

Prescription for Excellence: ACPE Standards 2025

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Learning Objectives

- Identify changes to the Accreditation Council for Pharmacy Education (ACPE) Accreditation Standards
- Identify the role of Curriculum Outcomes and Entrustable Professional Activities (COEPA) in precepting pharmacy learners
- Describe strategies for preceptors to align with ACPE Standards 2025



Who is ACPE?

American Association of
Colleges of Pharmacy **AACP**

ACE American
Council on
Education®



 **NABP**
National Association of
Boards of Pharmacy

ashp
pharmacists advancing healthcare®

 **APhA**
American Pharmacists Association
For Every Pharmacist. For All of Pharmacy.



ACPE Accreditation Standards

- All professional Doctor of Pharmacy (PharmD) degree programs must meet the accreditation standards
- Defines minimum levels of quality
- Basis of all decisions by site teams and the ACPE Board of Directors
- Reflect expectations from practitioners, the academy, and state boards of pharmacy regarding the quality of programs
- Revised on a routine basis
- Standards 2016 released in February 2015

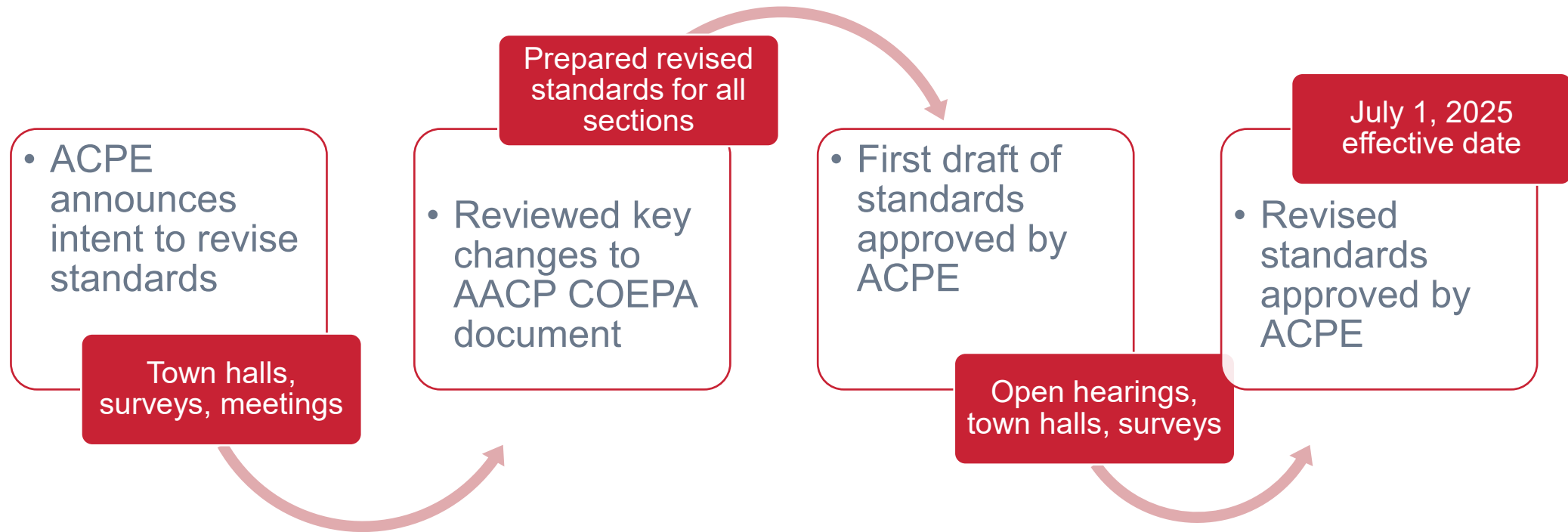


ACPE Accreditation Standards Updates

- Expansion of scope of pharmacy practice
- Revision of AACP's Curriculum Outcomes and Entrustable Professional Activities (COEPA), 2022
 - Combined Center for the Advancement of Pharmacy Education (CAPE) educational outcomes (EO) and Entrustable Professional Activities (EPAs) into one document
- Core Competencies for Interprofessional Education Collaborative (IPEC) updated in 2023
- Revised NAPLEX Competency Statements, 2021



ACPE Standards Update Process



<https://www.acpe-accredit.org/pdf/ACPEStandards2025.pdf> Accessed 3.10.2025



Standards 2025 Major Changes

- # of Standards 25 → 7
- Revised philosophy and emphasis on students' readiness to:
 - Enter advanced pharmacy practice experiences (APPE-ready)
 - Provide patient care in a variety of healthcare settings (Practice-ready)
 - Contribute as a member of an interprofessional collaborative patient care team (Team-ready)
- Increased emphasis on critical outcomes identified by COEPA and assessment of level of student achievement of these outcomes
- Increased emphasis on assessment to improve quality of pharmacy education



Focus of Standards 2025

- Development of students' professional knowledge, skills, abilities, behaviors, and attitudes, including scientific foundation, knowledge application, and practice competencies
- Manner in which programs assess students' acquisition of knowledge and application of knowledge to practice
- Mastery of skills and achievement of competencies
- Importance of both curricular and co-curricular experiences in advancing the professional development of students



New Standards Topics

- Standard 1: Organization and Governance
- Standard 2: Curriculum
- Standard 3: Experiential Learning
- Standard 4: Student Services
- Standard 5: Faculty and Staff
- Standard 6: Resources
- Standard 7: Assessment



Standards 2: Curriculum

- CAPE outcomes updated to the new COEPA outcomes
- Entrustable professional activities included
- Duplication eliminated
- Didactic IPE requirement for physicians and their students has been removed
- IPEC competencies specifically referenced



Standards 3: Experiential Learning

- Simulation no longer allowed to fulfill Introductory Pharmacy Practice Experience (IPPE) hours
- Experiential hours defined more specifically
 - Minimum of 1440 hours (36 weeks) of APPEs
 - Capstone or other professional growth activities cannot count toward required 1440 APPE hours
 - Non-patient care APPE electives can count for max of 320 hours
- Nontraditional pharmacy program guidance added



What is COEPA?

- AACP Curricular Outcomes and Entrustable Professional Activities
- Educational Outcomes (EOs)
 - Statements that describe what a learner should be able to do at the end of a program
 - Represent the knowledge, skills, and attitudes of pharmacists that all students should demonstrate upon graduation
- Entrustable Professional Activities (EPAs)
 - Describe pharmacy workplace activities that all students are entrusted to do in the experiential setting with direct or distant supervision
 - Preceptors assess the level of supervision a student needs to perform or execute the clinical activity/task using an entrustment decision scale
 - Revised from 15 to 13 EPAs



COEPA Educational Outcomes and Example Objectives

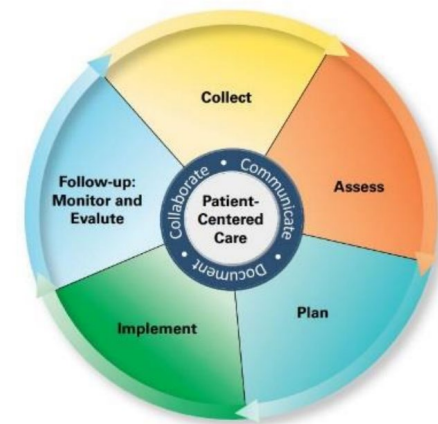
Table 1
Curricular Outcomes and Entrustable Professional Activity Educational Outcomes and Example Objectives.^{a,b,c,d}

