#### **Program Efficacy Team Report (Instruction)**

2018 - 2019

| Efficacy Team: Tim Hosford, Botra Moeung |             |             |
|--|-------------|-------------|
| Overall Recommenda                       | tion:       |             |
| Continuation                             | Conditional | ⊠ Probation |

Rationale for Overall Recommendation: The program is showing growth, increasing WSCH per FTEF and the number of certificates and degrees awarded after the steep decline in the 14-15 year. The document adequately examines the program demographics and pattern of service, as well as participation with campus-wide events and initiatives. The nature of the program demands a strong Professional Development framework that is clearly described.

However the EMP document is incomplete, and sections II, V, VI, and VII make no attempt meet the rubric for **analysis** and **planning**.

**Section II:** The SLO and PLOs are presented with no supporting analysis.

**Section V:** The productivity data from the EMP is copied with no analysis. The prompt is copied and pasted into the response box. Two courses are past due for content review. While none of the courses are 100 or above and therefore don't need to articulate, the document mentions seeking a Bridge Program with Western University. There is no discussion of what this would entail in terms of altering courses or creating new ones. Challenges from the EMP are not present anywhere in the document, and while plans are presented to fulfil action steps, the challenges these are meant to address are absent.

**Section VI:** Campus facilities are absent from the document. External facilities are mentioned without analysis.

**Section VII:** Was left unfilled.

Name of Department: Pharmacy Technology

#### Part I: Questions Related to Strategic Initiative: Increase Access

 $\label{eq:Goal:SBVC} \textbf{Goal: SBVC will improve the application, registration, and enrollment procedures for all students.}$ 

|              | Does Not Meet             | Meets                          | Exceeds  |
|--------------|---------------------------|--------------------------------|--|
| Demographics | The program does not      | The program <b>provides an</b> | In addition to the meets criteria, the program's |
|              | provide an appropriate    | analysis of the                | analysis and plan demonstrates a need for        |
|              | analysis regarding        | demographic data and           | increased resources.                             |
|              | identified differences in | provides an interpretation     |  |
|              | the program's population  | in response to any             |  |
|              | compared to that of the   | identified variance.           |  |
|              | general population.       |                                |  |
|              |                           | The program <b>discusses</b>   |  |
|              |                           | the plans or activities        |  |
|              |                           | that are in place to recruit   |  |

|            |                                  | and retain underserved populations as appropriate. |  |
|------------|----------------------------------|--|--|
| Pattern of | The program's pattern of         | The program provides                               | In addition to the meets criteria, the program |
| Service    | service is <b>not related to</b> | evidence that the pattern                          | demonstrates that the pattern of service needs |
|            | the needs of students.           | of service or instruction                          | to be extended.                                |
|            |                                  | meets student needs.                               |  |
|            |                                  |  |  |
|            |                                  | The program discusses                              |  |
|            |                                  | the plans or activities                            |  |
|            |                                  | that are in place to meet a                        |  |
|            |                                  | broad range of needs.                              |  |

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### **Efficacy Team Analysis and Feedback:**

**Demographics:** The document accounts for most of the discrepancies, noting that statewide minority representation is high within the field. The department feels that the generally high minority numbers compared to state demographics is a satisfactory mix. More attention is paid to the very high proportion of female students in the program. The documents cites changes in the industry, such as the prevalence of 24-hour pharmacies resulting in shift flexibility. It also notes that the college ratio of male students exceeds that of the state. Finally, it accounts for the age disparity, citing state DEA regulations that act as a gate for younger students as well as the high incidence of students in training for a career change.

**Pattern of Service:** The document describes many of the challenges Pharmacy Tech students face in getting the classes they need. Many of these are common to the student body as a whole, but some are particular to the program, including the need for internship hours and concurrent enrollment with CSU and UC. Six courses are offered every semester, with the intent of allowing certification in one academic year.

The document demonstrates that the program is cognizant of service pattern challenges. Enrollment is up sharply from the last few years, which suggests that the current pattern is working.

