

Department of Pharmacy Practice

**College of Health Professions and
Biomedical Sciences**

Strategic Plan: 2010-2015

- 2012 Update: 10-31-12

Developed by:
Pharmacy Practice Department
August 2010

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Department Chair

DEPARTMENT OF PHARMACY PRACTICE
2010-15 Strategic Plan

The Department of Pharmacy Practice strives to educate and train entry-level pharmacists to provide optimal pharmaceutical care and promote public health to the people of Montana and the nation, and to enhance the skills of pharmacy practitioners by providing educational opportunities. The department offers a dynamic and contemporary curriculum based on the pharmaceutical and biomedical sciences, to prepare students and practitioners to apply pharmacotherapy knowledge to patient care and practice situations. Students and practitioners are taught specific drug therapy knowledge and skills including critical thinking, problem solving, communication techniques, and organizational planning to promote medication management in collaboration with other healthcare practitioners.

The department engages in scholarly activity including clinical, administrative, and educational research, design and implementation of innovative clinical services, and presentation and publication of projects. The department provides service to the School and the University, to the profession and to the community. Clinical faculty serve the community by providing patient-based pharmacy services in healthcare settings, while acting as role models for students and practitioners and using the practice sites for teaching and research.

MISSION STATEMENT

The mission of the Department of Pharmacy Practice is to prepare graduates to enter the profession of pharmacy with the knowledge, skills, and systems management competencies required to provide optimal patient-centered and population-based care. The Department fosters self-directed learning, professionalism, cultural competency, interprofessional collaboration, and pharmacy leadership and advocacy.

NOTEWORTHY DEPARTMENTAL GOALS: 2010-15

1. Enhance student evaluation and assessment methods in the professional program including collecting information, sharing the results, and demonstrating how the information was used to improve the program.
2. Work towards improved utilization of outcomes measures to modify and improve the curriculum.
3. Conduct ongoing review of IPPE and APPE site activities to assure that they reflect changes in professional practice and meet the accreditation standards with regard to expected competencies.

4. Link course content and instructional methods to the program's outcomes for graduating students.
5. Continue to develop the computerized experiential program management system.
6. Focus on the continued development of quality community pharmacy APPE sites characterized by enhanced patient care activities and develop quality assurance to evaluate sites. Support efforts to develop community APPEs in rural sites.
7. Facilitate the development of additional general pharmacy residencies in Missoula and around the state. Promote the development of residencies in ambulatory care and community practice.
8. Continue increasing the number of faculty and department-affiliated personnel involved in scholarly activities including grant proposal preparation, research projects, publications, and presentations. Promote and assist in the scholarly development of residents.
9. Continue to provide drug information and continuing education services to health care practitioners in Montana.
10. Promote the role of pharmacy in public health activities especially those related to medication safety, access to services and pharmaceuticals, disease prevention, health promotion, and emergency preparedness.
11. Prepare students to provide quality pharmaceutical services in any setting including rural and frontier practice sites.
12. Work closely with pharmacy practitioners and organizations in Montana to advance the provision of, and reimbursement for cognitive pharmacy services.
13. Provide contemporary pharmacy care to patients and serve as role models for students in patient care settings.
14. Acknowledge that faculty salaries are low compared to regional and national averages and, in consideration of that fact, seize opportunities to enhance faculty salaries.
15. Acknowledge and prepare for the retirement of key departmental faculty to ensure an orderly and organized transition of important department activities.

**DEPARTMENT OF PHARMACY PRACTICE
UM SKAGGS SCHOOL OF PHARMACY
GOALS & OBJECTIVES
2010-2015**

AREA: Curriculum

Lisa Wrobel , Co-Chair
Bill Docktor, Co-Chair
Rose Macklin
Kendra Procacci
Gayle Hudgins, ex-officio

GOAL: Maintain a curriculum that is current, evolving, and responsive to changing educational and training needs, and efficiently achieves program outcomes.

OBJECTIVES:

1. Utilize outcome measures to improve the curriculum, by obtaining measures on an annual basis, including:
 - students' performance data on Board exams from the Assistant Dean for Student Affairs
 - exit interviews of our students from the Experiential Coordinator
 - preceptors and clinical Instructors
 - self-assessment from our graduates of their abilities
 - end of semester reviews
 - faculty

Plan: Create a mechanism for annual survey of graduates

Plan: Annually survey the faculty for ideas on curricular improvements

Plan: Evaluate all outcome data to assess the effectiveness of the curriculum

Primary responsibility: CHPBS Assessment Committee, Director of Experiential Program, Curriculum Committee

2011 Update: *Information on performance data on Board Exams, exit interviews, clinical instructor and preceptor evals of students, and end of semester reviews continue to be collected and considered by the Curriculum Committee. The Curriculum Committee plans to develop a process to elicit input from faculty regarding the curriculum on a regular basis. The AACP Alumni Survey is now being used on a regular basis.*

2012 Update: *A process has not been developed for getting input from faculty on a regular basis? Gayle has the raw notes from the exit meeting; the curriculum committee just needs to request them.*

2. Explore an online system for student evaluation of instructors and course.

Plan: Demonstrate/teach the system to the departmental faculty

Plan: Require Departmental faculty to use online evaluations starting Fall 2010

Primary responsibility: Department Chairperson, Department faculty

2011 Update: *Many faculty have switched to on-line instructor and course evaluations. All End-of-Semester Curriculum Surveys are obtained on-line. Recent switch (Fall 2011) from Blackboard to Moodle as the campus-wide on-line educational platform requires an adjustment of these on-line evaluations.*

2012 Update: *At the August 2012 program meeting it was decided that online evaluations using a program available on campus will be used starting this fall.*

3. Review and revise pharmacy practice courses into a coordinated, logically progressing, and efficient system to build students' professional abilities

Plan: Include Pharm. D. program outcomes on each syllabus and the curricular map

Plan: Review, and revise as needed, courses and content to meet needs of curriculum and recommend these changes to the curriculum committee

Primary responsibility: Department faculty coordinating courses, curriculum committee

2011 Update: *Outcomes have been added to the curriculum map (2010-2011) and will be evaluated by the Curriculum Committee to ensure that all outcomes are being addressed. Some faculty members have added outcomes to their course syllabi; curriculum committee will strongly encourage all faculty to follow suit. Curriculum Committee continuously monitors the curriculum for needed improvements.*

2012 Update: *At the August program meeting, it was decided that each course syllabus will include a statement giving the website where the outcomes addressed by the course can be found. The curricular map to outcomes is technically in draft stage, but is close to being final.*

With the departure of Ms. Barnes, the P3 pharmacy practice lab is being revised for this year.

- Promote a professional culture throughout the pharmacy program (Administration, faculty, staff, students, clinical instructors, preceptors)

Plan: Enhance professionalism in all courses and experiential sites by providing faculty and preceptors with additional training.

Plan: Encourage faculty and preceptors to utilize professionalism policy when appropriate

Plan: Create a small committee to develop standardized expectations for students in the classroom and experiential settings to be included in all syllabi

Primary Responsibility: All individuals associated with the pharmacy program, Department Chair

2011 Update: *Professionalism Committee created and developed professionalism policy which continues to be promoted to faculty so that they understand its intent and usefulness. The committee continues to explore opportunities to enhance professionalism throughout the program.*

2012 Update: *Professionalism training continues to be a need. Each faculty member receives a copy of the professionalism policy each year as part of the student handbook. The new faculty orientation does not include a discussion of the professionalism policy. A committee has not been formed to develop expectations for students in the classroom and experiential settings. The Professionalism Committee will address this this year.*

- Enhance interprofessional interaction in classroom, informally, and clinical experiences.

Plan: Create additional opportunities to incorporate other disciplines into classes with pharmacy students or pharmacy student into their courses

Plan: Add an objective to APPE to encourage interaction among all students of all disciplines in each experiential site

Plan: Encourage faculty involvement in any interdisciplinary activities available

Primary Responsibility: All faculty, clinical instructors, and preceptors, Experiential Coordinator

2011 Update: *School of Pharmacy continues to participate in Interdisciplinary Seminar each Spring semester. Many APPEs incorporate a multi-disciplinary team approach. The school will continue to explore other opportunities to learn and work collaboratively with other health care professionals.*

2012 Update: *Few new interdisciplinary opportunities were implemented this past year. A new cooperative project with the nursing school this past year involved two P4 students. The addition of the family practice residency in western Montana next year will provide an opportunity. An objective regarding interdisciplinary activities (IA) has not been added to APPEs. IA was discussed at the clinical instructors meeting this past spring and all were encouraged to involve students in IA as much as possible. A location to document IA was added to E-value.*

6. Promote active learning strategies and criteria referenced, evidence based assessment

Plan: Provide a seminars/retreats to enhance faculty abilities in these areas

Plan: Require faculty to use teaching, learning, assessment techniques needed to accomplish the goals of the curriculum

Plan: Add learning and assessment strategies used in each course to the curricular map

Primary Responsibility: All faculty, course coordinators, curriculum committee

2011 Update: *A teaching and assessment methods map was developed in 2010-2011. The Curriculum Committee will use this to ensure that a variety of teaching and assessment methods are used and consistent with outcomes. Annual faculty retreat included two outside guest-speakers who provided professional development in these areas.*

2012 Update: *This year's annual retreat did not include presentations on teaching and assessments methods. No requirement has been made to modify assessments techniques used by faculty yet. Learning and assessments methods added to map but has yet to be reviewed by the curriculum committee.*

**DEPARTMENT OF PHARMACY PRACTICE
UM SKAGGS SCHOOL OF PHARMACY
GOALS & OBJECTIVES
2010-2015**

AREA: Experiential Program and Preceptor Development

Gayle Hudgins, Chair
Donna Beall
Sherrill Brown
Katy Hale

GOAL: Revise and expand the Skaggs School of Pharmacy Experiential Program to meet the needs of students and preceptors and to maintain compliance with the ACPE standards and guidelines.

OBJECTIVES:

1. Evaluate and revise the Introductory Pharmacy Practice Experiences (IPPE) which need to make up 300 hours of the professional curriculum. These include:
 - Community Pharmacy IPPE – 120 hours – 3 credits
 - Hospital Pharmacy IPPE – 120 hours – 3 credits
 - Additional IPPE activities: Senior Partner interviews, Public Health Service Learning Projects – up to 60 hours – approximately 1 credit

Plan: Continue to evaluate and revise the goals and objectives of each experience, the activities, the evaluation instruments, and to educate preceptors.

Plan: Since the mini-IPPE experiences were recently eliminated from Phar 309 Pharmacy Practice I and up to 20% of the IPPE requirement can now be met through simulation, identify which simulation activities in the current curriculum can be counted towards the IPPE requirement.

Primary responsibility: Director of Experiential Education, Community Pharmacy Coordinator, Skills Lab Coordinator

2011 Update: *first plan completed for the 2010-11 year.*

2010-2012 Update: *All of the IPPE activities were reviewed and updated for the self-study. Learning objectives were developed and outcomes, teaching and evaluation methods were identified. No progress has been made on identifying simulation activities and including them as Introductory Pharmacy Practice Experiences, which will be pursued in the coming year.*

2. Evaluate various aspects of the Advanced Pharmacy Practice Experiences to ensure that the ACPE standards and guidelines are being met.

Plan: Periodically review the structure of the APPE program and the length of the rotation used.

Plan: Monitor the utilization of APPE sites on an annual basis.

Plan: Review and update the various APPE guidelines and evaluations forms annually.

Primary responsibility: Director of Experiential Education, Community Pharmacy Coordinator, Pharmacy Practice faculty

2012 Update: Discussion has occurred both at the department level and at the clinical instructors' meeting on the current structure of the APPE program and the length of the program with no decisions made to change the structure or rotation length in the near future. There is general agreement that the length of the program should be increased to 10 months, but no date for that expansion has been set. The use of APPE sites is reviewed annually by the Director of Experiential Education, and the APPE guidelines, evaluation forms, and portfolio structure are reviewed annually at the clinical instructors' meeting.

3. Provide and document Preceptor Orientation/Training Program to meet the ACPE standards and guidelines.

Plan: Continue to provide and promote various opportunities for preceptors to complete preceptor orientation and training, primarily through web-based programs.

Plan: Track preceptor's completion of this requirement in E*Value.