Domain	Subdomain #	Subdomain	One word descriptor	Outcome description
1 Knowledge	1.1	Scientific thinking	Learner	<p>Seek, analyze, integrate, and apply foundational knowledge of medications and pharmacy practice (biomedical; pharmaceutical; social, behavioral, administrative; clinical sciences; drug classes; and digital health).</p> <p>Example objectives^b</p> <ul style="list-style-type: none">• Develop and demonstrate depth and breadth of knowledge in biomedical, pharmaceutical, social/behavioral/administrative, clinical sciences, and healthcare technology (eg, informatics, digital health).• Articulate how knowledge in foundational sciences is integral to clinical reasoning; evaluation of future advances in medicine; supporting health and wellness initiatives; and delivery of contemporary pharmacy services.• Integrate knowledge from multiple foundational sciences to explain how specific drugs or drug classes work, compare differences among therapeutic regimens, and evaluate their potential value in individuals and populations.• Apply knowledge in foundational sciences to solve therapeutic problems, to advance patient-centered care and population-based care.• Apply critical thinking skills to evaluate information (eg, scientific literature, emerging theories, technologies) and determine if factual, reliable, accurate, fair, objective, and/or appropriate by systematically examining the problem, evidence, and solution.• Critically analyze scientific literature related to drugs and diseases to enhance clinical decision making.
	2.4	Person-centered care	Provider	<p>Provide whole person care to individuals as the medication specialist using the Pharmacists' Patient Care Process</p> <p>Example objectives^b</p> <ul style="list-style-type: none">• Collect subjective and objective Information related to the patient in order to identify a patient's medication-related problems.• Assess, interpret, and prioritize information and patient data to determine the effects of therapy.• Formulate evidence-based and cost-effective care goals, plans, assessments, and recommendations.• Implement individualized, person-centered care plans.• Follow-up and monitor the patient and adjust the care plan as needed.• Document person-centered care related activities.



Entrustable Professional Activities (EPAs)

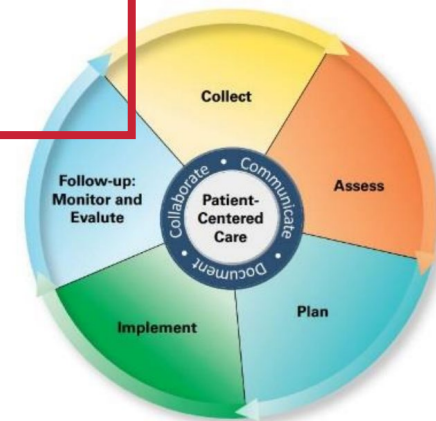
1. Collect information necessary to identify a patient's medication-related problems and health-related needs.
2. Assess collected information to determine a patient's medication-related problems and health-related needs.
3. Create a care plan in collaboration with the patient, others trusted by the patient, and other health professionals to optimize pharmacologic and non-pharmacologic treatment.
4. Contribute patient specific medication-related expertise as part of an interprofessional care team.
5. Answer medication related questions using scientific literature.





Entrustable Professional Activities (EPAs)

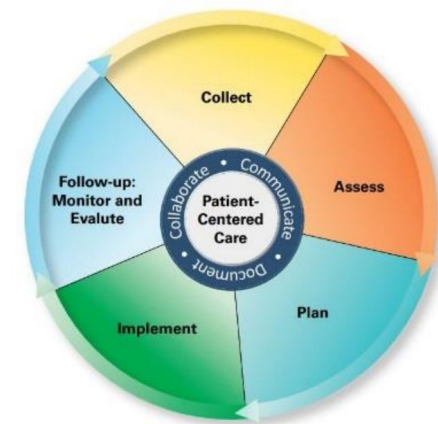
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Entrustable Professional Activities (EPAs)

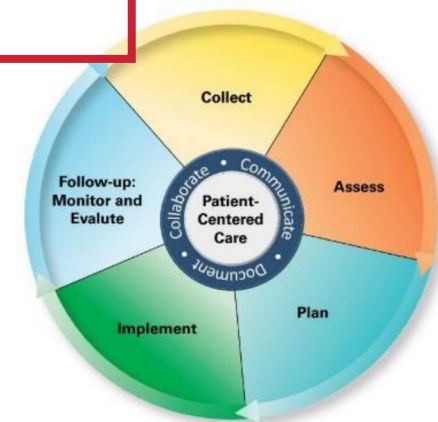
6. Implement a care plan in collaboration with the patient, others trusted by the patient, and other health care professionals.
7. Fulfill a medication order
8. Educate the patient and others trusted by the patient regarding the appropriate use of a medication, device to administer a medication, or self-monitoring test.
9. Monitor and evaluate the safety and effectiveness of a care plan.
10. Report adverse drug events and/or medication errors in accordance with site specific procedures.





Entrustable Professional Activities (EPAs)

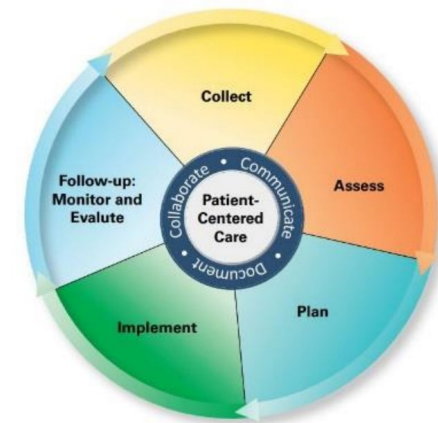
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10. Report adverse drug events and/or medication errors in accordance with site specific procedures.





Entrustable Professional Activities (EPAs)

11. Deliver medication or health-related education to health-professionals or the public.
12. Identify populations at risk for prevalent diseases and preventable adverse medication outcomes.
13. Perform the technical, administrative, and supporting operations of a pharmacy practice site.



Application Time!

Think of tasks a pharmacy learner does on your rotation





List Examples of Tasks for EPAs

1. Collect information necessary to identify a patient's medication-related problems and health-related needs.
2. Assess collected information to determine a patient's medication-related problems and health-related needs.



Example Tasks for EPAs

1. Collect information necessary to identify a patient's medication-related problems and health-related needs.
 - Collect a medication history from a patient or caregiver.
 - Collect information related to barriers for patients to take their medication(s).
 - Collect data from a patient's electronic health record.
2. Assess collected information to determine a patient's medication-related problems and health-related needs.
 - Assess the effectiveness of a patient's medication treatment plan.
 - Assess the relative priority of each health-related need of the patient to create a prioritized problem list.
 - Assess the alignment of the medication plan with the patient's goals, needs, abilities, values, and beliefs.
 - Assess whether a patient is eligible for CDC-recommended immunizations.



List Examples of Tasks for EPAs

4. Contribute patient specific medication-related expertise as part of an interprofessional care team.
5. Answer medication related questions using scientific literature.



Example Tasks for EPAs

4. Contribute patient specific medication-related expertise as part of an interprofessional care team.
 - Communicate a patient's medication-related problem(s) to the healthcare team.
 - Provide evidence-based drug information to the health care team.
5. Answer medication related questions using scientific literature.
 - Ask clarifying questions to identify and address the true question.
 - Perform a systematic search of tertiary, secondary, and primary resources.
 - Analyze scientific literature.
 - Provide a written or verbal response to the true question, including findings and recommendations.



List Examples of Tasks for EPAs

7. Fulfill a medication order.
8. Educate the patient and others trusted by the patient regarding the appropriate use of a medication, device to administer a medication, or self-monitoring test.



Example Tasks for EPAs

7. Fulfill a medication order.

- Enter a prescription into a pharmacy record system.
- Perform calculations required to compound, dispense, and/or administer medications.
- Adjudicate a third-party claim.
- Complete an authorization process for a non-preferred medication.
- Perform a quality assurance check on prepared medications prior to dispensing.

