

CHICAGO STATE UNIVERSITY



School of Pharmacy

Chicago, Illinois

Programmatic Assessment Plan

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Introduction

The School conducts programmatic evaluation for the continuous monitoring and improvement of the School's structure and processes and achievement of the School's Mission, Professional Competencies, and Educational Outcomes (Appendix A) in conjunction with meeting the ACPE Accreditation Standards. The Assessment Plan (Appendix B) guides the evaluation of the PharmD curriculum, student learning outcomes, organizational effectiveness, and other key School activities for the continuous improvement of programmatic quality. The programmatic evaluation is a continuous process, and the Assessment Plan is itself assessed, improved, and redistributed by the Director of Assessment and Curriculum Effectiveness. The School's Assessment Plan includes two closely related processes: Educational Outcomes Assessment and Structure and Process Assessment.

Educational Outcomes Assessment

Assessment of Educational Outcomes ensures students' achievement of professional competencies and program outcomes and readiness to enter pharmacy practice throughout the pharmacy program. It uses a variety of formative, summative, and standardized assessments to support evidence-based changes to the didactic and experiential curricula and other School activities for the continuous improvement of student learning.

Structure and Process Assessment

The Assessment Plan includes continuous evaluation of the School's organization and processes to support students' attainment of Educational Outcomes. The Plan includes the assessment of organizational effectiveness, curricular structure, content and its delivery, faculty development and productivity, interprofessional education, and admission criteria. Structure and Process Assessment includes an ongoing and systematic collection, analysis, and reporting of data to advance overall programmatic quality.

Responsible Parties

Director of Assessment and Curriculum Effectiveness – Leads the execution of the School's Assessment Plan.

Curriculum and Assessment Committee – Collaborates with faculty, administration, staff, and key School offices and committees to gather and analyze assessment data and prepare reports. Based on the reports, the Director and the Committee identify areas for improvement and gaps in curriculum and assessment. The Committee then works with those offices and committees to make recommendations to key stakeholders for the improvement of educational processes and their assessments to improve program quality.

Executive Committee – Provides direction and guidance on strategic and operational planning and overall assessment of the School. The Committee helps in data collection and reporting from key School Offices. It includes the School's Dean, Director of Assessment and Curriculum Effectiveness, Department Chairs, and the Office of Experiential and Continuing Professional Education.

Faculty Committees – Design, execute, and/or evaluate key School functions such as academic

standing, admissions, curriculum and assessment, and student affairs. Each committee includes both senior and junior faculty. Most committees have student representation and others seek student input as needed. Each committee is responsible for assessing their performance and sharing relevant assessment data with the Curriculum and Assessment Committee for critical analysis and recommendations.

Faculty – Facilitate assessment activities at the student, course, program, and School levels to ensure student learning and programmatic effectiveness.

