
VCU School of Pharmacy

Department of Pharmacotherapy & Outcomes Science

Strategic Plan 2012-2017

Approved February 22, 2012

MISSION: The mission of the Department of Pharmacotherapy & Outcomes Science is five-fold. The department will:

1. Engage professional and graduate students in educational experiences that ensure competence and instill commitment to improving patient-centered pharmacy care.
2. Promote the role of the pharmacist as an essential member of the inter-professional healthcare team by developing and documenting the value of innovative patient-centered practice models that are used for the education and training of future practitioners.
3. Promote and develop a research agenda that will generate scholarship by faculty and students, advance the profession and improve medication use.
4. Serve society and the pharmacy profession through leadership at the local, national and international levels.
5. Provide quality professional development to practicing pharmacists.

VISION: Within the next 5 years, the Department of Pharmacotherapy & Outcomes Science will be widely recognized by our peer institutions as a preeminent department leading in pharmacy practice and research.

OUR CULTURE: Faculty within our department share and embrace the following ideals:

- Commitment to fostering the mission of the department and School of Pharmacy
- An environment that is positive, creative and open-minded
- An environment of acceptance, and respect for the contributions of individuals of diverse backgrounds, viewpoints and ideas
- Continuous, professional development and life-long learning
- Passionate yet respectful debate of issues
- Responsible stewardship of University resources
- Celebrate the successes of individuals and the department
- Commitment to the School of Pharmacy attributes of professionalism (www.pharmacy.vcu.edu/sub/exper/docs/AttributesofProfessionalism.pdf)

GOAL 1. The curriculum taught by the department's fulltime and affiliate faculty will use effective educational strategies that maximize student learning.

M.O. 1.1. The Department will collaborate with the other departments in the School in the development, implementation and evaluation of a curriculum that meets or exceeds ACPE core competencies.

Action Step 1.1.1. The Vice Chair for Education and the Education Specialist will work with the Curriculum Committee to ensure that all departmental courses meet or exceed the current ACPE core competencies.

Action Step 1.1.2. The Vice Chair for Education will work with the Education Specialist and the Outcomes and Assessment Committee to ensure course evaluations are conducted and evaluated so improvements can be made as needed.

Action Step 1.1.3. Information gathered from the previous action steps will be communicated to the department faculty annually.

M.O. 1.2. All course objectives will be linked to the School curriculum outcome goals.

Action Step 1.2.1. Course coordinators will ensure measurable course objectives drive instructional techniques and student learning.

Action Step 1.2.2. Course coordinators will work cooperatively with the Outcomes and Assessment Committee to map departmental course outcomes to School curriculum outcome goals.

M.O. 1.3. Provide faculty with opportunities and support to enhance their knowledge and implementation of effective didactic and experiential teaching methods.

Action Step 1.3.1. Devise a strategy to allow faculty who develop and implement innovative teaching methodologies to present their experiences to the Department.

Action Step 1.3.2. Faculty will be provided ongoing guidance and advice for developing and implementing evidence based teaching strategies.

Action Step 1.3.3. The department will encourage and sponsor faculty to attend appropriate programs to improve teaching methods and to learn valid outcomes assessment strategies.

Action Step 1.3.4. Provide preceptor training opportunities (e.g., live, online, and on-site) to advance understanding and use of syllabi, active learning techniques, feedback, and evaluations.

Action Step 1.3.5. Provide fulltime and affiliate faculty with aggregate results from each class's rotation evaluations (IPPEs and APPEs).

M.O. 1.4. Provide faculty with a policy that describes an objective measurement tool for teaching and annually communicate how their teaching will be evaluated.

Action Step 1.4.1. The Vice Chair for Education will develop a policy for the annual teaching evaluations.

Action Step 1.4.2. The Chair, Vice Chair for Education and each faculty member will develop and agree upon an annual teaching plan that takes into account their other mix of duties.