8. Educate the patient and others trusted by the patient regarding the appropriate use of a medication, device to administer a medication, or self-monitoring test.

- Assess the learning needs of a patient and others trusted by the patient.
- Actively engage the patient in the education session.
- Determine the effectiveness of education provided by assessing a patient's understanding and/or their ability to demonstrate the technique.



List Examples of Tasks for EPAs

11. Deliver medication or health-related education to health-professionals or the public.

12. Identify populations at risk for prevalent diseases and preventable adverse medication outcomes.

13. Perform the technical, administrative, and supporting operations of a pharmacy practice site.



Example Tasks for EPAs

11. Deliver medication or health-related education to health-professionals or the public.
 - Develop and deliver a verbal, digital, or written medication or health-related educational program to health professional(s), a community, or other group.
12. Identify populations at risk for prevalent diseases and preventable adverse medication outcomes.
 - Perform a screening assessment to identify patients at risk for prevalent diseases in a population and triage, when needed.
13. Perform the technical, administrative, and supporting operations of a pharmacy practice site.
 - Execute pharmacy policies and procedures.
 - Procure inventory to ensure continued pharmacy operations.
 - Execute pharmacy quality improvement activities.
 - Prepare for regulatory visits and inspections.



Example Entrustment Scale for EPAs

- Observe Only
 - Learner is permitted to observe only. Even with direct supervision, learner is not entrusted to perform the activity or task.
- Direct Supervision
 - Learner is entrusted to perform the activity or task with direct and proactive supervision. Learner must be observed performing the task in order to provide immediate feedback.



- Reactive Supervision
 - Learner is entrusted to perform the activity or task with indirect and reactive supervision. Learner can perform task without direct supervision but may request assistance. Supervising pharmacist is quickly available on site. Feedback is provided immediately after completion of activity or task.



Example Entrustment Scale for EPAs

- Intermittent Supervision
 - Learner is entrusted to perform the activity or task with supervision at a distance. Learner can independently perform the task. Learner meets with supervising pharmacist at periodic intervals. Feedback is provided regarding overall performance based on sample of work.
- General Direction
 - Learner is entrusted to independently decide what activities and tasks need to be performed. Learner entrusted to direct and supervise activities of others. Learner meets with supervising pharmacist at periodic intervals. Feedback is provided regarding overall performance based on broad professional expectations and organizational goals.



Contents lists available at [ScienceDirect](https://www.sciencedirect.com)

Currents in Pharmacy Teaching and Learning

journal homepage: www.sciencedirect.com/journal/currents-in-pharmacy-teaching-and-learning



Research Note

Determining preceptor perceptions of APPE readiness through the use of entrustable professional activities

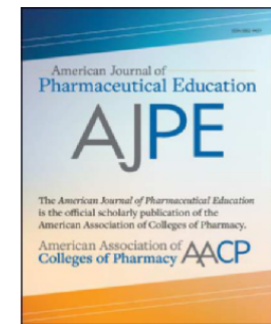
Stefanie C. Nigro^a, Stephanie A. Gernant^b, Molly Csere^c, Diana M. Sobieraj^{d,*}

- How important is each EPA for a student to be ready to start their first APPE? (five-point Likert scale)
- Describe what they believe makes a pharmacy student not ready to begin APPEs (open-ended)



Preceptor Perception of APPE-Readiness through EPA

- Strong consensus achieved for importance of 10 EPAs, primarily EPAs related to steps of the Pharmacist Patient Care Process (PCPP), foundational knowledge and interprofessional collaboration
- Preceptors in ambulatory care environment ranked Follow-Up and Monitoring EPAs higher than other practice settings
- Lack of APPE readiness:
 - Professionalism
 - Insufficient practice skills
 - Inadequate foundational knowledge
- No consensus on expected entrustability of students on first APPE



Qualitative Research

Preceptor Perspectives Using Entrustable Professional Activity-Based Assessments During Advanced Pharmacy Practice Experiences



Abigail T. Elmes-Patel^a, Sheila M. Allen^a, Marlowe Djuric Kachlic^a, Allison E. Schriever^b, Tara P. Driscoll^a, Ara Tekian^c, Jeffrey J.H. Cheung^c, Edward Podsiadlik^d, Stuart T. Haines^e, Alan Schwartz^c, Jennie B. Jarrett^{a,*}

- EPAs described as “things that a student should be able to do by the time they graduate... as a pharmacist”
- “No matter where someone goes to pharmacy school, these EPAs are almost like a stamp of approval to the public saying these graduates can do XYZ.”



Preceptor Perspectives Using EPA-based Assessments

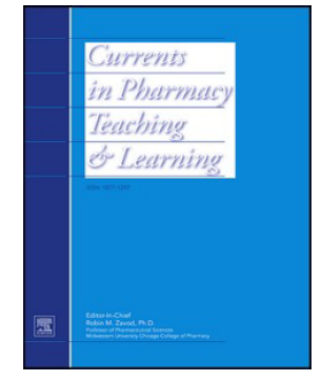
- Practice Pearl Statements for Implementing EPA-based Assessments for APPE learners:
- Preceptor education should be consistent and repetitive, utilizing case vignettes for clarity
- Minimum competency level should be clearly delineated
- Students should have robust orientation to the assessment and expectations
- Preceptors should have frequent discussions to maintain consistency in assessments
- Utilize institutional resources



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Research Note

Preceptor perceptions of a redesigned entrustable professional activity (EPA) assessment tool in pharmacy practice experiences

Kathryn Fuller^{a,*}, Anita Crescenzi^b, Nicole R. Pinelli^a

- Perception of revised EPA form
- Comparison to previous assessment form
- General knowledge of EPAs and entrustment
- Perceived accuracy of feedback it enabled them to provide
- Usability, ease of use, form layout
- Suggestions for changes to new form





Preceptor Perception of Redesigned EPA Assessment Tool

- Overall, preceptors agreed that EPAs indicate when students on clinical rotations excel and when the need to improve or do not meet expectations.
- Preceptors were comfortable using entrustment scales to assess student performance
- New form enabled them to provide feedback on EPAs
- Satisfied with ease of use, efficient feedback form that saves time
- Less likely to adjust assessment of EPAs based on the desired grade preceptors thought students should receive



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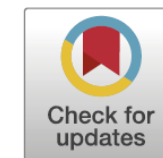
Currents in Pharmacy Teaching and Learning

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Research Note

A consortium's approach to developing an EPA-based community IPPE curriculum



Lena McDowell^{a,*}, Johnathan Hamrick^b, Julie Wickman^c, James Fetterman^d,
Kay Brooks^e

- Objective: To identify supporting EPA tasks community IPPE students should perform at the “Competent with Support” level
- Started from EPAs and tasks used for community APPE



Development of EPA-based Community IPPE Curriculum

- Asked preceptors to rate importance of each activity/task for an EPA, then whether should be required task or suggested task
- Goal for student at end of IPPE was “Competent with Support”
- Nine preceptors participated in focus group and agreed upon 58 IPPE-level tasks for 14 EPAs
- 34 preceptors completed survey #1 and ranked 43/58 as required
- 20 preceptors completed survey #2 and recommended 38/44 kept as required tasks, three changed to suggested and 3 removed
- Final task list included 40 required and 14 suggested tasks for 12 required EPAs and two optional EPAs
- Instituted for 2021 IPPE cycle



Evaluation tool

Needs significant development	Needs development	Competent with support	Competent with minimal support	Excels
Student is unable to perform activities despite constant preceptor guidance.	Student is only able to perform activities with constant preceptor guidance.	Student performs activities competently with frequent preceptor guidance.	Student performs activities competently with minimal preceptor guidance.	Student performs activities with high level of competence and minimal or no preceptor guidance.

