Curriculum Committee Report
(November 5, 2020)

The curriculum committee meets the second and fourth Wednesday of the month from 11:30 pm until 1:00. The ACPE guidelines for Curricular Development, Delivery, and Improvement (Standard #10) are included as Appendix 1.

Since the last update (August 21, 2020) the Curriculum Committee has been working on the following:

1. Annual Course Reviews:

The committee requested course review materials for all courses offered Spring 2021. We are in the process of reviewing Spring semester courses.

Once approved, you will be able to review-related materials in SOP (\\MUSTANG) S:\Curriculum - Approved Course Syllabi\2021 Spring Syllabi. Annual approvals and course syllabi are located in this directory at the individual course level. The current process for course initial approval and re-approval is included in this document as Appendix 2 & 3.

2. Committee Membership Changes

As of November 5, 2020, Jason Brunner will no longer be working directly with the Curriculum Committee on curricular renewal.

3. Move to remote teaching in response to the COVID-19 pandemic

The committee continues to monitor the impact of remote teaching during the Fall semester. We will reach out to course directors at the end of the semester to gain insight on the effectiveness of methodologies utilized. The Committee continues to encourage faculty/instructors to use high quality, engaging materials (asynchronous or synchronous) and discourages the use of prior years' Panopto recordings of class sessions. The committee also encourages faculty participation in the Online Educator Course offered by the IDesign team.

4. Curriculum Renewal

After some discussion, the Dean announced the roll out of a comprehensive curriculum renewal will be delayed until Fall 2022. The committee will continue to work with the faculty to make smaller changes to the curriculum for Fall 2021.

The committee completed discussions on science and clinical integration, key content and skills that need to be threaded and included throughout the curriculum. We created proposed Curricular Domain Working Groups made up a faculty across both departments. The role of these Domain Working Groups will be to begin step 1 of the renewal process which includes reviewing content, timing and organization of courses within these domains. The committee is developing a course survey to be sent to all course directors to gather information to be utilized by the Curricular Domain Working

Groups in their review. We are awaiting approval from Department Chairs to proceed with notifying faculty and forming groups.

The committee continues to work with Experiential Programs to refine proposed changes to the APPE and IPPE year. An updated plan (incorporating faculty comments from the June 19, 2020 Faculty Forum) will be presented this week. We also met with Dana Hammer and Laurie Sein to discuss a student professional and career development program related to ACPE standards.

Below are approved resources created by the committee related to curricular renewal:
1. Vision Statement - Appendix 4.
2. Ability Based Outcomes - Appendix 5.
3. Pillars/philosophies to be reinforced/nurtured/encouraged/used throughout the curriculum.

Pillars include:
- Critically thinking
- Adaptable (think in the "gray"/in their career trajectory/resilience)
- Creative (innovative/problem solvers/resourceful)
- Emotionally intelligent (self-aware/self-management/self-directed/ethical/cultural and social awareness)
- Collaborative (leadership skills/team player/responsible)
- Empathetic (with and beyond patients)

Respectfully Submitted,
Cindy O'Bryant, PharmD
Chair, Curriculum Committee

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.

Key Elements:

10.1. Program duration – The professional curriculum is a minimum of four academic years of full-time study or the equivalent.

10.2. Curricular oversight – Curricular oversight involves collaboration between faculty and administration. The body/bodies charged with curricular oversight: (1) are representative of the faculty at large, (2) include student representation, (3) effectively communicate and coordinate efforts with body/bodies responsible for curricular assessment, and (4) are adequately resourced to ensure and continually advance curricular quality.

10.3. Knowledge application – Curricular expectations build on a pre-professional foundation of scientific and liberal studies. The professional curriculum is organized to allow for the logical building of a sound scientific and clinical knowledge base that culminates in the demonstrated ability of learners to apply knowledge to practice.

10.4. Skill development – The curriculum is rigorous, contemporary, and intentionally sequenced to promote integration and reinforcement of content and the demonstration of competency in skills required to achieve the Educational Outcomes articulated in Section I.

