

# Anatomy of a Pharmacy School Startup: Part 1

Alan McKay

**ABSTRACT.** This is a history of the decisions made and steps taken to build a school of pharmacy. It is based on observations and notes kept in a diary as well as correspondence and reports that were generated in creating the school. This article is the first of four, and it focuses on the first year of planning and development. More specifically, this article covers forming the administrative partnership, designing the environment, shaping the school, forming the faculty, preparations for accreditation, creating a cultural connection, recruitment of faculty, staff, and students, designing the curriculum, and promoting the school. While addressing these issues, it covers budget issues, a countdown to the first class, and personal observation. *[Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <<http://www.HaworthPress.com>> © 2003 by The Haworth Press, Inc. All rights reserved.]*

**KEYWORDS.** New school, pharmacy school, development, administration

## INTRODUCTION

In 1995 I accepted the deanship of a new school of pharmacy at Shenandoah University, a small liberal arts college in Winchester, Vir-

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ginia. The catch was that there was no school of pharmacy at Shenandoah University: no building, no faculty—only a large peach orchard. It was my responsibility to plan, build, and establish this new school, all within a 13-month time frame. For years prior to accepting this deanship, I had developed a habit of keeping bound diaries containing notes of meetings, telephone conversations, personal observations, and mundane things like *to do* lists (Figure 1). For this new endeavor, in addition to my diary, I kept copies of all correspondence and reports that were pertinent to the accreditation process. In five years, from the summer of 1995 to the fall of 2000, when the Bernard J. Dunn School of Pharmacy graduated its first class, the faculty and staff created nine reports and

FIGURE 1



hosted five accreditation site team visits. It is this information that forms the basis for this history, titled *The Anatomy of a Pharmacy School Startup*, because much of what goes into a new venture is not always apparent. It is, like the human body, intact and appears to the casual observer to function effortlessly. It is not until you look beneath the surface that you find how intricate and complex the process of developing a new organization actually is. This article focuses on the first year of planning and development. The three to follow correspond to the years leading up to the graduation of the first doctor of pharmacy class in May 2000. These articles honor the contributions of the faculty, staff, and students who worked tirelessly to make the Bernard J. Dunn School of Pharmacy a model for pharmacy education.

Each article is organized into two parts. The first part is a chronological description of events that took place during the formative years of the School of Pharmacy. The second portion is both a summary and a guide for those who may be interested in establishing a new school. They will find, as I did, that there is no guide to the establishment of a new school of pharmacy. They will find almost no guidance to the creation of a technologically advanced and innovative school of pharmacy. For this reason this portion is designed to highlight some of the critical issues that affect the creation of a new school.

Finally, many of the materials referred to in the article have importance as templates or documentation for decisions highlighted in the article; therefore, I have included them as links to a web version of the article. If you go to ([www.rx.olemiss.edu/jpt](http://www.rx.olemiss.edu/jpt)), you will find a version of this article in HTML format. The links embedded into the article lead to supporting documentation, drawings, and pictures.

## ***FORMING THE ADMINISTRATIVE PARTNERSHIP***

### ***February 1995***

I met with the President of Shenandoah University, Dr. James Davis, and a consultant to discuss my candidacy for dean of a proposed new school of pharmacy. The meeting was conducted in Washington, DC, at the American Association of Colleges of Pharmacy Interim Meeting. From prior experiences, I found that most of the questions asked during this interview were fairly standard. I had heard them in one form or another. The one question that I had not heard and that caused me to pause was the one from Dr. Davis when he observed that *since I had worked in*

*both private and public education he wondered what my perspective was on the differences between the two?* I responded that in public education you lived and died with the tax. When tax revenues were good, you expanded; when they were bad, you waited. In private education, you lived by your wits; if you wanted something to happen badly enough, you had to be prepared to make it happen. You were entrepreneurial. Dr. Davis later said that my response matched his philosophy and that was what decided it for him. I accepted the position as Dean of the Shenandoah University School of Pharmacy a month later.

### **DESIGNING THE ENVIRONMENT**

#### ***March 1995***

My first visit to Winchester and to Shenandoah University was in March of 1995. At that time what was to be the site of the Health Professions Building was a peach orchard. I stood on a hill behind the Winchester Medical Center and took a picture of the panoramic view, which included the peach orchard and the medical center.

#### ***May 1995 (15 Months to Day 1)***

By May of 1995, I was consulting with members of the community and the university to prepare for the creation of a new school of pharmacy and working with architects to plan the building that would house the school—one of four new schools of pharmacy scheduled to open in the fall of 1996. My first official visit to the campus was from May 17-19, 1995. The purpose of the trip was to meet with Bob Stoneburner, director of the hospital pharmacy, the architects from HKS, and Dr. Davis. The meeting with Chuck Means, the lead architect from HKS, was particularly insightful since it was my first chance to see the three pages of blueprints that represented the entirety of the plans for the School of Pharmacy. Some of the changes that occurred at that time included moving the library from the first floor to the second, creation of the Drug Information Center within the health professions library, and the design of a large computer center.

The initial plan for the building that would house the School of Pharmacy consisted of three sheets of blueprints outlining the footprint of the building and little else. In the first meeting with the architects in the Smith Library, I was positioned at one end of a large conference table

with Chuck Means from HKS. Another architect was located at the other end of the table and worked with Pam Webber, Director of the Division of Nursing. Chuck Means and I immediately hit it off. My father had been a carpenter, and I had been around construction jobs much of my early life. I knew which end of the blueprint to hold and could offer suggestions that matched the language and ideas of the architects. Chuck and I only disagreed on one major point. Chuck insisted that the entrance to the health professions building needed to have a distinctive appearance. As a result, he designed a main entrance that resembled the architecture used at Monticello and an entrance hall that served as an art gallery. His intention was that the entrance would be lined with art and that the line-of-sight would begin at the entrance and carry through the hall, into the library and out to the curved face of the building as it faced south, looking up the beautiful Shenandoah Valley. Despite the cost, I finally relented and have never been sorry that I did. On every other aspect of the building, Chuck, the other architects, and I worked collaboratively toward a common goal of creating a unique learning environment that was attractive, functional, technologically sophisticated, and pleasant to experience. We have had numerous guests tour the building, and each one was impressed with these unique aspects of the building.

One of the most important aspects of the design was to place faculty offices on the outside wall where they could have ample ambient sunlight. With only three exceptions, all faculty have impressive views of the mountains and the medical center to look out on each day at work. One of those exceptions was the office of the dean, which faces the main entrance to the School of Pharmacy and the parking lot beyond. But even that has advantages because every day, as the students and faculty walk into the building, I am positioned so that I can look out and see the expressions on their faces and the way in which they are beginning the day.

### ***SHAPING THE SCHOOL***

#### ***June 1995 (14 Months to Day 1)***

I returned to the campus for my third and final visit before relocating to Winchester. It was a busy visit devoted to the initial steps of forming the faculty and creating an identity for the School of Pharmacy. I again met with Dr. Davis, but this time Dr. Catherine Tisinger, Dean of the School of Arts and Sciences, joined us for a discussion of pharmacy

prerequisites. I also met with Bob Stoneburner, Director of Pharmacy for the Winchester Medical Center, to discuss the search for faculty candidates and potential affiliations with local hospitals. I conducted additional meetings with representatives from the Personnel Office about hiring procedures and with the Development Office about potential fundraising goals.