Action Step 1.4.3. The Chair will adjust faculty workloads where appropriate and when possible to allow for delivery of the curriculum, teaching innovation, and evaluation.

Action Step 1.4.4. Faculty will undergo a peer-evaluation of teaching at least once every three years, or more frequently if at the Assistant Professor rank.

M.O. 1.5. Implement strategies intended to maximize student learning while maintaining teaching efficiency.

Action Step 1.5.1 At least 75% of all departmental courses will incorporate teaching strategies that help students develop problem solving, critical thinking and life-long learning skills.

M.O. 1.6. Foster existing and emerging interprofessional education initiatives, including didactic, experiential, and other learning modes.

Action Step 1.6.1. The Vice Chair for Education will lead a task force appointed by the chair to review "Core Competencies for Interprofessional Collaborative Practice," sponsored by the Interprofessional Education Collaborative (ACCP, AANC, ADEA, AAMC, ASPH, AACOM) to identify current curricular strengths and areas for improvement in preparing students to participate in interprofessional, collaborative health care by September 2012.

Action Step 1.6.2. The task force will identify and communicate existing models of interprofessional education within the university.

Action Step 1.6.3. The task force will create a seminar series that allows faculty who implement interprofessional education initiatives to present their experiences to the department.

Action Step 1.6.4. The task force will identify development opportunities for faculty to acquire interprofessional skills.

M.O. 1.7. Enhance the quality of experiential learning.

Action Step 1.7.1. The Director of the Foundations Lab will create a task force to develop simulation exercises to incorporate into the IPPE program goals and objectives.

Action Step 1.7.2. The Assistant Dean for Experiential Education will examine preceptors and practice sites that receive low student evaluation scores to identify opportunities for improvements in the program, and compare changes from year to year in these targeted preceptors and practice sites.

Action Step 1.7.3. The personnel in the Office of Experiential Education will visit practice sites each year in which students are assigned for IPPE and APPE rotations.

GOAL 2. Improve medication and health related outcomes through innovative pharmacy practice.

M.O. 2.1. Create the infrastructure to support faculty in developing and maintaining innovative clinical practice.

Action Step 2.1.1. Inventory what infrastructure currently exists (e.g., faculty, clinical sites) and what infrastructure is needed to meet the department goals.

Action Step 2.1.2. Evaluate current faculty practice models and then complete a needs assessment of our current clinical sites to determine where advancement in clinical practice needs to be made.

Action Step 2.1.3. Strategically hire new faculty members in therapeutic areas (e.g., geriatrics, pediatrics, oncology) based on curricular and scholarship needs, and in areas of departmental strengths.

Action Step 2.1.4. Provide faculty with resources and training in order to successfully document, evaluate and report core health outcomes data from their direct patient care interventions.

M.O. 2.2. Implement new innovative practice models.

Action Step 2.2.1. Implement innovative approaches for using current and emerging public and private payment sources for pharmacist services compensation (e.g., patient centered medical homes, medication therapy management programs, and/or transitions of care models).

Action Step 2.2.2. Support a clinical practice model in the community that not only provides clinical services to patients and trains pharmacy students, but also bills for its clinical services in order to ensure sustainability.

M.O. 2.3. Develop relationships with pharmacy practitioners to improve medication and health outcomes in the Commonwealth.

Action Step 2.3.1. The Virginia Pharmacy Congress, including department faculty, will continue to develop goals and a strategy to enhance progressive pharmacy practice in the Commonwealth.

Action Step 2.3.2. A task-force will be created to begin the development of financially sustainable collaborative programs with community partners, VCU Health System and others to advance pharmacy practice in the Commonwealth.

Action Step 2.3.3. Identify and develop continuing education/leadership programs to expand professional development opportunities.

M.O. 2.4. Develop relationships with community partners to improve medication and health outcomes in the Commonwealth.

Action Step 2.4.1. Increase the number and capacity of faculty who are engaged in community partnerships that serve community-identified needs.