Primary responsibility: Director of Experiential Education

2012 Update: Preceptors will continue to have access to continuing education for preceptor orientation and training, as well as other topics, through the school's website and in E*Value. The A.Ph.A. Community Pharmacist Preceptor Education Program, the Pharmacist's Letter Preceptor Toolbox and CEI Preceptor Development programs are promoted to IPPE and APPE preceptors routinely. The CEI subscription was discontinued in 2010-2011 as no one was using the programming, but resumed for 2011-2012; usage will be monitored.

4. Provide opportunities for preceptor development in conjunction with the continuing education activities of the Skaggs School of Pharmacy, the Montana Pharmacy Association and other health care organizations.

Plan: Evaluate needs of Montana preceptors, determine best methods to deliver preceptor development in Montana, work with Montana continuing education providers to meet these needs.

Primary responsibility: Director of Experiential Education and Continuing Education Coordinator

2012 Update: Preceptor training was provided at the January 2011 Montana Pharmacy Association Conference. Montana faculty regularly participate in preceptor training provided by the NWPEC at the Northwest Pharmacy Convention in Coeur d'Alene each spring.

5. Encourage preceptors to pursue recognition through the clinical tract for adjunct faculty.
Plan: Promote the clinical track advancement process and encourage preceptors to pursue promotion.

Primary responsibility: Director of Experiential Education and Department Chairperson

2012 Update: *The school's clinical instructors are informed of the clinical track advancement process at the clinical instructors' meeting each May. Those eligible for promotion are contacted in the fall when the process gets underway. The number of faculty participating varies each year.*

6. Identify clinical sites with appropriate pharmacy services to support additional APPE opportunities for our students needed to meet the ACPE standards and guidelines.
Plan: Identify new clinical sites for both required and elective APPE's.
Plan: Continue to work with facilities and practice groups to identify appropriate locations for ambulatory care APPE's.

Plan: Continue to work with all existing sites to expand the number of students that can be accommodated.

Primary Responsibility: Director of Experiential Education, Department Chairperson

2012 Update: *One site previously used for the required Inpatient/Hospital APPE has been reactivated at the VAMC (2012) at Ft. Harrison. New sites for the required Ambulatory Care APPE include Grant Creek Family Medicine (2011) and Kalispell Regional Medical Center (2012). Discussion is continuing about an Amb Care site at Benefis Healthcare in Great Falls. Additionally, new Inpatient/Hospital APPE sites are being discussed at Barrett Hospital in Dillon and Community Hospital of Anaconda. A number of sites have been added for the required Community Pharmacy APPE including Benton Pharmacy, St. Peter's Broadway Pharmacy, Broadway Pharmacy in Missoula, Columbus Health Mart Pharmacy, and Osco Drug (Billings). Many elective rotations have been added to the program including Clinaero Drug Information APPE, reactivation of two Walgreen's Home Infusion sites, Driscoll Drug Compounding APPE, a number of specialty APPE's at Community Medical Center, Benefis Healthcare, St. Peter's Hospital, VAMC, and Billings Clinic. Admin APPE's have been established at two Walgreen pharmacies, Billings and Missoula, and Information Technology APPE's at Community Medical Center and Benefis Healthcare, with another one under discussion at St. Peter's Hospital.*

7. Implement a computerized experiential program management system.
Plan: Continue the implementation of E*Value, the electronic experiential program management system that was selected.
Plan: Evaluate the accuracy of the weighting schemes being used in various evaluations in E*Value.
Plan: Assess the interest and need for expansion of E*Value to the rest of the pharmacy program, including the IPPE's, student portfolio, assessment and curriculum mapping capabilities.
Primary responsibility: Director of Experiential Education, Experiential Education Administrative Coordinator, Assessment and Curriculum Committees

***2012 Update:** Implementation of E*Value has continued with more features being incorporated each year. The Student Performance and other evaluations are reviewed annually as are the weighting schemes at the clinical instructors' meeting. In the coming year, expansion of E*Value to the IPPE program as well as other facets of the curriculum will be explored.*

8. Participate in student exchanges with pharmacy schools and other programs in other countries in order to increase experiential opportunities, enrich students' experiences and promote diversity
Plan: Continue to promote existing student exchange program with the University of Rennes' pharmacy program.
Plan: Investigate other opportunities for student exchange with foreign pharmacy programs, as well as opportunities to participate in programs involving foreign travel and experiences.
Plan: Refine the Medicinal Plants APPE which involves a rain forest excursion.
Primary responsibility: Director of Experiential Education, Department faculty

***2012 Update:** We have continued to accept two students annually from the University of Rennes School of Pharmacy; two more will visit Missoula in spring 2013. The Medicinal Plants APPE accommodated 6 students in 2010, 2 students in 2011, and saw cancellation of the trip due to poor student turnout in 2012. Efforts will be made to find another program whereby UM students can visit the rainforest as part of a Medicinal Plants APPE.*

**DEPARTMENT OF PHARMACY PRACTICE
UM SKAGGS SCHOOL OF PHARMACY
GOALS & OBJECTIVES
2010-2015**

AREA: Community Practice

Katherine Hale, Chair
Lori Morin
Gayle Hudgins
Tanner Higgenbotham
Kendra Procacci, ex-officio

GOAL: Maximize use of existing community pharmacy practice sites throughout the state and develop new sites to support required IPPEs/APPEs and elective APPEs in compliance with ACPE Accreditation Standards. Emphasize community pharmacy practice by using community practice patient situations and practice in both didactic and experiential courses.

OBJECTIVES:

1. Develop and maintain community practice sites throughout the state for required and elective 4-week Community Practice APPEs.

Plan: Network and/or collaborate with community practice pharmacists and other healthcare providers throughout Montana in the ongoing development and maintenance of Community Practice APPEs.

Primary Responsibility: Experiential Education Director and Community APPE Coordinator

2011 Update – *Development and maintenance of community APPE sites throughout Montana is ongoing. Currently 14 sites are available in the areas of Missoula, Florence, Stevensville, Kalispell, Bozeman, Butte, Billings, and Helena. One rural site was added for the 2011-2012 APPE year in Fort Benton. Each site is responsible for forming collaborative relationships with healthcare providers in that area. Collaborative relationships in the Missoula and Bitterroot valleys have also been developed by the community APPE coordinator with the following: Blue Mountain Clinic, Missoula City/County Department of Health (Diabetes Prevention Program), St. Patrick Hospital (Cardiometabolic and Diabetes Care Clinics), Missoula Indian Center, Senior Option Services (SOS), and Missoula Aging Services. Statewide collaborations with the MT Diabetes Coalition and the MT Hypertension Coalition have also been developed.*

2012 Update – Development and maintenance of community APPE sites throughout Montana is ongoing. Currently 16 sites are available in the areas of:

Missoula – 2 ongoing, 1 new

Frenchtown – 1 ongoing

Stevensville – 1 ongoing

Bozeman – 1 ongoing

Helena – 1 ongoing, 1 new

Fort Benton – 1 ongoing

Florence – 1 ongoing

Kalispell – 1 ongoing

Butte – 1 ongoing

Billings – 2 ongoing, 1 new

Columbus – 1 new

The collaborative relationships formed with the Missoula City/County Department of Health (Diabetes Prevention Program), St. Patrick Hospital, Missoula Indian Center, Senior Option Services, and Missoula Aging Services continue. Statewide collaborations with the Diabetes and Hypertension Coalitions also continue.

2. Optimize use of existing community pharmacy practice sites throughout the sites for both required and elective APPEs.

Plan: Experiential Education Director and Community APPE Coordinator will place students in community APPE sites throughout the state and generate an annual spreadsheet showing numbers of students placed in each Community APPE site for review in order to maintain the optimal number of sites and students needed per location.

Primary Responsibility: Experiential Education Director and Community APPE Coordinator

2011 Update – Optimizing use of community practice sites for required and elective APPEs is ongoing. The community APPE coordinator and experiential education director work together to identify appropriate placements of students in community APPE sites based on availability and location. A review of site placements occurs each year, but will need to be entered into a spreadsheet format to determine trends.

2012 Update – Review of site placements continues to occur annually, and is reviewed periodically throughout the year as needed.

3. Attempt to establish community APPE sites in rural locations in Montana for required and elective community APPEs, which meet the ACPE standards for experiential education.

Plan: Identify potential Community APPE sites and preceptors in rural locations throughout Montana (e.g. Fort Benton, Forsyth).

Plan: Work with AHEC to identify and maintain housing options for students participating in rural community APPEs.

Plan: Establish a minimum number of students to place at these sites on an annual basis and market these sites to incoming APPE students.

Primary Responsibility: Community APPE Coordinator

2011 Update – Rural sites for completing the required community APPE have been identified in Fort Benton (Benton Pharmacy) and in Forsyth (Yellowstone Pharmacy). One student was placed at Benton Pharmacy in 2011/2012. AHEC will identify and support the cost of housing for up to 2 students per year, re-evaluating for more students as needed. Because these sites are new, a minimum number of students to place at these sites has not yet been established.

2012 Update – Rural community APPE sites have been established in Fort Benton and in Columbus. Potential sites identified include Forsyth and Libby.

Benton Pharmacy, Fort Benton – 1 student for 2011/2012, 3 students assigned for 2012/2013
Columbus IGA, Columbus – 2 students assigned for 2012/2013

Of the 5 students completing their community APPE in a rural location, only 1 student required housing assistance, which AHEC is taking care of.

4. Identify a set of core competencies and skill set related to community practice that students should have as they transition from year to year, but most importantly as they transition from the didactic to experiential curriculum.

Plan: Determine what competencies and skills students are currently being taught related to community practice and at what point in the curriculum.

Plan: Network with community preceptors for IPPEs and APPEs to determine what competencies and skills are necessary in community practice to help guide development.

Plan: Review the ACPE standards to determine required community practice competencies and skills and identify where in the curriculum these standards are met and where improvement might be needed.

Primary Responsibility: Community APPE Coordinator, Curriculum Committee, Experiential Education Director

2011 Update –Competencies to be achieved in the community pharmacy IPPE have been identified and are documented in both the Community Pharmacy IPPE checklist and the Evaluation of Student Performance in the Community Pharmacy. Identification of core competencies and skill sets students will need related to the Community Pharmacy APPE is ongoing. Currently the process is informal and based on discussion amongst the community APPE coordinator, preceptors, and faculty. The community APPE has been evaluated and links to the UM Pharmacy Program outcomes and mission have been identified. Identification of core competencies and skill sets and curriculum strengths and weaknesses related to community pharmacy practice and the IPPE and APPE is ongoing.

2012 Update – Identification of core competencies and skill sets students will need related to the community pharmacy APPE is ongoing. Appendix D from the ACPE Accreditation Standards and Guidelines 2.0 will be reviewed. Discussion amongst preceptors and the community APPE coordinator continues. A set of preliminary competencies has been identified. A formal process for evaluation of core competencies and skill sets will be discussed with curriculum committee. Specific to the area of nonprescription medicine and self-care, a comparison of topics identified during the APPE experience to those covered in the didactic curriculum is being explored.

5. Assure the quality of the experience in the Community Practice IPPEs.
Plan: Evaluate activities in consideration of ACPE accreditation guidelines
Primary Responsibility: Experiential Education Director and Community APPE Coordinator, Curriculum Committee

2011 Update – *The objectives, core competencies and activities checklist for the Community Pharmacy IPPE have been reviewed, updated, and are being utilized. A summary of the students' evaluations from each site, as well as a summary of student comments gleaned from their exit interviews, is returned to each site annually.*

2012 Update – *Sites continue to be monitored through visits to pharmacies as well as feedback from students during the IPPE exit meetings after each IPPE period. Summaries are prepared and returned to each site annually.*

6. Assure the quality of the experience in elective Community Practice APPE sites.
Plan: Develop competencies for each elective community APPE (e.g. compounding, management).
Plan: Develop quality assurance procedures for elective Community Practice APPE sites to facilitate achievement of stated competencies, provide for feedback, and support standardization among sites and preceptors.
Primary Responsibility: Experiential Education Director and Community APPE Coordinator.