Patient Care Provider Domain

EPA 1: Collect information to identify a patient's medication-related problems and health-related needs.

Required tasks

Utilize the pharmacy's dispensing software to assess a patient's profile to collect information (e.g., allergies, medications, and notes).

Interview a patient and/or caregiver utilizing systematic interview techniques (e.g., SCHOLAR-CAMO) to collect patient information.

Collect a medication history from a patient and/or caregiver, including prescription and OTC medications.

Review a patient's profile to determine medication adherence.

Discuss a patient's experience with medication (e.g., adverse drug reactions, efficacy, and adherence).

Suggested tasks

None.

EPA 2: Analyze information to determine the effects of medication therapy, identify medication-related problems, and prioritize health-related needs.

Review indications for commonly prescribed medications.

Review a prescription for appropriateness of therapy concerning dosage, route, rate and frequency of administration, drug interactions, stability, and proper storage.

Assess a patient's signs and symptoms to determine whether the patient can be treated within the scope of practice or requires a referral (e.g., self-care, OTC recommendation).

Discuss how to evaluate a patient's profile and DUR rejection to identify common drug-related problems.

Assess a patient's health literacy.

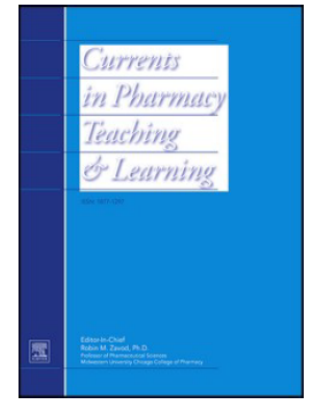
Measure an adult patient's vital signs and interpret the results (e.g., body temperature, pulse rate, respiratory rate, and blood pressure).



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Research Note

Preceptors' perceptions of an entrustable professional activities-based community introductory pharmacy practice experience curriculum

Lena McDowell^{a,*}, Johnathan Hamrick^b, James Fetterman^c, Kay Brooks^d

- 31-item survey, about 10 minute duration
 - Preceptor information
 - EPA task applicability
 - EPA-based assessment tool
 - Preceptor development module





Preceptor Perception of EPAs in Community IPPE

- > 92% agreed that required tasks were at an appropriate level for an IPPE student
- > 94% agreed EPA-based tasks prepared a community IPPE for the community APPE
- Assessment tool was easy to navigate and effective at evaluating student performance (median score = 3, IQR =1)
- Preceptor development module was at least somewhat helpful

