows remote pathway results to be separated from on-campus pathway results. A report is generated for that semester that summarizes mean ratings for each item and identifies items for which the mean rating decreased by 0.3 or more since the prior offering and identifies mean ratings less than 3.5 in the current offering. A report is also generated that summarizes the mean ratings for the current semester stratified by remote and on-campus pathways.

A separate report is generated that summarizes the mean GPA for each course and the number and percentage of students who received a grade lower than a C-. These analyses identify potential issues in each course for further discussion within the AC using these standards: average item scores ≤ 3.5; a decrease in the average score for an item of > 0.3 over one year; average course grade (based on 4.0 GPA scale) ≤ 3.00; a decrease in the average course grade (based on 4.0 GPA scale) of > 0.5 over one year; and any students with individual final grades lower than C-.

| Member | *Responsibility |
|---|---|
| Associate Dean for Education | Oversees whole process and liaises with department chairs and administrative team |
| Director of Assessment | Provides CoursEval and student performance data |
| Curriculum Committee Chair and Chair-Elect | Communicates feedback, critiques, and accolades identified during review to course directors |
| Assessment Committee Chair and Chair-Elect | Provides AC perspective to review and reports back to committee |
| Academic Fellow | Maintains Course Director Self-Reflection survey |
| Instructional Design Team† | Reviews learning management system organization and digital accessibility score |
| Program Director | Collects and reviews syllabi to ensure alignment to school's template standards |

**Working group composition and responsibilities.** *All faculty members participate in individual and group review of courses. † iDesign (Instructional Design) will participate in future reviews. The academic fellow performed these responsibilities for pilot.

These data are reviewed by the AC at the end of each semester. The reports are also taken to the Course Review Working Group, which is comprised of the ADE, DAO, AC Chair and Chair-elect, CC Chair and Chair-elect, Academic Fellow, iDesign Team representative, and PharmD Program Director (see table). This working group carefully reviews courses on a three-year cycle (or when a course has had major modifications made). This separate course review process includes a course director self-assessment, review of the syllabus for alignment with COEPA, and a review of assessment data described above.

**Assessment Committee
Process for Evaluation of AACP Surveys**

The Assessment Committee (AC) is responsible for evaluating results from AACP surveys including the graduating student survey (annually), preceptor survey (biennially), faculty survey (biennially, or annually if warranted), and alumni survey (biennially). Each survey is used to assess the School's performance, provide a comparison to peer and national data, and set benchmarks.

## Gathering and Evaluating Data

The AC will receive standard reports from the Director of Assessment and Outcomes. These reports are prepared by the Assessment Data Analyst, who uses raw SSPPS data from the surveys along with aggregated National and peer data, when appropriate, to identify:

(1) *areas of school excellence*, defined as percent agree ≥ 5 percentage points higher than the National percent agree in the current survey year;
(2) *areas of substantial growth*, defined as the SSPPS percent agree ≥ 5 percentage points or more above the SSPPS percent agree from the prior survey year; and
(3) *areas for future growth*, defined as:
   a. SSPPS percent agree < 75% in the current survey year
   b. significant negative difference compared to National (at least 5 percentage points), or
   c. a significant decrease compared to the last survey year (at least 5 percentage points).

Note the thresholds for these definitions may change from year to year. The AC also receives responses to open-ended questions, reviews for themes, and takes this feedback into account when reviewing numerical results.

## Reporting Findings

The AC will generate an AACP summary report highlighting any items warranting further discussion and suggested solutions or next steps. This report is shared with the Executive Committee and other key stakeholders identified by the Assessment Committee or Executive Committee, and is presented by the AC Chair at a Faculty meeting. The Executive Committee and other key stakeholders then develop action plans in which they prioritize next steps and plans for actions, and identify resources and a timeline for completion. This report is shared with the AC and progress is shared with faculty throughout the year. These data will be used to help the Executive Committee and other necessary committees (i.e., Curriculum Committee) create or adjust policies designed to address specific issues identified within the AC report. Data will also be used to shape future strategic planning initiatives at the discretion of the executive committee.

## Action Items

After providing the AACP Summary Report with the Executive Committee, the Executive Committee will provide regular reports back to the AC and faculty regarding progress towards resolving issues highlighted by the report.