2011 Update – *Objectives, core competencies, and activity guidelines are in place for the Community Pharmacy Administrative APPE; these are reviewed and updated annually. Objectives, core competencies, and activity guidelines are in development for compounding sites in community pharmacies.*

2012 Update – *Objectives and competencies for elective compounding APPEs have been developed. Objectives, competencies, and activity guidelines for general elective community APPEs are in development.*

7. Establish a Community Practice Residency site in Montana.
Plan: Investigate the feasibility of establishing a community practice residency.
Primary responsibility: Community APPE Coordinator, Community Practice preceptors, Department Chairperson, UM Residency Program Director

2011 Update – *Determining the feasibility of establishing a community practice residency is ongoing. Currently there is no community practice site that has the number of patient care services needed to support a quality residency. The Community Pharmacy Residency Expansion Project is a grant program available through the National Association of Chain Drug Stores Foundation. This grant program supports the development of new residency programs in community pharmacy, but requires commitment by the site and/or University to residency viability after the grant ends. Currently no site is viable enough to apply for this grant, but once a site is identified then the focus will turn to obtaining this grant funding.*

2012 Update – *The feasibility of establishing a community practice residency was explored with Florence Pharmacy, where it was determined that it was not feasible at this time. Interest continues amongst other community pharmacy sites – discussion with these sites is ongoing. Grant funding through NACDS for residency implementation may not be available after 2012.*

8. Facilitate community practice development by assisting pharmacists in the development, implementation, maintenance, and assessment of patient care services in the community pharmacy practice setting by fostering partnerships among community pharmacists, various healthcare providers, and faculty.

Plan: Investigate the feasibility of establishing a community pharmacy Practice Based Research Network (PBRN).

Plan: Offer continuing education and information on community practice related issues, policy, and research.

Plan: Provide consultations on the development, implementation, maintenance, and assessment of patient care services (e.g. Medication Therapy Management, Diabetes Self-Management Education programs) to community pharmacists throughout the state.

Primary Responsibility: Community APPE Coordinator, Pharmacy practice faculty

2011 Update – *Facilitating community practice development by the means described above is ongoing. Continuing education programs have been presented through the annual Pettinato Lecture, preceptor training, and through newly developed certificate programs and workshops in hypertension and diabetes education and management. Additional programs in anticoagulation management in the community pharmacy setting have also been presented to specific pharmacies. Pharmacists in community practice may also contact the community APPE coordinator or other faculty for consultations related to medication therapy and/or disease state management at any time. The feasibility of establishing a community practice PBRN also continues to be evaluated.*

2012 Update – *Facilitating community practice development by the means described above is ongoing. Continuing education programs have been presented through preceptor training and through the Montana Pharmacist Association winter meeting (hypertension). Pharmacists in community practice continue to contact the community APPE coordinator for consultations related to medication therapy and disease state management. The feasibility of establishing a community practice PBRN continues to be evaluated. Continuing education programs for preceptor development have been provided at local, state, and regional meetings (e.g. Clinical Instructor's Meeting; Montana Pharmacists' Association Winter Meeting; and the NW Pharmacy Convention.)*

**DEPARTMENT OF PHARMACY PRACTICE
UM SKAGGS SCHOOL OF PHARMACY
GOALS & OBJECTIVES
2010-15**

AREA: Ambulatory Care

Kendra Procacci, Chair
Donna Beall
Rose Macklin
Vince Colucci
Katy Hale, ex-officio

GOAL: Maximize utilization of existing ambulatory care practice sites throughout the state and develop new sites to support required and elective APPEs in compliance with ACPE Accreditation Standards. Continue to emphasize ambulatory care by utilizing ambulatory care patient situations and practice in both didactic and experiential courses.

OBJECTIVES:

1. Maximize utilization of existing ambulatory care practice sites throughout the state for both required and elective APPEs.

Plan: Experiential Education Director will place students in ambulatory care sites throughout the state and generate a annual spreadsheet showing numbers of students placed in the each ambulatory care site for departmental review.

Primary responsibility: Experiential Education Director

2012 Update: *see Experiential section. Efforts ongoing in this area that will be greatly affected by the medical home practices that are being created.*

2. Attempt to establish Ambulatory Care APPE sites in all major cities in Montana (Billings, Bozeman, Butte, Great Falls, Helena, Kalispell and Missoula).

Plan: Identify potential APPE sites in health care organizations and/or clinics in Great Falls and Kalispell.

Plan: Add one new health care organization or clinic site in the next two years.

Primary responsibility: Experiential Education Director

2012 Update: *see Experiential section. Efforts ongoing in this area*

3. Implement the new APPE evaluations for the student, site and preceptor that are available through E-value online. Weight each section on the Student Performance Evaluation to determine the final grade as requested by the ambulatory care preceptors.

Plan: Implement the online E-value system starting with Summer 2010 APPEs and weight each section for grading as requested. Students and preceptors were oriented to using the system. Problems with the new system are being addressed as they surface. Re-evaluate assessment tools and the assessment process on a yearly basis at the annual clinical instructor's meeting.

Primary responsibility: Ambulatory Care APPE Instructors and the Experiential Education Director

2012 Update: *E-value system has been implemented & Amb Care evaluation has been reviewed and performance weighing assigned at Clinical Instructors Meeting at end of the APPE year last May.*

4. Establish an Ambulatory Care Pharmacy Residency site in Montana.

Plan: Investigate the feasibility of establishing ambulatory care and/or community pharmacy residency.

Primary responsibility: Department Chairperson, UM Residency Program Director, and Ambulatory Care instructors.

2012 Update: *ongoing. Our PGY1 hospital sites have both expanded in area of Amb Care and offer experiences for those students. As the medical home model evolves in Missoula and the Family Practice Medical Residency is started, conditions favorable for an Amb Care residency could evolve.*

**DEPARTMENT OF PHARMACY PRACTICE
UM SKAGGS SCHOOL OF PHARMACY
GOALS & OBJECTIVES
2010-2015**

AREA: Scholarly Activity

Doug Allington, Chair

Jean Carter

Katy Hale

~~Larry Dent~~: (left 2011)

GOAL: Increase faculty scholarly activity through increased grant activity, research projects, publications, presentations and other work that demonstrate regional, national or international recognition of expertise. Further clarify expectations of scholarship contributions for faculty in tenure-track, clinical adjunct, and instructor designated career tracks. Enhance scholarship opportunities of new faculty members.

A "scholarly activity" is an activity that contains the following characteristics.

1. Well-planned (i.e., goals and objectives [purpose] are clearly stated).
2. Well-documented by collecting data from legitimate sources.
3. Subjected to analysis and interpretation by peers.
4. Disseminated beyond the department with greater scholarship recognition given to activities that undergo competitive, peer review processes and subsequent recognition.

OBJECTIVES:

1. Increase grant activity over the next five years:

Plan: Increase the number of grant proposals submitted by department faculty for extramural funding by 10% .

Plan: Have 50% of department faculty submit proposals for extramural funding (i.e., principal investigator or co-investigator).

Plan: Increase the number of proposals which are successfully funded by 10%

Plan: Increase the amount of extramural dollars obtained by the department by 10%.

Primary responsibility: All department faculty

Plan: Identify new sources for research and development funding.

Plan: Obtain and maintain grant-funding information in a database that is housed in the department office.

- All department faculty forward grant proposals to department administrative assistant on annual basis by Oct 15th (FEC department deadline). This information posted to server in designated folder.

Primary responsibility: All department faculty, Department Chairperson

2011 Update: Fifty-eight percent of practice faculty participated in grant writing or scholarship activity that helped account for approximately 1.4 million dollars. This level of participation is about average with the preceding 4 year average (50-67% of faculty participation). The total funds for 2010/2011 is also within the range of the previous 4 year period (1.2 to 2.5 million).

Nearly all full-time Practice Department faculty (10/12- 83%) participated in efforts leading to publication in national print or electronic journals, major pharmacy continuing education publications (PSAP modules) or other noteworthy publication venues within the last year.

A-6: This will be the first year that electronic deposition of scholarship data will be sent to the practice department administrative assistant.

2012 Update: Total grant awards continued to drop slightly most likely attributed to shrinking grant funds available at national and state levels. Current data reflects 13 separated grants with 8/13 (over 60%) practice faculty engaged in grant writing activities, exceeding the 50% benchmark set in plan section.

Scholarship Summary table

Pharmacy Practice: Scholarship Summary: 2006-2011. Revised 8/25/2011; **revised 8/22/2012**

| | 2006/2007 | 2007/2008 | 2008/2009 | 2009/2010 | 2010/2011 | 2011/2012 |
|--|----------------|----------------|----------------|-----------------|----------------|---|
| Grants totals: | Funded: | Funded: | Funded: | Funded: | Funded: | Funded: |
| Funded: | \$2,535,827 | \$2588464 | \$1,243,569 | \$1,843,568 | \$1,417,649 | \$1,031,679* |
| Unfunded: | Unfunded: | Unfunded: | Unfunded : | Unfunded: | Unfunded: | Unfunded: |
| | 0 | 1,010,000 | 700,000 | \$728,152 | \$5630 | \$25 million |
| Grant writing: | 6/12 50% | 8/12 67% | 6/12 50% | 7/12 58% | 7/12 58% | 8/13 (61%) |
| Percent practice faculty | | | | | | |
| Presentations: *nearly all dept. faculty participated | 6 | 9 | 15 | 9 | 4 | 25 *all faculty contributed |
| Publications: *nearly all dept. faculty participated | 9 | 7 | 10 | 4 (Jean's Book) | 10 | 11 refereed 2 non-refereed (8/13 faculty) |

Presentations: Include Poster, podium, invited presentations (National, regional, state [RDD])

Publications: Include national journals, MTGEC continuing education chapters, online publications, etc.

2. Increase number of research projects over next 5 years.

Plan: Have 75% of department faculty participating in at least one research project.

Plan: Increase the number of research projects conducted by faculty in the department by 10% over the 2006-2009 yearly average.

Plan: Engage 25% of department faculty in interdisciplinary research with other departments, schools, or organizations.

Plan: Obtain and maintain a research project database that is housed in the department office.

- All department faculty forward research projects to department administrative assistant on annual basis by Oct 15th (FEC department deadline). This information posted to server in designated folder.

Primary responsibility: All department faculty

2011 Update: *The 5 year goal is to have 75% of all faculty involved in at least one research. Since this is the first of the five year period we are making good progress toward that goal since approximately 30% of current department faculty members are participating in current research projects.*

2012 Update: *With grant participation alone, over 60% of practice faculty are participating in some research project. Other faculty are in leadership roles developing new or innovative programs at their clinical sites. Tracking interdisciplinary effects is a more difficult task. We will need to enhance reporting of interdisciplinary research efforts.*

3. Increase number of presentations

Plan: Have 50% of department faculty present scholarly work such as research or innovative applications in clinical programs to audiences outside the department on an annual basis.

Plan: Have 50% of department faculty present to audiences at the state-level or above each year over the reporting period.

Plan: Encourage department faculty to submit presentation abstracts at national meetings.

Primary responsibility: All department faculty

2011 Update: *The information I had did not include state-level presentations. The information presented only includes information from national and regional level activity. Many of our department faculty members are invited speakers at major continuing education symposia held annually throughout the state. I believe the 50% threshold was met last year but better data should be forthcoming with the annual submission beginning Oct. 15th.*

2012 Update: *A total of 25 presentations were delivered by department faculty at national (8), regional (4), or state forums(13). All faculty participated in these presentations, far exceeding the goal of 50% participation.*

4. Increase number of publications.

Plan: Prepare and submit four manuscripts/books/book chapters from the department to peer-reviewed, nationally circulated journals/publications over the next 5 years.

Plan: Have seven department faculty prepare and submit manuscripts to peer-reviewed journals or other peer-reviewed publications on an annual basis.

Primary responsibility: All department faculty.

2011 Update: *With the exception of the 2009/2010 academic year the practice department faculty are generating 7-10 publications per year. Since we are such a small faculty, many of the publications are accomplished because teams of 2-3 faculty members collaborate on writing projects.*

2012 Update: *Department faculty members produced a total of 13 different publications of consisting of book chapters or manuscripts in electronic or print media. Eight faculty members participated in publications exceeding the departmental goal.*

5. Enhance scholarship through professional development

Plan: Pair new or junior faculty with established and productive senior faculty to enhance opportunities for scholarly activities.

