

ULM College of Pharmacy Assessment

Our assessment plan is based on the premise that the core of each individual is comprised of 3 elements: his or her intellectual competence, personality, and connectivity. It is only through development of all three elements that a fully mature and functional individual is realized.

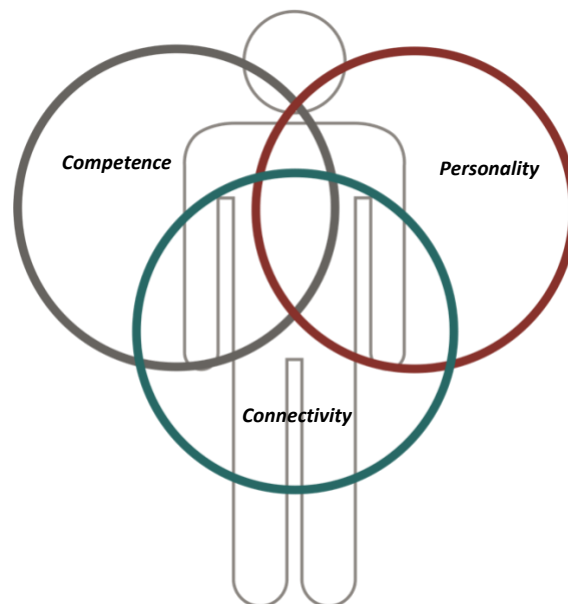
Our program allows opportunity for development in all three elements, which enables us to gauge student readiness to serve their patients (practice-ready) as a successful member of the health-care team (team-ready) and engage as leaders in our profession; thus, ensuring we are meeting our mission and vision.

Mission:

Enhancing the health and environment of the communities we serve.

Vision:

We transform our professions through the development of tomorrow's leaders who will pursue breakthrough research, advance pharmacy practice, and create educational innovation.



Source: EI 2.0 and GiANT worldwide

Competence

The first element is competency, which is a combination of intellectual ability and skills, which have traditionally been associated with success. A person's intellectual quotient (IQ) is a measure of that individual's ability to learn, which doesn't change over time. Research has shown that those with high IQ outperform those with average IQ only 20% of the time, but those with average IQ outperform those with high IQ 70% of the time. (EI 2.0)

Personality

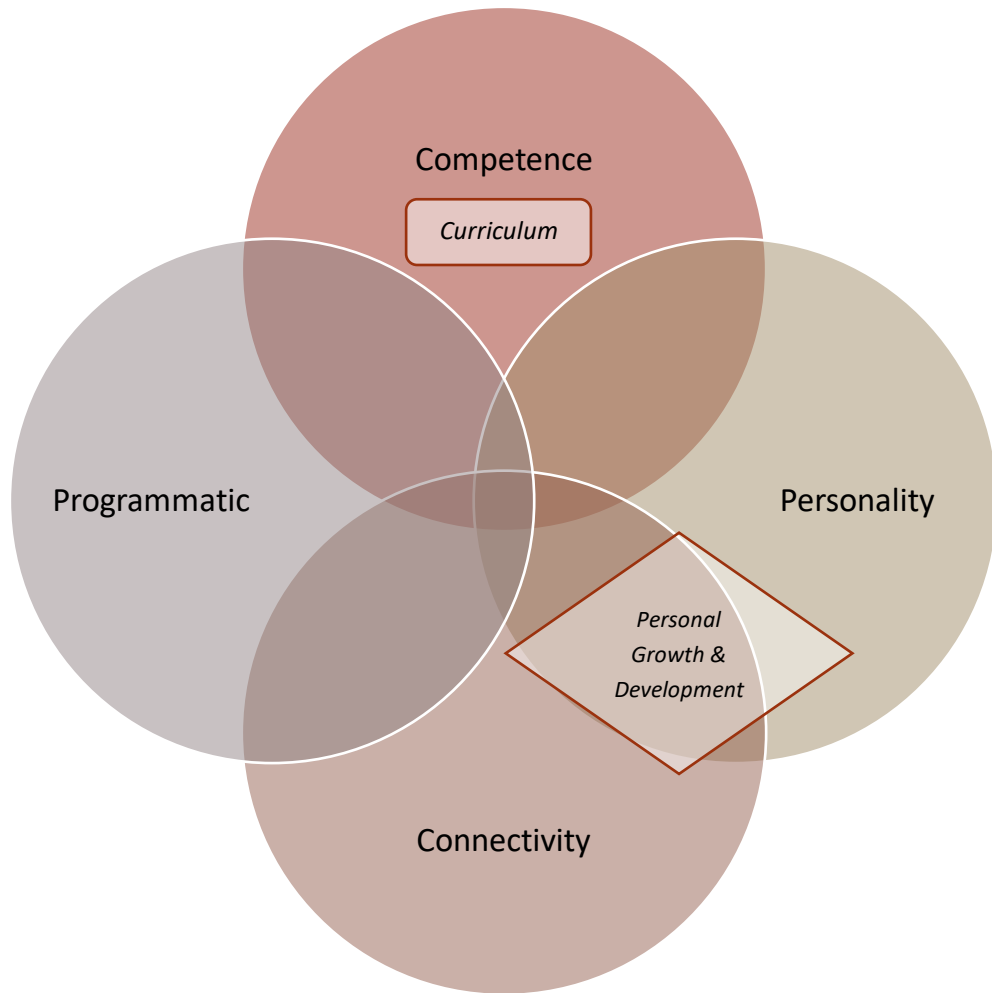
The next element is an understanding of how personality and innate preferences are critical to understanding how one is perceived by others. This self-awareness should be accompanied by an ability to regulate how these preferences are expressed.