On June 6, 1995, after returning to Arkansas, I received a phone call from Eugene V. White from Berryville, Virginia. Gene welcomed me to the State of Virginia and indicated that his pharmacy was located close to Winchester. I expressed surprise because I had heard frequently of Gene White's philosophy concerning pharmaceutical care but had no idea that he lived so close to Winchester. I indicated that I looked forward to working closely with him and suggested that I felt we could find many areas for cooperation. Gene and Laura, his wife, became two of the most vocal supporters of the patient care concepts incorporated into the curriculum and dear friends to the faculty and staff of the School of Pharmacy.

I resigned from my position at the University of Arkansas in June of 1995 and was asked by the President of Shenandoah University to represent the new school at the summer meeting of the American Council on Pharmaceutical Education (June 17, 1995). The Council heard from representatives from all four of the new schools of pharmacy. When my turn came, the council listened politely to my initial presentation and then began a round table discussion of specific attributes of the plan. They concentrated on three issues:

1. Financial capability of the university. I was accompanied by the Vice President for Financial Affairs, and he assured the council that the university was committed to the creation of a high quality program.
2. Our ability to complete the initial design and construction phase in time to admit a class in fall of 1996.
3. The degree to which we would adhere to the consultant's report.

On the last item, I indicated that I was familiar with the consultant's report and I would be changing some aspects to match my philosophy. They asked for specifics. I responded that I was in the process of changing some of the space allocation in the Health Professions Building to reflect my perspectives on research and technology, and I indicated that the mix of faculty would be substantially different. They asked what I considered to be the optimal mix of biopharmaceutical and pharmacy

practice faculty. The consultant's report had recommended that two-thirds of the faculty be in the biopharmaceutical sciences area. I indicated that my plan called for a Pharmacy Practice Department with approximately two-thirds of the faculty and that only one-third would be basic science faculty. In general, the council concurred with this and the other answers that I offered.

### ***FORMING THE FACULTY***

I began developing a hiring schedule in preparation for budget meetings with Dr. James Davis, President of Shenandoah University, Dr. Joel Stegal, Vice President of Academic Programs, and Mr. Richard Shickle, Vice President for Financial Affairs. The initial plan called for:

#### **FY 1995-96 Dean**

Assistant Dean for Student Affairs  
Administrative Assistant to the Dean  
Chair, Biopharmaceutical Sciences  
Chair, Pharmacy Practice

#### **FY 1996-97 Asst. Professor– Anatomy/Physiology**

Assoc. Professor– Pharmaceutics  
Assoc. Professor– Pharmacy Practice  
Experiential Coordinator  
Administrative Assistant to the Chair, Biopharmaceutical Sciences  
Librarian

#### **FY 1997-98 Asst. Professor– Medicinal Chemistry**

Assoc. Professor– Pharmacology  
Assoc. Professor– Pharmacy Administration  
Assoc. Professor– Clinical Practice  
(e.g., ambulatory care/inpatient care)  
Assoc. Professor– Clinical Practice  
(e.g., ambulatory care/inpatient care)  
Asst. Professor– Pharmacy Practice  
(e.g., community clinical)  
Assoc. Professor– Pharmaceutics (e.g., kinetics)  
Assoc. Professor– Drug Information

The hiring schedule was revised in July 1995 in a letter to Dr. Daniel Nona (Appendix 1) clarifying issues resulting from the meeting with the American Council on Pharmaceutical Education in Chicago.

The changes reflected four perspectives on the creation of a new school of pharmacy faculty and staff.

1. *Budget*—The number of faculty would have to fall within the budget guidelines established by the university. It was projected that each new class of students would generate approximately \$1 million in new tuition revenue. With the exception of the developmental year (1995-96), when the university budgeted \$364,700 in startup funds, the growth in faculty and staff would, of necessity, have to parallel increases in revenue.

To keep the budget in year one within these limits, it was necessary to keep the hiring schedule modest. The only permanent full-time individuals hired for the School of Pharmacy during the first year were the Dean, the Assistant Dean for Student Affairs, and the Administrative Assistant to the Dean. The Chair for Pharmacy Practice and the Chair for Biopharmaceutical Sciences served as consultants but did not move to the Winchester area until spring 1996. The first three permanent members of the new School of Pharmacy shared a 20' × 50' office for 13 months.

2. *Competitiveness*—It was anticipated that faculty salaries would have to be competitive for two reasons. One was to attract qualified individuals to a newly established School of Pharmacy. Particularly in the first two years the workload was expected to be significant and the opportunities for research limited. Most of the effort would be focused on the creation of the learning environment, and it was felt that salaries would have to be above that paid to new faculty at other schools. Second, it was expected that, although the university had promised to offer competitive salaries, financial and political pressures may dictate otherwise. The result was a salary structure that used comparable salaries from the AACP Salary Survey for full-time (12-month appointment), at private colleges and schools and for the discipline at the 75th percentile. The budget was adjusted each year for new hires by 5%, which at the time was the average yearly increase. This latter precaution insured that the salaries would remain competitive, but did result in *salary compression* by year five as salaries for first hires failed to reach the competitive levels being paid at other private schools of pharmacy (e.g., Shenandoah University salaries averaged cost-of-living levels while pharmacy faculty salaries in most disciplines averaged 7%). By the fifth year, some



faculty who joined the school in the first wave saw salaries that had declined to below the 50th percentile for their discipline and rank.

3. *Critical Mass*—In order to reach a critical mass of faculty from different academic disciplines, it became apparent that it would be impossible to have one person representing all the disciplines from pharmacy. Thus, after some contemplation and discussion with other pharmacy educators, it was decided that we would not hire individuals in every academic discipline, opting instead to hire three or more in several major disciplines with the option to add other disciplines as funds and opportunity became available.

4. *Information Technology*—One of the first decisions concerning the formation of the faculty and staff was that it would include a unique blend of traditional faculty and individuals skilled in the use of knowledge bases and information management tools. This was done despite the acknowledged difficulty of hiring information management faculty and staff to work at a small university located within commuting distance of the high-tech Dulles Corridor. It was anticipated that this would be one of our most challenging decisions, and we were not disappointed.

### ***July 1995 (13 Months to Day 1)***

Dr. David Skelton joined the School of Pharmacy as Assistant Dean for Student Affairs and began immediately to recruit the first class. Later in the month Ms. Mary Lou Stottlemeyer joined us as Administrative Assistant to the Dean with responsibilities that included the development of policies and procedures and hiring.

## **ACCREDITATION**

### ***August 1995 (12 Months to Day 1)***

The American Council on Pharmaceutical Education Site Team was finalized on August 2, 1995. The team was to consist of Daniel Nona, Ph.D. (ACPE), Curtis D. Black, Ph.D. (University of Toledo), Michael E. Hart (Hart Drug Store), Elizabeth Jackson, MLS (Mercer University), and Ronald W. Maddox, Pharm.D. (Campbell University). Carl F. Emswiller, Jr., a community pharmacist representing the Virginia Board of Pharmacy, was added later and participated in the site team's visit August 23-24, 1995.