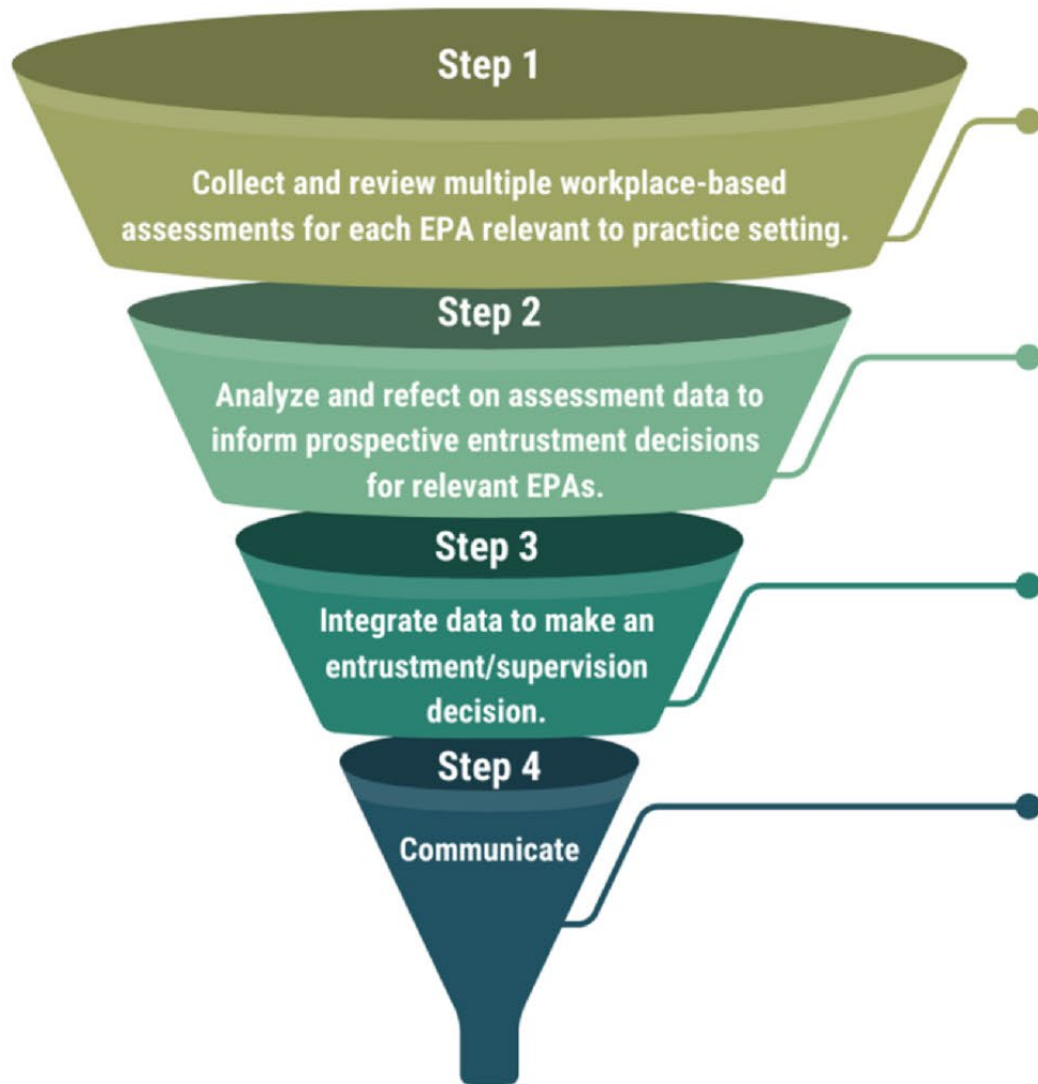


Guidance for the Use of COEPA

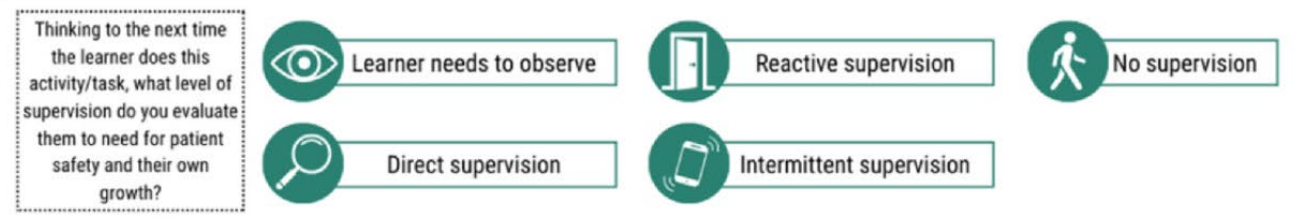
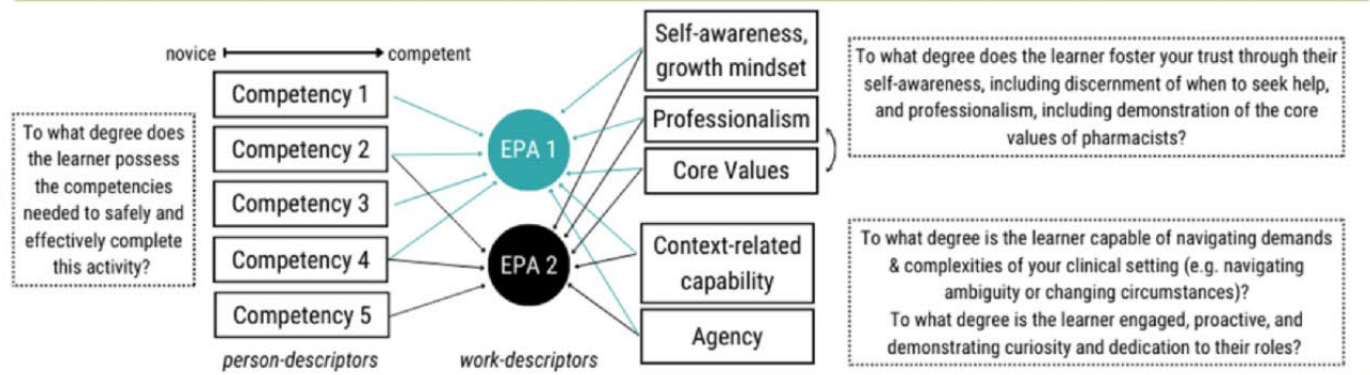
- Applicable EPAs should be employed in required core experiences (IPPEs and APPEs) in the experiential setting by all PharmD programs.
- COEPA EPAs are the minimum standard
- Programs should determine individual student requirements to pass the IPPE or APPE, which includes EPAs and other activity criteria.
- Programs should use an entrustment scale to assess EPAs in the experiential setting.
- Preceptors should use the entrustment scale to provide EPA-based formative feedback to help the learner become more independent
- Reactive supervision is the goal, not independence
- Pass/fail approach to grading is encouraged for EPA-based assessments



How to make entrustment decisions



- | Observation-based assessments | + | Discussion-based assessments | + | Work product assessments |
|--|---|---|---|--|
| <ul style="list-style-type: none"> Checklist or rubric-based observation of clinical skills Multisource feedback (e.g. from team members) 360 degree evaluations Audio or video recordings | | <ul style="list-style-type: none"> Chart-simulated recall or talk-aloud Case-based discussions Entrustment-based discussions One-minute preceptor SNAPPS | | <ul style="list-style-type: none"> Checklist or rubric-based evaluation of work products such as: <ul style="list-style-type: none"> -SOAP notes in the EHR -Presentations -Sterile product preparation |



Discuss entrustment level with learner and provide actionable feedback to support learner's progression in independence on the entrustment-supervision scale. Feedback should include where the learner's growth opportunities are in terms of competencies, self-awareness, mindset, professionalism, capabilities, and agency. Document current entrustment level for EPA per program's EPA data management process.

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How to Make Entrustment Decisions

How to make entrustment decisions

Step 1

Collect and review multiple workplace-based assessments for each EPA relevant to practice setting.

Observation-based assessments

- Checklist or rubric-based observation of clinical skills
- Multisource feedback (e.g. from team members)
- 360 degree evaluations
- Audio or video recordings



Discussion-based assessments

- Chart-simulated recall or talk-aloud
- Case-based discussions
- Entrustment-based discussions
- One-minute preceptor
- SNAPPS



Work product assessments

- Checklist or rubric-based evaluation of work products such as:
 - SOAP notes in the EHR
 - Presentations
 - Sterile product preparation

novice ←→ competent

Competency 1

Self-awareness,
growth mindset

Professionalism

To what degree does the learner foster your trust through self-awareness, including discernment of when to seek help and professionalism, including demonstration of trustworthiness?

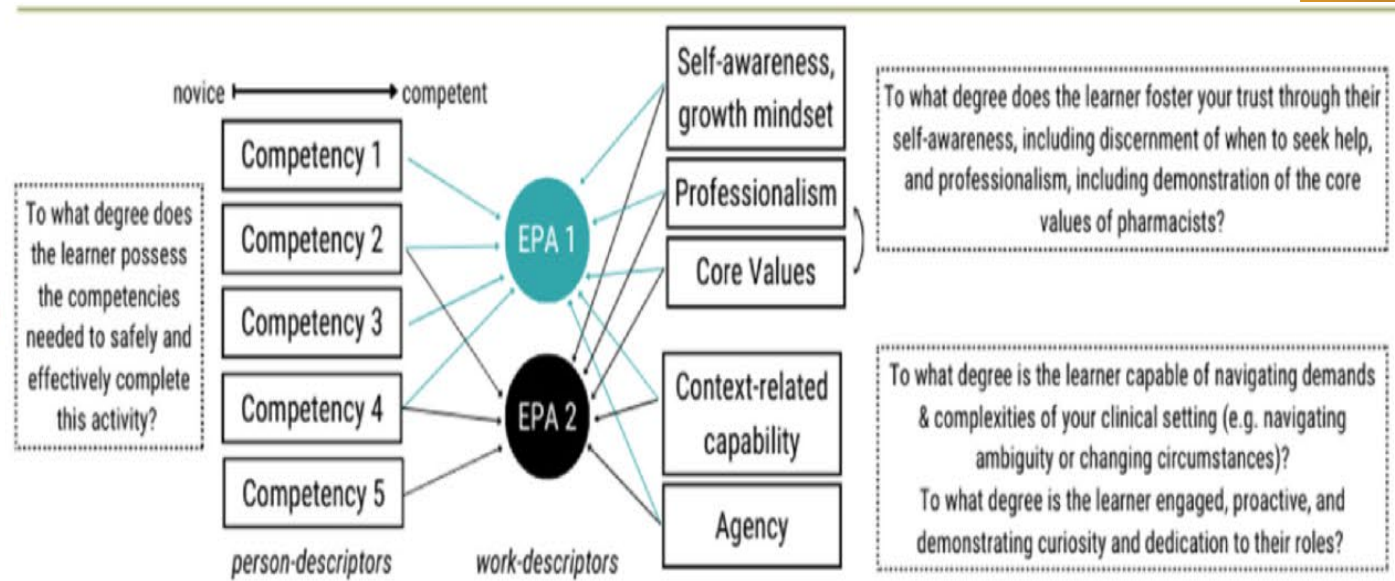


How to Make Entrustment Decisions

Collect and review multiple workplace-based assessments for each EPA relevant to practice setting.

Step 2

Analyze and reflect on assessment data to inform prospective entrustment decisions for relevant EPAs.





How to Make Entrustment Decisions



person-descriptors work-descriptors

Thinking to the next time the learner does this activity/task, what level of supervision do you evaluate them to need for patient safety and their own growth?

- Learner needs to observe
- Reactive supervision
- No supervision
- Direct supervision
- Intermittent supervision



growth?

Discuss entrustment level with learner and provide actionable feedback to support learner's progression in independence on the entrustment-supervision scale. Feedback should include where the learner's growth opportunities are in terms of competencies, self-awareness, mindset, professionalism, capabilities, and agency. Document current entrustment level for EPA per program's EPA data management process.