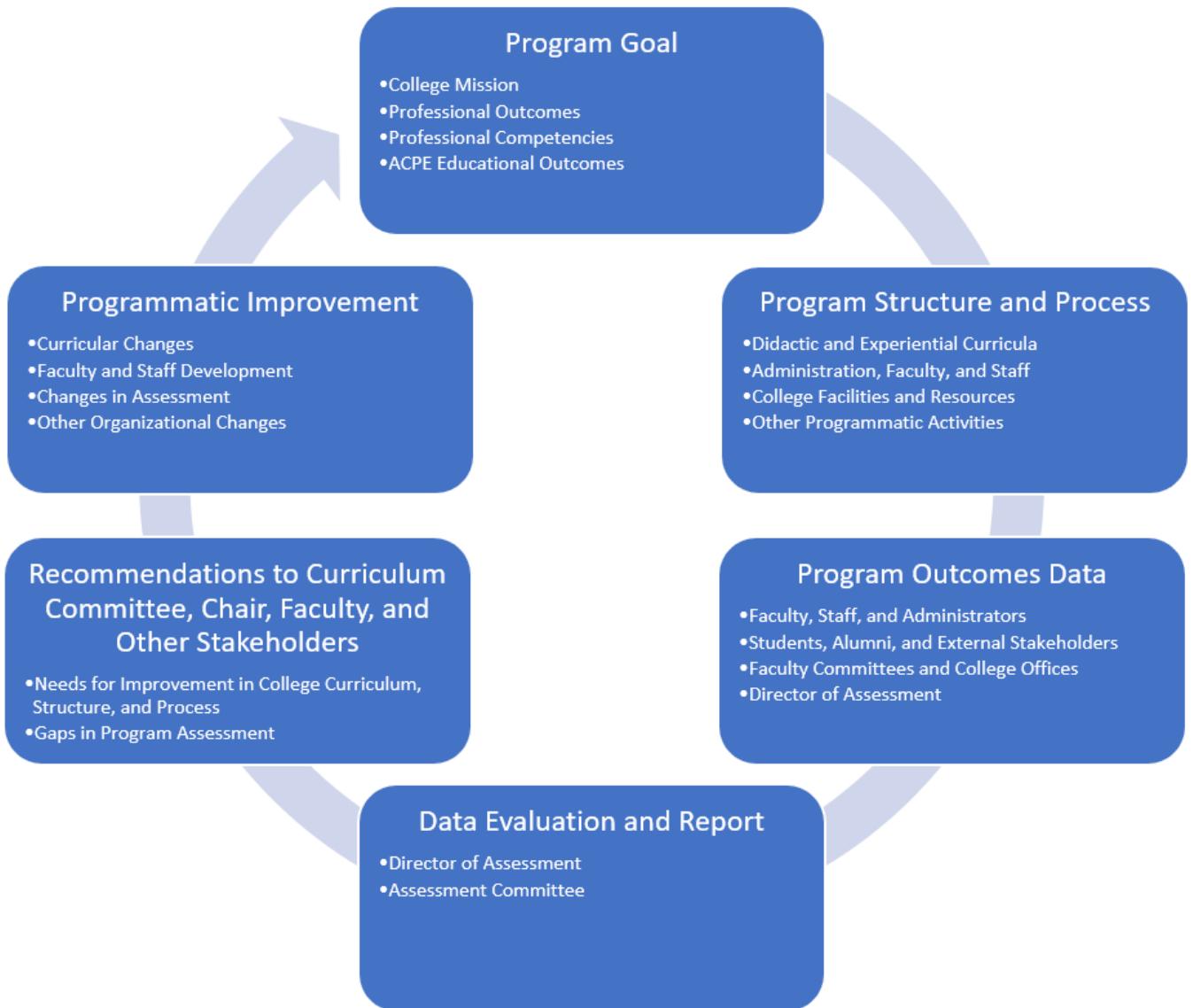
Staff – Participate in the assessment of operational and strategic components of the Assessment Plan. Staff also assist with identifying and reporting opportunities to increase programmatic efficiency and effectiveness.

Students, Alumni, and External Stakeholders (Preceptors) – Serve on various School committees and provide constructive assessment data and feedback.

Chicago State University

Support from the University Assessment Committee (UAC)

The School of Pharmacy submits annual assessment reports to the UAC for compliance with the assessment criteria of the Higher Learning Commission (HLC) for accreditation. HLC is a regional accreditation agency that accredits degree granting institutions of higher education in the 19-state North Central region of the United States. The UAC coordinates the collection of key assessment data from all units and departments in the University and provides feedback. The UAC also provides training and guidance about best assessment tools and practices to all units and departments at the University.



Appendix A

School Mission

The mission of Chicago State University School of Pharmacy is the development of student and faculty scholars who will impact the health care needs of people in the region, state, and the nation. The School will provide a strong foundation in the knowledge, integration, and application of the biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences to transform students into practitioners who are committed to humanistic service, capable of providing patient-centered care, and innovative leaders in advancing the pharmacy profession. The School embraces the mission of the University to educate individuals from underserved, disadvantaged, and diverse backgrounds to enhance culturally competent care and reduce health care disparities.

