October 15, 2019

J. Gregory Boyer, Ph.D.
 Assistant Executive Director and
 Director, Professional Degree Program Accreditation
 Accreditation Council for Pharmacy Education
190 S. LaSalle Street, Ste. 2850
 Chicago, Illinois 60603

Dear Dr. Boyer,

The College of Pharmacy at the University of Louisiana Monroe (ULM) is pleased to provide this update on several issues that were of concern to the Board, as indicated in the Accreditation Action and Recommendation report dated June 2018. This report serves to update the Board with regard to issues identified in the Focused Evaluation Team Report of April 2018.

The following issues are addressed in this Interim report:

Standard No. 8: Organization and Governance
Standard No. 10: Curriculum Design, Delivery, and Oversight
Standard No. 11: Interprofessional Education
Standard No. 18: Faculty and Staff – Quantitative Factors
Standard No. 23: Financial Resources
Standard No. 24: Assessment Elements for Section I: Educational Outcomes

If you, staff members, or the Board of Directors have any questions concerning our report or any other aspect of our program, please feel free to contact me.

Sincerely,



H. Glenn Anderson, Pharm.D.
Dean, College of Pharmacy

cc: Nick J. Bruno, Ph.D., President
 Albert Ruiz, Ph.D., Vice President for Academic Affairs

**Standard No. 8: Organization and Governance***A brief description of the effectiveness of the new organizational structure in advancing initiatives and establishing collaborative relationships with the College of Health Sciences.*

The faculty have experienced a significant number of changes in the last 24 months: a new Dean, reorganization from College of Health Sciences to College of Pharmacy, the opening of a new clinical site in New Orleans, salary corrections, workload analysis, and declining applications/enrollment. Change, even positive change, leads to increased stress and uncertainty, which is evident in the results of the AACP Faculty surveys over the last several years.

The following selected questions related to administration and governance reflect a positive upswing followed by a decline in positive responses. This is not unusual in organizations undergoing such a substantial amount of change.







In an effort to alter the culture and positively impact morale, the administrative team participated in a year-long leadership development training designed to improve self-awareness, interactions with others, and strengthen the functioning of the team. The training consisted of one-hour meetings which were held twice per month, culminating in a 2-day retreat in September 2019. As a result of this training, the administrative team has developed the skills needed to become a highly functioning team, which we plan to monitor in future years. Future plans include sending four members for advanced training in order to replicate this model for our faculty and students throughout the college. In addition, the Dean has regular small group discussions with the faculty at each clinical site. These meetings provide opportunities for the faculty to bring up issues of concern with the Dean as well as serve as an additional mechanism for the Dean to solicit faculty feedback regarding decisions that must be made. We will continue to monitor the faculty morale to determine if these efforts are producing the desired results.

In terms of our advancing initiatives and maintaining collaborative relationships with the College of Health Sciences (CHS), the college’s leadership has successfully completed the initial phase of the refinement of our mission and vision, and the development of an updated strategic plan. This plan will allow the Dean, college administrators, as well as faculty to understand the goals and direction that we should all be moving towards. Our relationship with the CHS remains strong as we continue to engage with and partner in inter-professional activities for our student groups. The College of Health Sciences is currently under interim leadership; we will continue to strive to maintain our strong partnership by engaging with their Dean once one has been appointed.

**Standard No. 10: Curriculum Design, Delivery, and Oversight***A detailed description of the progress made toward implementation and evaluation of the revised curriculum, along with any changes made based on assessment data.*

Several changes were implemented to the curriculum based on a variety of sources, including continuous quality improvement (CQI) reviews conducted by the Curriculum Committee, the root cause analysis of NAPLEX scores conducted by the Assessment Committee, as well as feedback from faculty and student focus groups. The stepwise implementation of the revised curriculum began in the fall of 2017 with a reorganization of the sequence of therapeutics courses to better fit with supporting courses in the curriculum. In addition to the change to the therapeutics sequence, several courses were added in sequential years. In fall 2018, a mandatory six-semester Personal Growth and Development (PG&D) Series was implemented. This series focuses upon ACPE Standards 3 and 4, with PG&D 1, 3, and 5 offered in the fall and PG&D 2, 4, and 6 offered in the spring. In fall 2019, PHRD 5026 (Clinical Informatics and Medication Safety), and a P4 Capstone course, PHRD 6001 (Review of Integrated Pharmacotherapy) were added, and PHRD 4027 (Principles of Drug Action II) was reduced from 3 credit hours to 2 credit hours in order to streamline the course and eliminate repetitive material.