## Appendix F

## Operational Activities of the School

| Operational Activity | Position Responsible |
|---|---|
| **School Structure, Support, and Governance** | |
| 1.1. Review annually the SSPPS's administrative and organizational structure to assure it best serves the current and future needs of the school, its academic departments and units | Dean and Department Chairs |
| 1.2. Review and revise policies and procedures of the SSPPS, and its units (e.g., departments, offices), including charges to committees, to facilitate the flow of information and ideas, support shared governance, increase efficiency and promote equitable and respectful treatment of all individuals. | Associate Dean for Academic Affairs, Associate Dean for Operations |
| 1.3. Assure all School of Pharmacy policies and procedures are aligned with policies and procedures of the Anschutz Medical Campus (AMC), the University of Colorado Denver, the University of Colorado System and the Board of Regents. | Associate Dean for Academic Affairs, Associate Dean for Operations |
| 1.4. Review and revise biannually policies and procedures that enable the school to respond effectively to emergency and crisis situations. | Associate Dean for Academic Affairs, Associate Dean for Operations |
| 1.5. Review annually the staffing structure and allocate support staff resources to meet the needs of each of the school's units. | Human Resources |
| 1.6. Review and revise the school's information technology services to ensure that they support the current and anticipated needs of the faculty, staff and student body. | Associate Dean for Academic Affairs |
| 1.7. Provide professional development opportunities for staff members to acquire skills that promote self-improvement and enhance the school's mission. | Human Resources |
| 1.8. Assess and improve, as needed, staff evaluation procedures to assure consistency, reliability and quality of the process. | Human Resources |
| 1.9. Provide insight into the effectiveness of the organizational structure in engaging and uniting constituents. | |
| **Strategic Planning** | |
| 2.1. Develop (as necessary), modify (as necessary) and implement strategic plans in all units that are aligned with the school strategic plan | Associate Dean for Academic Affairs |
| 2.2. Assess, revise and report progress on the school and unit strategic initiatives annually and conduct comprehensive revision of all strategic plans at five-year intervals. | Associate Dean for Academic Affairs, Unit Heads |
| 2.3. Support the vision and goals of the Anschutz Medical Campus-University of Colorado Denver. | Associate Dean for Academic Affairs |
| **Communication and Public Awareness** | |
| 3.1. Continue to increase the public and professional profile of the school. | Director of Communications |
| 3.2. Develop and implement specific communication strategies to enhance student, alumni, public and professional awareness of the school, its mission, goals and accomplishments. | Director of Communications |
| 3.3. Assess continuously effectiveness of communicating school activities to internal and external communities and implement improvements. | Director of Communications |
| 3.4. Maintain a website for the school that is attractive, effective, informative and user-friendly. | Director of Communications |
| 3.5. Update the school website on a timely basis and ensure continuous quality control of the website. | Director of Communications |

| 3.6. Integrate the school website into the school's education, research and service missions. | Director of Communications |
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| **Accreditation and University Program Review** | |
| 4.1. Maintain accreditation status. | Associate Dean for Academic Affairs |
| 4.2. Prepare for and complete the university program review. | Associate Dean for Academic Affairs |
| **Faculty Affairs** | |
| 5.1. Provide, as necessary, administrative support for faculty governance. | Associate Dean for Academic Affairs |
| 5.2. Enhance communication between administration and faculty regarding decision-making processes. | SSPPS Faculty senate chair |
| 5.3. Increase engagement of school faculty governance in campus and university faculty governance. | Associate Dean for Academic Affairs |
| **Diversity** | |
| 6.1. Review and, as necessary, revise biennially the diversity plan to assure it meets needs of the school, the university and the school's stakeholders. | SSPPS DEI committee chair, Associate Dean for Academic Affairs |
| 6.2. Develop and administer the diversity climate survey to faculty, staff, students and alumni. | Associate Dean for Academic Affairs |
| 6.3. Revise diversity plan and modify the diversity program based on diversity climate survey results. | SSPPS DEI committee chair, Associate Dean for Academic Affairs |
| 6.4. Monitor diversity content in professional and graduate program curricula. | Curriculum committee, Graduate program directors, Associate Dean for Academic Affairs |
| 6.5. Assess pedagogy as it relates to diversity. | Graduate program directors, Associate Dean for Education |
| 6.6. Enhance ability of professional program students to communicate with patients and other health care providers who exhibit limited English language proficiency. | Associate Dean for Education |
| 6.7. Provide training for professional program students on effective communication with patients who have physical, sensory or verbal impairments. | Associate Dean for Education |
| 6.8. Assure pharmacy practice experiences provide opportunities for all students to serve diverse patient populations. | Associate Dean for Education |
| 6.9. Develop outcomes that evaluate student competency to deliver health care to diverse populations. | Associate Dean for Education |
| 6.10. Recruit a diverse faculty and staff. | Dean and Department Chairs |
| 6.11. Foster an inclusive climate to promote retention of a diverse faculty and staff. | SSPPS DEI committee chair, Associate Dean for Academic Affairs |
| 6.12. Obtain internal and external funds to support ongoing (e.g., Summer Enrichment Institute) and innovative student and trainee diversity efforts. | Dean and Associate Dean for Finance and Administration |
| 6.13. Develop/establish mechanisms that enhance the potential for successful applications by underrepresented students, e.g., through outreach and recruitment programs. | Associate Dean for Student Affairs |
| 6.14. Develop strategies to specifically introduce more Spanish-speaking students into the profession of pharmacy to meet the needs of the practice community. | Associate Dean for Student Affairs |
| 6.15. Foster an inclusive climate to promote success of students from diverse backgrounds. | Associate Dean for Student Affairs |
| 6.16. Collaborate with the University of Colorado Denver Office of Diversity and Inclusion to establish training programs that educate and assess knowledge of diversity issues for students, faculty and staff. | Associate Dean for Student Affairs |