Plan: Encourage sabbaticals and other professional development activities to increase research expertise.

Primary responsibility: Department Chair

2011 Update: *The department mentoring program has been successful in assisting 'junior' faculty in making good progress in advancement in rank and/or tenure (Brown and Procacci). No one from the department has been on sabbatical in the last 5 years.*

2012 Update: *Junior faculty continue to make good progress in rank/or tenure. No one has sought or obtained a sabbatical in the previous year. Department chair continues to support research activities by adjusting teaching workloads for individuals involved in grants or with other substantial research commitments.*

6. Incentive based rewards for significant scholarship activities

Plan: Provide release time from teaching for faculty with significant grant obligations.

Plan: Provide research contract or other salary enhancements for members with significant grants.

Primary responsibility: Department Chair

2011 Update: *Research contracts have been used to help provide salary enhancements.*

2012 Update: *As in previous years, salary enhancements or release time from teaching is granted for individuals with substantial grant obligations.*

7. Achieve National and International recognition for faculty.

Plan: Nominate faculty for recognition of their expertise (e.g., fellow status, awards, significant honors)

Plan: Encourage faculty members to obtain board certification or additional professional credentials.

Plan: Present scholarly work to international audiences

Primary responsibilities: All department faculty.

***2011 Update:** Dr. Procacci was awarded the Young Pharmacist of the Year at the recent Northwest Continuing Education Conference (Tri-State Conference). Other faculty members maintain their speciality certifications but no other significant activity occurred in this academic year.*

***2012 Update:** Dr. Haney received national board certification in ambulatory care (BCACP, four faculty members (Colucci, Haney, Procacci, Rivey) obtained state authorized practitioner status and Dr. Hale received a national 'honorable mention' for her activities in patient counseling.*

**DEPARTMENT OF PHARMACY PRACTICE
UM SKAGGS SCHOOL OF PHARMACY
GOALS & OBJECTIVES
2010-2015**

AREA: Service: Drug Information and Continuing Education

Sherrill Brown, Chair
Lisa Barnes (through 2011 update)
Tanner Higginbotham
Doug Allington

GOAL #1: Provide drug information services to licensed health care professionals.

OBJECTIVES:

1. Serve health care professionals by providing drug information services.

Plan: Ensure the Drug Information Service (DIS) is staffed with students year round.

Plan: Establish mechanism to automatically follow up on responses. (added Aug 2012)

Plan: Monitor quality of responses.

Primary responsibility: Director of Drug Information Services, Director of Experiential Education, DIS staff

2011 Update:

- a. *The DIS averages 50 calls/month. During the 2010-2011 school year, the DIS was staffed with P4 students through February. Continued efforts are directed at a better balance of student support in the DIS throughout the entire year.*
- b. *Student DI responses continue to be evaluated prior to dissemination of information.*
- c. *The DIS staff are in the process of developing a new quality assurance program.*

2012 Update:

- a. *The DIS averaged 43 calls/month during 2011-2012. During the 2011-2012 school year, the DIS was staffed with P4 students every month except February, including one student from Creighton University.*
- b. *Student DI responses continue to be evaluated prior to dissemination of information.*
- c. *DIS staff are still in the process of developing a new quality assurance program and hope to implement it this year.*

2. Explore innovative approaches to increase call volume and promote and expand drug information services to health care professionals throughout Montana.

Plan: Pursue funding for advertising the Drug Information Service.

Plan: Increase call volume by 10%.

Primary responsibility: Director of Drug Information Services, DIS staff

2011 Update:

- a. *The Montana Pharmacy Association has a link to the DIS web page.*
- b. *GrizRPh.com, a web site targeted to Montana pharmacists, also advertises the DIS and provides links to the DIS newsletter and the online request form.*

2012 Update:

- a. *Advertising through the Montana Pharmacy Association and GrizRPh.com is ongoing.*
- b. *DIS staff are exploring outreach options through other healthcare associations, such as the Montana Association of Naturopathic Physicians and the Family Practice Residency program. These options include advertising on association website and speaking at association meetings. Postings on social media, such as the UM Skaggs School of Pharmacy Facebook page, will also help increase awareness and utilization of the Drug Information Service.*

3. Maintain the DIS web page to promote drug information services to health care professionals.

Plan: Update web page at least quarterly.

Plan: Place a counter on the web page to track number of views.

Primary responsibility: Director of Drug Information Services, DIS staff

2011 Update:

- a. *The DIS web page is updated monthly with the publication of the newsletter and as needed with additional information.*
- b. *CHPBS is currently discussing changes to the college web site management. When the changes have been implemented, a counter will be placed on the DIS web page to track the number of views.*

2012 Update:

- a. *CHPBS is in the process of updating the college web site and web site management. The new web site should be live this fall. The DIS staff will continue to publish the DIS newsletter online and update other items on the web site as needed. Number of page views will be available with the new web site.*

4. Prepare and publish a monthly newsletter as an educational and promotional tool for the DIS.

Plan: Periodically evaluate the newsletter and make changes as needed.

Plan: Track number of views for online newsletter.

Primary responsibility: Director of Drug Information Services, DIS staff

2011 Update:

a. *The newsletter is published monthly and is available on the DIS web page.*

b. *CHPBS is currently discussing changes to the college web site management. When the changes have been implemented, a counter will be placed on the DIS web page to track the number of views.*

2012 Update:

a. *The DIS newsletter continues to be published online monthly.*

b. *CHPBS is in the process of updating the college web site and web site management. The new web site should be live this fall. Number of page views will be available with the new web site.*

5. Maintain and improve the holdings of the Drug Information Service.

Plan: Update book holdings at least annually.

Plan: Review current journal subscriptions and evaluate need for subscriptions based on access through the Mansfield Library.

Plan: Update holdings list at least twice a year.

Plan: Investigate Table of Contents service to streamline journal access.

Plan: Investigate the feasibility of electronic access to reference books.

Primary responsibility: Director of Drug Information Service, DIS staff

2011 Update:

a. *The book holdings are currently being updated for this year.*

b. *The holdings list will be updated after new book purchases for this year have arrived.*

c. *The DIS staff has investigated some electronic book resources, and trial periods have arranged for faculty to evaluate these services. Based on current pricing and projected use, it has been decided not to pursue electronic textbooks at this time.*

2012 Update:

a. *The book holdings and holdings list were updated earlier in this year.*

b. *Electronic book resources are evaluated periodically, usually when new offerings are available or when faculty express interest in specific online resources.*

6. Work with the UM Mansfield Library to maintain and improve their holdings and resources including, but not limited to, on-line information, serials, and books to cover a wide array of pharmacy/medical topics.

Plan: Meet with Mansfield Library liaison annually to assess needs and budgetary requirements.

Plan: Solicit resource requests from Skaggs School of Pharmacy faculty.

Primary responsibility: Director of Drug Information Service

2011 Update:

a. *The DIS Director meets with the Mansfield Library liaison as needed throughout the year to assess library needs and budget.*

b. *The DIS Director currently serves on the University Library Committee.*

2012 Update:

a. *The DIS Director is the Skaggs School of Pharmacy liaison with the Mansfield Library and meets with the Mansfield Library pharmacy liaison as needed to assess library needs and budget.*

b. *The DIS Director currently serves on the University Library Committee and was chair of the committee last year.*

~~7. Evaluate the performance of the Drug Information Service through a quality assurance program.~~

~~**Plan:** Establish mechanism to automatically follow up on responses.~~

~~**Plan:** Continue to monitor quality of responses.~~

~~**Primary responsibility:** Director of Drug Information Service, DIS staff~~

~~**2011 Update:**~~

~~a. *Student responses are evaluated by DIS staff prior to dissemination of information.*~~

~~b. *The DIS staff are in the process of developing a new quality assurance program.*~~

2012 Update:

This objective was merged to objective #1

7. Maintain the Drug Information Service database for documentation of drug information requests.

Plan: Make changes as necessary to better accommodate reporting needs.

Plan: Investigate possibility of in-house database maintenance and development.

Primary responsibility: Director of Drug Information Service

2011 Update:

a. *DIS staff and the IT staff continue to maintain and update the DIS database as necessary.*

2012 Update:

a. *DIS staff and IT staff continue to maintain and update the DIS database as necessary.*

8. Provide annual reports of Drug Information Service activities to the Department Chair and Dean.

Plan: Continue documentation of DIS activities to the Department Chair and Dean.

Plan: Meet as needed with Department Chairperson to discuss DIS issues.

Primary responsibility: Director of Drug Information Service

2011 Update:

a. *DIS activities continue to be reported to the Dean and Department Chair annually.*

2012 Update:

a. *DIS activities continue to be reported to the Dean and Department Chair annually.*

GOAL #2: Enhance the drug information education and activities provided throughout the pharmacy curriculum, both in didactic and experiential settings.

OBJECTIVES:

1. Ensure all pharmacy students and residents attain a minimum competency level to evaluate the medical and drug information literature.

Plan: Evaluate the Drug Literature Evaluation course and update topics as necessary.

Plan: Set minimum competency requirements for pharmacy students and residents.

Plan: Evaluate DI APPE and update as needed. (added Aug 2012)

Primary responsibility: Director of Drug Information Service, DIS Staff

2011 Update:

a. *The Drug Literature Evaluation course is updated yearly based on faculty and student evaluations.*

b. *Drug Information is a required longitudinal experience for the pharmacy residents at Community Medical Center. The residents are also required to complete training at the DIS, which is tailored to the individual's prior drug information experience.*

2012 Update:

a. *The Drug Literature Evaluation course is updated yearly based on faculty and student evaluations.*

b. *Pharmacy residents at Community Medical Center continue to complete training at the DIS, which is tailored to the individual's prior drug information experience. In addition, the DIS Director serves as a preceptor for the pharmacy residents in their longitudinal DI experience.*

c. *The DI APPE is updated as needed based on evaluations; this year, writing workshops led by UM Writing Center staff were added to the rotation to assist the students with their writing skills.*

2. Continue to increase student exposure to drug information-related activities ~~maximize the number of pharmacy students that take the drug information APPE.~~ (changed Aug 2012)

Plan: Evaluate drug information activities in non-drug information practice experiences.

Plan: Evaluate the Distance DI APPE program and consider expansion.

Primary responsibility: Director of Drug Information Service, Director of Experiential Education, Department Chairperson

2011 Update:

a. *There were two Distance DI APPE students in 2010-2011 (one in Butte and one in Billings).*

2012 Update:

a. *There were no Distance DI APPE students in 2011-2012; however, the option for Distance DI APPEs still exists in Butte and Billings.*

b. *An additional DI APPE has been added to the Experiential Program—the Clinaero DI APPE in Billings.*

c. *Drug information activities in other APPEs are evaluated by the Experiential Director.*

GOAL #3: Provide continuing professional education opportunities to licensed health care professionals in Montana.

OBJECTIVES:

1. Provide ACPE- and Montana Board of Pharmacy-approved group and individual continuing professional education (CPE) programs for Montana health care professionals, particularly pharmacists, pharmacy technicians, advanced practice nurses, and naturopathic physicians. Programs may include, but are not limited to, distance programming at sites across the state, blended academic and ACPE programs, web-based courses, home study, and seminars.

Plan: Plan and administer at least six CPE programs each year.

Plan: Involve faculty as program coordinators and/or program presenters for programs in their area of expertise. (added Aug 2012)

~~**Plan:** Utilize faculty as CPE presenters.~~ (modified Aug 2012)

Primary responsibility: Continuing Education Committee, ACPE Program Administrator, ACPE Program Assistant, all college faculty

2011 Update:

a. *13 CPE programs were provided between July 1, 2010 and June 30, 2011.*

b. *Two faculty members from the Biomedical and Pharmaceutical Sciences Department and 10 faculty members from the Pharmacy Practice Department served as presenters at 9 UM ACPE-accredited programs. Pharmacy Practice faculty coordinated 8 UM ACPE-accredited programs.*

2012 Update:

- a. 13 CPE programs were provided between July 1, 2011 and June 30, 2012.
- b. Two faculty members from the Biomedical and Pharmaceutical Sciences Department and 8 faculty members from the Pharmacy Practice Department served as presenters at 9 UM ACPE-accredited programs. Pharmacy Practice faculty coordinated 8 UM ACPE-accredited programs.