Connectivity

The last factor is connectivity, or how one relates to others. While self-awareness has us look inward, but connectivity has us look outward at how we relate with others.

The overlap of these three elements represent the CORE of a successful individual. Successful individuals are not only competent; they must also understand themselves and have mastery of their relationships with others.

Assessment Plan



Curricular assessment

Curricular assessment is where we evaluate the competency of our students in terms of foundational knowledge and skills.

CAPE Roles

LEARNER
INNOVATOR¹
CAREGIVER²
MANAGER²
PROVIDER²
PROMOTER²

Items measured:

Exam Scores	OSCE performance
Embedded formative questions	IPPE performance
GPA	APPE performance
Progression	EPA performance
PCOA	
NAPLEX	
MPJE	
Student performance by select criteria (Ex: learning taxonomy – see example in Appendix)	
Curricular map/performance (see example in Appendix)	

1: an innovator is a person who introduces new methods or ideas [<https://www.merriam-webster.com/dictionary/innovation>]. Entrepreneurship is defined as imagining new ways to create value and assume the risks required to address those opportunities [https://hbr.org/2016/09/we-need-to-expand-our-definition-of-entrepreneurship?referral=03758&cm_vc=rr_item_page_top_right]. If one then considers the levels of Blooms taxonomy, the highest level is CREATE, which is producing new or original work. A mastery of the foundational knowledge is required to function at the level of innovator, at least in terms of patient care.

2: Skills-based roles serve as the bridge by which our students apply foundational knowledge to actual patients.

Professional Growth and Development Plan (Plan to Evaluate Standards 3 and 4)

Our personal growth and development plan is our plan to evaluate student performance in the roles identified by standards 3 and 4. The skills necessary for success in these roles have traditionally been considered to be “soft-skills”; however, research has shown that these abilities are linked to successful performance, particularly leadership, in the workplace.

CAPE Roles

*Personality*³

SELF-AWARE

*Connectivity*³

PROBLEM-SOLVER
EDUCATOR
ADVOCATE
COMMUNICATOR
COLLABORATOR

INCLUDER
PROFESSIONAL
LEADER
INNOVATOR

Items measured:

Personality

MBTI

Strengths finder

Self-Awareness as part of PGD Plan (see example report in Appendix)

Connectivity

Pharmacy Student Entrepreneurial Orientation (PSEO)

Assessment of Professionalism in Pharmacy students – A Novel Approach (APIPHANI)

EQi -2.0: 5 Composite areas

Self-Perception

self-regard

self-actualization

emotional self-awareness

Self-Expression

emotional expression

assertiveness

independence

Interpersonal

interpersonal relationships

empathy

social responsibility

Decision Making

problem solving

reality testing

impulse control

Stress Management

flexibility

stress tolerance

optimism

3: Collectively, these skills are often grouped together and referred to as Emotional Intelligence (EI). The healthcare setting presents a unique challenge in that providers must manage the usual workplace challenges and stressors while also providing patient services. Understanding and dealing with one's own emotions and the emotions of others in a stressful environment is at the heart of the skills and competencies involved in EI. The role of EI has been shown at all levels - from health-care students to practitioners and administrators. Research indicates that a good leader should understand him(or her)self and how he or she impacts others (team, patients, customers, etc). Therefore, growth in the area of EI should translate to leadership skills and becoming team-ready.

Programmatic Assessment

Programmatic evaluation involves various aspects of our program that support the business of our program which are focused on 4 areas: 1) customer focus – how we serve our students with excellence, 2) financial stability, 3) internal – operational challenges, and 4) learning & growth – how to promote an environment that is favorable for our strategic plan

Customer Focused

Results of dual degrees

Results of elective track designations

Results of Leadership institute

Results of efforts to increase variety of residencies

Results of efforts to pilot innovative reimbursement models

Financial Stability

Levels of extramural funding resulting from new collaborations

Increased number of applications due to recruitment strategies

Increased levels of service income due to MTM/Leadership institute

Operational Challenges

Increased research productivity due to implementation of mentoring plan

Increased research productivity due to enhanced access to Medicaid data

Number of articulation agreements

Increase number of OOS students due to tuition adjustment

Learning & growth

Results of faculty training on new initiatives to generate service income or reimbursement models

Faculty teaching effectiveness (see example in Appendix)

Process

Our assessment committee is comprised of the chairs of our professional program committees (Academic Standards and Ethics, Admissions, Curriculum, Pharmacy Practice, Professional Student Affairs), Faculty Development, Graduate Studies, the Directors of Assessment, Accreditation, Student Success, and Experiential Education, the Assistant Dean for Student Affairs and Development, School Directors, Associate Deans of Academic Affairs and Assessment.

Responsibility for assessment lies with the various committees and offices within the college. The assessment committee reviews and evaluates the data, then directs comments and observations to the appropriate committee or office for action. Follow up is provided back to the assessment committee.