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| 6.17. Provide diversity education programs to students, staff and faculty. | Associate Dean for Student Affairs |

**Student Recruitment, Admissions, and Enrollment**

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| 7.1. Implement specific pharmacy recruitment strategies and educational programs, such as development of magnet programs that target populations from middle, high school and college level students in Colorado. | ADUE |
| 7.2. Collaborate with other University of Colorado Denver schools to host health professions recruiting events for prospective students and high school and college career advisors. | Associate Dean for Student Affairs |
| 7.3. Maintain a pre-pharmacy pipeline program at the downtown campus of the University of Colorado Denver. | ADUE |
| 7.4. Use data from admissions records, PCAT scores and pre-pharmacy and pharmacy academic performance to better focus recruitment and admissions strategies. | ADUE |
| 7.5. Review and, as necessary, revise admissions criteria for the entry-level, North America trained and International trained PharmD degree programs to assure selection of highly qualified and motivated students. | Associate Dean for Student Affairs, Assistant Dean for DDP |
| 7.6. Review and revise, as necessary, applicant screening procedures, including the interview process, to assure equitable and reliable assessment of each applicant's ability to succeed in the professional program. | Admissions committee chair, Associate Dean for Student Affairs, Assistant Dean for DDP |
| 7.7. Monitor the marketplace for pharmacist demand and adjust enrollments accordingly within the capabilities of the school. | Dean |

**Faculty Recruitment, Development, and Retention**

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| 8.1. Bolster resources to facilitate successful recruitment of qualified candidates. | Dean, Department Chairs |
| 8.2. Engage in proactive recruitment efforts for faculty members that advance the education, research and clinical service mission areas of the school. | Dean, Department Chairs |
| 8.3. Evaluate the impact school policies have on recruitment and retention of qualified candidates. | Department Chairs |
| 8.4. Engage faculty members in continuous professional development to improve their teaching, research or clinical skills. | Department Chairs |
| 8.5. Educate non-pharmacist faculty members about contemporary issues related to the profession and practice of pharmacy and pharmacist faculty members about contemporary issues related to pharmaceutical sciences. | Department Chairs |
| 8.6. Review and, as appropriate, revise faculty mentoring program. | Department chairs, Associate Dean for Research and Graduate Studies |
| 8.7. Optimize differential workloads to maximize individual faculty member expertise and promote professional growth and development. | Department Chairs |
| 8.8. Support faculty participation in academic management courses, seminars, symposia, retreats and mentoring programs designed to enhance leadership and team-building skills. | Dean and Department Chairs |
| 8.9. Recruit and retain faculty members whose expertise will advance the school's educational programs and who are committed to enhancing the educational mission of the school, knowledgeable about the profession of pharmacy and dedicated to its continuous advancement. | Dean and Department Chairs |

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| 8.10. Recruit and retain clinical faculty members who have the requisite knowledge and experience to establish pharmacist-delivered patient-centered care programs and provide exemplary patient care in targeted in-patient and outpatient settings. | Department Chairs (DOCP) |
| **Finances, Revenue Generation, and Development** | |
| 9.1. Assure the school's operations budget meets the needs of the school in all mission areas. | Dean and Associate Dean for Finance and Administration |
| 9.2. Develop new enterprises and entrepreneurial activities in research, education and clinical care by encouraging entrepreneurial activities by faculty and staff members. | Dean and Associate Dean for Finance and Administration |
| 9.3. Establish a development strategic plan to increase contributions to support and enhance school programs. | Dean and Associate Dean for Finance and Administration |
| 9.4. Build the school's plant fund to meet the school's commitment to the construction of the new pharmacy building on the AMC | Dean and Associate Dean for Finance and Administration |
| 9.5. Build the school's endowment to support education, research and clinical missions of the school. | Dean and Associate Dean for Finance and Administration |
| **Expand Educational Offerings** | |
| 10.1. Establish continuing professional development programs that offer opportunities for practitioners to enhance their capabilities for providing patient-centered pharmacy care services and that foster life-long learning. | Associate Dean for Education |
| 10.2. Develop opportunities for establishing international education programs. | Associate Dean for Education |
| **Distance Degree Programs** | |
| 11.1. Review and, as appropriate, revise the NTPD program to ensure its alignment with the entry-level PharmD degree program in relation to curriculum content and delivery, assessment and continuous quality improvement. | Associate Dean for Education |
| 11.2. Monitor and project lifespan of the NTPD program using data on application rates, enrollments, student learning and graduation rates. | Associate Dean for Education |
| **Research and Graduate Studies - Assessment, Development, and Improvement** | |
| 12.1. Implement a continuous assessment plan to monitor the graduate curriculum to assure that it prepares the students for successful research careers. | Associate Dean for Research and Graduate Studies |
| 12.2. Identify and recruit outstanding students for graduate programs. | Associate Dean for Research and Graduate Studies |
| 12.3. Sustain outstanding graduate programs by maintaining and expanding financial resources for student support. | Associate Dean for Research and Graduate Studies |
| 12.4. Provide opportunities for graduate students to engage in interdisciplinary research. | Associate Dean for Research and Graduate Studies |
| 12.5. Continue to develop and maintain contact with alumni of the graduate program. | Associate Dean for Research and Graduate Studies |
| **Enhance Research Programs** | |
| 13.1. Strengthen focused research and training programs, e.g., molecular toxicology, pharmaceutical biotechnology and pediatric neurology. | Associate Dean for Research and Graduate Studies |
| 13.2. Host and/or sponsor research events. | Associate Dean for Research and Graduate Studies |
| 13.3. Participate in research events on AMC. | Associate Dean for Research and Graduate Studies |