2. Approve and cosponsor continuing education programs with a variety of professional organizations including, but not limited to, Montana Pharmacy Association and the Montana Diabetes Project.

Plan: Work with cosponsoring agencies to plan programs as requested by those agencies, if quality criteria can be met and there is evidence of need for the program

Plan: Work with cosponsoring agencies to assure that ACPE quality criteria are met in approved programs.

Primary responsibility: ACPE Program Administrator, ACPE Program Assistant

2011 Update:

- a. CPE programs were developed with the following cosponsoring agencies: Montana Pharmacy Association, MTGEC, Cardiovascular Health Program, and the Montana Diabetes Project.

2012 Update:

- a. 3 CPE programs were developed with the following cosponsoring agencies: Montana Geriatric Education Center, Montana Diabetes Project, and the Montana Pharmacy Association.

3. Offer practice-based learning certificates to licensed health care professionals and to senior pharmacy students which may be endorsed by Montana Board of Pharmacy and other agencies and organizations for purposes of practice credentialing.

Plan: Provide practice-based learning certificate programs as needs are identified.

Plan: Assure that ACPE quality criteria are met in approved programs.

Primary responsibility: ACPE Program Administrator, ACPE Program Assistant, Pharmacy Faculty for all ACPE approved CPE programming

2011 Update:

- a. The following practice-based learning certificate programs were offered this year: Immunization Learning Certificate, Diabetes Learning Certificate

2012 Update:

- a. A practice-based learning certificate program for Immunizations was offered this year.

4. Maintain ACPE accreditation as a continuing education provider by assuring the quality criteria for ACPE are consistently met.

Plan: Assure that ACPE quality criteria are met in approved CPE programs.

Plan: Provide documentation of CPE programs to the CE committee at least annually.

Primary responsibility: ACPE Program Administrator, ACPE Program Assistant, Department Chairperson, Dean

2011 Update:

a. All CPE programs are approved by the ACPE Program Administrator to ensure that ACPE criteria are met.

b. ACPE self-study for accreditation renewal will be submitted in 2012.

2012 Update:

a. The ACPE Program Administrator evaluates all CPE programs to ensure they meet ACPE criteria.

b. The UM CPE Program received ACPE Accreditation through 2018.

c. Tanner Higginbotham is the new ACPE Program Administrator since July 2012. He will attend ACPE Continuing Professional Education Administrator Workshop in October for training.

~~5. Involve faculty from all CHPBS departments in continuing education programming.~~

~~**Plan:** Continue to plan and provide CPE programs each year~~

~~**Plan:** Involve faculty as program coordinators and/or program presenters for programs in their area of expertise.~~

~~**Primary responsibility:** ACPE Program Administrator, all Pharmacy Faculty~~

~~**2011 Update:**~~

~~a. Two faculty members from the Biomedical and Pharmaceutical Sciences Department and 10 faculty members from the Pharmacy Practice Department served as presenters at 9 UM ACPE-accredited programs. Pharmacy Practice faculty coordinated 8 UM ACPE-accredited programs.~~

Objective eliminated Aug 2012- believed to be redundant with objective #1.

5. Increase non-restricted educational grant funding and other support for continuing education programs.

Plan: Seek grant support from industry and other sources.

Plan: Encourage the use of existing academic research grants, within the College and which have an educational component, to help support CPE programming within the constraints of the grant.

Primary responsibility: ACPE Program Administrator and all Department faculty

2011 Update:

- a. *In 2010-2011, \$5200 in unrestricted educational grants and program sponsorships were secured to help support CPE programs.*
- b. *Although 6 unrestricted educational grant applications were submitted this year, just 2 were funded. Generally, it continues to be difficult to win grant support for CE than in the previous decade. CPE programming will continue to work with grant-funded organizations (NW Aids Education Research Foundation, Montana Geriatric Education center, AHEC, Montana Department of Health and Human Services, etc.) to cosponsor programs as a means of accessing grant support for our programs . In addition CPE will continue to seek program support including speaker sponsorship, refreshment reimbursement, and other expense coverage, in an effort to achieve a balanced budget for every program offered.*

2012 Update:

- a. *In 2011-2012, 2 educational grant applications were submitted but were not funded.*

6. Assure the availability of administrative support for ACPE programming on an ongoing basis and to assure ACPE quality criteria are met through consistent program coordination including, but not limited to: budgeting, file maintenance, program coordination, and quality response CPE customers' needs.

Plan: Effectively utilize a CPE administrative assistant.

Plan: Involve department and college administrative support staff, and/or student employees under the supervision of the CPE administrative assistant for administrative support as needed, subject to approval by the Department Chair

Primary responsibility: Dean, Department Chair, ACPE Program Administrator

2011 Update:

- a. *Administrative support is provided by Molly Valdez, Program Assistant. If needed, additional support is provided by the Pharmacy Practice Administrative Associate and student office assistants.*

2012 Update:

- a. *Administrative support in the past year was provided by Molly Valdez (through January 2012) and Jamie Boschee (January-July 2012). A new Program Assistant (Rosemary Madero) has been hired and will start August 20, 2012. When necessary, additional support is provided by the Pharmacy Practice Administrative Associate and student office assistants.*
- b. *Turnover in the Admin. support position was deemed unacceptable by the Chair in 2012 and contributed to the change in CE Coordinator*

7. Explore models for continuing professional development (CPD) as opportunities are presented.

Plan: Offer assistance to Montana pharmacists interested in CPD to prepare for the integration of CPD principles into the CE re-licensure process for Montana pharmacists.

Primary responsibility: ACPE Program Administrator, CE Assistant, Continuing Education Committee, Pharmacy Faculty

2011 Update:

a. *The CE database has been updated to track CE issued for participants. This database could be used by participants to track and submit records of CE statements of credit issued and could be used by Skaggs School of Pharmacy CPE Programming to submit a report to the Board of Pharmacy, if requested for CPD needs in the future.*

2012 Update:

a. *The CE database continues to be updated and maintained by the Program Assistant and the IT staff. Starting January 2013, participants in CE programs offered or cosponsored by the Skaggs School of Pharmacy will be required to use the CPE Monitor, an online CE tracker developed by ACPE and NABP.*

8. Encourage and facilitate the use of active learning teaching strategies in CPE programs.

Plan: Provide guidance to CPE presenters on active learning techniques.

Plan: Assess the use of active learning in CPE programs

Primary responsibility: ACPE Program Administrator, CE committee, pharmacy faculty, guest faculty and instructors for CPE programs

2011 Update:

a. *An informational handout on active learning strategies has been developed for CPE presenters and CE Cosponsorship agreements now include a statement on the importance of and expectation that active learning strategies be integrated into all ACPE programs.*

2012 Update:

a. *The handout on active learning strategies is provided to CPE presenters. CE Cosponsorship agreements continue to include a statement on active learning strategies.*

**DEPARTMENT OF PHARMACY PRACTICE
UM SKAGGS SCHOOL OF PHARMACY
GOALS & OBJECTIVES
2010-2015**

AREA: Public Health

Jean Carter, Chair
Larry Dent (through 2010-11 year)
Kerry Haney (assigned in 2011-12)
Bill Docktor
Sarah Miller

GOAL: Develop pharmacy roles in population and environmental health and provide training and practice opportunities for pharmacists, students, and faculty to become more involved in public health initiatives. Use national and professional health promotion and disease prevention initiatives such as Healthy People 2020 to guide the development of programs.

OBJECTIVES

1. Promote student and pharmacist involvement in programs or practice sites associated with public health initiatives.

Plan: Inform students each year about pharmacy job opportunities with the Indian Health Services / Public Health service IHS/PHS.

Plan: Promote participation on county and state health boards or other health department groups and reach out to health departments and health officers to establish professional relationships.

Plan: Work with other organizations (e.g., professional associations, health insurance benefits managers, government agencies, health disciplines) to obtain reimbursement for pharmacy services to ensure those services can be offered as well as increase access to pharmacy services and pharmaceuticals in Montana

Plan: Work with local, state, and national groups to prepare for emergency or disaster response activities.

Plan: Work with local, state, and national groups to advocate for public health policy that promotes health and reduces preventable disease

Plan: Facilitate the participation of students, residents, and student groups or organizations in public health activities and events.

Plan: Participate in research related to pharmacy and pharmacist roles in public health issues

Primary responsibility: All department faculty

2011 Update

Good progress made in these areas:

1. *Continue to provide information to students about IHS/PHS practice and employment opportunities each year in the PHAR 309/310 and APPE courses.*

2. *Continued success in funded projects that promote or provide reimbursement for pharmacy services (e.g., U Rx program, PharmAssist)*
3. *Continue to work with others to reduce preventable disease (e.g., asthma, hypertension) and mandatory immunization certification of all P2 students which requires participation in a flu vaccination event*
4. *Student involvement in public health activities continues through service learning projects, influenza vaccination events, and student organization activities*

Needs more work:

1. *Participation on county/state health boards is still low.*
2. *Current participation in disaster preparedness is limited. (One faculty member in federal advisory group)*
3. *Research into pharmacy roles in public health has not been done in past year. Several programs that provide screening or consultations include evaluation components that may be considered scholarly if published.*

2012 Update

Good progress in these areas:

1. *Continue to provide information to students about IHS/PHS/CHC practice and employment opportunities each year in the PHAR 300/310 and APPE courses.*
2. *Continued success in funded projects that promote or provide reimbursement for pharmacy services (e.g., U Rx program, PharmAssist)*
3. *Continue to work with others to reduce preventable disease (e.g., asthma, hypertension, HIV, diabetes, CVD) and mandatory immunization certification of all P2 students which requires participation in a flu vaccination event*
4. *Student involvement in public health activities continues through service learning projects, influenza vaccination events, and student organization activities*
5. *Faculty have increased involvement with agencies, boards, and organizations that support public health.*
 - a. *IPHARM faculty, staff, pharmacy residents, and students have been sent to various locations in Montana to participate in public health activities to include immunization. Partnership students have participated and shadowed for HIV screening activities.*
 - b. *Faculty member coordinates asthma camp for children and involves pharmacy students and residents in this experience.*
 - c. *Faculty and faculty affiliates based at Saint Patrick Hospital received an hour of disaster preparedness training in response to bus crash disaster this past winter*
 - d. *Faculty member involved in local and state health departments as part of diabetes education and a diabetes coalition. Employees of Missoula city and county have access to the local program.*
 - e. *Faculty member participates in the state Hypertension coalition which is part of the MT Cardiovascular Health Program.*

6. *Current participation in disaster preparedness is limited. (One faculty member is in a federal advisory group; contact with the state coordinator for disaster response has been established and he may provide a guest lecture in PHAR 557 in 20127.*
7. *The number of students choosing IHS sites to do APPEs this past year was 5.*

2. Provide population-based care tailored to fit needs of our community to ensure that evidence-based treatments are used for all patients to help alleviate health care disparities, and culturally competent care is provided.

Plan: Educate students about the need to use evidence-based care for all patients

Plan: Provide students and pharmacists with tools to identify specific needs within subpopulations in a community and how to adjust care to suit those populations.

Plan: Educate students and faculty about how to provide culturally competent care when working with diverse populations

Primary responsibility: All department faculty

2011 Update

Good progress made in these areas:

1. *Continue to provide information to students about evidence-based care (Therapeutics series; IGS III-VI)*
2. *Students learn about epidemiology and therapeutic treatments designed for subsets of the population in PHAR 557, therapeutics series, and APPEs*
3. *Continue to provide information about culturally competent care (PHAR 412 intro; IGS III-VI and APPEs application)*

2012 Update / same as 2011 update

Good progress made in these areas:

1. *Continue to provide information to students about patient-level evidence-based care (Therapeutics series; IGS III-VI)*
2. *Students learn about population-level interventions, epidemiology, treatments designed for subsets of the population in PHAR 557, therapeutics series, and APPEs. Could provide more experiences with tools designed to determine needs of a population.*
3. *Continue to provide information about culturally competent care (PHAR 412 intro; IGS III-VI and APPEs application)*
4. *Students completing APPEs within IHS and community health centers are exposed first hand to providing culturally competent care.*
5. *Faculty or adjunct faculty are situated in community health centers in Missoula, Butte, Bozeman, Livingston, and Billings. Could quantitate how many students have completed APPEs in these sites in the past year.*

3. Contribute to efforts to screen at-risk populations for chronic diseases

Plan: Train students in screening techniques and population risk assessment while in school

Plan: Provide training opportunities for pharmacists in practice.