Professional Program Outcomes

1. Provide patient care in cooperation with patients, prescribers, and other members of an interprofessional health care team based upon evidence-based therapeutic principles, considering relevant legal, ethical, social, cultural, economic, and professional issues, emerging technologies, and evolving biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences that may impact outcomes.
2. Manage and use health care system resources, in cooperation with patients, prescribers, other health care providers, and administrative and supportive personnel, to promote health; to provide, assess, and coordinate safe, accurate, and time-sensitive medication distribution; and to improve therapeutic outcomes of medication use.
3. Promote health improvement, wellness, and disease prevention in cooperation with patients, communities, at-risk population(s), and other health care providers to improve health outcomes.
4. Apply (Utilize) effective verbal, non-verbal, and written communication strategies to patient care, education, and advocacy, and to foster professional interactions (collaborations) with other health care providers and stakeholders involved in delivery of (various components of) health care.
5. Contribute to improving the profession's knowledge, skills, and values by advancing oneself and the profession through leadership, professional citizenship, innovation, and active involvement in service activities and professional organizations.

Professional Competencies

Pharmacy graduates of the CSU-SOP will be able to demonstrate the following competencies:

1. **Foundational Knowledge and Skills:** Demonstrate strong foundational knowledge and skills in biomedical, pharmaceutical, social/administrative/behavioral, and clinical sciences.
 - a. Demonstrate depth and breadth of knowledge and skills in foundational sciences needed for clinical decision making.
 - b. Apply foundational knowledge and skills to solve therapeutic problems, provide patient-centered care, and improve population health.
2. **Provide Patient Care:** Utilizing problem solving skills, provide patient-centered care through the design, implementation, monitoring, documentation, evaluation, and adjustment of pharmacy care plans that are patient-specific, address social and cultural factors, and are evidence-based and reflect the standard of care, while serving as the patient's advocate, through the provision of a trusting and established patient-provider relationship.
 - a. Formulate, provide, and document a patient-centered care plan (design, implement, monitor, evaluate, recommend modifications in drug therapy) to ensure safe, effective, and economical drug therapy in collaboration with other health care professionals, patients, and/or their caregivers.
 - b. Design therapeutic regimens that reflect sensitivity, taking into account: cultural, social, economic, ethnic, and religious factors as well as personal patient beliefs, and that are grounded on evidence-based literature.
 - c. Recommend and monitor a patient's use of nonprescription drugs, diagnostic agents, self-monitoring tools/supplies and non-drug therapy.
 - d. Serve as a patient advocate, encouraging involvement and integration into patient-centered care.
3. **Provide Population-Based Care:** Provide population-based care through the ability to develop and administer population-specific, evidence-based disease management programs and protocols based upon analysis of epidemiologic and pharmacoeconomic data, medication-use criteria, medication use review, knowledge of health care systems, and risk-reduction strategies.
 - a. Analyze epidemiologic and pharmacoeconomic data, medication-use criteria, and risk-reduction strategies.
 - b. Perform medication use review.
 - c. Utilize knowledge of health care systems to assess the needs and healthcare status of a patient population.
 - d. Develop and implement evidence-based population-specific disease management protocols and programs.
4. **Manage Resources and Medication Systems:** Manage and evaluate human, physical, medical, informational, and technological resources, in the provision of patient care to

implement safe and effective medication usage, identify population and patient-specific data, apply research outcomes, participate in drug use and health policy.