In addition to the above changes, a major revision of the Integrated Lab Sequence (ILS) occurred in order to address students’ IPPE and APPE readiness. ILS-1 and ILS-2 are P1 labs that now focus upon knowledge and skills such as “check-tech” exercises and patient counseling needed for the Community Pharmacy IPPE held in the summer following the P1 year. The immunization certification course is now provided in the ILS-1 lab in order for students to have the ability to assist with immunizations during the Community Pharmacy IPPE. ILS-3 and ILS-4 are P2 labs that now focus on knowledge and skills such as IV preparation that are needed for the institutional IPPE in the summer following the P2 year. ILS-5 and ILS-6 are P3 labs that now focus on knowledge and clinical skills needed for APPE readiness. Students participate in journal clubs, recitations, patient counseling, OSCEs, and evidence-based activities that prepare them for clinical experiences during the APPE year.

Oversight and evaluation of the new curriculum is provided by the college Curriculum Committee in conjunction with the Associate Dean of Academic Affairs. Upon completion of each semester, all course coordinators and faculty members who participate in a course complete CQI surveys. Data from the surveys are reviewed by the curriculum committee and information from the survey is made available to all instructors for each course. Action items to be addressed are included in a post-CQI report. Prior to the next course offering, the team is tasked with developing a plan to address the needed improvements. A more formal assessment of courses occurs on a rotating basis by review teams within the curriculum committee.

In addition to the recommendations from the curriculum committee’s CQI process, the curriculum is assessed with information from student focus groups as well as faculty. Several of the recent curricular changes are in the first iteration of the courses, so we will continue to gather assessment data to identify areas for improvement.

**Standard No. 11: Interprofessional Education (IPE)***A detailed description of full IPE plan implementation, including outcomes, resources, timeline, assessment and tools utilized.*

In September 2018, the college administrative team created a position dedicated to interprofessional education (IPE). An interim Program Director was appointed, with the position becoming permanent in September 2019. During this time, the college’s IPE plan has been implemented as described previously, with the benefit of several enhancements, which include the addition of prescribers (physicians and medical students) to the third-year encounter; a restructure of the second-year encounter from an online forum to a novel, half-day active learning exercise; and increased collaboration between the College of Pharmacy and the College of Health Sciences with the creation of a university Co-College IPE Committee. Through this collaboration, funding from several grants have been obtained to help support Interprofessional Education activities. The anticipated opening of the Edward Via College of Osteopathic Medicine (VCOM) on the ULM Campus in Fall 2020 is expected to lead to further medicine-pharmacy IPE collaboration.

Current resources for Interprofessional Education/Practice activities are supported by the College of Pharmacy and the College of Health Sciences. The Deans of each college have given the administrative support needed in the areas of dedicated faculty to the ULM IPE program. Collaboration between the colleges has resulted in a Co-College IPE Committee. Bylaws of the Co-College committee were written and approved to ensure equal representation from each college, with the office of Chair to alternate between the College of Health Sciences and the College of Pharmacy annually.

Financial resources have mainly been supported through the obtainment of external grant funding. Faculty from the Kitty Degree School of Nursing and the ULM College of Pharmacy partnered to write and receive grants from Blue Cross Blue Shield and the Living Well Foundation for “Healthy Today Healthy Tomorrow” IPE initiative in the amounts of $5,000 and $2,500, respectively. Faculty from Medical Laboratory Science, Pharmacy, and Nursing were awarded an internal grant of $1,400 from the ULM Academic Innovation Center for “Interprofessional Education GlitterBug Project.” In addition, faculty from the College of Health Sciences and the College of Pharmacy have received a Blue Cross Blue Shield grant in the amount of $97,000 for “Screening for Life” which will help to support Interprofessional Education and Practice opportunities in underserved areas.

Students are assessed at every stage of the process, using a variety of instruments, which include, but are not limited to:

* IPEC Competency Self-Assessment Tool V3;
* SPICE-R2 Instrument;
* Interdisciplinary Education Perception Scale;
* TeamSTEPPS 2.0 Curriculum Measurement Tools (T-TAQ, T-TPQ) ;
* Interprofessional Collaborative Competencies Attainment Survey (ICCAS).

**Standard No. 18: Faculty and Staff – Quantitative Factors***A brief description of the status of open positions including the regional dean and endowed chair positions.*

*A brief description of any additional faculty turnover since the October 2018 Interim report.*

In October 2018, the college had six open positions – one pharmaceutics position in the School of Basic Pharmaceutical and Toxicological Sciences, and five in the School of Clinical Sciences, which include the Regional Dean for the New Orleans clinical site and the Endowed Chair of Clinical Research. Three of the clinical positions and the basic science position were permanently de-funded during the budgeting process for fiscal year 2020. We received two new resignations since May 2019, leaving our current number of open, funded positions at four.

