 Ability-Based Outcomes Defined

• The Ability-based Outcomes (ABO) are “ability” statements describing what Pacific University School of Pharmacy (PUSOP) students should be able to do upon GRADUATION from the program.
• Each statement requires careful review by each faculty member for appreciation of its scope and applicability to their course(s). These are the abilities we are committed to teach throughout our PharmD curriculum.
• We will use ABO to ensure that students are meeting our program competencies.

Developing and Refining our Ability-based Outcomes

PUSOP\(^1\) created a list of ABO\(^2\) to provide guidance to faculty, staff, administration, preceptors, and students on elements of knowledge and skills attained by program graduates. Our ABO were approved by Curriculum Committee (CC), and the School of Pharmacy Assessment Committee (SOPAC). As PUSOP’s adopted ABO are a mix of faculty-derived ABO, the Center for Advancement of Pharmacy Education (CAPE) ABO, and modified-CAPE\(^3\) ABO, each ABO is listed with a tag and is color-coded. ABO that are derived from faculty written ABO are written in black print. The CAPE or modified-CAPE ABO are also highlighted in green. All ABO have been linked via the tag to their corresponding NAPLEX\(^4\) blueprint. If the ABO is taken exactly from CAPE, the tag will state “CAPE”. If the ABO is a minor modification from a CAPE ABO, the tag will read “Modified-CAPE”.

1. **CAPE: Domain 1\(^5\) – Foundational Knowledge (NAPLEX/NABP\(^6\) 1.1.0, 1.4.0)**
   a. Develop and use strategies to apply foundational sciences (pharmaceutical, social and administrative, and clinic) to solve therapeutic problems (1.1 Learner)
   b. Critically analyze scientific literature to enhance clinical decision making (1.1 Learner)
   c. Demonstrate knowledge and skills related to the laws governing pharmacy practice (1.1 Learner)

2. **CAPE: Domain 2 – Essentials for Practice and Care (NAPLEX/NABP 1.2.0; 2.1.0-2.3.0)**
   a. Provide patient-centered care as the medication expert (collect and interpret evidence, prioritize, formulate assessments and

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\(^1\)PUSOP: Pacific University School of Pharmacy
\(^2\)ABO: Ability-based Outcome(s)
\(^3\)CAPE: Center for Advancement of Pharmacy Education
\(^4\)NAPLEX: North American Pharmacist Licensure Examination
\(^6\)NABP: National Association of Boards of Pharmacy
recommendations, implement, monitor and adjust plans, and document activities) (CAPE: 2.1 Caregiver)

b. Manage patient healthcare needs using human, financial, technological, and physical resources to optimize operational safety and efficacy (Modified-CAPE: 2.2 Manager)

c. Design prevention, intervention, and educational strategies for individuals and communities to manage chronic disease and improve health and wellness (CAPE: 2.3 Promoter)

d. Describe how population-based care influences patient centered care and influences the development of practice guidelines and evidence-based best practices (CAPE: 2.4 Provider)

e. Prepare medications utilizing appropriate procedures and accurate calculations (2.1 Caregiver)

3. **CAPE: Domain 3 - Approach to Practice and Care (NAPLEX/NABP 1.2.0-1.5.0)**
   a. Identify problems; explore and prioritize potential strategies; and design, implement, and evaluate a viable solution (CAPE: 3.1 Problem Solver)
   b. Utilize a caring, empathetic, and professional manner to effectively communicate with all health care professionals, patients, families and caregivers and assess their understanding (3.2 Educator / 3.6 Communicator)
   c. Demonstrate and practice skills in leading change and promoting advocacy for the profession, patients and self (3.3 Advocate / 4.2 Leader / 4.3 Innovator)
   d. Actively participate and engage as a healthcare team member by demonstrating mutual respect, understanding, and values to meet patient care needs (CAPE: 3.4 Collaborator)
   e. Demonstrate skills necessary to manage personnel, interpersonal relationships, and workflow within pharmacy practice (3.4 Collaborator)
   f. Recognize social determinants of health to diminish disparities and inequities in access to quality care (CAPE: 3.5 Includer)