Plan: Provide screening services in communities across the state and encourage residents to follow up with their primary care providers

Plan: Seek extramural funding to support current screening program (IPHARM) and future expansion of services

Primary responsibility: All department faculty

2011 Update

Good progress made in all areas as related to IPHARM:

1. *Numbers from Rachel/Donna for AY 2010-11 (Sept 1, 2010 to Aug 31, 2011):*

Number of events: 55

Number of cities/communities: 31

Number of people screened (by type of screening or by event): 1702 total

Number of screening tests conducted

Bone Density 1130 (275 abnormal values with 59 physician follow-ups)

Cholesterol 773 (181 abnormal values with 42 physician follow-ups)

HbA1c 602 (88 abnormal values with 26 physician follow-ups)

Number of students trained (P3)/participated (mostly P4) – May 2010 to May 2011

Trained 62 pharmacy students (17 of them participated)

Participating students in other programs: 1 PA, 1PT, 10 RN, and 2 SW

Number of faculty participants 7

2012 Update

Continued progress made in all areas as related to IPHARM:

Numbers from Rachel/Donna for FY 2011-12 (July 1, 2011 to June 30, 2012):

NOTE: This is a conservative estimate since not all of the data for June 2012 events have been returned yet. The reporting period was also changed to a fiscal year.

Number of events: 46

Number of cities/communities: 30

Number of people screened (by type of screening or by event): 1305 total

Number of screening tests conducted

Bone Density 1007 (230/485 abnormal values referred; 40 physician follow-ups)

Cholesterol 461 (105/201 abnormal values referred; 30 physician follow-ups)

HbA1c 506 (66/140 abnormal values referred; 14 physician follow-ups)

Number of students trained (P3)/participated (mostly P4):

Trained 67 P3 students (22 participated as P4s between April-June 2012)

37/62 2012 graduates participated as P4s between July 2011-April 2012

Students in other programs: 0 PA, 3PT, 12 RN, 2 Med, and 5 SW

(Six CSD students participated in a single event.)

Number of faculty participants: 3 helped train; 9 worked at events

Number of miles: Will reach the 100,000 mile mark this fall.

4. Contribute to efforts to promote behaviors that improve health and prevent diseases associated with unhealthy lifestyle and risk behaviors.

Plan: Teach students to identify risky behaviors in themselves and others. Give them behavior change tools and counseling skills that they can use.

Plan: Promote healthy lifestyle choices and behaviors in students and faculty members through coursework, extracurricular activities, school events, and other school-related activities.

Primary responsibility: All department faculty

2011 Update

Good progress made in these areas:

- 1. Continue to provide information to students about health risk behaviors including tobacco use, addiction, proper sleep, and nutrition*
- 2. C-APPE students participate in self-care clinics to educate patients*
- 3. The UM campus went to a “tobacco-free” campus in the past year*

Needs more work:

- 1. Increase scope of topics covered to include exercise*
- 2. Focus more school events on physical activity*

2012 Update

Good progress made in these areas:

- 1. Continue to provide information to students about health risk behaviors including tobacco use, addiction, proper sleep, exercise, and nutrition*
- 2. C-APPE students participate in self-care clinics to educate patients*
- 3. The UM campus continues to be a “tobacco-free” campus in the past year*
- 4. Student organizations continue to offer active events including ASP GASPing for air run and Kappa Psi walk for juvenile diabetes. Faculty continue to participate in activities such as the Heart walk.*
- 5. Students are trained in self-care education for patients, self-management education, and medication therapy management in the curriculum*

5. Continue efforts to improve safe medication use including safe disposal of unused medications

Plan: Educate students and practitioners how to participate in efforts to reduce medication errors; identify and remove counterfeit medications from the market as part of an overall effort to increase safety of the medication supply; apply quality assurance measures at their sites; identify populations at risk for pharmacy-related problems (e.g., lack of access to services or products, chronic diseases), and use information technology in their efforts to reduce medication errors and improve safety.

Plan: Participate in efforts to safely remove unused or unneeded medications from homes and dispose of them safely

Plan: Participate in quality initiatives through associations and government agencies

Plan: Participate in voluntary medication safety reporting programs

Plan: Continue student involvement in poison prevention programs

Primary responsibility: All department faculty

2011 Update

Good progress made in these areas:

1. *Continue to provide information to students about medication risk management strategies, errors, counterfeit products, shortages, and safe disposal in PHAR 557*
2. *ASP poison prevention programs in local schools are ongoing*

Needs more work:

1. *Increase efforts to participate in safe drug disposal programs with the county health department.*
2. *Identify current quality initiatives by FDA and other agencies then seek ways to participate*
3. *Increase voluntary reporting of medication safety issues in APPEs and clinical sites*

2012 Update

Good progress made in these areas:

1. *Continue to provide information to students about medication risk management strategies, errors, counterfeit products, shortages, and safe disposal in PHAR 557*
2. *ASP poison prevention programs in local schools are ongoing*
3. *Faculty member provided supervision of APPE students for one drug disposal event*
4. *ASP has initiated the "Gen Rx" program*
5. *State and county agencies have taken the lead in providing safe drug disposal events during the past year*

6. **Protect the public from impaired or incompetent practitioners, including students and interns**

Plan: Increase student and faculty awareness of behaviors that can impact the ability of a pharmacist or intern to perform their professional duties in a responsible and competent manner

Plan: Support programs designed to rehabilitate pharmacists or interns (e.g., Montana Impaired Pharmacist Program)

Plan: Identify impaired students, faculty, and practitioners for referral to rehabilitation or counseling

Plan: Review current methods for identifying and remediating students who are not demonstrating competent or professional practice behavior.

Primary responsibility: All department faculty; adjunct clinical faculty

2011 Update

Good progress made in these areas:

1. *Continue to provide information to students about responsible behavior in patient care settings*
2. *Continue supporting the state impaired pharmacist program*

3. *Review of current methods for identifying and remediating impaired students who do not demonstrate competent or professional behavior completed and resulted in a professionalism policy.*

Needs more work:

1. *Improve identification of impaired students, faculty, and practitioners for referral to rehabilitation*
2. *Full implementation of professionalism policy needs to be completed*

2012 Update

Good progress made in these areas:

1. *Continue to provide information to students about responsible behavior in patient care settings*
2. *Continue supporting the state impaired pharmacist program*
3. *Review of current methods for identifying and remediating impaired students who do not demonstrate competent or professional behavior completed and resulted in a professionalism policy.*
4. *Professionalism policy is now fully implemented*

7. *Contribute to efforts to reach immunization rate goals for the state.*

Plan: Train all pharmacy students for the immunization certificate while in school.

Plan: Increase the number of certificate learning opportunities for pharmacists around the state.

Plan: Provide CE support for certified pharmacists to ensure they are able to continue immunizing

Plan: Increase the percent of practicing pharmacist who are immunization certified (Current level is ~20%)

Plan: Prepare a collaborative practice agreement template for travel immunization programs

Plan: Promote and facilitate immunization of children through educational activities

Plan: Support efforts to educate the public about the benefits and risks of vaccination

Primary responsibility: All department faculty; ACPE Program Administrator

2011 update:

Good progress made in these areas:

1. *Continue to require all P2 students to obtain an immunization certificate*
2. *Continue to provide at least one immunization certificate CE program each year*
3. *2011 BOP data indicates 23%(423/1824) pharmacists with Montana licenses are also certified to immunize, which represents an 8% increase since 2010. Not all of these pharmacists currently practice in Montana. Source: Evie Martin, Program Manager, MT BoP 9/7/2011*
4. *New rules allow pharmacists to immunize 12-17 year olds – training will be adjusted to cover this age group starting in 2011.*

Needs more work:

- 1. Review need for a collaborative practice agreement template for travel immunizations. If still needed, identify a faculty member to be responsible for preparing it*
- 2. Identify where childhood vaccination is being/could be taught and promoted within the school.*
- 3. Identify where public education about vaccines is done in the curriculum and in practice.*

2012 update:

Good progress made in these areas:

- 1. Continued to require all P2 students to obtain an immunization certificate*
- 2. Continued to provide at least one immunization certificate CE program each year*
- 3. 2012 BOP data not available due to switch to a new database; last year it was 23%. Should be able to access and compile the data by 2013 update. There is also a change in contact person. New contact for data will be Ron Klein (406) 841-2371*
- 4. Department faculty members involved with IPHARM have contracted with the state health department to deliver the MUS immunizations for AY 2012-13*

**DEPARTMENT OF PHARMACY PRACTICE
UM SKAGGS SCHOOL OF PHARMACY
GOALS & OBJECTIVES
2010-2015**

AREA: Rural Health Care

Kerry Haney ~~Larry Dent~~ (to 2011), Chair
Jean Carter
Lori Morin
Sherrill Brown
Annie Belcourt (added 2012)

Goal: Develop programs, educational experiences, partnerships, and research projects that will enable pharmacists to enhance or increase the delivery of health care in rural and frontier areas.

OBJECTIVES:

1. Incorporate rural health topics in the didactic portion of the curriculum and rural health practice to experiential curriculum where appropriate.

Plan: Discuss the implications of barriers to health care access in rural and frontier areas

Plan: Discuss the role of information technology and telehealth in serving rural populations

Plan: Discuss and identify issues facing rural pharmacy practice

Plan: Seek opportunities in rural communities for experiential training

Primary responsibility: All Department faculty

2011 update:

Good progress made in these areas:

1. *Continue to address the topics in lectures.*

Needs more work:

1. *Increase coverage of information technology and telehealth as well as increase number of students in rural communities for APPEs.*

2012 Update:

1. *There has been increasing number of APPE sites that students are getting exposure to telehealth services.*
2. *Topic development is ongoing.*

2. Develop and maintain outreach programs that focus on the healthcare needs of rural Montanans.

Plan: Seek extramural funding to continue and expand projects such as IPHARM.

Plan: Continue to involve students and faculty from pharmacy and other healthcare disciplines in IPHARM outreach events

Plan: Seek opportunities to use technology to deliver care to rural communities (e.g., telepharmacy, telehomecare)

Plan: Seek opportunities to involve other projects (e.g., AHEC) and/or increase involvement of specific rural communities (e.g., tribal reservations).

Primary responsibility: All Department faculty and IPHARM pharmacist

2011 update:

Good progress made in all areas as related to IPHARM:

1. *Need to get numbers from Rachel/Donna for AY 2010-11 (Sept 1, 2010 to Aug 31, 2011):*

Number of events: 55

Number of cities/communities: 31

Number of people screened (by type of screening or by event): 1702 total

Number of screening tests conducted

Bone Density 1130 (275 abnormal values with 59 physician follow-ups)

Cholesterol 773 (181 abnormal values with 42 physician follow-ups)

HbA1c 602 (88 abnormal values with 26 physician follow-ups)

Number of students trained (P3)/participated (mostly P4) – May 2010 to May 2011

Trained 62 pharmacy students (17 of them participated)

Participating students in other programs: 1 PA, 1PT, 10 RN, and 2 SW

Number of faculty participants 7

2. *Students can obtain an IPHARM certificate by completing PHAR 564 lab and additional requirements*

2012 update:

Good progress made in all areas as related to IPHARM:

1. *Numbers from Rachel Zins for FY July 1, 2011- June 30, 2012):*

Number of events: 55

Number of cities/communities: 31

Number of people screened (by type of screening or by event): 1702 total

Number of screening tests conducted

Bone Density 1130 (275 abnormal values with 59 physician follow-ups)

Cholesterol 773 (181 abnormal values with 42 physician follow-ups)

HbA1c 602 (88 abnormal values with 26 physician follow-ups)

Number of students trained (P3)/participated (mostly P4) – May 2010 to May 2011

Trained 62 pharmacy students (17 of them participated)

Participating students in other programs: 1 PA, 1PT, 10 RN, and 2 SW

Number of faculty participants 7

2. *Ongoing - Students can obtain an IPHARM certificate by completing PHAR 564 lab and additional requirements.*

3. To assist health care professionals in providing the best possible care services by offering continuing education and information on rural related issues, policy, and research.