A significant amount of time in August was devoted to preparation for the ACPE site team visit. I had extensively revised the original Pre-Candidate Proposal developed by the consultant and Dr. Davis. My original budget to match the proposal was over by about \$100,000 each year, largely as a result of faculty and staff salaries. The salaries, as originally proposed in the Pre-Candidate Application, were increased to reflect market conditions and to bring some of the practice faculty on a year prior to the beginning of the fourth professional year. This was done to permit faculty time to establish their practice sites and to become accepted by the medical community. Neither of these factors had been addressed adequately in the original Pre-Candidate Application. Eventually, to match the budget with the revised hiring schedule, more junior faculty were substituted and the mix of senior faculty (e.g., associate to professor) to junior faculty was changed to reflect a higher percentage of junior faculty. This decision eventually caused significant problems with inexperienced faculty who were unfamiliar with pharmacy education beyond their own personal education. Junior faculty brought an innovative perspective coupled with advanced technological skills that were valuable, but they required a level of mentoring and guidance which was difficult for only five experienced professors to provide. The result was a rising level of anxiety and uncertainty as the workload mounted and the full weight of the program came to rest on their inexperienced shoulders.

The month of August ended with a very intense first visit from the American Council on Pharmaceutical Education. The two-day visit confirmed that our program was on a *solid foundation*, to quote a term used during the exit interview, but they highlighted a number of areas for consideration (Appendix 2).

1. Continue work on curriculum, in particular refine the first year to ensure that we have the resources to offer the instruction.
2. Begin work on classroom scheduling to ensure our needs are met.
3. Consider acceleration of the hiring schedule.
4. Develop an Academic Plan that includes a time line, expected implementation dates, and a final hiring schedule. This should include plans for a nontraditional program. Match plan to resources (building, faculty, and income).
5. Periodically revise the mission plan to reflect new initiatives (expansion at the Winchester Medical Center).
6. Develop and put into use measures of program progress (student recruitment, faculty hiring, income projections, budgets, etc.). This

will provide a *safety net* that should give advance warning of potential problems.

7. Continue to develop the responsibilities and expectations for the Associate Dean.
8. Consider creation of a role for the Director of Pharmacy at WMC within the School of Pharmacy.

Work began on the creation of a strategy for the fourth-year, experiential education. An early decision was to concentrate on the creation of five *clinical clusters*. These would be areas where we were confident that a significant number of sites would be available to provide students with 3-4 rotations in one community. While we did not know at this time the types or the length of the rotations that would be needed. Consultation with members of the Virginia Pharmacists Association and pharmacists from around the state convinced us that we could recruit a sufficient number of rotation sites in Winchester, Roanoke/Salem, Charlottesville, the Tidewater area, Northern Virginia, and possibly Bristol/Johnson City, TN. Eventually we added another cluster in Pennsylvania to accommodate the growing number of students from central Pennsylvania who entered the program.

There were definite advantages to using a focused rather than a generalist approach to experiential rotations.

- Students would not be asked to move as frequently and thus could share housing expenses.
- We could enter into a limited number of practice agreements that would result in higher quality rotations by using the same sites intensively.
- Finally, it was anticipated that we would need to move students away from Winchester to avoid overtaxing core faculty who would have both teaching and practice obligations.

### ***COUNTDOWN TO THE FIRST DAY OF CLASSES***

#### ***September 1995 (11 Months to Day 1)***

The beginning of the school year began with a formal groundbreaking for the Health Professions Building and with an increased level of communication with other members of the academic community. Frequent meetings occurred with faculty and administrators from the Win-

chester Medical Center, the School of Arts and Sciences, and the other health professions programs. The topics included shared faculty, pre-pharmacy requirements, affiliation agreements with health care institutions, and perspectives of the various professional associations housed in Washington, DC. We met with representatives from the American Association of Colleges of Pharmacy, Academy of Managed Care Pharmacy, American Society of Health Systems Pharmacists, the American Pharmaceutical Association, and the National Association of Chain Drug Stores. Our reception was often cool. Many of these organizations were familiar with the Pew Commission Report and expressed concern about the impact that four new schools of pharmacy might have on the pharmacy manpower situation. I assured them that our perspective was that the increase in the number of elderly, coupled with the creation of new pharmaceuticals as a result of the biopharmaceutical industry, would foster an increase, not a decrease, in the demand for pharmacists. I also pointed out that we were focusing on the creation of pharmacists who would be comfortable in a health care system that was information driven. I am not sure that the message was understood, but the fact that we took the time to explain it won us grudging acceptance.

I presented plans for the curriculum to the University Curriculum Committee. Members of the committee were very interested in our educational philosophy; the reception was cordial and the discussion enlightening. The chairman of the committee, Dr. John Jacobs, assured us that they would do whatever they could to facilitate the review and approval of the first-year curriculum. We reviewed the format, and he asked that the first-year curriculum be given to the committee by the end of the year.

Work began on the report to the Southern Association of Colleges and Schools (SACS). The report contained many of the elements that were submitted to the American Council on Pharmaceutical Education but formatted to match the requirements of SACS. Early correspondence with SACS by the President of Shenandoah University prompted increased attention to how the nontraditional program would be supported, particularly from a library perspective. The impression, shared by others who reviewed the correspondence, was that SACS did not feel that nontraditional, distance education was comparable to traditional, on-site education. This same argument was used in Maryland to block the creation of a University of Phoenix online effort a few years later. We took great pains to address, in substantial detail, the criticism (echoed by the Schools of Higher Education in Virginia letter Shenandoah University received prior to my arrival in Winchester) that more phar-

macists were not needed and that online education was not viewed as comparable to traditional education.

### ***CREATING A CULTURAL CONNECTION***

I drafted a proposal for the establishment of a Shenandoah History of Pharmacy Society and Museum Advisory Committee (Appendix 3). The origin for the proposal was the idea that students who entered a new school of pharmacy every day with laptops slung over their arm to participate in an innovative pharmacy education program should be reminded of how fast things change in pharmacy and health care. Placing a turn-of-the-century apothecary in the pharmacy lobby would be a constant reminder that 100 years ago the practice environment was drastically different. The apothecary also helped to establish, in a very tangible way, a link for nonpharmacy visitors to the School of Pharmacy.

The first draft of the pharmacy school blueprints allotted space for a turn-of-the-century apothecary. When the American Council on Pharmaceutical Education team first noticed the apothecary, they questioned the prudence of allocating valuable floor space to a “museum.” I assured them that the citizens of Virginia were very proud of their history and that a “museum” would establish a rapport that would be difficult to achieve any other way. After some reflection, they relented, but I felt they never fully grasped the importance of this subtle gesture to the community. The formation of an advisory committee was the first step toward filling the empty space with genuine pharmacy fixtures and artifacts. Little did I know that the apothecary was to be the first major sponsorship achieved by the school and the one that eventually led to a \$10 million endowment from Dr. Bernard and Anne Marie Dunn.