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| 13.4. Increase and diversify funding sources to support research and scholarship endeavors. | Associate Dean for Research and Graduate Studies |
| 13.5. Develop further interdisciplinary research and scholarship programs in all areas. | Associate Dean for Research and Graduate Studies |
| 13.6. Recruitment and retain faculty members with exceptional potential or proven records of research productivity in accordance with departmental strategic plans | Associate Dean for Research and Graduate Studies |
| 13.7. Develop clinical, translational and pharmaceutical outcomes research as recognized areas of strength. | Associate Dean for Research and Graduate Studies |
| 13.8. Enhance faculty research productivity through promotion of collaborative efforts, incentives and provision of appropriate infrastructure. | Associate Dean for Research and Graduate Studies |
| **Professional Services Plan** | |
| 14.1. Review and revise PSP revenue and disbursement policies to assure fair treatment of all PSP members. | Associate Dean for Operations |
| 14.2. Determine effect of the PSP on faculty external activities. | Associate Dean for Operations |
| 14.3. Incorporate new reimbursable pharmacy services into the PSP. | Associate Dean for Operations |
| 14.4. Document financial sustainability of the PSP. | Associate Dean for Operations |
| **Institutional Involvement** | |
| 15.1. Establish a stronger presence on University of Colorado Denver and AMC committees. | Associate Dean for Operations |
| 15.2. Actively participate on institutional committees | Associate Dean for Operations |
| **Utilize AMC Facilities** | |
| 16.1. Work collaboratively with University of Colorado Denver AMC administration to ensure adequate research support facilities, including vivarium and clinical research facilities. | Associate Dean for Education |
| 16.2. Develop policies and procedures (independently and collaboratively with other AMC schools) that facilitate use of AMC education facilities that meet the needs of our students. | Associate Dean for Education |
| 16.3. Promote familiarization of external community (e.g., preceptors, supporters, State Board) with AMC facilities. | Associate Dean for Operations |
| **Transfer of Knowledge** | |
| 17.1. Serve as state, national and international leaders in fields of expertise. | Department Chairs |
| 17.2. Promote faculty consulting services in areas of faculty expertise, e.g., MTM services. | Department Chairs |
| 17.3. Encourage and support activities that lead to technology development, transfer and licensing. | Department Chairs |
| 17.4. Support and promote activities consistent with the Colorado Clinical Translational Sciences Institute (CCTSI). | Associate Dean for Research and Graduate Studies |
| **Residencies and Fellowships** | |
| 18.1. Identify and recruit outstanding residents and fellows. | Department Chair (DOCP) |
| 18.2. Increase involvement of residents and fellows in professional and graduate education programs. | Department Chair (DOCP) |
| 18.3. Maintain and, where possible, expand ASHP certification of residencies | Department Chair (DOCP) |
| **Increase Support for Student Financial Aid** | |
| 19.1. Independently and in collaboration with the campus' financial aid office, identify additional sources of student financial aid (scholarships, grants and loan funds) from foundations and government agencies. | Associate Dean for Student Affairs |
| 19.2. Identify and cultivate potential donors with a special interest in student financial aid. | Development Officer |

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| 19.3. Establish a tradition of gift support among alumni, especially among those who were the recipients of financial aid as students. | Development Officer |
| 19.4. Develop strategies for mitigating any negative effects changing prerequisites (e.g., number of credit hours) have on student accessibility to financial aid resources | Associate Dean for Student Affairs |