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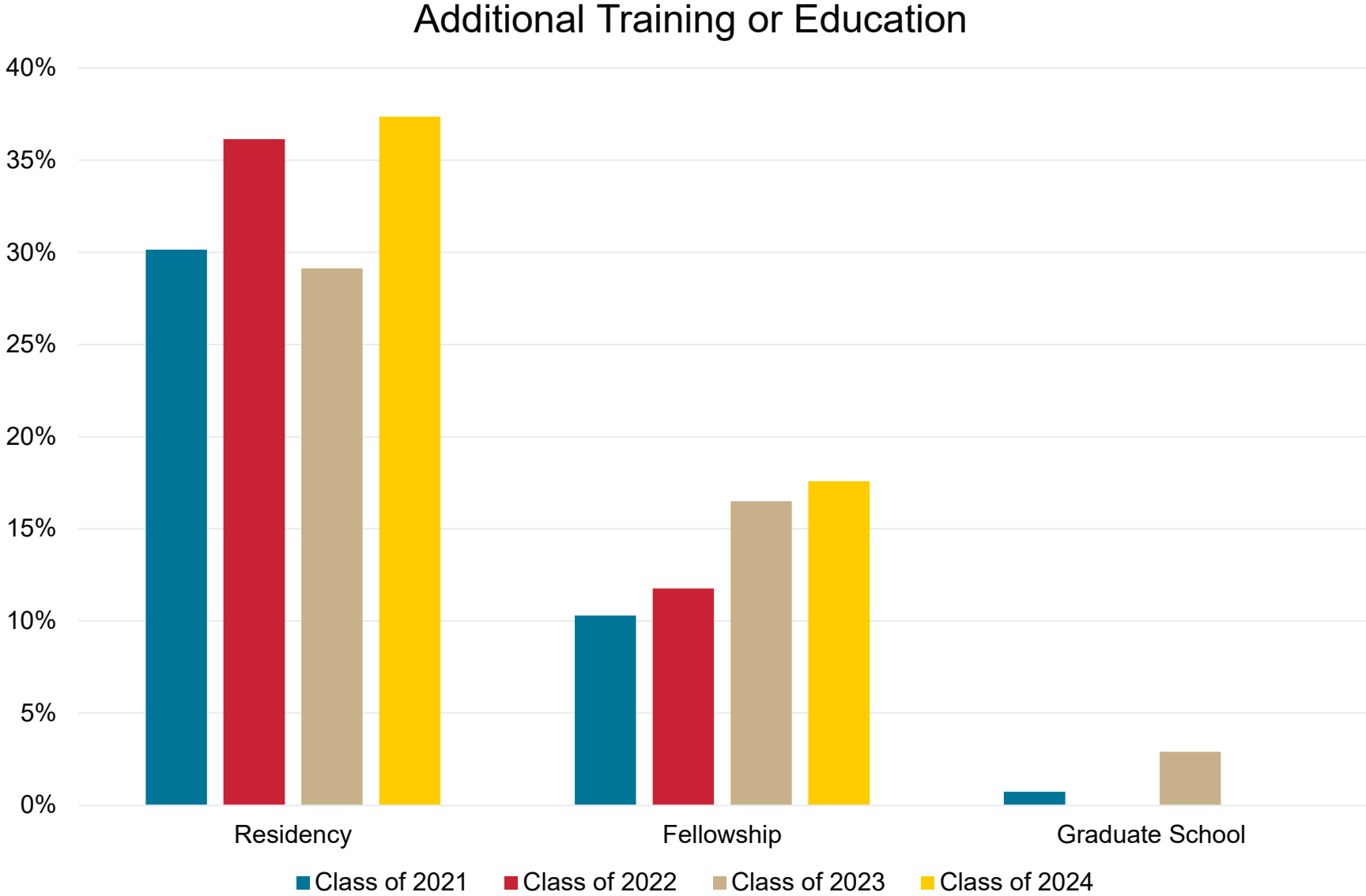


University of Maryland, Baltimore and University of Maryland School of Pharmacy (UMSOP)