### ***RECRUITING THE FACULTY, STAFF, AND STUDENTS***

#### ***October 1995 (10 Months to Day 1)***

This was a month for interviewing candidates for department chairs and faculty positions. Between October 13 and October 31, we interviewed eight candidates for the two department chair positions. Each of the candidates brought skills and perspectives that were different. In general, we looked for individuals with a mature perspective on

mentorship and faculty and staff development as well as an innovative approach to teaching. Many of the candidates indicated that they were fascinated by the opportunity of establishing a new school of pharmacy. They demonstrated varying levels of disillusionment with traditional pharmacy education and viewed this as an opportunity to create something new and innovative. A few were obviously nervous about some of the proposed strategies for teaching and learning. One stated after interviewing that he was not *that* innovative, and since he was tenured, he thought it would be better to just sit tight where he was.

We also began campus visitations in an ever widening circle from Winchester to actively recruit students for the class of 2000. This turned out to be more effort than we anticipated, in part because many of the pre-health advisers were not known to the admissions office or had changed since the last time anyone from Shenandoah had attempted to contact them. Repeatedly, as we visited campuses and located advisers, we found that Shenandoah's image was of a small liberal arts program with a conservatory. Very few appeared to know that Shenandoah had a health professions program, much less a new school of pharmacy. Our initial effort was to contact 20 two- and four-year colleges to hand deliver information concerning the school and to answer any questions that the pre-health advisers may have about the new School of Pharmacy and its focus. In general, our visits were well received. Recurring questions concerned admissions criteria, the timetable for admissions, and our accreditation status.

### ***November 1995 (9 Months to Day 1)***

I convened a meeting of the Pharmacy Apothecary Advisory Committee in November to solicit feedback on a strategy to create a turn-of-the-century apothecary in the lobby of the pharmacy school. The initial concept was to create an apothecary that would appeal to the strong sense of history common in the Northern Virginia area and to remind students entering a technologically advanced pharmacy school *how fast things change*.

- The time period to be reflected in the collection was from 1875-1925, which several of the participants felt was a particularly important period in the history of pharmacy. It also was a period of increasingly more intricate pharmacy fixtures.

- The apothecary should also contain a soda fountain, if possible, since many pharmacies of the period were incorporating them into their design.
- The emphasis should be on authentic period pieces with contents, if possible, for educational purposes.
- Consideration should be given to environmental conditions (e.g., light, heat, humidity, and security). All paper materials should be stored in a controlled environment which included, where possible, acid-free paper and boxes.
- We discussed potential sources of fixtures (e.g., Smithsonian Institution, state pharmacy associations, pharmaceutical manufacturers).
- It was recommended that we incorporate an emphasis on herbal remedies, perhaps including an herbal garden in planters in front of the pharmacy school. (Note: This was realized when the large planters in front of the Health Professions Building were converted into herbal gardens with the help and guidance of Dr. Wendell Combest and Dr. Thomas Prasthofer.)
- Dr. George Griffenhagen volunteered to serve as our resident historian to assist with the creation of the apothecary and to provide expertise in assessing the value and importance of any artifacts and/or records that we obtained.

Final adjustments to the building plans and the *up fit* schedule were moving forward with changes recommended, considered, and either implemented or discarded weekly.

The searches for the chairs of Biopharmaceutical Sciences and Pharmacy Practice were completed. Dr. David Newton agreed to accept the first position to begin immediately as a consultant and relocate in the spring. Dr. Rodney Carter accepted the second position of Chair of Pharmacy Practice ten days later. Drs. Newton and Carter became the third and fourth members of the faculty, respectively. In an effort to husband resources and to permit the new department chairs time to wrap up work at their existing institutions, they each agreed to return to Winchester periodically for conferences and to participate in planning activities. The first faculty meeting occurred on January 4, 1996.

### ***December 1995 (8 Months to Day 1)***

The calendar year ended with a flurry of meetings with the architects, the contractors, and representatives from the university to dis-



cuss various ways to reduce the total cost of the project, which was beginning to exceed the \$6 million that had been projected. I became familiar with a new term—*value engineering*—which was essentially a euphemism for cost reductions. Laboratories were reduced in size and, in one case, removed from the plans. A planned all-weather security camera was removed as well. In general, the changes were smaller than I had anticipated, but, as I found out later, they were far from over.

I closed out the year with a meeting with the medical staff of the Winchester Medical Center to discuss plans for the new school. In general, the reception was cordial, if restrained. Most were curious about how the students would be trained in the experiential setting and were relieved when I assured them that the students would be trained at a number of sites throughout the state and only some of them would be at the Winchester Medical Center.

### ***DESIGNING THE CURRICULUM***

#### ***January 1996 (7 Months to Day 1)***

The first School of Pharmacy retreat was held with David Skelton (Assistant Dean), David Newton (Chair, Biopharmaceutical Sciences), Rodney Carter (Chair, Pharmacy Practice) and Mary Lou Stottlemeyer (Admin. Assistant to the Dean). This was the entire faculty and staff for the School of Pharmacy. The group discussed and adopted the following curricular strategies:

1. Use of the CAPE competencies as a core component of the curriculum
2. Use of integrated curricular content divided into discrete modules that would increase in complexity as students progress through the modules
3. Modules would be created using a common template (e.g., syllabus, instructional objectives, advance planner, test questions)—faculty could use slides, handouts or Web pages, or any combination
4. Creation of basic competencies that would cut across all courses (e.g., information literacy, presentation skills, writing, etc.)



5. Emphasis in each course of fostering problem-solving (One method was to break classes into groups of 5-7 students to discuss the same hypothetical case or patient.)
6. Incorporate over-the-counter medications and pharmacoeconomic content into each module (In the case of OTCs, the thought was to begin each module with self-care and progress to more complicated forms of care. With pharmacoeconomics, the decision was to ensure that each module ended with an emphasis on the cost of delivering care.)
7. Various ways of measuring psychological aspects of student performance were discussed and three were selected:
  - a. Written assignments (e.g., diary or portfolio)
  - b. Myers-Briggs Inventory
  - c. California Critical Thinking
8. Dr. Skelton and I agreed to draft the curriculum for a later meeting (Appendix 4).

We worked on marketing materials and the development of a consistent message. Initial focus had been on personal visits to colleges and schools within a 150-mile radius. Poor weather and the need to expand and amplify our marketing message motivated several meetings with the staff of the University Admissions Office to discuss a unified strategy. The campus was not experienced in promoting programs as large as pharmacy, and the process moved slowly due to a lack of familiarity on the part of the staff. A consensus was reached, however, in early January to focus on the following:

1. Establishment of a system for the mailing of recruitment packages in response to telephone or mail inquiries
2. Scheduling a series of campus open houses
3. Creation of a four-color brochure for distribution
4. Mass mailing to registered pharmacists in Maryland, Virginia, and West Virginia (The mailing would encourage referrals and solicit volunteers for experiential practice sites. The package also contained a simple survey to determine interest in nontraditional education and pharmacy certificate programs. We decided early in the planning process that we would not offer continuing education.)
5. Placement of newspaper advertisements in regional and local newspapers.