Data Collection

Data	Source	Frequency
Faculty opinions	AACP Faculty Survey	Annual
Graduating student opinions	AACP Graduating Student Survey	Annual
Alumni opinions	AACP Alumni Survey	Annual
Preceptor opinions	AACP Preceptor Survey	Annual
IPPE/APPE Preceptor Evaluations	OEE Generated report	Annual
IPPE/APPE Student Evaluations	OEE Generated Report	Annual
APPE readiness	P3 OSCE performance	Annual
Student Progression Data	Internally generated	Bi-annual
Embedded formative questions (Student Assessment Plan)	Internally generated from ILS courses	Each semester
NAPLEX results	NABP	Trimester
MJPE results	NABP	Trimester
PCOA results	NABP	Annual
Current student opinions	Focus groups	Annual
Placement upon graduation	Student survey	Bi-annual (April of grad year and 6 months post graduation)
Financial reports	Internally generated	Month
Standard 4 Retrospective Pre-Post Evaluation	P4 students	Annual
Map of curriculum (didactic and experiential) to CAPE outcomes and ACPE Appendix 1	Curriculum	Annual
Map of APPE experiences to ACPE Appendix 2.	Office Exp Education	Annual
Outcome assessment data summarizing overall student achievement of learning objectives for didactic coursework: Stds 2-4	Enflux	Annual
Outcome assessment data summarizing overall student achievement of learning objectives for introductory pharmacy practice experiences (IPPE): Stds 2-4	Office Exp Education	Annual
Outcome assessment data summarizing overall student achievement of learning objectives for advance pharmacy practice experiences (APPE): Stds 2-4	Office Exp Education	Annual
Outcome assessment data of overall student participation in IPE activities	Off Exp Education	Annual
Outcome assessment data of student achievement of elements of standards 3 & 4	Assessment	Annual
Data summarizing the extent to which the college is achieving its vision, mission, and strategic goals	Assessment	Annual
Student IPPE and APPE evaluation data documenting the extent of exposure to interprofessional, team-based patient care	Office Exp Education	Annual

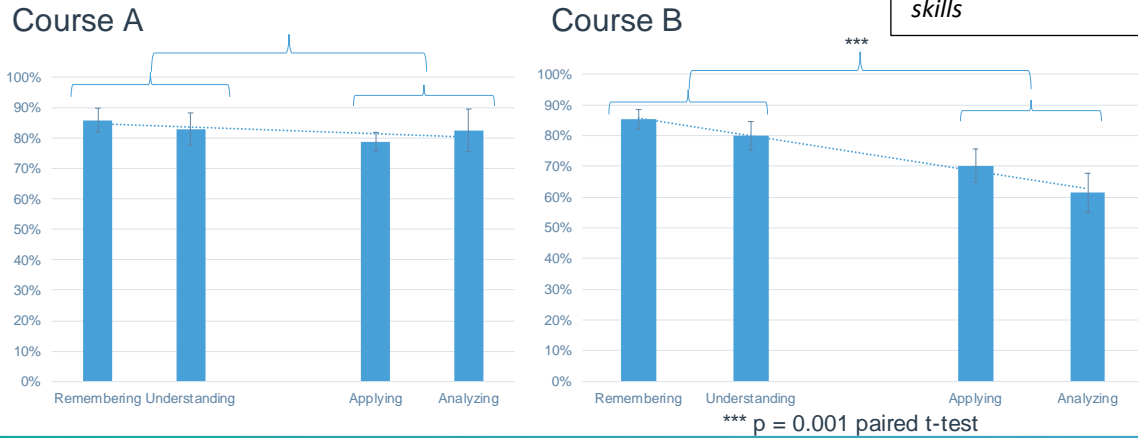
Outcome assessment data summarizing students' overall achievement of expected interprofessional education outcomes in the pre-APPE and APPE curriculum	Office Exp Education	Annual
Outcome assessment data of student APPE readiness	Curriculum	Annual
Student advanced pharmacy practice experience evaluation data documenting extent of exposure to diverse patient populations and interprofessional, team-based patient care	Office Exp Education	Annual
Outcome assessment data summarizing students' overall achievement of advanced pharmacy practice experience educational outcomes	Office Exp Education	Annual
Comparisons of PCAT scores (if applicable) and preprofessional GPAs with peer schools for last admitted three admitted classes (nonparticipating PharmCAS institutions will not have access to peer data)	Admissions	Annual
Correlation analysis of admission variables and academic performance	Admissions	Every 3 years?
Number and percentage of required APPE precepted by non-pharmacists categorized by type of experience.	Office Exp Education	Annual
In-state and out-of-state tuition compared to peer schools	Admissions	Annual

EXAMPLE STUDENT PERFORMANCE BY CRITERIA

Average scores on the final exam

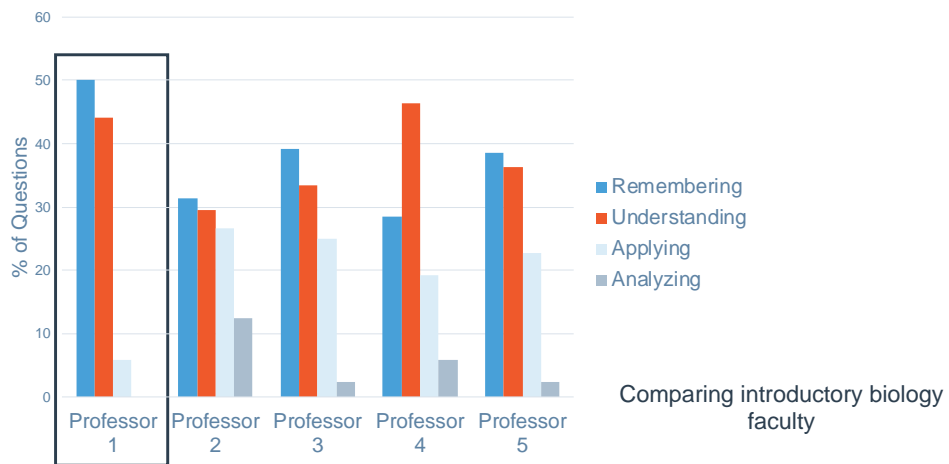
In course A, where active learning was implemented, we see students perform equally across different skills. In course B, which retained traditional lecture, we see the same erosion of performance in HOCS