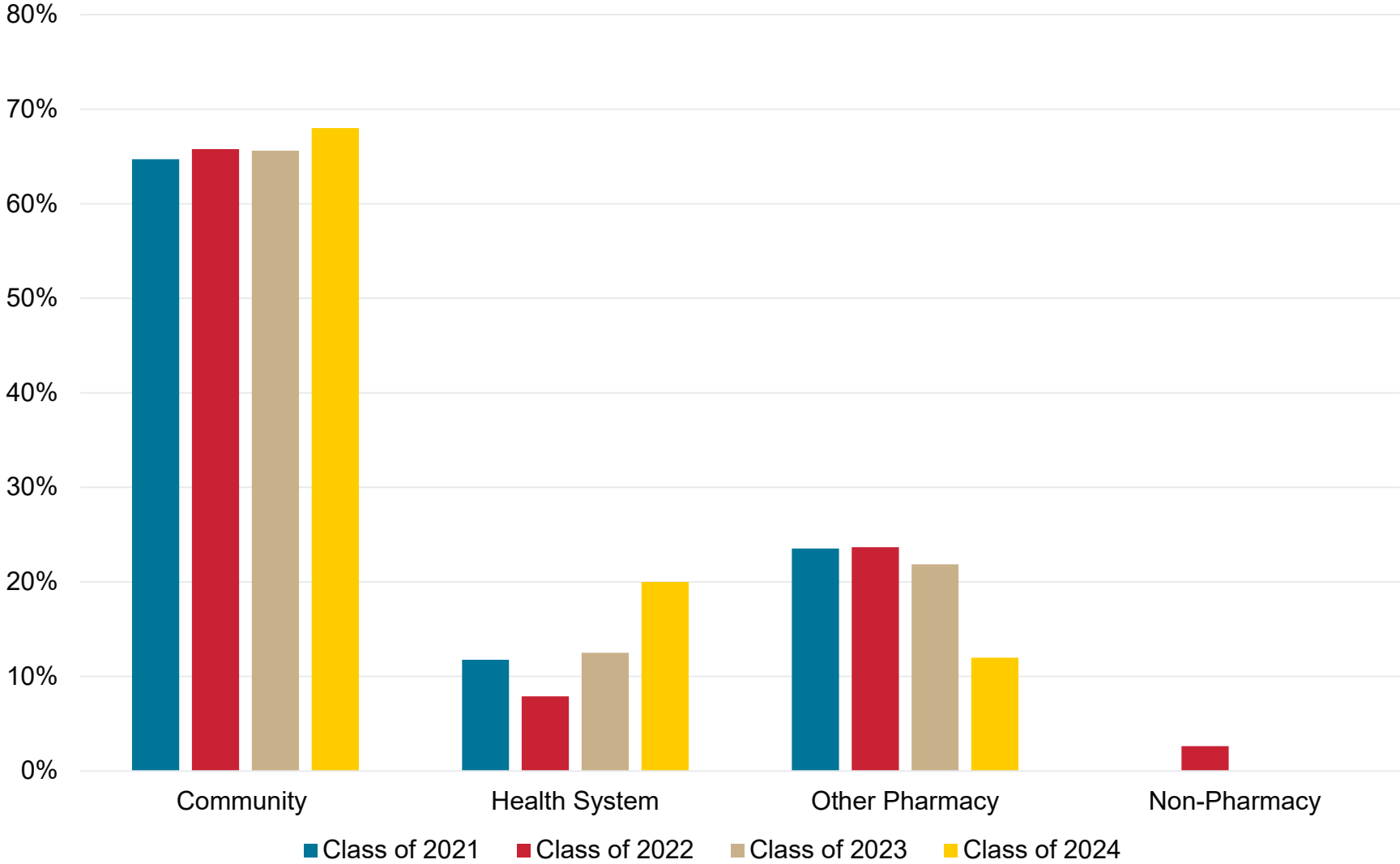
Career Trends for UMSOP Graduates





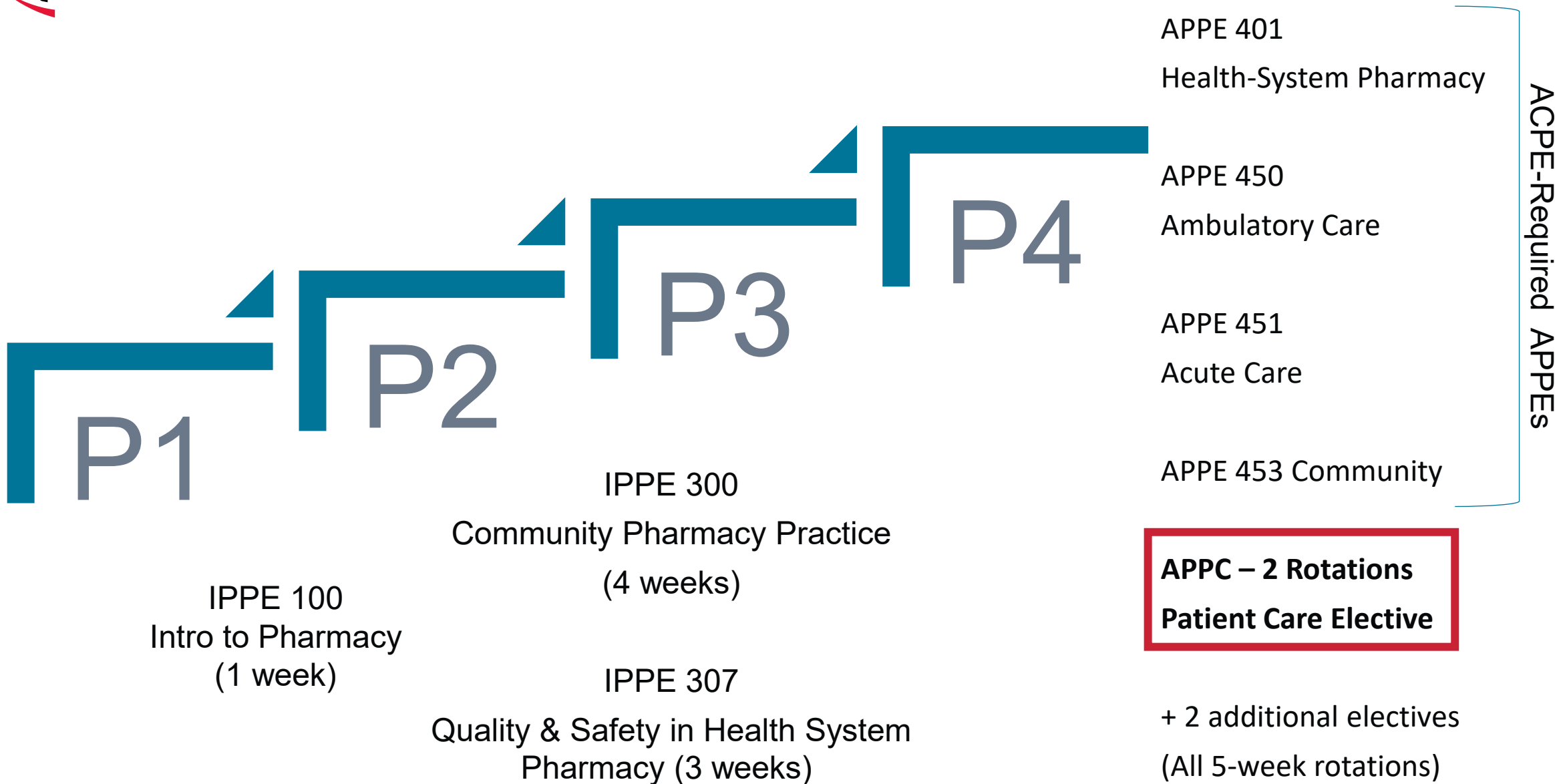
Career Trends for UMSOP Graduates

Employment





UMSOP Experiential Learning





Experiential Hours Per Course Credit

Maryland Law COMAR Sec.13b.02.02.16

Per subsection D (Credit Hours)

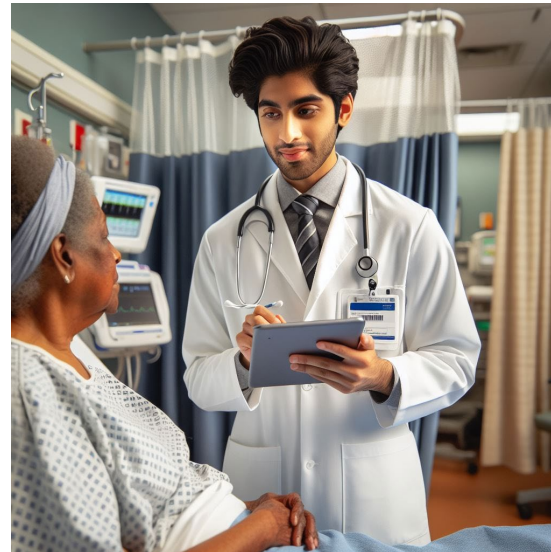
(1)An in-State institution shall award 1 credit hour for:

(c) A minimum of 45 hours, of 50 minutes each of instructional situations such as **practica**, internships, and cooperative education placements, when supervision is ensured and learning is documented;



ELP Attendance Policy

- ELP relies on the preceptor to ensure that the rotation hours are completed.
- Extenuating circumstances may arise that cause students to miss rotation time.
- The purpose of the ELP Attendance Policy to provide students and preceptors guidance on ensuring attendance during rotations.
 - ✓ Reasons and process for excused absence requests and approvals
 - ✓ Guidance for making up hours
 - ✓ Process and consequence for unexcused absences





UMSOP Competency-Based Educational Outcomes (CBEOs)