10.5. Professional attitudes and behaviors development – The curriculum inculcates professional attitudes and behaviors leading to personal and professional maturity consistent with the Oath of the Pharmacist.

10.6. Faculty and preceptor credentials/expertise – All courses in the curriculum are taught by individuals with academic credentials and expertise that are explicitly linked to their teaching responsibilities.

10.7. Content breadth and depth – Programs document, through mapping or other comparable methods, the breadth and depth of exposure to curricular content areas deemed essential to pharmacy education at the doctoral level (Appendices 1 and 2).

10.8. Pharmacists' Patient Care Process – The curriculum prepares students to provide patient-centered collaborative care as described in the Pharmacists' Patient Care Process model endorsed by the Joint Commission of Pharmacy Practitioners.

10.9. Electives – Time is reserved within the core curriculum for elective didactic and experiential education courses that permit exploration of and/or advanced study in areas of professional interest.

10.10. Feedback – The curriculum allows for timely, formative performance feedback to students in both didactic and experiential education courses. Students are also provided the opportunity to give formative and/or summative feedback to faculty, including preceptors, on their perceptions of teaching/learning effectiveness.

10.11. Curriculum review and quality assurance – Curriculum design, delivery, and sequencing are regularly reviewed and, when appropriate, revised by program faculty to ensure optimal achievement of educational outcomes with reasonable student workload expectations.

10.12. Teaching and learning methods – The didactic curriculum is delivered via teaching/learning methods that: (1) facilitate achievement of learning outcomes, (2) actively engage learners, (3)

promote student responsibility for self-directed learning, (4) foster collaborative learning, and (5) are appropriate for the student population (i.e., campus-based vs. distance-based).

10.13. Diverse learners – The didactic curriculum incorporates teaching techniques and strategies that address the diverse learning needs of students.

10.14. Course syllabi – Syllabi for didactic and experiential education courses, developed and updated through a faculty-approved process, contain information that supports curricular quality assurance assessment.

10.15. Experiential quality assurance – A quality assurance procedure for all pharmacy practice experiences is established and implemented to: (1) facilitate achievement of stated course expectations, (2) standardize key components of experiences across all sites offering the same experiential course, and (3) promote consistent assessment of student performance.

10.16. Remuneration/employment – Students do not receive payment for participating in curricular pharmacy practice experiences, nor are they placed in the specific practice area within a pharmacy practice site where they are currently employed.3

10.17. Academic integrity – To ensure the credibility of the degree awarded, the validity of individual student assessments, and the integrity of student work, the college or school ensures that assignments and examinations take place under circumstances that minimize opportunities for academic misconduct. The college or school ensures the correct identity of all students (including distance students) completing proctored assessments.

Course Annual Review by Curriculum Committee (revised 1-9-2019)

Course name and number: **Course name:**
Semester(s):
Course Director(s):
Date submitted or resubmitted:

Please complete the following questions in this annual review form regarding your course and submit this completed form along with a draft syllabus to the curriculum committee. The answers to these questions, along with your draft syllabus, will facilitate both a course director assessment of their course and help the curriculum committee to conduct an annual review of this course. This review process is a quality assurance mechanism for the Doctor of Pharmacy curriculum, is an expectation of the curriculum committee consistent with their charges, and is required under ACPE standard 10. The curriculum committee will conduct a review after this review form and draft syllabus have been submitted.

1. **DIRECTOR PERSPECTIVE:** Provide an overall assessment of the course. Please specifically address the following areas:
    a. Please provide a summary of focus group feedback

    b. Please provide a summary of the **student feedback** on course evaluations from last year, including global impressions and any changes from previous years

    c. Please provide a **self-assessment** of the course from last year, from the course director perspective and global impressions

    d. Other comments/feedback

2. **OUTCOMES AND CONTENT AND ACTIVE LEARNING:** Please complete the following table for each ABO covered by your course

Ability Based Outcome (#)	Assigned or Additional	Any Changes in Content Delivery or Assessment of ABO? If yes, please explain	How is this ABO assessed? (e.g., quiz, written exam, verbal exam, CAPE center assessment)	Is the ABO assessed at an individual level? In other words, can you retrieve a grade specific to this ABO for a given student? (y/n)	List any active learning strategies you use for this ABO

Examples of active learning strategies

Polling questions	Quizzes to practice recall	Demonstration	Example with practice	Interactive case study
Interactive scenario	Role play	Simulation	Think-pair-share	Think-write-share
Application exercises	Practice exercises			

3. **ASSESSMENTS:**
a. Were you requested to appear before the Assessment Committee related to this course? Yes or No?

b. **If Yes**, please provide commentary below on discussion and outcome from the Assessment Committee.