Part II: Questions Related to Strategic Initiative: Promote Student Success

Goal: SBVC will increase course success, program success, access to employment, and transfer rates by enhancing student learning.

|   | Does Not Meet   | Meets   | Exceeds  |
|---|---|---|--|
| Data/Analysis<br>demonstrating<br>achievement of<br>instructional or<br>service success | Program does not provide an adequate analysis of the data provided with respect to relevant program data. | Program <b>provides an analysis</b> of the data which indicates progress on departmental goals. | In addition to the meets criteria, the program <u>uses the achievement data</u> in concrete planning and <u>demonstrates</u> that it is prepared for growth. |
| Service Area<br>Outcomes  | Program <u>has not</u><br><u>demonstrated</u> that it is  | Program <u>has demonstrated</u> that it has fully evaluated                                     | In addition to the meets criteria, the program demonstrates that it has fully  |

| and/or Student                | continuously assessing   | within a four-year cycle and is | incorporated Service Area Outcomes |
|-------------------------------|--|---------------------------------|------------------------------------|
| Learning                      | Service Area Outcomes  | continuously assessing all      | (SAOs) and/or Student Learning     |
| Outcomes                      | (SAOs) and/or Student  | Service Area Outcomes (SAOs)    | Outcomes (SLOs) and/or Program     |
| and/or Program Level Outcomes | Learning Outcomes  | and/or Student Learning         | Level Outcomes (PLOs) into its     |
| Level Outcomes                | (SLOs) and/or Program  | Outcomes (SLOs) and/or          | planning, made appropriate         |
|                               | Level Outcomes (PLOs)  | Program Level Outcomes          | adjustments, and is prepared for   |
|                               | based on the plans of the  | (PLOs).                         | growth.                            |
|                               | program since their last   |                                 |                                    |
|                               | program efficacy.  |                                 |                                    |
|                               | Evidence of data collection, evaluation, and reflection/feedback, and/or connection to area services is missing or incomplete. |                                 |                                    |

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#### Efficacy Team Analysis and Feedback:

**Student Success:** The program has an exemplary retention and success numbers, which have held steady over the past four years. Degrees and Certificates awarded have been increasing after a sharp drop in the 14-15 year. The data is presented, but there is very little analysis of the data. The committee recommends that the program look ahead and provide evidence of planning to keep these numbers as the program grows, as it asserts that it seeks to increase FTES.

The document also presents data detailing the college's advantageous position as one of only two Inland Empire institutions with a Pharmacy Technology program, with the field expected to grow.

**Student Learning Outcomes:** The document clearly lists all course SLOs. However there is **no analysis** of those SLOs, **nor is there any evidence of assessment or evaluation**. There is no discussion of whether the SLOs are in need of updating.

**Program Level Outcomes:** The document once again presents the data with **no analysis**. It would be helpful to examine why the drop happened, describe what has been done to contribute to the recovery, and how the program plans to continue this trend.

#### Part III: Questions Related to Strategic Initiative: Improve Communication, Culture & Climate

Goal: SBVC will promote a collegial campus culture with open line of communication between all stakeholder groups on and off-campus.

|               | Does Not Meet                 | Meets                         | Exceeds  |
|---------------|-------------------------------|-------------------------------|--|
| Communication | The program does not identify | The program <b>identifies</b> | In addition to the meets criteria, the program |
|               | data that demonstrates        | data that demonstrates        | demonstrates the ability to communicate        |
|               | communication with college    | communication with            | more widely and effectively, describes plans   |
|               | and community.                | college and community.        | for extending communication, and provides      |

| Culture &<br>Climate | The program does not identify its impact on culture and climate or the plans are not supported by the data and information provided. | The program identifies and describes its impact on culture and climate. Program addresses how this impacts planning. | data or research that <u>demonstrates</u> the need for additional resources.  In addition to the meets criteria, the program provides data or research that <u>demonstrates</u> the need for additional resources. |
|----------------------|--|--|--|
|----------------------|--|--|--|

| □ Does Not Meet  | <b>⊠</b> Meets                                       | ☐ Exceeds  |  |
|--|--|--|--|
| Efficacy Team Analy  | sis and Feedba                                       | <u>ck</u> :  |  |
| advocating a CSHP St<br>these activities and pro<br>Internal/External Pa | cudent Charter. Thesent data that il rtnerships: The | lustrate their impact.   | subsequent reports further describe tnership with Redlands Community |
|  |  | ore detailed description of what the courses need to be developed or |  |

IV: Questions Related to Strategic Initiative: Maintain Leadership & Promote Professional Development

Goal: SBVC will maintain capable leadership and provide professional development to a staff that will need skills to function effectively in an evolving educational environment.

|                             | Does Not Meet  | Meets  | Exceeds  |
|-----------------------------|--|--|--|
| Professional<br>Development | The program does not identify currency in professional development activities. | Program <u>identifies current</u> <u>avenues</u> for professional development. | In addition to the meets criteria, the program shows that professional development has <u>impacted/expanded</u> the program and <u>demonstrates</u> that the program is positioning itself for growth. |

| ☐ Does Not Meet  | <b>⊠</b> Meets         | □ Exceeds   |
|--|------------------------|---|
|  |                        |   |
| <b>Efficacy Team Analy</b>   | sis and Feedback:      | There is a robust professional development network due to |
| ASHP accreditation re  | quirements, including  | yearly meetings. Partners include the American Society of |
| Health-System Pharma   | acists (ASHP), the Ca  | lifornia Society of Health-System Pharmacists (CSHP), the |
| Pharmacy Technician  | Certification Board (F | PTCB), and the National Healthcare Association (NHA).     |
| Additionally they part   | `                      | <i>''</i>   |
| The state of the s | T 3                    |   |
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## V: Questions Related to Strategic Initiative: Effective Evaluation & Accountability