Plan: Develop Continuing Professional Development (CPD) programming that is relevant to practitioners in rural practices

Plan: Deliver CPD to rural practitioners in a manner that increases accessibility (e.g., web-based or videoconferencing)

Plan: Review feasibility of the department providing CPD programming to practitioners around the state

Primary responsibility: ACPE Program Administrator

2011 update:

Good progress made in these areas:

1. *Continue to offer live and web/videoconference CE programs for practitioners around the state*
2. *Get numbers from Lisa Barnes*

Number of CE programs offered between Sept 1, 2010 – Aug 31, 2011

2012 update:

Good progress made in these areas:

1. *Continue to offer live and web/videoconference CE programs for practitioners around the state*
2. *Between Sept 1, 2011 – Aug 31, 2012*
 - a. *9 UM CE programs offered*
 - i. *1 program used videoconferencing and involved 15 different sites across MT*
 - ii. *1 program used videoconferencing and involved 5 different sites across MT*
 - b. *10 different sites across MT participated in UM CE programs*
 - c. *371 pharmacists attended the UM CE programs (although the number of different pharmacists is unknown)*

4. To develop and nurture collegiality and partnerships with and among professional associations and agencies to enhance or increase rural health care services.

Plan: Maintain active memberships in state and national pharmacy associations that include rural pharmacy issues in their programs

Plan: Maintain active memberships in state and national organizations that support rural health care

Plan: Seek and develop working relationships with agencies or organizations that serve rural areas

Primary responsibility: All Department faculty

2011 update:

Good progress made in these areas:

1. *Faculty continue to be members of state, regional, and national professional organizations that include rural healthcare in their activities.*

Needs more work:

1. *The number of partnerships with rural healthcare providers and pharmacies is still low. Work through new AHEC office in western Montana may facilitate more interaction with rural providers.*

2012 update:

Good progress continues in these areas:

1. *Faculty continue to be members of state, regional, and national professional organizations that include rural healthcare in their activities.*
2. *IPHARM partnered with the RUOP program. There were 3 or more RUOP/IPHARM events: Hardin, Roundup, Harlowtown*

Needs more work:

1. *The number of partnerships with rural healthcare providers and pharmacies is still low. Work through new AHEC office in western Montana may facilitate more interaction with rural providers.*

5. To foster service partnerships, or mentoring relationships among health care providers and facilities to address rural health care issues and decrease professional isolationism.

Plan: Explore the need for greater involvement in dissemination of information on community pharmacies for sale and employment opportunities in rural hospitals and pharmacies.

Plan: Provide management and MTM consultations to rural community pharmacists

Primary responsibility: Pharmacy Practice Department Office

2011 update:

Good progress made in these areas:

1. *Continue to provide opportunities for rural pharmacy practitioners to participate in MTM consultations via programs like PharmAssist.*
2. *School's Facebook page provides some opportunity for disseminating information about rural pharmacies for sale and employment opportunities.*

Needs more work:

1. *Still need to review need for involvement in pharmacies for sale and employment opportunities.*

2012 update:

Good progress made in these areas:

1. *Continue to provide opportunities for rural pharmacy practitioners to participate in MTM consultations via programs like PharmAssist.*
 - i. *Katy Hale provided data for FY 2011-12: For PharmAssist for FY11/12 there were 22 initial encounters (e.g. new patients) and 12 follow-up encounters. According to the website there are 12 pharmacists contracted*

with the state, but there are only 6 pharmacists actively providing services. One additional pharmacist did provide one encounter, but this is not routine for that individual. The communities where this service was provided include Missoula, Billings, and Livingston.

ii. Asthma education services were provided through Kendra's grant program to state employees in rural areas.

2. Ongoing – the School's Facebook page provides some opportunity for disseminating information about rural pharmacies for sale and employment opportunities. Number of Facebook friends is now 503.

Needs more work:

1. Still need to review need for involvement in pharmacies for sale and employment opportunities.

6. To address risks regarding loss of pharmacy services in small rural communities (population <5,000).

Plan: Develop tools through research to assess risk for loss of pharmacy services in rural communities.

Plan: Conduct survey studies to assess level of interest of pharmacy students to practice in rural communities.

Primary responsibility: Pharmacy Practice faculty

2011 update:

Needs more work:

1. Review need for research in this area. If needed, identify faculty member who will conduct the research.

2012 update: No change since last year

**DEPARTMENT OF PHARMACY PRACTICE
UM SKAGGS SCHOOL OF PHARMACY
GOALS & OBJECTIVES
2010-2015**

AREA: Collaboration with Pharmacy Organizations

Vince Colucci, Chair

Lori Morin

Lisa Wrobel

~~Lisa Barnes~~ (until 2012)

GOAL: Collaborate with individual practitioners and pharmacy organizations, within Montana and nationally, to improve existing pharmacy services and to assist and promote the following objectives:

OBJECTIVES:

1. Participate with practitioners to provide cognitive services for improved patient care by pharmacists, gain recognition as advanced practitioner providers (nationally) and receive reimbursement or compensation for patient care services.

Plan: Collaborate with the Montana Pharmacy Association (MPA) and other pharmacy organizations, State (DPHHS) and Federal (e.g., Centers for Medicare and Medicaid [CMS]) agencies and legislators (Senators Baucus and Testor, Congressman Rehberg), and third – party payers/Health plans. Intent is to increase the number of pharmacists with credentials that would meet criteria set by health insurers for patient – care provider recognition. Ideally, this will lead to obtaining federal and third-party reimbursement. Continue to pursue national legislation to obtain this objective.

Primary responsibility: All Department faculty; Department Chairperson, Dean

2011 Update: *This remains an ongoing objective. The Department has an active role on the MPA board and MT BOP; We work closely with CE program development annually. Collectively, we sought passage of constructed legislation recognizing credentials for a Clinical Pharmacist Practitioner. This statute became law and actively went into effect Jan 2011, with 2 successful candidates receiving this recognition from the MT Board of Pharmacy and the MT Board of Medical Examiners. We continue to promote or salvage MT PharmAssist program. National work continues to be ongoing, including Department faculty active membership with ASHP HOD.*

2012 Update: *This objective remains a continuum. The Department has an active role on the MPA board and MT BOP; We work closely with, approve, and develop accredited CE program development annually. Collectively, we sought passage of constructed legislation (effective Jan 2011) recognizing credentials for a Clinical Pharmacist Practitioner and have 5 pharmacists receive this credentialing from MT Board of Pharmacy and the MT Board of Medical Examiners. We continue to promote or salvage MT PharmAssist program. National work continues to be ongoing in light of the passing of the Affordable Health Act and the role pharmacist should play in ACOs and Medical Home Modeling.*

2. Collaborate with the Montana Board of Pharmacy to implement, modify, or optimize rules to facilitate and standardize pharmacy practice commensurate with modern professional pharmacy-based patient care services

Plan: Continue to provide input, assistance, and leadership to Montana Board of Pharmacy as requested and/or as necessary.

Primary responsibility: All Department faculty

2011 Update: *Legislatively, the Department remains active with IPHARM activities during the legislative session. Helped to craft and successfully pass legislation expanding immunization statute allowing pharmacists to broaden their practice, including decreasing the age for pharmacist –provided immunization. Collaboration with MPA, BOP and State AG office to pass Prescription Monitoring legislation. Committee work with MPA to review and optimize immunization Rules. Committee work with MT BOP to review ALL rules for appropriateness and professional applicability. Ongoing work to establish LTC facility rules with regard to drug therapy monitoring and pharmacist involvement. We continue to meet approximately three times annually with MPA and MT BOP in a TriPartite committee to discuss issues, communicate problems, and discuss collaborative measures.*

2012 Update: *Legislatively, the Department remains active with IPHARM activities during the legislative session. Helped to craft and successfully pass legislation expanding immunization statute allowing pharmacists to broaden their practice, including decreasing the age for pharmacist –provided immunization. Collaboration with MPA, BOP and State AG office to pass Prescription Monitoring legislation. Committee work with MPA to review and optimize immunization Rules. Committee work with MT BOP to review ALL rules for appropriateness and professional applicability. Ongoing work to establish LTC facility rules with regard to drug therapy monitoring and pharmacist involvement. We continue to meet approximately three times annually with MPA and MT BOP in a TriPartite committee to discuss issues, communicate problems, and discuss collaborative measures.*

3. Remain collaborative with individual practitioners and both state and national pharmacy organizations to improve existing pharmacy services and to help develop and implement cognitive services, obtain reimbursement for cognitive services, develop professional practice standards, further advance the pharmacy profession. Remain involved in demonstration projects that reveal the value of cognitive pharmacy services.

Plan: Continue to explore and establish payment mechanisms for clinical faculty currently providing cognitive pharmacy services.

Primary responsibility: All Department faculty and Department Chairperson

2011 Update: *This represents a longitudinal and ongoing objective. We are continuing to work with MUS and SOM Health care Plans via construction of an internal PBM (URX: Ask-A-Pharmacist), which has been hugely successful both clinically and financially.*

2012 Update: *This represents a longitudinal and ongoing objective. We are continuing to work with MUS and SOM Health care Plans via construction of an internal PBM (URX: Ask-A-Pharmacist), which has been successful both clinically and financially, constructing an asthma optimization project . Ongoing work with the MT DPHHS regarding a HTN pilot and initiating an adult vaccination endeavor.*

4. Monitor for legislative, market, and professional activities which may impact pharmacy practice and promote awareness within the public and political environment of a pharmacist's scope of practice. Become involved in legislative movements at State and National levels to promote and recognize clinical pharmacists as providers of patient care under Medicare Part B and other 3rd-party payment organizations.

Plan: Become involved in legislative movements at State and National levels to promote and recognize clinical pharmacists as providers of patient care under Medicare Part B and other 3rd-party payment organizations.

Bring to Department's attention those issues which fit in above categories. Remain actively engaged with Montana's Congressional delegation regards to pharmacy and pharmacist issues.

Primary responsibility: All Department faculty; Department Chairperson, and Dean

2011 Update: *Ongoing*

2012 Update: *Ongoing*

5. Continue to lead in promoting and developing pharmacy residency programs.

Plan: Full ASHP accreditation for St Patrick Hospital and Health Sciences Center has been obtained. Other Montana hospitals are in consideration (Benefis – Great Falls, Billings Clinic – Billings) Maintain existing accreditation for UM residencies. Facilitate the development of other residencies: a) ambulatory care residency at Missoula VA clinical practice site b) hospital-based residency at Benefis (Great Falls).

Primary responsibility: Department Chairperson and all Department faculty

2011 Update: *The Billings Clinic has initiated this process with 2 PGY1 residents; Benefis Hospital and Health Care has successfully completed their first year in the program. Consideration is ongoing to develop a PGY2 Cardiology Residency at SPH-IHI.*

2012 Update: *The Billings Clinic has initiated this process with 2 PGY1 residents; Benefis Hospital and Health Care has successfully completed two years in the program. Consideration is ongoing to develop a second PGY1 resident or a PGY2 Cardiology Residency at SPH-IHI.*

6. Work with MPA and pharmacy practitioners to develop, promote, and utilize Collaborative Drug Therapy Management (CDTM) agreements. Where possible, educate, optimize, and facilitate the development of Medication Management Therapy Services (MTMS) as they relate to Medicare Part D and reimbursement for clinical pharmacy services.

Plan: Provide templates to Montana Board of Pharmacy for review/endorsement; Highlight and publicize examples of successful CDTM agreements and patient outcomes via the School and MPA.

Primary responsibility: All Department faculty

2011 Update: *Actively collecting CDTMs for education and dispersion via MPA or by other methods*

2012 Update: *Actively collecting CDTMs for education and dispersion via MPA or by other methods*

7. Continue to promote and develop faculty involvement with national pharmacy organizations

Plan: Encourage leadership and committee roles; encourage initiation and promulgation of new ideas, teaching, scholarship and clinical programs that can be extended nationally.

Primary responsibility: All Department faculty

2011 Update: *Ongoing*

2012 Update: *Ongoing*

**DEPARTMENT OF PHARMACY PRACTICE
UM SKAGGS SCHOOL OF PHARMACY
GOALS & OBJECTIVES
2010-2015**

AREA: Professional Service

Sarah Miller, Chair
Lisa Barnes
Vince Colucci
Rose Macklin

GOAL: Provide drug therapy and pharmaceutical care consultation services to patients, licensed health care professionals, and health care organizations of Montana.