Higher order cognitive skills



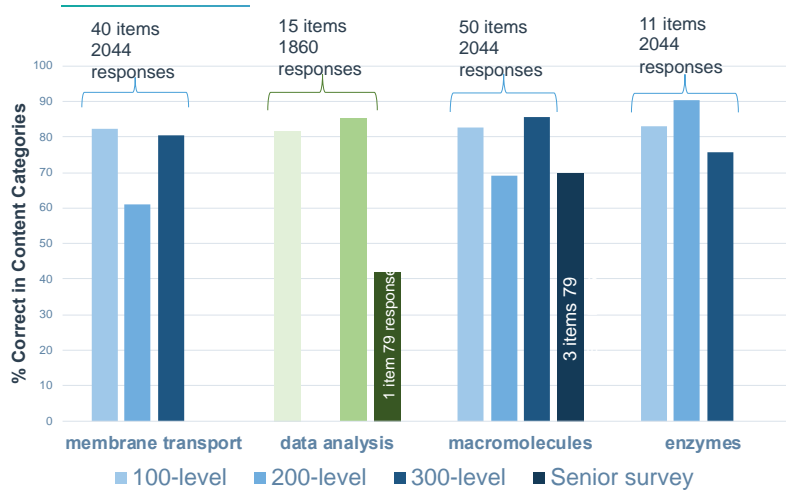
EXAMPLE FACULTY EFFICACY

Professor 1 could benefit from some support in their pedagogy and assessment



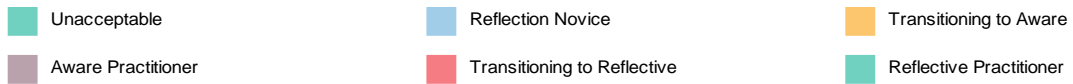
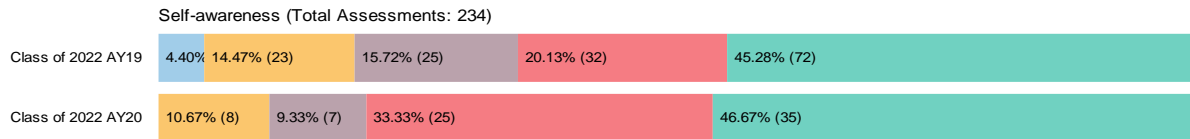
EXAMPLE PROGRAMMATIC REPORT

ExamSoft Program Assessment Data



- We can see where we need to increase skill-based content
- Easy to target areas of missing goals

EXAMPLE REPORT OF SELF AWARENESS



Policy Area: College of Pharmacy	Subject: Student Assessment Plan
Effective Date: 8/15/2015	Page Number: 1
Approved Date: 8/15/2015 Revision Date: 03/04/2021	Approved by: Administration

1. Rationale or background to policy:

To establish policy for adhering to the elements of the student assessment plan.

2. Policy Statement:

1. To assess learning and retention of key content by our students
2. To assess attainment of ULM College of Pharmacy curricular outcomes and professional competencies for the Doctor of Pharmacy degree program
3. To develop a culture of self-assessment among our students

All faculty must comply with the established procedures in order to ensure that students receive the formative and summative feedback regarding their performance on knowledge-and performance- based assessments throughout the curriculum.

3. Procedures:

Longitudinal assessments

At the conclusion of each semester, students will be required to complete a longitudinal exam, which will be administered and count towards the grade of the corresponding integrated lab sequence (ILS) course. The exam will consist of NAPLEX-style assessment questions that assess retention of concepts taught in all courses and will count for one lab grade.

Longitudinal assessments will be comprehensive over all coursework but will be focused on material taught in the semester in which the exam is offered.

For example: The exam offered in the fall semester of the P1 year will only test information covered in fall P1 courses, but the exam offered in the spring of the P2 year will primarily consist of information covered in spring P2 courses, with a portion of the exam focused on concepts from any course offered previously.

The course coordinator for each course will be responsible for submitting 2-3 unique NAPLEX-style assessment items that assess overarching concepts covered in the course per semester credit hour. For example: approximately 12-18 questions would be submitted for PHRD 4064, a six-hour Therapeutics module. Course coordinators may solicit appropriate items from course faculty to submit, but the assessment team will be responsible for collecting items from course coordinators and creating the exam.

P3 capstone course

ILS VI, which occurs in the P3 spring semester, serves as an APPE-readiness course. The APPE-readiness aspects of this course include Objective Structured Clinical Exams (OSCEs) that focus on patient counseling and intravenous preparation activities, the Pharmacy Curriculum Outcomes Assessment (PCOA), and the longitudinal exam previously described.