### **PROMOTING THE SCHOOL AND ITS IMAGE**

#### ***February 1996 (6 Months to Day 1)***

We discussed the preliminary results of the practice survey and how we would develop a nontraditional doctor of pharmacy program. A decision to wait on development of pharmacy certificate programs was made based upon three considerations:

1. Uncertainties over the market strength
2. Unresolved issues concerning advanced practice skills (e.g., reimbursement)
3. Desire to create a complete package (e.g., nontraditional program) and then separate out individual modules of content to match the needs of certificate programming.

I attended one of the last AACP Leadership Conferences for new deans. Of the 12 deans participating, the average length of anyone's tenure was 5.5 months. In addition to pharmacy, several nursing deans also participated. The program moderators presented information concerning the average tenure of pharmacy deans, how we learn to perform as deans, and how we could improve our performance as deans in critical areas such as personnel management, leadership, curriculum revision, and fund raising. Much of the emphasis was on maximizing our potential as deans and improving our chances for success.

The discussion on student recruitment continued during the next Shenandoah University School of Pharmacy faculty/staff meeting (2/2/96). No decisions were made on specific issues, but a general consensus was that we were responsible for our own future and that we would leave nothing to chance if it meant living out of our cars for the next few months as we visited any campus with a potential to send us students. We identified 140 campuses and prioritized the order in which we would visit them.

Faculty recruitment also was discussed and a decision to extend an offer to two faculty in biochemistry and anatomy/physiology was reached.

The Shenandoah University Admissions Office began incorporating pharmacy into its published materials. Brochures, booklets, and the graduate catalog all were modified to include references to the Shenandoah University School of Pharmacy and the program requirements. The deadline for final copy was established (May 1, 1996), and we began

drafting descriptions of the school as if it existed (e.g., mission statement, program requirements, and description of individual courses). The same material was also included in the next ACPE report and was forwarded to AACP for inclusion in their publications.

We received our first admissions report at a meeting with the University Admissions Director and the Vice President for Research and Evaluation. We had received 325 inquiries and 33 applications (15 complete). At the same meeting, we passionately requested that additional support be provided for the timely processing of information concerning the School of Pharmacy and for all questions to be redirected to someone from the pharmacy school. This was a reflection of the tension that was building between the University Admissions Office and the pharmacy school faculty and staff. Most was a reflection of poor communication, but some was a cultural issue. The Shenandoah University Admissions Office was accustomed to making all decisions concerning the admissions process and resented the intrusion of the pharmacy faculty and staff on their turf. Our perception was that the response to inquiries was slow and that inaccurate information was being dispensed by admissions staff unfamiliar with pharmacy. Meetings between the two groups improved communication, but the perception lingered.

I was reminded of a quotation attributed to Roger Miliken that went:

*Insanity is doing the same things the same way  
And expecting to see a difference.*

### ***March 1996 (5 Months to Day 1)***

I attended the AACP Interim Meeting and participated in a number of workshops that examined the rapidly changing health care environment. During a break, another dean came up, shook my hand, and stated, “*I haven’t had the opportunity to congratulate you on being a dean . . . Good luck!*” whereupon he turned and walked away without another word.

Another session at this meeting examined the new National Institute of Medicine rules mandating that universities adopt a conflict of interest policy. The stated reason was to avoid potential conflicts of interest in situations where faculty accepted extramural support in the form of research grants and honorariums. I made a mental (and physical) note to begin work on a similar policy, and I obtained the names of several individuals who were responsible for the creation of similar policies on medical and pharmacy campuses around the country.

Inquiries reached 300 with 60 completed applications.

***April 1996 (4 Months to Day 1)***

I made several visits to individuals and organizations that may be positioned to support the mission of the School of Pharmacy. While they were uniformly *curious*, they also were noncommittal. In general, very few of the visits produced donations of money or equipment, but did lay the groundwork for student referrals and, eventually, access to practice sites. One visit and presentation to the Virginia Pharmacists Association actually netted a faculty member when the president-elect became interested in the program and eventually agreed to become our Director of Experiential Learning (4/3/96).

One interesting development was the development and introduction of a policy change at the campus level doing away with tenure for faculty in the School of Pharmacy and the other health professions programs. The policy was discussed extensively, and after consideration of factors such as probationary periods, job security, implementation of more accurate measures of faculty productivity, and the overall issue of faculty evaluation, a policy was adopted by the faculty and forwarded to the President for review.

On April 18, 1996, we hired Ms. Stacey Gray, our second staff member (4/18/96).

Approval of the Fiscal Year 1996-97 budget was received on April 23, 1996. This was our first official budget.

I made a circuit through the Northeast to talk with representatives from several pharmaceutical companies. They were attentive, but noncommittal.

***May 1996 (3 Months to Day 1)***

We began developing orientation materials for the first class. Part of the materials focused on a policy on mentorship and outlined expectations for new faculty. One of the policies was a strategy for students with declared disabilities (Americans with Disabilities Act).

Recognition by other academic units on campus did not come easily. At an Academic Cabinet meeting, the Dean of the School of Business objected to the School of Pharmacy Dean being seated as an equal when pharmacy had fewer faculty members than most health professions divisions on the campus. I responded that, while we had neither a building nor students, I anticipated that eventually we would have a school in every sense of the word. I also indicated that in a few years I anticipated that the School of Pharmacy faculty would outnumber those in the

School of Business. This is just another example of how the creation of a new school, particularly one as resource intensive as a school of pharmacy, strains the fabric of the academic community.

We contracted for a part-time development officer for pharmacy. He was familiar with the region, had worked in health care delivery, and was a pharmacist. The strategy was to systematically follow-up on contacts that had been made during the start-up phase and to capitalize on the uniqueness of the new school for fund-raising purposes. The concept was good; the execution of the strategy was poor.

### ***June 1996 (2 Months to Day 1)***

Dr. Richard Stull (6/3/96) made a presentation on the theory and application of problem solving in pharmacy education. Dr. Stull's philosophy matched the evolving School of Pharmacy closely, and he eventually agreed to become the Associate Dean for Academic Affairs with overall responsibility for student evaluation.

We began planning for the opening of the SU School of Pharmacy. A mailing list containing 2,000 names was prepared and readied for a mass mailing. We decided to prepare signs for various areas of the Health Professions Building by superimposing the outline of the building from computer assisted drawings (CAD) of the building on large pieces of foam core. The signs were used successfully during the dedication and at every open house since.

The SU School of Pharmacy faculty increased by two (anatomy/physiology and biochemistry), a part-time pharmacy law professor, an Experiential Coordinator, and an Associate Dean.

Total faculty and staff at the beginning of the 1996-97 fiscal year included:

- Dean
- Assistant Dean
- Associate Dean
- Chairperson, Pharmacy Practice
- Chairperson, Biopharmaceutical Sciences
- Anatomy/Physiology
- Biochemistry
- Pharmacy Law/Ethics
- Experiential Coordinator
- Administrative Assistant to the Dean
- Administrative Assistant to the Chairperson, Pharmacy Practice

Administrative Assistant to the Chairperson, Biopharmaceutical  
Sciences  
Librarian  
Systems Analyst

We met with representatives from the National Community Pharmacists Association to discuss possible joint ventures. In the course of the discussion, we explored nontraditional education. Dr. David Skelton responded to questions concerning our plans for establishing a nontraditional doctor of pharmacy program by stating, "*We are not into promoting a nontraditional Pharm.D.; we are into promoting a nontraditional education.*" He went on to observe that we were going to create a program that emphasized practical education and information to address persistent practice problems. This was the first public presentation of our philosophy of nontraditional education, and it preceded the development of a business plan, based in part on information obtained in the spring survey of pharmacists in three states (Maryland, Virginia, and West Virginia). In addition to the mailing, we conducted focus groups with pharmacists enrolled in existing nontraditional programs and with pharmacists considering enrollment in similar programs. The business plan was submitted to a member of the Shenandoah University Board of Trustees in October 1996 and subsequently funded for start-up at a level of \$200,000.