- a. Manage systems for storage, preparation, dispensing, administration, and control of medication.
 - b. Apply knowledge of personnel management and fiscal management for efficient and effective operation of a pharmacy.
 - c. Utilize best practices to identify opportunities for improvement in the organization's medication-use system by utilizing best practices, including informatics.
 - d. Protect patient security, including confidentiality, at all times while providing optimal patient care.
 - e. Apply technology, principles of outcomes research and quality assessment to optimize patient outcome and safety.
5. **Promote Disease Prevention and Health Promotion:** Promote the availability of effective health and disease prevention services and health policy through the application of population-specific data, quality improvement strategies, informatics, and research processes to identify and solve public health problems, and to help develop health policy, manage chronic disease and improve overall health and wellness.
 6. **Manage Literature and Information Effectively:** Retrieve, analyze, and interpret literature to implement evidence-based practice.
 - a. Identify and adequately evaluate different sources of information, including professional, scientific, and lay information.
 - b. Use relevant evidence-based information about drugs in providing consultation to other health care providers and counseling of patients, their families or caregivers.
 - c. Critically analyze scientific literature to identify emerging health issues, services, and products and their potential implications for disease treatment/prevention, and for providing patient-centered and population-based therapeutic outcomes.
 7. **Communicate Effectively:** Communicate and collaborate (verbally, non-verbally and in writing), with patients, care givers, physicians, nurses, other health care providers, policy makers, members of the community, and administrative and support personnel to engender a team approach to patient care.
 - a. Interview and counsel patients and caregivers using an organized structure and specific questioning techniques (e.g., motivational interviewing), and counsel patients.
 - b. Communicate, educate, and collaborate using an organized structure and specific techniques, including structured counseling and motivational interviewing.
 - c. Gather, organize, and summarize information effectively in written, verbal, and multimedia format to appropriate audiences.
 8. **Demonstrate Moral Reasoning, Clinical Ethics, Professional and Legal**

Responsibility: Carry out pharmacy duties in accordance with legal, ethical, social, economic, and professional standards.

- a. Demonstrate fundamental ethical principles of autonomy, dignity, beneficence, equality, and non-malfeasance through professional accountability, commitment to excellence, respect for others, honesty, integrity, care, and compassion.
 - b. Exhibit professional behavior and ethical judgment that safeguards the covenantal relationship between patients, health care providers, and society.
 - c. Interpret and comply with pharmacy laws and regulations.
9. **Demonstrate Personal and Professional Development:** Examine and reflect on personal knowledge, skills, abilities, beliefs, biases, motivation, and emotions that could enhance or limit personal and professional growth.
- a. Demonstrate professional competence, critical thinking, and self-directed learning skills.
 - b. Demonstrate commitment to independent, self-directed, life-long learning through identification, development, and implementation of personal and professional development plans.
 - c. Seek personal, professional, or academic support to address personal limitations.
 - d. Engage in professional advocacy opportunities.
 - e. Engage in innovative and entrepreneurship activities.
 - f. Demonstrate leadership skills in a team setting.

Appendix B. Chicago State University School of Pharmacy Assessment Plan

Assessment Key Element	Assessment Sub-Element	Program Outcome Type	Source / Target Participants [Level]	Assessment Goal / Outcome What is Assessed	Assessment Instrument	Data Collection Interval	Data Collectors	Evaluators
7.1, 7.5	7.1a, 7.5a, 7.5b	Program Quality	School	Assessment Plan	Qualitative Review of the Assessment Plan to ensure all elements of Assessment at the School are included in the plan and that areas without assessment may have a plan developed	Every 2 years	CAC	SOP
7.2	7.2.b	Structure and Process to Achieve Educational Outcomes	School	Strategic Plan	College of Pharmacy Leadership committee reviews strategic plan annually to determine if it is current, it has been met, and if it needs to continue to be monitored	Annual	Office of the Dean	Office of the Dean
	7.2.c, 7.2.d			Organizational Culture	AACP Faculty and Graduating Student Surveys Number of professionalism citations for students and number of grievances against faculty			
7.3, 7.4	7.3.d, 7.4.b	Pre-Requisite Foundational Knowledge	Students [P0]	Student readiness for pharmacy school	Admissions data (GPAs, Schools attended, degree completion) Pharmacy pre-matriculation benchmark examination	Summer before Matriculation	Director of Assessment and Curriculum Effectiveness (DACE) Admissions Committee	DACE Admissions Committee