Modified students

For modified progression students, questions relating to material from a course not yet completed will be eliminated from the exam *for that student* and the grade shall be adjusted accordingly.



Comprehensive Curricular Review Policy & Procedure

Revised March 2021

SUMMARY

Continuous quality review of professional pharmacy courses is required to ensure that the courses meet the standards of the Accreditation Council for Pharmacy Education (ACPE) and the ULM College of Pharmacy (COP).

The ULM COP curricular review is comprised of the following components:

Course Continuous Quality Improvement (CQI):

Upon completion of each semester, the course coordinators and the faculty members teaching in that course will complete the online Course CQI procedure.

Course Design Review:

Course design review is one element of the ULM COP's curricular quality improvement plan, which has as a primary goal to provide a rationalized basis for progressive improvement of curricular content and instructional processes. The course design review process focuses on best practices in course design.

See complete policies and procedures on the following pages.

Course Continuous Quality Improvement (CQI)

Revised March 2021

I. POLICY

Upon completion of each semester, the course coordinators and the faculty members teaching in that course will schedule a meeting and complete the online Course Continuous Quality Improvement (CQI) survey form. The survey form is designed to assist the participating faculty, Curriculum Committee, and Assessment Committee in documenting successes and failures that occurred during preparation, implementation, and planning for future courses, thus strengthening the ULM College of Pharmacy (COP) curriculum.

II. PURPOSE

This policy was developed to introduce the course CQI survey form to the College of Pharmacy faculty and to describe how the survey will be used by the Curriculum and Assessment Committees to improve or strengthen current and future courses. The intent is to fine tune courses based on feedback from all participants.

III. PROCEDURE

Filling out the online CQI survey form:

- A. Prior to the CQI survey form deadline, course coordinators and contributing faculty members should schedule a meeting and collaborate to retrospectively complete the survey designed for the course. During the meeting, faculty should discuss CQI survey responses, determine strengths, and develop a plan for addressing areas of improvement.
 - a. Courses deemed “acceptable with minor revisions” and “unacceptable with major revisions” during official course reviews must address course review comments in the CQI survey form. The results of this follow-up will be reviewed by the Curriculum Committee and forwarded to the School Directors, Assessment Committee, and respective Associate Dean Committee Liaisons.
 - b. Recommended checklist of items to update integrated course content:
 - i. Module specific drug list
 - ii. Topics of medicinal chemistry, pharmacology, and therapeutics
 - iii. Key concepts and clinical correlations between the sciences
- B. Once the end-of-semester CQI survey form has been completed, data can be accessed in the PHRD Curriculum Moodle course for use by course coordinators/instructors for immediate review and future use. Responses are automatically stamped with the course number/name, date of submission, and submitting instructor’s name. The survey data will be reviewed by the Curriculum Committee and reported to the School Directors, Assessment Committee, and respective Associate Dean Committee Liaisons.

C. Formal course review by the Curriculum Committee is a separate procedure from routine course CQI survey form completion. This process and all associated documents are posted on the PHRD Curriculum Moodle page.

D. Deadlines:

Course CQI survey form completion

- Fall Semester courses – by the start of Spring Semester classes
- Spring Semester courses – by the second Friday in June

Course Design Review

Revised March 2021

I. POLICY

The Curriculum Committee is charged to review the courses of the professional program to ensure that the courses meet the standards of ACPE and the ULM College of Pharmacy (COP). The courses will be reviewed routinely on a rotating schedule, unless circumstances occur that require a higher priority review.

II. PURPOSE

Course design review is one element of the ULM COP's curricular quality improvement plan, which has a primary goal of providing a rational basis for progressive improvement of curricular content and instructional processes. The course design review process focuses on best practices in course design and is separate from related processes including:

- curriculum mapping
- student course and instructor evaluations
- annual faculty performance reviews by administration

It is the instructor's choice to include or not include the results of this review in a professional portfolio.

III. PROCEDURE

Course Review Prioritization and Scheduling

A. Required Courses

A tiered system will be used to prioritize required courses for review as either Tier 1 or Tier 2. Tier 1 is defined as a high priority review for any course within the program that meets the criteria below. Tier 1 courses will be reviewed every 2 years. Tier 2 course reviews will be routinely conducted on a rotating basis for required courses every 4 years, unless review status is upgraded to Tier 1. Any required courses reviewed as Tier 1 may be moved to Tier 2 status at such time that the Tier 1 criteria no longer apply, and upon approval by the Curriculum Committee. A Tier 1 criteria checklist will be included in the CQI survey form and serve as a notification tool to the committee.

Tier 1 Criteria - high priority reviews will be determined according to the following factors or triggers:

- Changes in course instructors that affect a significant quantity of material

- Significant content revision
- Issues identified in content quality markers (e.g., PCOA or NAPLEX exam deficiencies)
- Full course remediation offering for at least two consecutive years
- New or historical progression issues
- Overall course rating of “Unacceptable with major revisions”

A course review summary calendar will perpetually capture progress and ensure that the timing of these reviews will be conducted so that any issues that are identified will be addressed in advance of the next offering. Any action item(s) generated from a course review will be reviewed for compliance prior to the course offering.