Action Step 2.4.2. Support the service-learning course/rotation in which students participate in organized and supervised service activities that meet community-identified needs.

GOAL 3. Enhance the department's post-graduate education and training programs.

Definition of Post-graduate training -- Postgraduate training encompasses all formal programs designed to educate and train individuals after receiving a first degree in pharmacy (typically a Pharm.D.). Post graduate training includes the following:

1. M.Sc. and Ph.D. degrees
2. Post-Doc research programs
3. Residency and fellowship programs
4. Certificate programs

M.O. 3.1. Meet with program directors to develop a comprehensive strategic plan for post-graduate education/training (1-4).

Action Step 3.1.1. The Vice-Chair for Graduate Education will meet with program directors to discuss plans for their programs and areas for mutually beneficial collaboration.

Action Step 3.1.2. The Vice-Chair for Graduate Education will submit an action plan for post-graduate education/training to the Department Chair by December 2012.

M.O. 3.2. Attract the best post-grads possible to contribute to the mission of the program. (1-3)

Action Step 3.2.1. Give admission preference to potential graduate student candidates who are more likely to contribute to the mission using the criteria below.

- competitive for external funding to conduct research (e.g., highly trained, matching the research interests of funded faculty members)
- distinctive in their excellence (e.g., track record of achievements, unique skills)
- seeking to make a difference in the profession of pharmacy after leaving VCU by contributing to the teaching, research, and service productivity of the faculty

M.O. 3.3. Review the graduate degree curriculum for changes needed to prepare students to work with graduate faculty in their areas of distinctive excellence (1).

Action Step 3.3.1. The Vice-Chair for Graduate Education will meet with faculty involved in the graduate pharmacotherapy program to discuss desired changes in the program.

Action Step 3.3.2. The Vice-Chair for Graduate Education will meet with faculty involved in the graduate pharmacy administration program to discuss desired changes in the program.

Action Step 3.3.3. Implement changes agreed upon in Action Steps 3.3.1 & 3.3.2.

M.O. 3.4. Maintain the number of departmental graduate students of approximately 25 individuals (1).

Action Step 3.4.1. Admit approximately six graduate students annually.

M.O. 3.5. Increase number of interactions between current graduate students and faculty (1).

Action Step 3.5.1. Each semester, have a social event for graduate students and graduate faculty arranged by the Vice-Chair for Graduate Education.

Action Step 3.5.2. The Vice-Chair for Graduate Education will explore ways to increase scientific and professional development with the seminar, research group meetings, and/or journal club.

M.O. 3.6. Maintain contact with past graduates after they leave VCU (1-3).

Action Step 3.6.1. The Vice-Chair for Graduate Education will develop and maintain a database of past post-graduates, including their current jobs and addresses.

M.O. 3.7. Promote the image of VCU's post-graduate programs (1-4).

Action Step 3.7.1. The Vice-Chair for Graduate Education will report the accomplishments of individuals within the program to the SOP Director of Public Relations and Communications.

GOAL 4. Generate research and scholarship that advances the profession and improves medication use.

M.O. 4.1. Develop a strategy to target future areas of research and scholarship and hiring strategy.

Action Step 4.1.1. An inventory of departmental faculty research/scholarship and funding support will be completed. Once compiled this will be used to find congruencies with other university research faculty to build new or enhance existing collaborations.

Action Step 4.1.2. The Associate Dean for Clinical Research and Public Policy will then communicate the findings to the department chair and faculty for input on strategies for improvement.

Action Step 4.1.3. A department task force will be appointed to work with the Associate Dean for Clinical Research and Public Policy to develop a departmental strategy to improve research and scholarship.

Action Step 4.1.4. Hire research faculty with documented expertise, sustained support, or those who have a high likelihood to obtain sustained extramural support.

M.O. 4.2. Enhance faculty success in research funding.