Assessment Key Element	Assessment Sub-Element	Program Outcome Type	Source / Target Participants [Level]	Assessment Goal / Outcome What is Assessed	Assessment Instrument	Data Collection Interval	Data Collectors	Evaluators	
7.3	7.3.d	Student Personal and Professional Development	Students [P1, P2, P3, P4]	Curricular and co-curricular learning experiences and personal and professional growth:	Professional portfolios	End of Each Semester	Learning Community Advisors (Faculty)	Learning Community Advisors (Faculty)	
					Learning Community Advisor Interview				
					IPPE/APPE	Course Completion	Preceptor	Preceptor, Director of Experiential	
					Student performance in 6119 (Introduction to Professionalism)		Course Coordinator	Course Coordinator	
7.3	7.3.a, 7.3.d	Educational Outcomes	Students [P1, P2, P3, P4]	Foundational Knowledge: Achievement of student learning outcomes plus essentials for Practice and Care: Retention of knowledge and skills from the curriculum	Course Level Assessment (e.g., quizzes, exams, student presentations, formative faculty feedback)	Continuous	Course Instructor / Coordinator	Course Instructors / Coordinators DACE	
7.3	7.3.d				Preceptor Evaluations	Rotation Completion	OECPE, preceptor	OECPE, DACE, Preceptor	
7.3, 7.4	7.3.d, 7.4.c				Progression, remediation, and on-time graduation rates	Annually	Director for Student Records	DACE	
7.3	7.3.d		Students [P1, P2, P3]		Milemarker Exams OSCEs	Continuous	Pharmacy Patient Skills Course Coordinators, DACE	SOP Faculty, Course Coordinators, DACE	
			Students [P3, P4]		Pre-NAPLEX assessments (e.g., RxPrep comprehensive exams, NAPLEX Advantage, PHAR 6449 High Stakes Exam)		PHAR 6449 Course Coordinator, DACE	PHAR 6449 Course Coordinator, DACE	
			Students [P1, P2, P3, P4]		Drug Card Exams		Drug Cards Program Administrator	Drug Cards Program Administrator	

Assessment Key Element	Assessment Sub-Element	Program Outcome Type	Source / Target Participants [Level]	Assessment Goal / Outcome What is Assessed	Assessment Instrument	Data Collection Interval	Data Collectors	Evaluators	
7.3	7.3.a, 7.3.d	Educational Outcomes	Students [P1, P2, P3]	Approach to Practice and Care: Pre-APPE Readiness	Didactic assessments: Pharmacy Patient Skills I-VI, Pharmacy Professional Practice I-V, Drug Action, Structure and Therapeutics I- VIII	Continuous	Course Coordinators, OECPE	Course Coordinators, OECPE	
					Pharmacist's Patient Care Process (PPCP) including case presentations and Subjective, Objective, Assessment and Plan (SOAP) notes		Course Coordinators	Course Coordinators	
	7.3.d		Students [P1, P2, P3]		P1, P2, P3 - Objective Structured Clinical Examinations (OSCEs)				
			Students [P1, P2, P3, P4]		PPS Skills Assessments				
7.4	7.4.e	Educational Outcomes	Students [P1, P2, P3, P4]	Research and scholarly activity	Abstracts, presentations, and manuscripts	Continuous	Faculty and Department Chairs	Department Chairs, Board of Trustees	
7.3	7.3.d		Recent Graduates [Post-P4]	Retention of knowledge and skills from the curriculum	NAPLEX, & MPJE Area Scores and Pass Rates	Annual NAPLEX and MPJE pass rates	DACE	SOP, CoHSP, and University	
7.3	7.3.d	Interprofessional Education	Students [P1, P2, P3, P4]	Readiness to work with an interprofessional healthcare team	Didactic: Interprofessional activity assessment (i.e. Interprofessional Perception, Knowledge, and Attitudes Scale (IPKAS), TOSCE, Student Eval), preceptor evaluations of students	Yearly	Director of IPE, OECPE	Director of IPE, OECPE	
7.2, 7.3	7.2.d, 7.3.a, 7.3.d		Students [P1, P2, P3, P4]		Experiential: APPE/IPPE, AACP student & preceptor survey		OECPE, DACE, CAC	OECPE, DACE, CAC	