Review Team Composition:

- Each peer review team will consist of at least two peer reviewers. Additionally, input will be provided by at least three students who have completed the course and course coordinator(s). Clinical sciences (CS) and Basic Pharmaceutical and Toxicological Sciences (BPTS) will be represented by at least one faculty member on the review teams. A team leader will be designated and will be responsible for coordinating work efforts and sharing of relevant materials with the review team and course coordinator. The team leader must be a member of the Curriculum Committee.

Access to Course Materials:

The team leader will contact the course coordinator for access to course materials including:

- Course syllabus
- Schedule or calendar
- Assignments
- Exams, quizzes, and item analysis reports (ExamSoft)
- Access to the Moodle course or other online materials
- Previous Course CQI documentation

Review process:

The team leader will set a timeline for completion of the peer review and will work to keep team members on task. From start to finish, the review process must be completed within 12 weeks. Each team member will review the course materials and the most recent Course CQI from the coordinator, discuss findings, and make recommendations for improvements. The team will present and discuss their findings at a Curriculum Committee meeting. The Curriculum Committee will provide a consensus opinion, if needed. All revisions to the report must be approved by the review team. The team will provide the coordinator with a final report including findings and recommendations. The coordinator reserves the right to request revisions to the report and provide input throughout the entire process. The final version will then be distributed to the course coordinator, School Director(s), and the Curriculum and Assessment Committee chairs.

A copy of the final review is given to each faculty participant. A copy of the final review should be kept on file until the next accreditation visit.

Follow up Process:

Three overall ratings categories will determine the follow up time frame: acceptable, acceptable with minor revisions, unacceptable with major revisions.

Acceptable: Courses deemed “acceptable” will not require follow up action plans provided to the Curriculum Committee.

Acceptable with minor revisions: Courses deemed “acceptable with minor revisions” will be monitored via the Course CQI process by the Curriculum Committee Chair or a designee. Improvements recommended by reviewers will be addressed in the CQI survey form per the Course CQI process.

Unacceptable with major revisions: Courses deemed “unacceptable with major revisions” will require a response from the course coordinator with an action plan PRIOR to the next course offering. Evaluation of the implemented plan must be included in the next CQI survey form.

If the review finds that quality improvements are needed in a course, the course coordinators are strongly encouraged to implement recommended changes before the course is offered again, following Curriculum Committee approval. The coordinators should contact the Curriculum Committee Chair regarding any issues, problems, or concerns with the review process. Improvements that are implemented should be addressed in the CQI report.

B. Elective Courses

Elective courses offered by the ULM COP will be eligible for course review. Elective courses offered by ULM COP faculty will undergo a modified review as described below. Elective courses provided outside of the COP will be reviewed to ensure that components of the course that were initially approved by the Curriculum Committee are still applicable.

A tiered system will be used to prioritize elective courses for review as either Tier 1 or Tier 2. Tier 1 is defined as a high priority review for any course within the program that meets the criteria below. Tier 1 courses will be reviewed every 2 years. Tier 2 course reviews will be routinely conducted on a rotating basis for elective courses every 4 years, unless review status is upgraded to Tier 1. Any elective courses reviewed as Tier 1 may be moved to Tier 2 status at such time that the Tier 1 criteria no longer apply, and upon approval by the Curriculum Committee. A Tier 1 criteria checklist will be included in the CQI survey form and serve as a notification tool to the committee.

Tier 1 Criteria - high priority reviews will be determined according to the following factors or triggers:

- Changes in course instructors that affect a significant quantity of material
- Significant content revision

- Issues identified in content quality markers (e.g., PCOA or NAPLEX exam deficiencies)
- Full course remediation offering for at least two consecutive years
- New or historical progression issues
- Overall course rating of “Unacceptable with major revisions”

A course review summary calendar will perpetually capture progress and ensure that the timing of these reviews will be conducted so that any issues that are identified will be addressed well in advance of the next offering. Any action item(s) generated from a course review will be reviewed for compliance prior to the course offering.

Peer Review Composition:

- Each elective course will be reviewed by one peer reviewer. Additionally, courses with enrollment of five or more students will request input from at least two students who have completed the course. Courses with enrollment of less than five students will request input from at least one student. The peer reviewer will be responsible for sharing of relevant materials with the course coordinator.

Access to Course Materials:

The peer reviewer will contact the course coordinator for access to course materials (if applicable):

- Course syllabus
- Schedule or calendar
- Assignments
- Exams, quizzes, and item analysis reports (ExamSoft)
- Access to the Moodle course or other online materials
- Previous CQI and Post CQI documentation

Review process:

The Curriculum Committee chair shall set the deadline for completion of the elective peer review. One committee member shall serve as a peer reviewer for the elective course. The peer reviewer will review the most recent course CQI from the coordinator and assess the course syllabus to verify that course objectives align with course topics scheduled. A modified course review form will be completed by the peer reviewer. The peer reviewer will present and discuss findings at a Curriculum Committee meeting, and the committee will provide a consensus opinion, if needed. The peer reviewer will provide the coordinator with a final report including findings and recommendations. The coordinator reserves the right to request revisions to the report and provide input throughout the entire process. The final version will then be distributed to the course coordinator, School Director(s), and the Curriculum and Assessment Committee chairs. A copy of the final review should be kept on file until the next accreditation visit.