*Regional Dean:* The position of Regional Dean for New Orleans was approved in January 2018 and a search committee was appointed by Dean Anderson at that time. An offer was made to the top candidate who subsequently declined the offer for personal reasons. The other candidates were determined not to be a good fit for the program. The search was deemed failed.

A second search was conducted in November. Two candidates were offered an on-site interview, both of whom were determined to not be a good fit for the program. In April 2019, the search was again deemed to be failed.

The position will remain active and posted on human resources’ website until filled. Several persons have been contacted and encouraged to apply; we have recently received two applications. One of the two has been offered an on-site interview which will take place during the latter part of October 2019.

*Endowed Chair of Clinical Research:* In 2019 the Tom and Mayme Scott Endowed Chair for Clinical Research had exceeded $2.5 million in assets (with about $1.5 million of that total being expendable.)  The Board of Regents approved a proposal to split this endowment into two endowments in August 2019.  The original endowment was left with approximately $1.4 million; we will continue to search for someone to fill this chairship. The split resulted in a new Tom and Mayme Scott Endowed Chair for Pharmacy Excellence, which was funded with the remaining money and is intended to advance the practice of pharmacy through improved teaching by funding research that seeks to move pharmacy practice forward.  The position has been tied to the position of the Dean; as such, all Deans, current and future, will hold the Chair for Pharmacy Excellence.

**Standard No. 23: Financial Resources***A detailed description of any adjustments made to the School budget to meet programmatic needs and address future faculty merit increases.*

Although in the 2018 ETR, it was noted by ACPE that the Vice President of Academic Affairs had committed to moving the faculty raises to the general fund by FY19, this has not been possible. The college's financial challenges are known by the university's administration, the University of Louisiana System, and state government. All have been supportive and are working toward a long-term solution. The state government approved a onetime distribution of $2,000,000 to the University of Louisiana Monroe to replenish the college's reserve funds. A long-term solution is supported by the UL System president and has resulted in a revision of the state's formula funding model and UL System's fund allocation process. Changes to the formula funding model will be phased-in over the next two fiscal years. The effects of this revised model on the college's fiscal position will be monitored with annual revisions of our pro forma (see attached). The college’s salary revision plan called for Phase III, which would include time of service raises. The college has not been able to implement phase III at this time. Once our current challenges have been addressed by the Board of Regents and UL System, we will address Phase III of the salary revision plan.

*Changes to the budget*

The college has undergone considerable effort to assess the workload of our faculty. As part of the budgetary and right-sizing process during the planning stages of FY20, four positions were permanently de-funded (see standard 18). To follow up on our 2018 report, three of these faculty lines were identified as non-essential and have now been permanently defunded, as is appropriate to meet our workload needs.

**Standard No. 24: Assessment Elements for Section I: Educational Outcomes (400 words)**A brief description of the progress made toward implementation of the initiatives prompted by the NAPLEX root cause analysis.

The college’s Assessment Committee conducted a NAPLEX root cause analysis in 2017 to identify reasons for our students’ declining NAPLEX scores. Results indicated that the NAPLEX review material was of poor quality, and that students needed more exposure to item types and cases such as those used on the NAPLEX exam. A NAPLEX task force recommended a change to RxPrep, which is now provided for our students and used throughout the P4 year as a study tool. RxPrep staff also conduct a two-day review session at the end of the P4 year followed by an on-site exam. Subsequently, Faculty were surveyed on their use of select-all-that-apply items, case-based items, and complex cases used in teaching and were encouraged to incorporate these teaching and testing techniques in their instruction. In addition, the curriculum committee reviewed all courses to ensure that current information is presented to students. A rotating review schedule of all classes has been implemented. Findings from review teams are presented to the curriculum committee and recommendations are distributed to course coordinators, who work with instructors to revise class materials. We believe that the results of these initiatives will prepare our students not only to do well on their NAPLEX exam, but to enter practice equipped with current information and prepared for life-long learning.

As a follow-up to the root cause analysis, faculty were surveyed again to evaluate the use of recommended teaching and testing techniques. Results indicate an increase in recommended practices and are shown in the graph below. Also, in fall 2019, PHRD 6001(Review of Integrated Pharmacotherapy) was initiated as a capstone course for P4 students to incentivize students to complete the RxPrep NAPLEX materials. We also surveyed the class of 2018 regarding factors they believe contributed to their NAPLEX performance. The most frequently cited response was the quality of the review materials. Although many of the changes took place earlier in the didactic curriculum, therefore not affecting the 2018 graduating class, their NAPLEX passing rate was 95.35% for the May-August trimester, which exceeded the national average.