4. How do you incorporate the **Pharmacist Patient Care Process (PPCP)** in your course? (See last page of document for further details about PPCP) **This is part of ACPE accreditation standards and can be applied across the curriculum.**

Steps	Covered (Y/N)	Describe how you incorporate
1. Collect		
2. Assess		
3. Plan		
4. Implement		
5. Follow-up: Monitor and Evaluate		

5. **CHANGES:** Have you changed your syllabus since the last time it was offered? Yes or No?

   a. **If Yes**, you have made changes, please list them in as much detail as possible, and describe the rationale for the changes. <mark>Please track or highlight all changes in yellow in the draft syllabus.</mark> You only need to describe changes since the last time the course was reviewed by the Curriculum Committee.

6. Other comments or concerns:

Please submit this to Susan Kepner (susan.kepner@ucdenver.edu) and your Curriculum Committee liaison by email. Thank you.
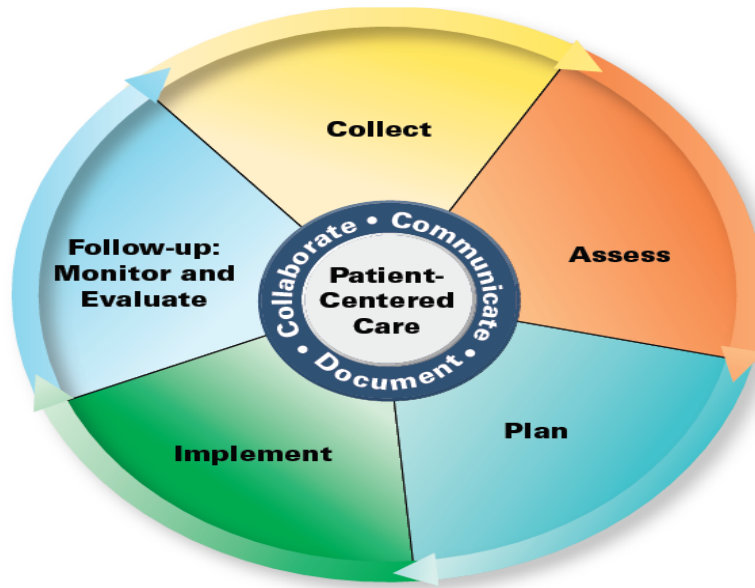
Pharmacist Patient Care Process

Figure 1: Pharmacists' patient care process

Pharmacists' Patient Care Process

Pharmacists use a patient-centered approach in collaboration with other providers on the health care team to optimize patient health and medication outcomes.

Using principles of evidence-based practice, pharmacists:

Collect
The pharmacist assures the collection of the necessary subjective and objective information about the patient in order to understand the relevant medical/medication history and clinical status of the patient.

Assess
The pharmacist assesses the information collected and analyzes the clinical effects of the patient's therapy in the context of the patient's overall health goals in order to identify and prioritize problems and achieve optimal care.

Plan
The pharmacist develops an individualized patient-centered care plan, in collaboration with other health care professionals and the patient or caregiver that is evidence-based and cost-effective.

Implement
The pharmacist implements the care plan in collaboration with other health care professionals and the patient or caregiver.

Follow-up: Monitor and Evaluate
The pharmacist monitors and evaluates the effectiveness of the care plan and modifies the plan in collaboration with other health care professionals and the patient or caregiver as needed.

