COP Assessment and Evaluation Programmatic Plan

Outcome	Threshold	Methodologies	Summer 2022	Achieved or Needs Improvement	Summary of Continuous Quality Improvement (CQI) Actions
P1. COP produces competent entry-level pharmacists	a. NAPLEX pass rates are at or above the national and peer average	NAPLEX	82% (COP 2021) *Nat'l avg: 84%*	Needs Improvement	New high-stakes P3 summative assessment (P3 CPAT); ad-hoc group formed to identify opportunities to improve NAPLEX preparation in the P4 year
	b. NAPLEX pass rate rank is at or within 5% of the top ranked competitor school	NAPLEX	82% (COP2021) *Top score: 83%*	Achieved	-
	c. MPJE pass rates are at or above the Illinois weighted average	MPJE	80% (COP 2021) *IL weighted avg: 72.7%*	Achieved	-
	d. MPJE pass rate rank is at or within 5% of the top ranked Illinois school	MPJE	80% (COP 2021) *Top score: 89%*	Needs Improvement	Planned changes to IPPE workbook and the community APPE abilities checklist to reinforce MPJE content; ad-hoc group formed to identify opportunities to improve MPJE preparation in the P4 year
P2. COP is active in national/international professional Pharmacy associations	a. 80% of COP faculty attend at least one professional pharmacy meeting annually, excluding faculty < 0.5 FTE or Research Professors	Departmental annual report	88%	Achieved	-
	b. 25% of COP faculty hold leadership or committee-level positions in a professional pharmacy association	Departmental annual report	54%	Achieved	-
	c. 60% of students are members of local or national pharmacy associations	Office of Student Life	91%	Achieved	-

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P3. COP is active in service to the Pharmacy profession	a. 50% of the COP faculty participate in professional activities representing COP outside of the college (e.g. delivering CE, consultation with other schools/ programs, national exam development, service-related presentations, poster presentations, etc.)	Departmental annual report	71%	Achieved	-
P4. COP has an effective Student Advising program	a. At least 90% of students "agree" or "strongly agree" with the end-of-quarter question, "Access to my faculty advisor is adequate for my needs"	Office of Student Life	P1: 95% P2: 92% P3: 94%	Achieved	-
	b. Student:advisor ratio is less than or equal to 10:1	Office of Student Affairs	9.3	Achieved	-
P5. COP promotes active research and scholarship	a. The scholarly output of the college, as measured by the faculty productivity model is maintained or increased annually.	Faculty Productivity Model	270.2% FTE among 24 faculty (median 8.6%)	Achieved	-
	b. The sum of new and continuing grants is maintained or increases annually	Annual Research Report	4	Needs Improvement	An alternative method of quantifying grants is being considered by the college to more accurately capture grant funding
	c. 5% of P1-P3 students are involved in research & scholarship	Annual Research Report	26%	Achieved	-
P6. COP regularly collects data points as part of the A&E plan for continuous quality improvement	a. The A&E Plan thresholds for "Summer Status" are updated by the end of the calendar year	A&E Plan	November 2022	Achieved	-
	b. Every third year, an ad hoc committee will do a holistic review of the A&E plan and propose revisions when appropriate	Ad-hoc committee	Completed Summer 2021	Achieved	-
	c. The A&E Committee reviews data regarding predictors of pharmacy school performance and success on the NAPLEX	ADA reports generated primarily from A&E Student Database	6 reports with data analysis conducted during academic year 2021-2022	Achieved	-

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	d. At least 80% of respondents "agree" or "strongly agree" and is no lower than 5% below the national average with each statement in the AACP Faculty Survey	AACP Faculty Survey	13 questions below threshold	Needs Improvement	Major themes of items below threshold include improved faculty development, faculty workload, and curricular integration-collaboration. Several initiatives to address faculty development and curriculum were held during COVID-19 and are now resuming. Faculty workload continues to be an issue nationally; further direction is pending multiple working groups related to the strategic vision of the college.
P7. COP Strategic Plan is implemented	a. 80% of AY measurable outcomes have been achieved or are in progress	Measurable Outcome Tracking Report	Revision of COP Strategic Plan is planned	Achieved	-
P8. COP recognizes "sentinel events" and coordinates further action for continuous quality improvement	a. An RCA is conducted for all instances of a student dismissal from COP	Coordination with student progression committee via dual committee member or chair-to-chair communication	Planned during Winter AY22/23 for AY21/22; last conducted Sept 2021	Achieved	-
	b. Faculty turnover (not due to retirement) of more than 2 individuals per year prompts further action	Dean and Dept Chair budgets; outgoing survey of departing employees	1 faculty member	Achieved	-
	c. Staff turnover (excluding retirement and research grant funded staff) of more than 2 individuals per year prompts further action	Dean and Dept Chair budgets; outgoing survey of departing employees	None	Achieved	-

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	d. Any ACPE standard that is non-compliant or partially compliant prompts an RCA	ACPE accreditation visit report	No applicable standards	Achieved	-

Abbreviations	Meaning
A&E	Assessment & Evaluation Committee
ADA	Associate Dean for Assessment
ADAA	Associate Dean for Academic Affairs
ADEE	Associate Director for Experiential Education
ADER	Associate Dean for External Relations
ADR	Associate Dean for Research
ADSA	Associate Dean for Student Affairs
AFC	Academic Faculty Council
CC	Curriculum Committee
CD	Course Director
CO	Course Objectives
DEE	Director of Experiential Education
DIPS	Director of Interprofessional Studies
EEC	Experiential Education Committee
PEC	Pharmacy Executive Committee
SPEAC	Student Promotion, Evaluation, and Awards Committee