

The Associate Dean of Assessment and the Assessment Committee are responsible for the collection, analysis, and dissemination of data collected within the School. Sources of information include internally generated data and external data, allowing for comparisons with a peer group of schools and Schools.

The School has adopted a balanced scorecard approach to evaluating performance, which is an approach intended to clearly communicate our priorities to all stakeholders.

The development of our plan began with our current mission and vision statements, which follow.

"Enhancing Louisiana's Health and Environment"

The School of Pharmacy at the University of Louisiana at Monroe, Louisiana's School of Pharmacy, endeavors to create a professional learning environment that embraces the concept of continuous quality improvement in a team based approach to health care. This environment will enable the School to produce and maintain excellent academic, research and service programs that directly enhance the health and environment of the state of Louisiana and beyond.

The mission of the School of Pharmacy (COP) is to educate future health care professionals to meet the diverse pharmaceutical care needs of the people of Louisiana and to serve the professions of pharmacy and toxicology through a balanced program of education, research, service, and patient care.

The strategic decisions and daily operations of the School's faculty and staff will be reflective of the following values:

- **Responsibility** - acting morally, ethically, and with integrity, as well as being accountable for one's actions. Students, faculty, and staff have a duty to adhere to these standards. We also recognize our duty to be thoughtful stewards of those resources entrusted to us.
- **Innovation** - the synthesis, embodiment, or combination of knowledge in original, relevant, valued new products, processes, or services, especially as related to promoting optimal patient and educational outcomes.
- **Collaboration** - the development of educational, research and practice partnerships among students, practitioners, educators, and other stakeholders.
- **Quality** - the pursuit of excellence, which is cultivated and assessed through a process of continual quality improvement.
- **Professionalism** - the demonstration of structural, attitudinal, and behavioral attributes of a profession and its members. Certain professional attributes, including a service orientation; caring; respect for others; accountability and responsibility for one's action; integrity; honesty; ethically sound decision making; and a commitment to life-long learning are fundamental to our functioning as learners, educators, researchers, scholars, and practitioners of pharmacy.

In addition to the values stated above, we have set the following goals:

Education

1. Educate entry level pharmacy practitioners to deliver pharmacy care in a dynamic, culturally diverse society, enabling graduates to enter a wide range of existing or emerging health care practices.

2. Provide effective graduate education in the pharmaceutical and toxicological sciences.
3. Recognize professional education as an individual process that begins in the academic setting and continues throughout the professional career, not only for the student but educators and practitioners as well.
4. Model attitudes and values that emphasize the importance of a team approach to patient-centered care, and the importance of interprofessional learning and collaborative practice in didactic and experiential education.
5. Integrate basic, clinical, administrative and toxicological sciences.
6. Incorporate a diverse range of teaching methods and approaches that collectively enhance and promote students learning.

Research/Scholarly Activity

1. Promote, develop and sustain excellence in basic, translational and clinical sciences, thereby adding to the body of knowledge for scientists and educators in pharmacy, toxicology and related fields.
2. Promote research and scholarship that lead to improved patient care.
3. Promote research and scholarship that lead to improved educational outcomes.
4. Assess and evaluate all research and scholarly activity undertaken within the School.
5. Provide appropriate mentorship for faculty development.

Service

1. Address the healthcare and other societal needs by involving faculty, staff, and students in service activities at the University, local, state, national and international levels.
2. Promote wellness and disease prevention.
3. Promote therapeutic interventions, rational medication use, and the judicious use of economic resources.
4. Advance student and faculty participation and leadership in professional organizations.

Pharmacy Practice

1. Promote and optimize pharmacy care in order to improve patient outcomes.
2. Promote postgraduate professional training and assume an active role in the development of residencies and fellowships.