### ***FIRST-YEAR OBSERVATIONS***

Most of the new schools that I have observed, including our own, have a mix of 30-35% basic science faculty to 65-70% practice faculty. This percentage is affected by the number of basic science faculty you used from other departments within the university and by the number of part-time faculty drawn from the practice community.

If you hire new faculty with the expectation that they will teach in *both* the School of Pharmacy and other academic units within the university, it must be clearly stated up front. This has three important implications:

1. *Good management practice*—Faculty want it clearly stated as to how their performance will be evaluated and by whom.
2. *Workload expectations*—Newly created programs require a heavy emphasis on the creation of new curricular materials and commit-

tee work. Established programs have less of an emphasis in this area and, correspondingly, greater expectations for research. Someone working in both programs may have conflicting expectations regarding workload and prioritizing that workload.

If you choose to emphasize information technology within the pharmacy curriculum, this conflict will be even greater. The faculty members at the Bernard J. Dunn School of Pharmacy normally devote 12 hours to every hour of technologically delivered material. This is the result of a team of individuals that includes, but is not necessarily restricted to, content experts, module coordinators, graphics artists, web masters, psychometricians, and computer support technicians. By contrast, a typical hour of lecture requires considerably less time, approximately three hours to research, prepare, and deliver. Faculty and staff must be encouraged and given some incentive to devote the amount of time needed for a high-quality product.

3. *Faculty salaries*—Using faculty from academic disciplines outside of pharmacy can be less costly than hiring full-time pharmacy faculty because you do not incur overhead (e.g., fringe benefits, operations/maintenance costs, and faculty support costs). Also, the salary structure is lower outside of pharmacy.

As a result of the overall pharmacist shortage and competition between schools of pharmacy, there is a growing shortage of qualified pharmacy faculty. This represents the proverbial double-edged sword for a new school of pharmacy since it will bring students to your door, but, at the same time, it will make competition for qualified faculty fierce.

I recommend, as a general rule, that you budget individual faculty salaries at the 75th percentile within each discipline and at the appropriate faculty rank. I would further recommend that the first faculty hired be at the associate or full professor level. While these faculty tend to be more traditional in perspective and thus may be somewhat less innovative in areas of curriculum and/or technology, they will be more mature and capable of working under pressure.

### ***Hiring Schedule***

I recommend development of a recruitment strategy immediately upon the decision to create a school of pharmacy, and cooperation by those who are administratively responsible for budgets is crucial. That

recruitment schedule can undergo change as you bring faculty and staff in, but budgetarily you need to move forward with this aspect immediately. For this reason salaries for pharmacy faculty, depending upon discipline, have been increasing steadily. As a result of intense competition for pharmacists, I recommend that the administrative team be hired as soon as possible and that their salaries be budgeted at the 75th percentile, according to the AACP report, and adjusted by 7% annually to remain competitive.

<u>Position</u>	<u>Discipline</u>	<u>Rank</u>	<u>Salary</u>
Dean		Prof.	\$159,677
Assoc. Dean		Prof.	\$115,850
Asst. Dean		Assoc.	\$108,871
Dept. Chm.	Pharmacy Practice	Prof.	\$108,871

In addition, I recommend the following level of administrative support.

- Admin. Asst. to Dean—manages hiring procedures and assists with budget
- Admin. Asst. to the Assoc. Dean—manages accreditation and evaluation data
- Admin. Asst. to the Asst. Dean—manages enrollment
- Admin. Asst. to the Chm. Basic Sciences—department administration
- Admin. Asst. to the Chm. Pharmacy Practice—department administration
- Receptionist—inquiries and correspondence
- Community Affairs Coordinator—student recruitment and community affairs
- Pharmacy computer support—systems analysis and/or information manager

A development officer also should be hired and made responsible for raising extramural support on an increasing scale equal to their salary during the first two years. In the next two years, they should increase their fund-raising efforts to a reasonable level. In the fifth year, they should focus on the creation of a research base as faculty turn their attention from technology and instruction to research.



This administrative team would be responsible for planning and development, hiring and staffing, initial curriculum development, accreditation, and policies and procedures. Additional faculty would be hired as needed.

- In your first academic year you will need mostly basic sciences faculty consisting of pharmacology, pharmaceuticals, pharmacy administration, biochemistry, and pharmacy law. This schedule will undergo change as your curriculum evolves, but you should work to have faculty in place at least six months before they teach.
- You must also have a contingency plan in place if you are unable to hire in the order you planned.

I have found that you will receive a significant amount of interest from three types of faculty and administrators.

- Those interested in a challenge
- Those who are unhappy
- Those who are respected as teachers and administrators and who want a chance to demonstrate what they can accomplish.

Your goal is to obtain as many individuals from category three as you can find. Those interested in a challenge will typically become bored or disruptive, neither of which is a desirable arrangement. Those who are unhappy will typically be unhappy in a new program for many of the same reasons they were unhappy where they were. The trick is locating and attracting the individuals who are passionate about teaching and are capable of dealing with change.

As a general rule, you would like three (3) candidates for each position. You should budget for the senior administrative candidates to visit the campus twice before extending an offer. The second visit would typically involve their spouses.

I recommend that a consultant with a background in pharmacy education be hired to assist with hiring decisions. The number of pharmacy administrators and faculty listed in the AACP Profile is less than 4,500 (3,734 FT/740 PT). It is indeed a small pool! Someone familiar with pharmacy education cannot only help evaluate the quality of those who respond to advertisements, but may also ascertain the availability of individuals who may not immediately respond to a formal advertisement. This consultant should work in concert with a search committee that in-

cludes members of the pharmacy school faculty and staff and respected pharmacy practitioners from the surrounding community.

### ***Organizational Effectiveness***

In my first year, I created what I referred to as the *System Failure File* and the *Enigma File*. The idea was to collect and catalog instances of organizational failure and benefit from the mistakes. I had observed repeatedly throughout my academic career that many times organizations, during periods of rapid change, fail. They retreat to old, sometimes ineffective ways of conducting business and then attempt to justify the position based upon what has always worked. Jon Bentley observed, *Brilliance is typically the act of individuals, but incredible stupidity can usually be traced to an organization.*

In a somewhat more academic observation and the one from which the *System Failure File* originated, W. Edwards Deming once stated:

A giant step in enhancing reliability is the identification of which failures to analyze for continuous improvement. What most people don't understand is that small, seemingly inconsequential problems are typically the ones that are actually costing our organizations the most money. These problems are often accepted as part of the job or routine. However, when taken in the aggregate they represent big losers to the bottom line. What blinds us to their value is our inability to weigh the frequency in which they occur. To uncover these hidden opportunities, what is required is some form of Failure Modes and Effects Analysis (FMEA) that not only clearly defines what a failure is, but what modes of failure are occurring. The elimination of these chronic issues tends to result in exponential increases to the profit margin.