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ULM Pharm.D. IPE Program Structure, Components, and Assessment Plan

<i>Activity</i>	<i>Setting</i>	<i>IPEC & other Competencies</i>	<i>CAPE Outcomes</i>	<i>Learners Present (as of Spring 2021)</i>	<i>Components</i>	<i>Assessment Type</i>
<i>None – PRE-Exposure</i>	<i>Emailed survey link</i>	<i>IP Teamwork and Team-based Practice Roles/Responsibilities for Collaborative Practice Patient Outcomes from Collaborative Practice IP Values IP Interactions</i>	<i>3.4 – Interprofessional collaboration (Collaborator)</i>	<i>Dental Hygiene Doctor of Osteopathic Medicine Health Studies Nursing Occupational Therapy Pharmacy Speech Language Pathology</i>	<i>None</i>	<i>Demographic Attitudes (SPICE-R2) IPEC Competency Self-Assessment Tool (V3)</i>
<i>IPE-1 (P1) Exposure Workshop</i>	<i>Didactic</i>	<i>VE3 VE4 RR1 RR2 RR3 RR6 RR10 CC3 CC4 CC6 CC8</i>	<i>3.4 - Interprofessional collaboration (Collaborator) 3.6 – Communication (Communicator) 4.1 – Self-awareness (Self-aware) 4.4 – Professionalism (Professional)</i>	<i>Dental Hygiene Doctor of Osteopathic Medicine Health Studies Nursing Occupational Therapy Pharmacy Speech Language Pathology</i>	<i>Pre-reading assignments/quiz. Healthcare discipline videos (R&R) IP Team collaboration on “Roles and Responsibilities” IP case Faculty facilitated group discussion of IP case</i>	<i>Pre-assessment (baseline – see above) Post-reading quizzes Facilitated small group discussion questions Post-course survey (selected questions from ICCAS) Programmatic Assessment questions</i>
<i>Exposure Bridge Option – Escape Room (P1)</i>	<i>Didactic</i>	<i>CC2 CC3 CC4 CC6 CC7 RR2 RR7 TT3 TT6 TT7 TT8 VE4 VE6</i>	<i>3.1 – Problem Solving (Problem Solver) 3.4 – Interprofessional collaboration (Collaborator) 3.6 – Communication (Communicator) 4.1 – Self-awareness (Self-aware) 4.4 – Professionalism (Professional)</i>	<i>Pharmacy Nursing MLS MOT Dental Hygiene Doctor of Osteopathic Medicine</i>	<i>Teams are given a brief patient case scenario then collaborate to solve puzzles in order to escape a “locked” room in order to help the patient and his family.</i>	<i>Post-course survey (selected questions from ICCAS) Debrief questions following the activity</i>
<i>Exposure Bridge Option - Movie Night Room (P1)</i>	<i>Didactic</i>	<i>VE1 RR7 RR8 CC4 CC6 CC7</i>	<i>3.1 – Problem Solving (Problem Solver) 3.3 – Patient Advocacy (Advocate) 3.4 – Interprofessional collaboration (Collaborator)</i>	<i>Fall 2020 Learners: MOT Nursing Speech Language Pathology Dental Hygiene</i>	<i>Students watch a selected movie with IP components. Small IP teams are then formed to respond to guided discussion questions</i>	<i>Post movie quiz Facilitated small IP group discussion questions Post event selected questions from ICCAS (retrospective pre/post format)</i>

		TT1 TT5	3.6 – Communication (Communicator) 4.1 – Self-awareness (Self-aware) 4.4 – Professionalism (Professional)	Rad Tech Spring 2021 Learners: Pharmacy Nursing MLS		Post event programmatic assessment questions
IPE-2 (P2) Immersion Workshop	Didactic	Knowledge base competencies in IPEC, TeamSTEPPS components, and Interdisciplinary Plan of Care (IDPOC) VE5 VE7 VE8 RR6 RR9 CC1 CC2 CC3 CC4 CC5 CC6 CC7 TT3 TT6 TT8	2.1 - Patient-Centered Care (Caregiver) 3.1 - Problem Solving (Problem Solver) 3.3 – Patient Advocacy (Advocate) 3.4 – Interprofessional Collaboration (Collaborator) 3.6 – Communication (Communicator) 4.1 – Self-awareness (Self-aware) 4.2 – Leadership (Leader) 4.4 – Professionalism (Professional)	Pharmacy Nursing Rad Tech Dental Hygiene Doctor of Osteopathic Medicine	Individual pre-assigned readings Guided IP team forum discussions Student IP teams attend a live event where they practice SBAR communication and develop an interdisciplinary plan of care for a patient case. Students are also given the opportunity to practice TeamSTEPPS conflict resolution strategies Guided reflective writing Peer evaluations of team member performance	Knowledge based quizzes Pre/Post Event Assessment with selected questions from IPEC ICCAS selected questions (retrospective pre/post format) IDPOC grading rubric Pre/Post Assessment with selected questions from T-TAQ and T-TPQ SBAR grading rubric Formative assessment on CUS, DESC Script Guided reflective writing IDPOC grading rubric Peer evaluations on Teamwork
Immersion Bridge - Advanced Escape Room (P2)	Didactic	CC3 TT6 TT7	3.1 – Problem Solving (Problem Solver) 3.4 – Interprofessional collaboration (Collaborator) 3.6 – Communication (Communicator) 4.1 – Self-awareness (Self-aware) 4.4 – Professionalism (Professional)	Pharmacy Nursing MLS Rad Tech Dental Hygiene	Simulate escape room designed to be stressful and to address competencies relevant to the situation such as individual accountability and communication, which is clear, concise, respectful, and nonjudgmental Follow this experience with a debriefing, feedback, and post-activity assessment	Post-course survey (selected questions from ICCAS) Debrief questions following the activity
IPE-3 (P3) LSU-Ochsner Medicine	Simulation	VE4 VE10 RR2 RR3 RR9 CC2 CC3 CC4 TT3 TT6 TT7	1.1 – Learner (Learner) 2.1 – Patient-centered care (Caregiver) 3.1 – Problem Solving (Problem Solver) 3.4 – Interprofessional collaboration (Collaborator) 3.6 – Communication (Communicator) 4.1 – Self-awareness (Self-aware) 4.2 – Leadership (Leader)	Pharmacy Medicine (M3)	Students meet in small groups at the university medical center to collaborate on a patient case. Students collect and assess information from the case to develop a plan complete with monitoring. The case is presented to pharmacy and medicine faculty facilitators in a SOAP note format. Facilitators challenge students with	ICCAS – retrospective pre/post format Formative feedback from faculty facilitators during encounter