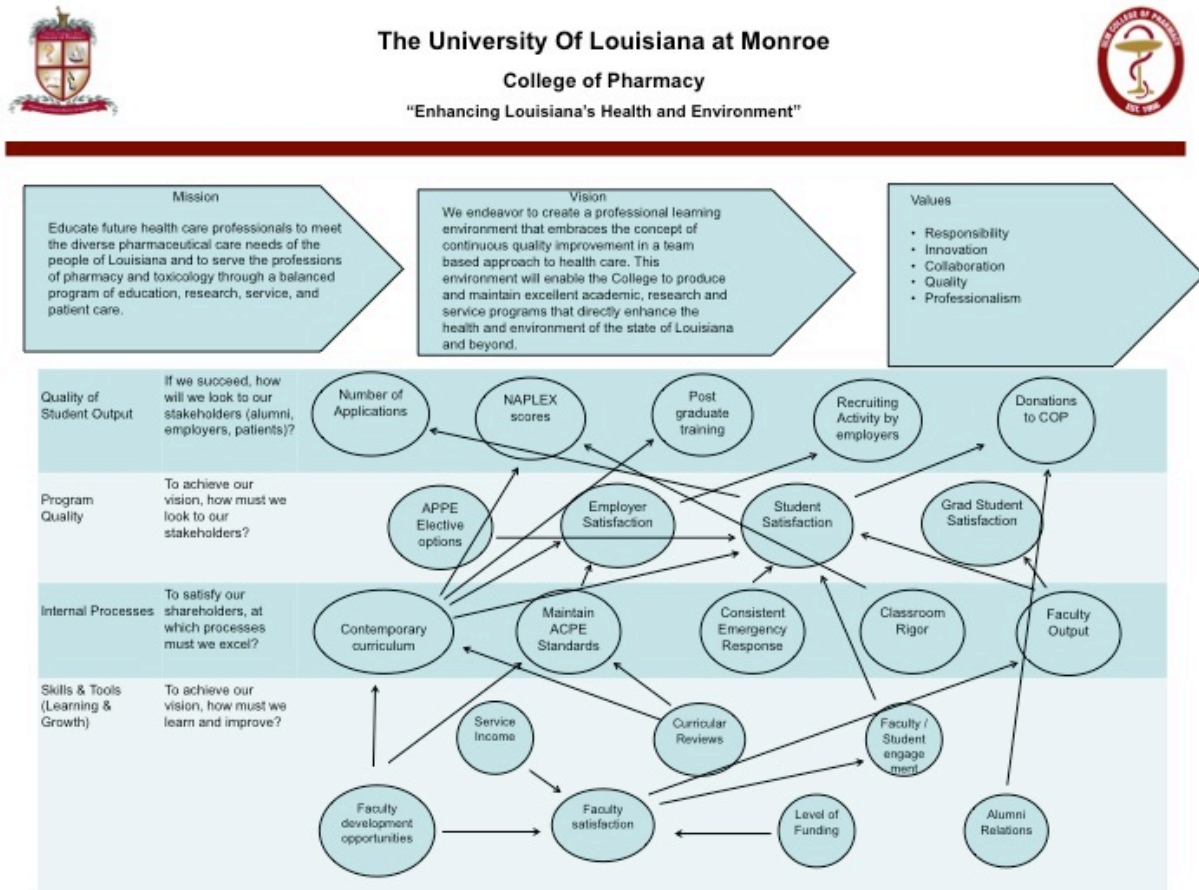
Reflection upon our stated mission, values, and goals has led us to develop the following educational philosophy:

The entry level Doctor of Pharmacy curriculum is an integration of biomedical, pharmaceutical, clinical, and administrative sciences to prepare practitioners who can effectively provide pharmaceutical care in a changing profession. Consistent with the educational philosophy of the University, the educational process is based on a student-centered approach that values life-long learning and the development of complex problem solving skills. Faculty demonstrate through their teaching, practice, and research the highest standards of professionalism and a passion for quality patient care.

Students will demonstrate the following:

1. A commitment to developing life-long learning habits.
2. The abilities required for a competent and contemporary patient-centered pharmacy practice.
3. Behaviors and attitudes necessary for professional growth and development.

We then identified four perspectives of operations for our organization: Quality of Output (our students), Program Quality, Internal Processes, and Skills and Tools and key performance indicators (KPI) for each perspective. Mapping the KPI allowed the visualization of the cause-and-effect relationships that exist among the various indicators.



Once the various KPI were identified, strategic planning sessions were conducted to identify strategic initiatives that will improve our performance in each area, resulting in the School’s strategic plan. Each faculty member should consider the KPI and the strategic initiatives when developing their annual plan for performance.

The next step was to develop the Balanced Scorecard, which will assist the Associate Dean of Assessment and the Assessment committee in the oversight of the School’s performance.