Assessment Key Element	Assessment Sub-Element	Program Outcome Type	Source / Target Participants [Level]	Assessment Goal / Outcome What is Assessed	Assessment Instrument	Data Collection Interval	Data Collectors	Evaluators	
7.3	7.3.b	Curriculum Content, Design, Delivery, and Oversight	Curriculum Content	Alignment of course content and learning objectives with NAPLEX content areas and ACPE required didactic content areas	Course Curriculum Mapping	Every 3-years or when new NAPLEX Blueprints come out	CAC Chairperson	DACE, CAC	
					Curriculum Review, comprehensive review of the curriculum	Every Three Years			
			Curriculum Depth	ExamSoft Tagging to Bloom's Taxonomy	ExamSoft Question Tagging of questions	Every three years	CAC Chairperson, DACE		
				Map of curriculum with reinforcement levels	Course Curriculum Map				
			Curriculum Assessment	Curriculum assessment - effectiveness and gap analysis	ExamSoft data	Every three years and/or during ACPE reports	DACE, CAC		
					Curriculum Gap Analysis Data	Every three years	DACE, CAC		
7.2, 7.3	7.2.d, 7.3.b	Curriculum Content, Design, Delivery, and Oversight	Curriculum Quality	Curriculum Content, Delivery, and Effectiveness	AACP Graduating Student, Alumni, Preceptor, and Faculty surveys	Annually	DACE	SOP Faculty, Department Chairs, CAC	
7.3	7.3.b		Didactic Curriculum Quality	Course content and design	Course evaluations by students, Every three year comprehensive curriculum review which includes student and faculty feedback on curriculum threads Syllabus Review Checklist	Every three years	SOP Faculty, CAC		

Assessment Key Element	Assessment Sub-Element	Program Outcome Type	Source / Target Participants [Level]	Assessment Goal / Outcome What is Assessed	Assessment Instrument	Data Collection Interval	Data Collectors	Evaluators
7.3	7.3.c		Experiential Curriculum Quality	Experiential Curriculum Content, Delivery, and Effectiveness	IPPE and APPE preceptor evaluations of students	Each Rotation	OECPE	OECPE, CAC
					Student evaluations of preceptors and sites	Each Rotation		
					Clinical Site Quality Assurance Visits	Every Three Years		
7.4, 7.5	7.4.b, 7.5a	Student Admissions	Students [P1, P2, P3, P4]	Admission Criteria	Qualitative review of criteria, policies, and procedures coupled with data from student progression and achievement parameters	Annually in the Fall	Admission Committee, DACE	Admissions Committee, DACE
7.3, 7.4, 7.5	7.3.b, 7.4.b, 7.5a	Student Admissions	Students [P1, P2, P3, P4]	Admission Criteria	Correlation of students' admission scores with course performance, retention, progression and professional behaviors	Every 2 years Continuous	Admissions Committee, CAC	CAC
7.4	7.4.e	Faculty - Qualitative Factors	SOP Faculty	Faculty effectiveness in teaching, scholarship, and service	Faculty retention, promotion, and tenure portfolios AACP Faculty Survey	Annually per the university schedule	SOP Faculty	Department Personnel Committee, Department Chairs, Dean, University Personnel Committee
7.3, 7.4	7.3.b, 7.4.e			Student Feedback on Faculty effectiveness in delivering the curriculum	Faculty evaluations by students	End of Each Semester	SOP Faculty	SOP Faculty, Department Chairs, Department Personnel Committee
				Faculty Teaching Evaluation	2 peer and 1 chair evaluation	Annually	Peer faculty, Department Chair	