Curriculum Course Approval Process
(5-1-12)

New Courses

Course directors will be required to submit two sets of documentation to the curriculum committee. These two are listed below. Additionally, the curriculum committee will ask the course director(s) be present at a curriculum committee meeting to provide an overview these documents, and focus in on the points listed below in the open circles. This overview should take approximately 10 minutes. The curriculum committee will engage in a discussion with you for clarifications. This discussion should take 20-30 minutes. The curriculum committee review is being conducted for multiple reasons. The first intent is to assure that the programmatic Ability Based Outcomes (ABOs) that have been assigned to the course are both included and being assessed within the course. The second intent is to assure that the ACPE content items that have assign to the course are sufficiently included in the course content. Of note, the assignment of ABOs and ACPE content was a faculty driven process conducted in the earlier phases of curriculum renewal, have previously been sent to the working groups for individual courses, and can be re-sent to you by the Curriculum Committee Chair upon request. The third intent is for the curriculum committee to provide insights and suggestions for changes based on knowledge of the entire curriculum. At the conclusion of the meeting the curriculum committee may ask for changes to your course prior to approval.

The following two documents should be sent to the Curriculum Committee chair 1 week prior to the curriculum committee when an individual course is being discussed:

- **Draft complete syllabus:** This should conform to the most recent standard syllabus (contact Dr. Franson if you do not have it). The curriculum committee will critically evaluate the following: o Course description [similar to the description submitted as part of the course catalogue]
  - o ABOs included in the course [at minimum, must include the previously assigned ABOs]
  - o Additional course outcomes [encouraged, and based on course director discretion]
    - o Explanation of learning strategies ▪ Classroom based activities (lecture and active learning/self-directed learning)
    - ▪ Skills laboratory activities
    - ▪ Experiential (IPPE) activities

  - o Course assessments and grading policy
  - o Draft schedule
  - o Prerequisite and co-requisite (taken at the same time) courses

- **Supplement:** This document should consist of a document that describes other information that is not included in the syllabus: o List of previously assigned ACPE content, and affirmation that it is included in the course
  - o Additional resources needs to implement learning strategies: ▪ preceptors
    - ▪ experiential sites and types
    - ▪ facilitators, assessors
    - ▪ skills lab/MPCs/SGLs room requirements
    - ▪ standardized patients
    - ▪ others

  - o Relation of the course to other courses (integration, sequencing, redundancies)
  - o Omissions (intentional and other important omissions)

Curriculum Renewal 2019
Vision Statements FINAL
5-23-19

1. Deliver educational **EXCELLENCE** through forward-thinking and agile learning experiences

2. **ENGAGE** students with the curriculum, faculty and each other

3. Provide a robust professional foundation that supports **INDIVIDUALIZED** pharmacy career paths

4. Cultivate the students' current and future ability to **IMPACT** population and patient-centered care

5. Foster **RESPECT** in students for their responsibility and impact on healthcare

6. Inspire students to contribute to **RESEARCH** and other **INNOVATIONS** that advance society

7. Empower students to embody their role as collaborative **LEADERS**

8. Create **PHARMACISTS** who are adaptable and prepared for new opportunities in dynamic and complex environments

Curriculum Renewal 2019
ABOs Approved by Faculty
8-30-19

The graduates of the University of Colorado Skaggs School of Pharmacy and Pharmaceutical Sciences will be able to improve health by:

1. Applying the Pharmacist Patient Care Process (PPCP) utilizing evidence based practice
    a. Collect appropriate patient data to make an assessment
    b. Conduct a patient-centered assessment
    c. Create a patient-centered pharmacy care plan
    d. Implement a patient-centered pharmacy care plan
    e. Monitor and evaluate effectiveness of a patient-centered pharmacy care plan

2. Managing medications for patients or populations that maximizes safety and benefit

3. Participating in health promotion, disease prevention, and public health initiatives

4. Using technology and data

5. Contributing to research and/or innovation
    a. Identify the question or knowledge gap;
    b. Collect, evaluate, and utilize data to answer the question;
    c. Disseminate results to stakeholders

6. Applying core scientific knowledge in decision making

7. Communicating effectively using multiple strategies

8. Exhibiting compassion, leadership, professionalism and continual pursuit of knowledge