OBJECTIVES:

1. Provide direct pharmacy health care to patients and provide consultative pharmacy services to Montana health care agencies, health care professionals and their respective organizations.
Plan: Department faculty will continue to consult on and provide direct patient care services and document this activity to the FEC each year.
Plan: Provide continuing education for pharmacists, pharmacy technicians, nurse practitioners, and other health professionals.
Plan: Provide leadership toward achieving pharmacist reimbursement for medication therapy management.
Plan (2011): The Drug Information Service will serve as a repository for collaborative practice agreements in place throughout the state (i.e., those which pharmacists are willing to share) and will collect and make available to interested pharmacists any such agreements devised by students during APPEs.
Primary responsibility: All Department faculty, CE Coordinator

2011 Update: *Plan 1 above should be amended to reflect that pharmacy practice faculty continue to provide patient care, not just consultation.*

A Plan should be added as follows: The Drug Information Service will serve as a repository for collaborative practice agreements in place throughout the state (i.e., those which pharmacists are willing to share) and will collect and make available to interested pharmacists any such agreements devised by students during APPEs.

2012 Update: *The Drug Information Service is not actively seeking collaborative practice agreements from pharmacists in the state but acts as a resource in trying to locate collaborative practice agreement templates when requested.*

2. Provide consultative services to the Montana State Medicaid program on drug utilization review and outpatient formulary management issues.

Plan: Maintain the services contract.

Plan: Develop new consultative activities, if available.

Plan: Record DUECARE activity in the DIS activity report.

Primary responsibility: Department Chairperson and Director of Drug Information Services

2012 Update: *Ongoing*

3. Provide pharmaceutical expertise to State of Montana and Montana University System Health Plans.

Plan: Help to drive formulary selection and maintenance based on medication efficacy and cost.

Plan: Help to optimize pharmacotherapy through medication therapy management, focusing primarily on cardiovascular disease states and asthma.

Plan: Run call center (Ask-A-Pharmacist) for these programs.

Plan: Involve pharmacy students in medication therapy management component of these programs.

2012 Update: *Instead of running the call center, faculty act as consultants to the Mountain Pacific Quality Health pharmacists who run the call center.*

One faculty member works with the Montana Asthma Control Program workgroup which works to improve QOL for Montanans with asthma. Another faculty member works with the Montana Pharmacist Blood Pressure Management Program targeting State of Montana employees, spouses, and retirees who are active health plan members and located within a 1 hour drive of the Helena, Billings, and Missoula areas. Pharmacists provide hypertension self-management education to participants in face-to-face, individual or group appointments, over the course of 1 year. This is funded by a grant from the MT Cardiovascular Health Program, who receives funding from the CDC.

The IPHARM (ImProving Health Among Rural Montanans) program accepted a contract from the Montana University System (MUS) to provide influenza vaccines to eligible faculty, staff and retirees at all campuses this Fall. It is anticipated that they will vaccinate over 3200 participants. Certified pharmacy students will travel with IPHARM on these events.

**DEPARTMENT OF PHARMACY PRACTICE
UM SKAGGS SCHOOL OF PHARMACY
GOALS & OBJECTIVES
2010-2015**

AREA: Department Personnel and Workload

Michael Rivey, Co-Chair
Donna Beall, Co-Chair
Sarah Miller
Bill Docktor

GOAL : Fulfill personnel and material needs to enhance the provision of teaching, research, and service activities.

OBJECTIVES:

1. Maintain an accurate ongoing record of personnel workload in the Department and strive to balance workloads between faculty members and also administrative assistants.
Plan: Use course syllabi to record teaching load and course coordination for each department member on a yearly basis.
Plan: Solicit a breakdown of workload related to teaching, scholarly, and service activities from each faculty member on a yearly basis, for comparative purposes. Data sources include Individual Performance Record (IPR) used in faculty evaluation process, direct inquiry of faculty/staff member, and feedback from other sources.
Primary responsibility: Department Chairperson and course coordinators

2011 Update: *A workload spreadsheet was developed by the Chair, which incorporated classroom, small group, distance learning, student activity & guest lecturer audit, and elective workloads. This allowed a comparison of faculty members workload demands and should be useful in changes to instructional assignments.*

2012 Update: *Efforts continue to develop equitable workloads across the faculty members. The 2012 nonrenewal of a faculty member involved in the skills laboratory sequence and CE has given the Dept an opportunity to adjust workload demands to increase overall departmental efficiency and investigate a replacement faculty hire based on areas of need/opportunities. Workload demands for some faculty likely will change as this process evolves, and it is expected that the next 6 months will be dedicated to the process.*

2. Provide support for faculty members engaged in funded research projects.
- Plan:** Hire support personnel on a temporary basis to support faculty research, using money generated by the research grants.
- Plan:** Encourage consideration and the incorporation of funding for support personnel in significant research project proposals.
- Plan:** Provide relief from teaching responsibilities, dependent on the monetary size and personnel time involved in the grant.
- Primary responsibility:** Department Chairperson and all Department faculty

2011 Update: *There were no significant issues in this area for 2011. Faculty with research grants were encouraged to use the grant money to hire assistance (e.g. asthma grant).*

2012 Update: *There has been continued support for faculty with grants, primarily in the form of decreased teaching loads. It has become increasingly difficult to “backfill” faculty members engaged in research due a lack of available practitioners in the community who have any background in academics or advanced clinical practice. The upcoming year will again be characterized by bringing outside support where possible, primarily as facilitators for small group classes.*

3. Promote the continued development of pharmacy practice residencies to support Departmental activities in the areas of teaching and research.
- Plan:** Complete implementation of a second PGY1 pharmacy practice residency at Community Medical Center, starting July 1, 2010.
- Plan:** Maintain ASHP accreditation of the UM residency program.
- Plan:** Promote and assist the development of additional residencies at other sites outside Missoula in the state of Montana.
- Plan:** Promote and facilitate the development of ambulatory care and community practice residencies in Missoula and the state of Montana.
- Primary responsibility:** UM Residency Program Director and all Department faculty.

2011 Update: *A second 2010-11 resident at CMC had to withdraw due to medical issues, but a 2nd resident has started the 2011-12 year. A progress report for continuing program accreditation will be written/submitted in Dec 2011 . No new residencies started in Montana in the past year, but it is a continual topic at various meetings.*

2012 Update: *CMC graduated its first class of 2 residents in July 2012, and St. Patrick Hospital has announced that it will recruit a second resident to start in July 2013. Bozeman Deaconess started a PGY1 residency this year with its first 2 residents, and Billings Clinic is in the process of expanding. The Department continues to look at Ambulatory Care residencies, but it would likely need to be a shared residency and no funding source has been identified.*

4. Assure adequate office space and teaching materials for Department personnel.
Plan: Actively participate in decisions with the Dean and other Administration in CHPBS regarding allocation of office space.
Plan: Allocate resources to maintain current teaching materials for all courses, especially those related to the teaching of skills related to direct provision of patient care.
Primary responsibility: Department Chairperson

2011 Update: *Ongoing. There are no major issues in this area at this time.*

2012 Update: *Ongoing. A recent office shift means that all full-time faculty members now have outside offices with windows. There are no major issues in this area at present.*

5. Plan for expected retirement of several senior faculty members over the next five years.
Plan: Identify any retirement plans (tentative or not) of senior faculty members as they age to 60 years of age.
Plan: Delineate needs in the areas of teaching, research, and service created by any planned retirements.
Plan: Reallocate teaching, research, and service duties of faculty nearing retirement to allow for maintenance of those activities at a quality level to the program.

2011 Update: *Ongoing. No planned retirements announced to date.*

2012 Update: *Ongoing. No planned retirements announced to date.*

GOAL : Foster and maintain job satisfaction, morale, and professional development for faculty and staff in the Department

OBJECTIVES:

1. Identify issues related to job satisfaction and professional development for Department members.

Plan: Schedule meetings as needed of the Chair with staff and faculty members.

Plan: Attend Administrative Meetings of the CHPBS to be aware of, and active in issues related to job environment and satisfaction.

Primary responsibility: Department Chairperson

***2011 Update:** Ongoing. Yearly professional development funds continue to be provided to each faculty member. The Department has been able to provide funds beyond the allocation for instances where faculty members have needed additional support.*

***2012 Update:** Ongoing. The Department Admin. Associate was placed on a career ladder in the past year to enhance her salary and increase the likelihood of her retention.*

2. Stimulate the professional development and academic advancement of faculty members

Plan: Schedule junior faculty mentoring meetings twice yearly, first between the junior faculty member and their mentor to develop a plan for faculty performance, and then with the Department Chair to review the plan.

Plan: Advocate for, and promote the inclusion of junior faculty in granted projects directed by senior faculty members.

Plan: When feasible in the setting of unsuccessful funding efforts, provide Departmental financial support for small research projects conducted by faculty members.

Primary responsibility: Department Chairperson and tenured faculty members

***2011 Update:** The mentoring program remains active. Junior faculty continue to be monitored & supported in the area of scholarly activity.*

***2012 Update:** The mentoring program continues to work well. Junior faculty have been supported in grant activities and have performed well in this regard.*

3. Enhance the professional environment within the Department

Plan: Provide for training that enhances the professionalism of the faculty, affiliated preceptors, and staff personnel of the Department.

Plan: Support and participate in the enforcement of high standards of professionalism in students in the program.

Primary responsibility: All faculty members

2011 Update: *There has increased use of the professionalism policy.*

2012 Update: *No changes; there is continued use of the professionalism policy for students. There is no professionalism policy directed at faculty and staff.*

4. Maintain and expand professional development opportunities for Department members

Plan: Maintain individual professional development accounts for all faculty members

Plan: Evaluate the need for increased professional development stipends at start of each fiscal year.

Plan: Promote consideration of sabbatical leaves within the Department. Have at least 1 faculty member complete a sabbatical within the next 4 years.

Plan: Provide Departmental support on an “as needed basis” for smaller professional development opportunities.

Primary responsibility: Department Chairperson

2011 Update: *As noted, the stipend continues to be provided. No faculty have sought a sabbatical.*

2012 Update: *Professional development funds have been maintained and individual requests for additional support have been met. No faculty members have sought sabbaticals.*

5. Attempt to provide salaries which are competitive for Department personnel

Plan: Maintain a current perspective of salaries in light of market conditions, by use of national, regional, and local data. Conduct periodic salary surveys if data are not available.

Plan: Improve the salaries of current faculty by using the merit and promotion system within the CBA.

Plan: Investigate and take advantage of opportunities to enhance salaries of all Department personnel, just as inversion adjustment, bonus awards, critical area funding, or similar programs to adjust them toward local, regional, and national averages.

Plan: Give new hires a nationally competitive salary, through use of AACP salary data.

Primary responsibility: Department Chairperson

2011 Update: *Prof. Larry Dent vacated his position and Prof. Kerry Haney was hired near the AACP mean salary.*

2012 Update: *Several faculty members received \$1000 salary inversion increments added to their salaries by UM Administration. Looking to the future, the cost of replacing the position vacated by the nonrenewal of Prof. Barnes will almost certainly represent a significant financial challenge for the Chair & Dept.*

6. Promote a collegial social interaction within the Department and with “outside” pharmacy professionals

Plan: Continue to sponsor a Montana Alumni reception at the ASHP Midyear Meeting, and look for other opportunities for the Department to sponsor events that promote interaction between the faculty and pharmacy practitioners.

Plan: Sponsor reception for Resident Certificate Presentation with UM faculty and hospital preceptors.

Plan: Give financial support to events and social outings which enhance Department personnel interaction in a non-academic environment.

Primary responsibility: Department Chairperson

2011 Update: *The Midyear Alumni reception continues to be developed & supported by the Dept. In the past year, the residency certificate presentation was changed to individual hospital luncheons- this enhanced attendance by the residency preceptors.*

2012 Update: *The above activities were again supported in the past year. The loss of indirect grant costs reimbursement dollars to the School will represent a threat to this area in the coming year. Specifically, the ASHP Midyear reception will not be sponsored this year while the impact of the loss of funding on the program as a whole is assessed.*