Assessment Key Element	Assessment Sub-Element	Program Outcome Type	Source / Target Participants [Level]	Assessment Goal / Outcome What is Assessed	Assessment Instrument	Data Collection Interval	Data Collectors	Evaluators		
7.2, 7.4	7.2.a, 7.4.d			Faculty professional development	Faculty development and continuing education surveys Faculty development webinar surveys	End of Each Semester	Executive Committee and School of Pharmacy Faculty	Executive Committee		
7.3	7.3.b	Structure and Process to Achieve Educational Outcomes	Overall Program Quality	Organizational Effectiveness	On-time graduation rates	Annually	DACE	DACE, CAC		
	7.3.d				Residency match rates					
7.2	7.2.d				AACP Graduating Student, Alumni, Preceptor, and Faculty surveys					
7.2	7.2.a	Structure and Process to Achieve Educational Outcomes	Administrators, Staff	Organization and Governance	HR Administrative / Staff Performance Evaluations	Summer	Office of the Dean	School, College, and University Administration		
7.5	7.5a		Curriculum and School Organization	Student feedback and concerns	Town hall meetings	Twice a semester	Office of Student Affairs	Office of Student Affairs, DACE, CAC		
7.4	7.4.c	Structure and Process to Achieve Educational Outcomes	Overall Program Quality	Student Retention and Progression	Academic jeopardy reports	End of Each Semester	DACE	CAC and SOP Leadership team		
7.4	7.4.a	Structure and Process to Achieve Educational Outcomes			Remediation and progression data					
7.2, 7.4	7.2.d, 7.4.a				On-time graduation rates					
7.4	7.4.a	Student Support Services	Effectiveness of and gaps in student support services	Extent of use and impact on student success of student support services including meetings with the learning specialist, student workshops, and tutoring	Annually for AACP surveys and periodically for other student support activities	DACE and Learning Specialist	CAC and SOP Leadership team			
				AACP graduating student survey		OSA - Workshops	OSA - Workshops			
				Student need and feedback for support services						
				Early Intervention Processes (EIP)						

Assessment Key Element	Assessment Sub-Element	Program Outcome Type	Source / Target Participants [Level]	Assessment Goal / Outcome What is Assessed	Assessment Instrument	Data Collection Interval	Data Collectors	Evaluators
7.4	7.4.a	Structure and Process to Achieve Educational Outcomes	Student Support Services	Quality and Quantity of student support services - Healthcare	Review of student healthcare insurance coverage (mandatory requirement for students)	Annual	University	OSA
					Review of wellness and well-being programs		Counseling Center	OSA
					1 on 1 meetings with Advisors		Learning Community Advisors	OSA
					Review of academic support services program - tutoring, workshops, university offerings		DACE	CAC and SOP Leadership team
7.4	7.4.d	Faculty - Quantitative Factors	SOP Faculty	Sufficient Faculty	Department Application Criteria and Portfolios	Annual	Faculty	Department Chairs
	7.4.f	Structure and Process to Achieve Educational Outcomes	Preceptor Quantity	Sufficient Preceptors for IPPE and APPE Placements	Comparison of Students and Available Rotation Slots	Annual	OECPE	OECPE
			Preceptor Quality	Quality of Preceptors is Effective for IPPE and APPE Placements	Diversity in rotation sites, preceptor intake forms, preceptor credentials			

Assessment Key Element	Assessment Sub-Element	Program Outcome Type	Source / Target Participants [Level]	Assessment Goal / Outcome What is Assessed	Assessment Instrument	Data Collection Interval	Data Collectors	Evaluators
7.4	7.4.g	Structure and Process to Achieve Educational Outcomes	Physical and financial resources	Quality and quantity of physical and financial resources	Faculty and Administrator feedback to the Dean / Board of Trustees	Annual	Office of the Dean	Board of Trustees
7.5	7.5a	Structure and Process to Achieve Educational Outcomes	School	Changes made based on stakeholder Feedback	Student Townhalls, BOT reports, College and School Meetings	Annual	Office of the Dean	Office of the Dean
				Annual release of Major Findings and Actions Resulting from Assessment Plan	Student Townhalls, BOT reports, College and School Meetings			
				Reporting Compliance	ACPE E-mail requests			
	7.5b			Processes and Procedures for reviewing and ensuring is program meets all accreditation standards	Faculty / Staff attendance at ACPE workshops, Presentation of any changes at all School meetings			