			4.4 – Professionalism (Professional)		questions regarding their plan and recommendations	
IPE-3 (P3) LSU-PA	Simulation lab	Component Objectives specifically written to reflect the four IPEC competencies of Values/Ethics, Roles/Responsibilities, Interprofessional Communication, and Teams/Teamwork.	1.1 – Learner (Learner) 2.1 – Patient-centered care (Caregiver) 3.1 – Problem Solving (Problem Solver) 3.4 – Interprofessional collaboration (Collaborator) 3.6 – Communication (Communicator) 4.1 – Self-awareness (Self-aware) 4.2 – Leadership (Leader) 4.4 – Professionalism (Professional)	Pharmacy Physician Assistant (PA)	Individual pre-assigned readings/videos Pharmacy and PA student small groups (2:1) are given patient information they would typically have in the practice setting. Each discipline is given the opportunity to identify problems that must be corrected by communicating findings and recommendations with the other discipline Guided reflective questions	Post- video quiz (PA R/R) Post-simulation survey Peer evaluations Reflection Assignment
IPE-3 (P3) LSU Medicine	Simulation lab	VE4 RR2 RR9 CC1 CC3 CC4 CC5 TT3 TT7 TT8	1.1 – Learner (Learner) 2.1 – Patient-centered care (Caregiver) 3.1 – Problem Solving (Problem Solver) 3.4 – Interprofessional collaboration (Collaborator) 3.6 – Communication (Communicator) 4.1 – Self-awareness (Self-aware) 4.2 – Leadership (Leader) 4.4 – Professionalism (Professional)	Pharmacy Medicine (M4)	Required readings prior to lab (TPN Overview; Equianalgesic Dosing) as refresher Work as a member of the interprofessional team with medical students on a patient case that requires the knowledge and input from the other discipline, and that includes transition of care.	Selected questions from ICCAS Peer Evaluation Reflection Question
IPPE (P2 and P3)	Experiential	Actively participate as a healthcare team member by demonstrating mutual respect, understanding and values to meet patient care needs VE5 RR9 CC2 TT7 TT8	1.1 - Learner (Learner) 2.1 – Patient-centered care (Caregiver) 2.3 – Health and wellness (Promoter) 2.4 – Population-based care (Provider) 3.1 – Problem Solving (Problem Solver) 3.2 – Educator (Educator) 3.4 - Interprofessional Collaboration (Collaborator) 3.6 – Communication (Communicator)	Various	Structured supervised program of participation in the practice of pharmacy including interprofessional practice.	Preceptor evaluation of student on ability to collaborate as a member of the healthcare team (at a given EPA level) Student self-assessment (same area as above) Guided reflective writing of teamwork, roles and responsibilities, communication, and values as related to provision of patient care

			4.1 – Self-awareness (Self-aware) 4.4 – Professionalism (Professional)			
APPE (P4)	Experiential	Actively participate as a healthcare team member by demonstrating mutual respect, understanding and values to meet patient care needs. VE5 RR9 CC2 TT7 TT8	1.1 - Learner (Learner) 2.1 – Patient-centered care (Caregiver) 2.3 – Health and wellness (Promoter) 2.4 – Population-based care (Provider) 3.1 – Problem Solving (Problem Solver) 3.2 – Educator (Educator) 3.4 - Interprofessional Collaboration (Collaborator) 3.6 – Communication (Communicator) 4.1 – Self-awareness (Self-aware) 4.4 – Professionalism (Professional)	Various	Structured supervised program of participation in the practice of pharmacy where the student continues to mature from student to practitioner, including interprofessional practice	Preceptor evaluation of student on ability to collaborate as a member of the healthcare team (at a given EPA level) Student self-assessment (same area as above) Guided reflective writing (community and institutional APPE) of teamwork, roles and responsibilities, communication, and values as related to provision of patient care
None (Measure of individual and aggregate changes from baseline – using same assessment as PRE-Exposure)	Emailed survey link	IP Teamwork and Team-based Practice Roles/Responsibilities for Collaborative Practice Patient Outcomes from Collaborative Practice	3.4 – Interprofessional collaboration (Collaborator)	Various	None	Demographic Attitudes (SPICE-R2) IPEC Competency Self-Assessment Tool (V3)
Other	Special Events	Competencies for each special event revolve around the four IPEC domains	Various	Various	Various	ICCAS Specific assessment questions for the activity