Goal: SBVC will improve institutional effectiveness through a process of evaluation and continuous improvement.

|                                     | Does Not Meet   | Meets   | Exceeds   |
|-------------------------------------|---|---|---|
| Mission/<br>Statement of<br>Purpose | The program <u>does not have</u> a mission/ statement of purpose, or it <u>does not clearly link</u> with the institutional mission.  | The program <u>has</u> a mission/statement of purpose, and it <u>links</u> clearly with the institutional mission.  |   |
| Productivity                        | The data <u>does not show</u> an acceptable level of productivity for the program, or the issue of productivity is not adequately addressed.  | The data shows the program is productive at an acceptable level.  | The program functions at a highly productive level and has planned for growth as appropriate.   |
| Relevance,                          | The program <b>does not provide</b>   | The program <b>provides</b>   | In addition to the meets criteria, the program  |
| Currency,<br>Articulation           | evidence that it is relevant, current, and that courses articulate with CSU/UC, if appropriate.  Out of date course(s) that were not launched into Curricunet by Oct. 1, 2017 may result in an overall recommendation no higher than Conditional. | evidence that the curriculum review process is up to date. Courses are relevant and current to the mission of the program.  Appropriate courses have been articulated or transfer with UC/CSU, or plans are in place to articulate appropriate courses. | discusses plans to enhance current course offerings that link to student/community needs and positions the program for improved student outcomes. |
| Challenges                          | The program does not incorporate weaknesses and challenges into planning.   | The program incorporates weaknesses and challenges into planning.   | The program <b>incorporates</b> weaknesses and challenges into planning that demonstrate the need for expansion.                                  |

| <b>☑</b> Does Not Meet                         | ☐ Meets                                 | ☐ Exceeds   |  |
|--|---|---|--|
| Efficacy Team Anal                             | Efficacy Team Analysis and Feedback:    |   |  |
| <b>Mission Statement:</b>                      | The program has a                       | a clear mission statement that                          | is linked with the College Mission.  |
| document also copy-<br>section be used to ad   | pasted the section dress the low WSC    | prompt into the response sect                           | ent and not analyzed in any way. The ion. The team recommends that this factors affect this (i.e. limited nost appropriate target ratio.       |
| presents no plans to r<br>curriculum. The prog | eview those cours<br>ram plans to bridg | es. As a CTA program, no coge with Western University's | for content review. The document urses articulate to a four-year Doctorate of Pharmacy Program. The as that the course description is current. |
|  | king. The program                       | n would do well to present so                           | with Western University would appear<br>me details on what this would entail as  |
| _  | hire a full time fac                    | culty director for the program                          | ot list the challenges. The document This director is necessary to meet  |

VI: Questions Related to Strategic Initiative: Provide Exceptional Facilities

Goal: SBVC will support the construction and maintenance of safe, efficient, and functional facilities and infrastructure to meet the needs of students, employees, and the community.

|            | Does Not Meet  | Meets  | Exceeds   |
|------------|--|--|---|
| Facilities | The program does not provide an evaluation that addresses the sustainability of the physical environment for its programs. | Program provides an evaluation of the physical environment for its programs and presents evidence to support the evaluation. | In addition to the meets criteria, the program has <b>developed a plan</b> for obtaining or utilizing additional facilities for program growth. |

| <b>☒</b> Does Not Meet  | ☐ Meets         | ☐ Exceeds  |
|---|-----------------|--|
|   |                 |  |
| Efficacy Team Analysi   | s and Feedback: | The Facilities section is used to list partnerships with various |
| external pharmacies and hospitals for externship training. No mention is made of campus facilities. |                 |  |
| _   | _               | - · ·  |

| The team recommends that more context is provided as to how external facilities are utilized and whether           |
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| they are sufficient. Additionally, <b>campus facilities should be addressed</b> , specifically the capacity of the |
| program to continue growing with current facilities and whether more space will be necessary.                      |
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|  |

# **VII: Previous Does Not Meet Categories**

| <b>☑</b> Does Not Meet                 | ☐ Meets         | □ Exceeds   |
|--|-----------------|---|
| Efficacy Team Analysis of the Program. | s and Feedback: | There was no response provided in regards to previous DNM: Cost |