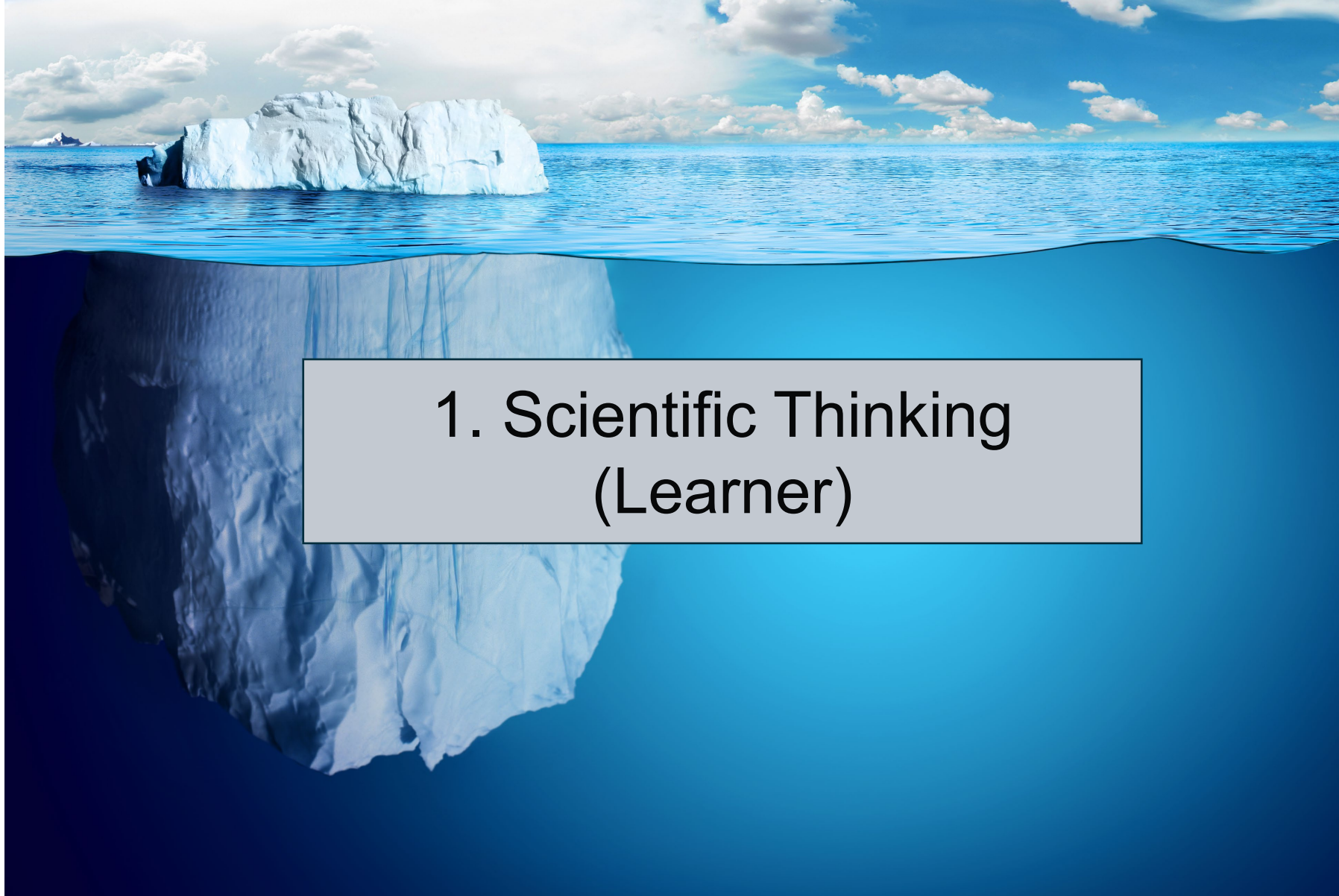
Knowledge

Skills

Attitudes



Knowledge Domain





Skills Domain

2. Problem-Solving Process (Problem Solver)
3. Communication (Communicator)
4. Cultural and Structural Humility (Ally)
5. Person-Centered Care (Provider)
6. Advocacy (Advocate)
7. Medication Use Process Stewardship (Steward)
8. Interprofessional Collaboration (Collaborator)
9. Population Health and Wellness (Promoter)
10. Leadership (Leader)





Attitudes Domain

11. Self-Awareness (Self-Aware)
12. Professionalism (Professional)
13. Anti-Racism and Oppression (Ally)

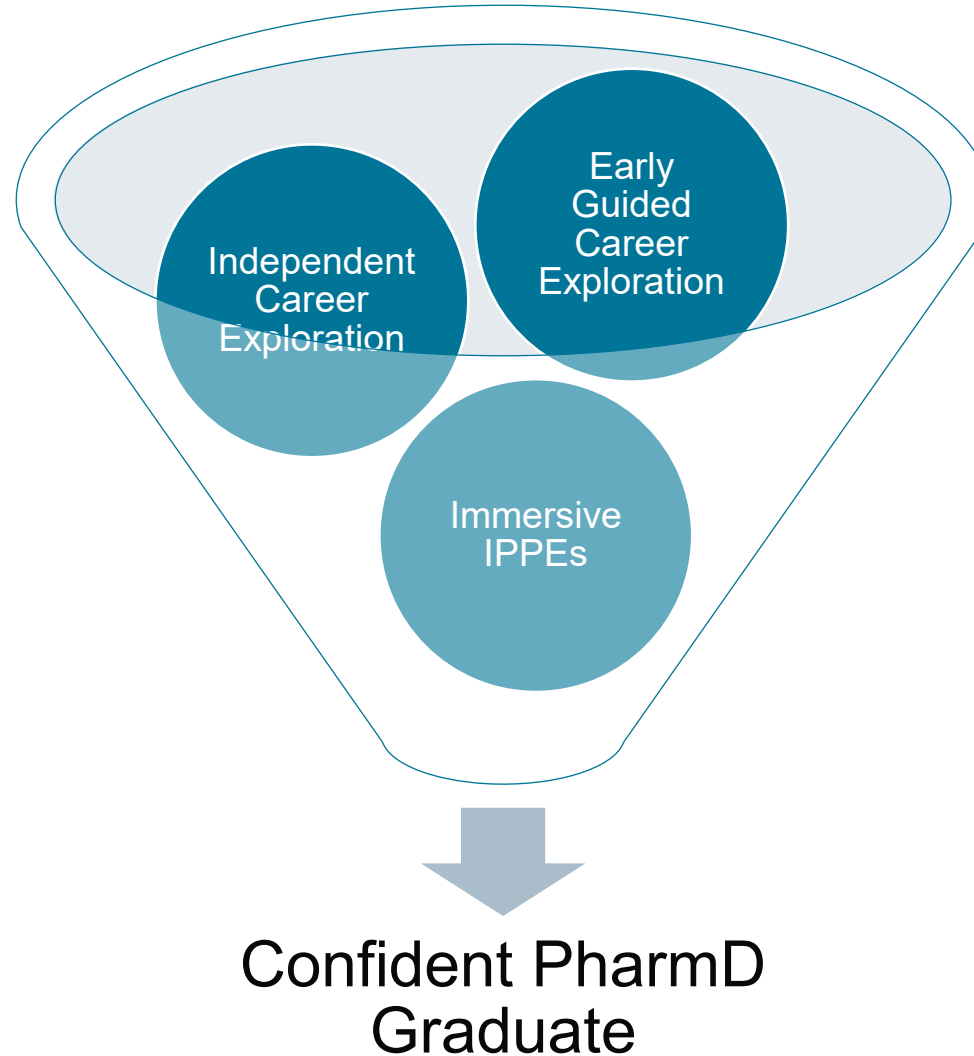


Evaluating Student Performance

Level 1	Level 2	Level 3	Level 4
Unsatisfactory Performance Low/Minimum Trust	Needs Improvement Moderate Trust	Progressing Satisfactorily High Trust	Independent Complete Trust
Student does not meet outcomes when completing basic or routine tasks, AND student requires complete guidance or was unprepared; preceptor had to do most of the tasks.	Student meets outcomes when completing basic or routine tasks, AND student performs some tasks but requires repeated directions.	Student meets outcomes when completing basic and complex tasks, AND student demonstrates some independence, only requiring intermittent prompting.	Student meets outcomes when completing basic and complex tasks, AND student functions independently with distant supervision, only needing assistance with nuances or complex situations.
“Preceptor did it.”	“Preceptor talked student through it.”	“Preceptor directed student from time to time.”	“Preceptor was available just in case.”



M-Pact is Coming to UMSOP 2026-2027





Key Takeaways

- We aim to provide UMSOP students with robust foundation in pharmacy practice that will support any career path they choose.
- UMSOP experiential learning is prepared to be compliant with ACPE Standards 2025 starting with the 2025-2026 rotation cycle.
 - Increase in minimum APPC patient care elective rotation time
 - Removal of Pinnacle Project from experiential requirements
- UMSOP curriculum continues to lead at the forefront of pharmacy experiential education
 - Early adoption of EPAs and pass/fail approach for rotations
 - Competency outcomes are achieved through CBEOs
- Preceptors are integral to supporting student learning through timely, routine, and quality feedback during rotations



Audience Questions and Open Discussion





**Please complete the CE evaluation by
4/17/2025 to receive credit!**