Dr. Deming influenced a generation of managers to think differently about the relationship between organizations and their members. In *Out of the Crisis* Deming observed, "*The vast majority of an organization's problems are the result of shortcomings and flaws in the processes and the system as a whole. Responsibility for these is clearly in the hands of management.*" The *System Failure File* was created to document organizational failures and to encourage the development of more effective strategies for dealing with change.

The *Enigma File* was similar to the *System Failure File*, but it contained examples more closely tied to Bentley's philosophy. Into this file

went examples for which there was no apparent explanation for the observed behavior nor from which any lesson was forthcoming. It was simply an *enigma*.

### ***Fund-Raising***

Fund-raising was discussed on numerous occasions, and a nominal goal of \$250,000 in unrestricted giving was established for the first year (FY 1995-1996). This proved unrealistic for several reasons. As a new and unproven program, corporate entities are reluctant to give until they can appraise the program's chances for success. The limited number of pharmacy faculty and staff make their participation somewhat problematic. Their efforts are typically focused on refining plans for the physical structure, the recruitment of faculty, staff, and students and in drafting (and redrafting) reports and curricular materials. A potential solution is to create a new position, sited within the school of pharmacy, for a pharmacy development staff person. This person would be charged with establishing a realistic fund-raising program and networking with potential benefactors. This position would only be expected to raise its salary in the first two years, but as the school became better established, the goals would gradually rise.

Our fund-raising goals and potential funding sources (e.g., individuals, corporations, and foundations) were established in a meeting on August 8, 1995. The meeting with representatives from the development office established the following programmatic efforts:

Computer laboratory (equipment and software)	\$ 150,000
Dispensing laboratory computers	\$ 25,000
Library	\$ 75,000
Apothecary	\$ 125,000

In addition, a goal of \$250,000 in unrestricted giving was established for the first year, a portion of which was to be raised through the creation of an endowment. The university had received a donation of \$100,000 from a local benefactor to support development and implementation of the school. In addition, the development staff had established contact with a number of pharmacy chains on the East Coast and solicited unrestricted donations. Ultimately, approximately half of the first year was financed through donations. The *Pre-Candidate Proposal*

to the American Council on Pharmaceutical Education called for donations of \$1 million each year for four years to form the School of Pharmacy's endowment. This proved to be unrealistic in the first two years when donations rarely exceeded \$150,000, but in 1997 the school received a \$10 million commitment from Dr. Bernard J. and Anne Marie Dunn to endow the school in his name. This raised the overall endowment (pledged and realized) to slightly over 12 million.

### ***DESIGN CONSIDERATIONS OF THE HEALTH PROFESSIONS BUILDING***

#### ***Departmental Spaces***

Departmental spaces were created so that the administrative support areas, the department chair's office, and the departmental administrative assistant's work spaces were near the middle of the hall. To keep the offices on the 10-foot grid that the architects had created, it was necessary that all faculty offices be 10 feet by 10 feet with the exception of the department chairperson's office, which was 10 feet by 20 feet. In general, faculty offices were large enough to house a desk, two file cabinets, two side chairs and a workstation for the faculty member. Shared resources such as fax machines, laser printers, and storage were placed at the administrative assistant's workstation where they were convenient to everyone in the department. In addition to individual faculty offices, which were designed for full-time faculty, two large suites were created containing partitioned cubicles for part-time faculty and residents. In addition to having a workstation and file storage, a conference table or conference room was created for use as group or team meeting spaces. This space was created for faculty whose primary responsibility was outside the Health Professions Building but who needed work space when they were in the building.

#### ***Research Laboratories***

Research laboratories of varying sizes were created for use by the faculty. This included three small laboratories that could be used for quantitative analysis or as one research lab. In addition to the smaller labs, a larger research laboratory suitable for three to four researchers was created with space for large research equipment, worktables, storage areas, a weighing room, and a washroom.

### ***Standardized Patient Assessment Laboratory***

A laboratory containing eight standardized patient assessment rooms was created for use in patient simulations and for assessing student-patient interaction. These contained a closed-circuit television system, sound recording system, and control room. Seven of the rooms resembled a physician's exam room including telephone, writing surface, and Ethernet twisted wire pair connections. The eighth was set up to resemble a community pharmacy counseling area. Students were required to go through a set of simulations every year as they progressed from one year to the next. This applied to both nontraditional and traditional students. Faculty members were responsible for the recruitment and training of the actors, the creation of simulations, the conduct of the simulation, and the grading of the simulations using a checklist. Student performance on the Standardized Patient Assessment was part of their year-end assessment and helped to sensitize students to the importance of applying their growing knowledge base in a time-limited fashion (a typical simulation lasted 14 minutes with the entire process occupying 2 hours).

Shenandoah University School of Pharmacy was one of the first pharmacy programs to use standardized patient assessments coupled with a rigorous annual progression examination to measure the development of clinical assessment and problem-solving skills among pharmacy students. The technique involves the selection of clinical case scenarios that closely match those that pharmacists encounter in the health care environment. The faculty first develop the scenarios and then enlist actors or, in some cases, actual patients to simulate the conditions being assessed. In the final week of the academic year, all students are scheduled for eight assessments in the Standardized Patient Assessment Laboratory. This laboratory was designed to reflect a realistic patient care environment, with one important difference—each examination room was equipped with a closed-circuit television and sound system, enabling faculty observers to videotape the encounter for the purposes of student evaluation and feedback. The goal of the annual progression examination was to ensure that students have not only assimilated information but have learned to integrate that academic knowledge with the assessment and problem-solving skills necessary for the delivery of quality patient care. The use of a standardized patient assessment permits faculty to assess both knowledge *and* critical patient care skills such as empathy, communication, and problem solving in a realistic environment.

***Computer Center (Ethernet Local Area Network)***

The computer center, the Distance Education Division offices, library, and drug information center were placed in the central core of the building to facilitate access by all students in the Health Professions Building. The computer center, in particular, became very popular with pharmacy students. Initially, the plan was to have 50 to 60 Pentium workstations in the computer center, along with printers, scanners, graphics workstations, and other devices. In addition to the fixed workstations, space was created so that up to 30 students could stand and work with their laptops in the back of the computer center without sitting at the Pentium workstations.

Part of the explanation for the popularity of the computer center probably resides in the fact that many of the Ethernet connections were in the center before they were elsewhere in the Health Professions Building. During the second year, we reached 600 Ethernet connections throughout the building, and this permitted students more access points from which to reach the resources that we had created. In the third year, we implemented wireless technology, and this virtually freed the students from having to be physically plugged into the network. In fact, many of the students could be found walking the halls of the building with their laptops in the crook of their arm logged onto the network. This created its own problems in that initially we had only 192 dynamically assigned Internet addresses. Students would log on in the morning and not log off until the afternoon. Often this meant that many times, as early as 10:00 a.m., no free IP addresses were available until someone logged off. This problem was eventually resolved by purchasing more IP addresses, but it posed a unique problem in the first stage of our wireless technology. Students now can log on from anywhere within a quarter-mile of the health professions building. On the weekend, when the building is locked and secured, students may be found sitting in the parking lot logged onto the network downloading files.

