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Currents in Pharmacy Teaching and Learning 7 (2015) 199–206

Currents
in Pharmacy
Teaching
& Learning

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Research

Enrollment management strategies in the professional pharmacy program: A focus on progression and retention

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Abstract

Objective: Academic programs strive to optimize retention while maintaining a high-quality curriculum. The purpose of this study was to investigate enrollment management strategies of professional pharmacy programs in the context of academic progression and retention.

Methods: Participants from fully accredited pharmacy programs were asked to complete a survey and submit any program documents describing (a) progression plans, (b) remediation strategies, (c) policies related to academic performance, and (d) description of milestone or progression exams. Documents were reviewed for similar or unique policies and/or strategies related to progression and retention.

Results: The most common strategies for enrollment management that were identified through the survey included cognitive screening tools (96%), pre-program (91%) and in-program (96%) preventative resources for non-academic problems (91%), course repeat (96%), and faculty development for effective teaching/assessment strategies (91%). The least common strategies were pre-tests for ability placement in coursework (20%) and mastery learning (36%). Review of the supplement documents revealed that enrollment management strategies of professional pharmacy programs varied across admissions, in-program screening, remediation, curricular review, retention, and attrition.

Conclusions: Our study provides foundational information for schools and colleges to develop or revise their current enrollment management strategies as related to progression and retention. Future studies should evaluate the effectiveness or outcomes of enrollment management plans to better serve the student, the program, and the profession.

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Keywords: Enrollment management; Admission; Progression; Remediation; Attrition

Introduction

The landscape of pharmacy education is changing. Professional pharmacy programs are challenged to optimize student enrollment while maintaining academic rigor and a

high-quality curriculum. Issues currently affecting pharmacy education include the growth in pharmacy schools and increased accountability to accrediting bodies for programmatic outcomes. Since 2000, the number of professional pharmacy programs has increased from 80 to 127 coupled with growth in existing programs, including enlarged class size and program expansion to additional sites.¹ The increase in size and number of programs contributes to larger numbers of available positions; however, the number of

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applicants has remained the same.² In 2011, the number of applicants was 17,451. This number decreased only slightly in 2012 to 17,406, while available positions increased from 13,464 in 2011 to 14,930 in 2012.^{3,4} Thus, the number of students applying to the professional pharmacy program is not keeping pace with the number of positions available.

The process for annual reporting of monitoring for on-time graduation is described in the Accreditation Council for Pharmacy Education (ACPE) 2011 policies and procedures for professional degree programs.⁵ Explicit benchmarks are defined and include excessive attrition due to academic dismissal ($\geq 6\%$ of the matriculating class size), withdrawal from the program for personal reasons ($\geq 6\%$), and delayed graduation ($\geq 15\%$). Total attrition related to on-time graduation may not exceed 24%. In addition, the ACPE Standards (Standard 19, Guidelines 19.1–19.5) mandate that colleges or schools have policies and procedures for admission, academic progression, academic probation, remediation, missed coursework or credit, dismissal, readmission, rights to due process, and appeal mechanisms.⁵

In general, higher education is concerned with diminished availability of qualified applicants as the number of domestic high school graduates has steadily decreased since its peak in 2007–2008.⁶ In addition, the United States Department of Education, the Coordinating Board for Higher Education and the Health Care and Education Reconciliation Act of 2010 are requiring additional reporting and monitoring of program outcomes, such as timely progression, retention, and post-graduation employment.⁷ Therefore, universities have implemented comprehensive approaches to meet established enrollment goals. Components of strategic enrollment management plans include organized and systematic processes for recruitment, admission, remediation, retention, attrition, and financial aid.⁸ Evaluation of strategic enrollment management plans provides necessary information to refine processes to further achieve goals. Few studies have been published on the interrelated aspects of enrollment management for professional pharmacy programs. Most typically, studies describe only components of enrollment management within health professional degree programs.^{9–14} For example, Lobb and Wilkin¹⁰ evaluated changes to the admission criteria and progression standards during the transition from the entry-level Bachelor of Science (BS) degree in pharmacy education to the entry-level Doctor of Pharmacy (PharmD) degree. A questionnaire was developed for this study and then faxed to school and college of pharmacy D. The survey contained questions related to progression policies. The study was designed to compare information related to degree type, including admission criteria [minimum grade point average (GPA) and Pharmacy College Admission Test scores (PCAT)] and progression standards defined as GPA per course or year. While the minimal acceptable GPA differed between the BS and entry-level PharmD programs (2.43 and 2.62, respectively), the average GPA (3.31 and 3.30, respectively) of the entering class did not. A number

of methods were used to help students who failed to meet progression standards; however, course retake was most common (89%). Approximately 19% of respondents replied that the percentage of students required to retake a course for progression had increased after implementation of the entry-level PharmD program, while an equal number of respondents (19%) reported a decrease.

Additionally, Maize et al.⁹ summarized current practices based on a review of the literature related to undergraduate, medical, nursing, and pharmacy programs to provide potential strategies for remediation in pharmacy education. The authors suggested that optimal remediation strategies should include early detection of academic struggle, proactive strategies to help students develop better study habits, and counseling and facilitation of self-directed learning. Additionally, because student success is affected by various factors such as pre-professional learning, class size, language barriers, and motivation, a generalized remediation policy may not be effective. The authors concluded that additional research is needed within pharmacy education to determine the impact of remediation programs.

Most recently, Poirier et al.¹¹ reviewed student handbooks on the websites of 122 schools or colleges of pharmacy to describe academic progression, remediation, and dismissal criteria. A standardized form was developed for data collection. The criteria for progression, probation, dismissal, and remediation were documented. Data were available for 98 (80%) programs. Handbooks contained criteria for progression, probation, and dismissal for most programs ($\geq 80\%$) but only 38.8% of the programs posted information for remediation. GPA (greater than 2.0) was the most common criterion used to determine student progression and academic probation. The most common criterion for dismissal was related to the number of times a student was placed on probation, although a wide range of criteria were reported. The authors concluded that there was very little information available for coursework remediation or poor performance during experiential learning; however, course repeat was most common. Carrying a reduced course load when repeating a class, completing summer school at the school or college and participating in another type of remediation program such as use of a challenge exam are remediation processes that are also described. The authors recognized that academic progression and retention procedures should be individualized, however, they advocated for more consistency in academic standards among schools and colleges of pharmacy. Further, determination and sharing of working procedures and associated outcomes for academic progression and retention policies would be valuable to the pharmacy professional degree program.

These articles provide the criteria and strategies primarily for academic progression and retention. At the publication time of two of these previously discussed pharmacy-related

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