Action Step 4.2.1. Hire an experienced grants administrator to enhance departmental research infrastructure (grant applications, administrative support, fiscal oversight, pre- and post-award management).

Action Step 4.2.2. Build a core group of externally funded faculty.

Action Step 4.2.3. Faculty will increase the use of CCTR core resources to support their research endeavors.

M.O.4.3. Enhance faculty success in translational research/clinical pharmacology (as broadly defined by ASCPT¹) to address needs in the drug development and medication safety arenas.

Action Step 4.3.1. The Associate Dean for Clinical Research and Public Policy will call together faculty with interest and capabilities in clinical pharmacology to develop a plan for increasing translational research.

M.O. 4.4. Enhance faculty success in Scholarship of Teaching and Learning

Action 4.4.1. The faculty learning community will define success of scholarship of teaching and learning and identify training necessary for faculty to be successful in scholarship of teaching and learning.

M.O. 4.5. Enhance faculty success in Practice Based Research

Action Step 4.5.1. Faculty will increase participation in the research activities of existing PBRNs (e.g., ACCP and other national organizations).

Action Step 4.5.2. Enhance infrastructure and key collaborations that would encourage faculty to engage in successful practice-based research.

GOAL 5. Recruit and retain a diverse and quality faculty, both full-time and affiliate, to meet the mission of the department.

M.O. 5.1. Successfully recruit excellent faculty members

Action Step 5.1.1. Identify barriers to faculty recruitment including a survey of candidates who have accepted and declined faculty offers.

Action Step 5.1.2. Examine current recruitment strategies for efficiencies and areas of improvement.

Action Step 5.1.3. Conduct standardized recruitment processes.

Action Step 5.1.4. Develop and utilize a network of graduates for the purpose of recruitment and networking.

Action Step 5.1.5. Evaluate the search process from posting of position to extending offer and propose changes as needed.

Action Step 5.1.6. Identify individuals or opportunities in the interview process to “sell” our program.

Action Step 5.1.7. Create promotional material to share with faculty (e.g., a list of accomplishments of faculty in our department showcasing the school).

M.O. 5.2 Expand the number of preceptors and rotations offered by full-time faculty.

Action Step 5.2.1. Increase rotation offerings in areas of shortage: APPEs Acute Care/General Medicine, Ambulatory Care, and Geriatrics, and IPPE Hospital.

Action Step 5.2.2. Increase the percentage of full-time faculty-precepted rotations from 6% to 10%.

M.O. 5.3. Increase the retention rate of faculty in the department.

Action Step 5.3.1 Increase the reward and recognition system for quality and innovation in teaching, research, practice and professional service.

Action Step 5.3.2 Establish a task force to determine potential areas and suggestions for enhancement in department infrastructure and systems to facilitate achievement of faculty goals.

Action Step 5.3.3 Develop a system to protect and reward faculty for increasing teaching responsibilities in response to faculty turnover.

Action Step 5.3.4 Develop experiential activities which not only advance student learning, but also maximize operational benefits and value for preceptors and practice sites.

¹ **American Society of Clinical Pharmacology and Therapeutics (ASCPT) Definition of Clinical Pharmacology.**

Clinical Pharmacology is the study of drugs in humans. It is underpinned by the basic science of pharmacology, with added focus on the application of pharmacological principles and methods in the real world. It has a broad scope, from the discovery of new target molecules, to the effects of drug usage in whole populations.

Clinical pharmacologists are physicians, pharmacists and scientists whose focus is developing and understanding new drug therapies. Clinical pharmacologists work in a variety of settings in academia, industry and government. In the laboratory setting they study biomarkers, pharmacokinetics, drug metabolism and genetics. In the office setting they design and evaluate clinical trials, create and implement regulation guidelines for drug use, and look at drug utilization on local and global scales. In the clinical setting they work directly with patients, participate in experimental studies, and investigate adverse reactions and interactions.