Strategy Map		Balanced Scorecard			
Focus	Objectives	Measurement	Baseline '12-'13	Target '13-'14	Actual '13-'14
Quality of Output (our students) If we are successful, how do we look to our stakeholders (alumni, employers, potential students)?	Number of applications	Net change in # applicants			
	NAPLEX scores	Pass rate			
	Post-graduate training	# students accepted for post-graduate training			
	Recruiting activity by employers	# employers participating in career fairs/interviews			
	Donations to COP	Net change in donations			
	Alumni involvement	# alumns in attendance at events such as homecoming			
Program Quality To achieve our vision, how must we look to our customers (students)?	Elective Options (APPE and didactic) variety & format	# New elective offered # courses with alteranative format			
	Employer Satisfaction	Percentage of employers indicating satisfied or very satisfied with ULM graduate job performance.			
	Preceptor Satisfaction	Average percentage of preceptors who SA/A with questions #25-35, Section III of the AACP Preceptor Survey			
	Student Satisfaction (Pharm D and Graduate)	Average percentage of students selecting SA/A with questions 10-29, Section II and 84, 86 of Section VIII in the AACP Graduating Student Survey			
Internal Processes To satisfy our customers and stakeholders, at which processes must we excel?	Maintain relevant / contemporary curriculum	100% of content areas, as identified on Appendices B & C, are taught. Internally developed Educational Outcomes are addressed.			
	Maintain ACPE standards	Compliance with annual report evaluating performance on standard from each committee. All course syllabi contain curricular objectives			
	Establish a consistent emergency response.	Compliance with the development of policy/procedures.			
	Ensure appropriate classroom rigor (Rigor is creating an environment in which each student is expected to learn at high levels, and each is supported so he or she can learn at high level, and each student demonstrates learning at high level. (Blackburn, 2008).)	# courses with >5% non-progression rates			
		Each faculty member will have at least one peer teaching evaluation annually.			
	Faculty output/involvement	At or above levels as agreed to in performance partnerships % of faculty engaged in leadership positions in professional organizations.			

Strategy Map		Balanced Scorecard			
Focus	Objectives	Measurement	Baseline	Target	Actual
			'12-'13	'13-'14	'13-'14
Skills & Tools					
To achieve our mission, how must we learn and improve?	Faculty development opportunities	# workshops attended (based upon FAD report) ratio of Prof/Assoc Prof:Asst Prof All faculty maintain updated FAD			
	Service income opportunities	# new projects piloted			
	Faculty satisfaction	% faculty participating in AACP faculty survey			
	Curricular reviews	# courses reviewed each year			
	Level of funding	Annual budget			
	faculty/student engagement	GSS Survey focus groups			
	alumni relations	Bi-annual newsletter			
	Student development	% of students with membership in professional organization % of students with leadership positons at regional/national level			

This Scorecard assists the Assessment committee in evaluating progress in key areas. The information required for the Balanced Scorecard is requested from various offices and committees within the School. In addition, information on curricular Assessment is requested from the curriculum and mile marker committees. All of this information is reviewed by the members of the Assessment committee on an annual basis, following a general schedule developed according to the timing of the availability of the information. Recommendations from the Assessment committee are communicated to the various responsible parties and subsequent actions are communicated back to the Assessment committee.

The Assessment committee evaluates the results of all AACP surveys (faculty, graduating students, preceptors, and alumni). Significant trends are reported to the entire faculty either in a faculty meeting or other form of communication. Specific areas of concern are forwarded to the appropriate office or committee to be addressed, in a process that follows that for internally generated information. Schools for peer comparisons are chosen based upon several factors, such as location, public vs. private, and size.

This process allows the Associate Dean of Assessment and the Assessment committee to analyze key trends and recommend action in a timely manner, so as to favorably impact our ultimate goal of producing qualified healthcare professionals. The key performance indicators in the areas of Program Quality, Internal Processes, and Skills and Tools are formative as they guide improvements in the short-term, while those in the area of Quality of Output are summative, as they reflect measures of our final performance.

In the fall of 2015, the School adopted a new Student Assessment Plan, in order to provide formative and summative knowledge- and performance- based assessments. The initial phase of this plan is to integrate 2-3 longitudinal assessment questions per credit hour that are based on the material covered in the course. These questions will be of the scope and depth typical to NAPLEX questions will be assigned weights of zero on the exam. This will conform to the ACPE requirement for formative assessment as students will receive combined Strengths and Opportunities reports reflecting ACPE Appendix 1 topic areas and NAPLEX blueprint areas for assessment items given in all finals each semester. The longitudinal analysis function in ExamSoft will allow reports to be run at the individual and aggregate levels, satisfying this component of the ACPE standards.

Although the exam blueprint will be based on course rather than curricular outcomes, it is intended that every outcome will be tested multiple times throughout the curriculum. The Assessment committee will track the outcomes being tested and ensure that all curricular outcomes are represented across the sequence.

The PCOA will be administered at the end of April during the P3 spring semester for a final piece of formative feedback.

The Student Assessment Plan culminates with a 1-hour P4 Capstone course for which students will be required to register in the final year of the curriculum. This course will be pass/fail, and grades will be based upon a series of multiple-choice exams developed from the item bank of a predefined NAPLEX review book and students' performance on the errors/omissions (E&O) and objective structured clinical exams (OSCEs). This course will serve as summative feedback of knowledge- and performance- based assessments.

The findings of the Assessment plan are available on the Mission, Planning, and Evaluation section of the School's website for review by all interested stakeholders. A link allowing anonymous input is also available.