4. **CAPE: Domain 4 – Personal and Professional Development (NAPLEX/NABP 1.5.0)**
   a. Assess personal knowledge, skills, abilities, beliefs, biases, motivation, and emotions that could enhance or limit personal and professional growth (Modified-CAPE: 4.1: Self-Awareness)
   b. Demonstrate responsibility for creating and achieving shared goals, regardless of position (CAPE: 4.2: Leadership)
   c. Engage in innovative activities by using creative thinking to envision better ways of accomplishing professional goals (CAPE: 4.3: Innovation)
d. Exhibit behaviors and values that are consistent with the trust given to the profession by patients, other healthcare providers, and society (CAPE: 4.4: Professionalism)

e. Actively seek engagement in the profession through service (4.4 Professionalism)

f. Develop the skills, attitudes, and values necessary for self-directed, life-long learning (4.4 Professional)

**Plans for Assessment of the achievement of Ability Based Outcomes**

The ABO developed can be assessed at the end of the didactic and experiential education. This will place many of the assessment measures in the APPE\(^7\) evaluation and in the overall reflections and self-assessments made by the students. Some of these CAPE 2013 elements already exist in our current experiential evaluation tool, but the Northwest Consortium is currently in the process of revising these to meet CAPE 2013. At this point, faculty will be focusing on outcomes as they construct the learning objectives for each course, currently reflected in the course syllabus. Some tagging of specific items may be possible during the course assessments. This process will be useful in assessing students’ progress on achieving the ABO, and not necessarily their full achievement of these outcomes.

The assessment of faculty members’ use of and students’ progress to achieve the ABO use will occur through 1) measurement of the effectiveness of faculty development sessions and activities related to ABO over the next year, 2) syllabus construction (faculty member identification and inclusion of relevant ABO in their courses), and 3) faculty use of current assessment methods to track students’ learning as part of activities, exams, assignments, etc. The Assessment Committee, in collaboration with the Assistant Dean for Academics and Assessment (ADAA), will collect the following data and prepare a report to the Dean and faculty on the accomplishment of these goals.

1) **Faculty development:** Faculty development sessions between the ADAA\(^8\) and SOPAC-CC will be useful to help faculty effectively use ABO.

2) **Syllabus - ABO:** Faculty members will include relevant ABO in the syllabus under course goals. The ADAA will review syllabi submitted to CC and track faculty members' use of ABO. Periodic updates will be provided to faculty.

3) **Faculty use of ABO:** Faculty will explore different mechanisms to connect ABO to class activities, lectures, exam items, projects and assignments, etc. A list of these methods will be shared with faculty throughout the year to help faculty develop new strategies to use ABO.

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\(^{7}\) APPE: Advanced Pharmacy Practice Experiences  
\(^{8}\) ADAA: Assistant Dean for Academics and Assessment
Dissemination Process for New ABO and Communication Assessment Plans

ABO Development: PUSOP ABO were developed based on CC\textsuperscript{9} and SOPAC\textsuperscript{10} work during the 2014-2015 academic year. ABO were finalized and approved during the Summer/Fall All-Staff/Faculty Retreat 2015 with CC to review and revise them to reduce duplication and decrease the number of ABO to a manageable number.

ABO Revision Approval: SOPAC and CC reviewed the revised ABO during the December SOPAC meeting and approved them. These were also tagged to the new NAPLEX blueprint by the ADAA.

Communicating ABO: We plan to share these revised and approved ABO with faculty and staff first, then share with students via Program Updates and through our syllabi. We should also share once again with advisory board members and preceptors.

\textsuperscript{9} CC: Curriculum Committee
\textsuperscript{10} SOPAC: School of Pharmacy Assessment Committee