Wireless technology proved to be cheaper and more reliable than hard-wired, twisted-wire pair Ethernet connections. Each physical connection cost an average of \$125.00 for the wiring, switches, routers, and labor of installing the cable. This meant that the initial 600 connections cost approximately \$75,000.00. Installation of the eight wireless antennas cost an average of \$1,800.00 per connection, or a total of \$14,400.00. In addition to the lower cost, the students, faculty, and staff benefited from increased flexibility and mobility in the use of the Ethernet technology. Initially, the wireless technology required slightly more expen-

sive PCMCIA cards (Ethernet/56K modem), but in the next year the wireless technology was incorporated into the system board, freeing a port and resulting in negligible cost increases.

One unanticipated requirement of a heavy emphasis on information technology is an equally critical emphasis on the security of that technology. This begins with creating a secure location for the local area network switches, servers, and fiber optic cable that connects the Health Professions Building local area network to the wide area network utilized by the university. The initial location for the server closet proved to be unsuitable because of poor ventilation and easy access. Despite careful distribution of access keys, it was eventually judged necessary to move the server closet to a more secure area in the building than was originally selected. The server closet is now located away from the main hall, in an area that is relatively safe from natural disasters and is well ventilated. It now houses eight servers, universal power sources, surplus cables, and workstations with sufficient space for maintenance. Access is limited to the Dean, Associate Dean, and Systems Administrator. Any other individuals who require access must check out a pass key and sign for its use.

### ***Multimedia Classrooms***

The original design for the Health Professions Building called for one large multimedia classroom. Seating was originally projected at over 200 seats, but conversion from flip arm seats to a fixed tabletop reduced the capacity to 184. Each seat in the center part of the classroom was equipped with an Ethernet connection and electrical jack. The electrical jacks were important because students would typically be in this classroom for up to three hours of instruction and batteries for laptops were rated at only two hours under optimal conditions.

The podium for the multimedia classroom was designed by Dr. Richard Stull, Associate Dean for Academic Programs and a strong proponent of multimedia technology. Working with instructional design experts, audiovisual technicians, and a local cabinet shop, he was able to design and implement a sophisticated multimedia workstation contained in a large podium. The podium contained all the audiovisual, sound, and computer technology needed to support faculty in a multimedia setting. The intent was to create an integrated workstation that would allow the use of traditional slides, videotape, overhead projection, and document projection all integrated through the use of an LCD projector mounted in the ceiling. Faculty members were encouraged to



use the technology extensively in as many new and enhanced ways as possible. They also were encouraged to change their methods of instructional delivery to incorporate more interactive involvement in the classroom by students who were equipped with laptop technology and with an advanced digital planner that included all slides, handouts, and simulations prior to the beginning of a lecture. Three years after the design of the first multimedia classroom, a second, more sophisticated classroom was added with seating for 84. The new multimedia classroom incorporated many new instructional technologies, including dual projection screens, two computer systems in the podium, and a touchpad to control the various devices. The cost of the new instructional workstation was approximately \$40,000.

### ***General Purpose Classrooms***

Several smaller classrooms, ranging in size from 12 to 75 seats, were created for maximum flexibility in group instruction. While portable projection was available, many of these classrooms were designed for small-group, interactive exercises typically involving a team of 7-12 students and a faculty facilitator. Wireless connections permit flexible use of these classrooms, and students may often be observed in small groups with their laptops logged onto the network designing presentations, creating group projects, or interacting with proprietary databases.

### ***Bernard J. Dunn Apothecary (Museum)***

The Bernard J. Dunn Apothecary was created through a magnanimous gift from Dr. Bernard and Ann Marie Dunn. Doctor Dunn chose to recognize his father's contribution to pharmacy through the creation of a turn-of-the-century apothecary reminiscent of the type of pharmacy that his father worked in prior to his death in the early nineteen hundreds. Space for an apothecary was designed into the School of Pharmacy before funds became available to create the museum. Doctor Dunn was approached in 1995 to determine his willingness to contribute financially to support the creation of the apothecary. He and his wife chose to make their contribution in the form of a donation for the purchase and installation of a space to be known as the Bernard J. Dunn Family Apothecary. Fixtures for the apothecary were obtained through private purchases and at public auctions. The last portion of the apothecary consisted of a complete functioning soda fountain. Much of the collection, including the apothecary fixtures, pharmacy contents, and



soda fountain were from the Reinhart pharmacy originally located in Shepherdstown, West Virginia. Careful documentation of the Reinhart pharmacy and interviews with relatives of the last pharmacist to work in the apothecary have permitted the creation of a working museum that subtly reminds students and faculty how rapidly things change in pharmacy. The apothecary is located in the pharmacy school lobby and serves as a backdrop for tours, receptions, and ice cream socials.

### ***Eugene V. White, Pharmacist (Museum)***

The Eugene V. White, Pharmacist museum was created through the donation of pharmacy fixtures and financial support from Dr. Eugene V. and Laura White, longtime residents of Berryville, Virginia. Dr. White was the originator of the office practice concept. He was a strong proponent of a patient-centered philosophy that places patient care above simple drug distribution. That philosophy was the basis of the concept of pharmaceutical care that is currently being taught in pharmacy schools across the nation. Laura and Gene implemented and defended their concept in the early 1950s when the Code of Ethics of the American Pharmaceutical Association virtually prohibited pharmacists from counseling patients about their medications. The museum is used as a clinical skills and communications laboratory for crafting patient care skills complementary to the philosophy adhered to by its previous owners.

### ***Library and Drug Information Center***

The library was established as part of the central core of the Health Professions Building. It is a resource shared by both nursing and pharmacy students and provides seating for approximately 50 students. The library is staffed by a librarian and an assistant. The library and the Drug Information Center were designed to operate in tandem. Fixed resources (e.g., books, periodicals, microfiche) were placed in the library, while dynamic databases were maintained by Drug Information Center staff. Housing the Drug Information Center within the library reduced the need for duplicate holdings and databases and ensured that experts in each area would be available to assist students and faculty.

The Drug Information Center houses the office of the Director of Drug Information, an administrative assistant, and space for up to seven students and/or residents. Two informatics faculty offices are located in

other parts of the building. The center also houses a 20-seat conference room and a food preparation area for catered events.

### ***Student Organizations Office and Storage***

An office for officers of the 11 student organizations was created and equipped with furniture. The expectation was that this space would be used by the various student organizations for meetings, to prepare organizational correspondence, and for storage of organizational materials.

### ***Summary of Design Considerations***

The School of Pharmacy was completed in two phases. In the first phase, 55,000 net square feet of space was completed and opened on August 16. Two years later, an additional 17,000 net square feet of space was completed and available for use in August 1999. The two-phase approach permitted us to evaluate our space needs and complete shell space to match our program needs. The building occupies two floors (Figure 2, which is a blueprint of the first floor and Figure 3, which is the blueprint of the second floor).

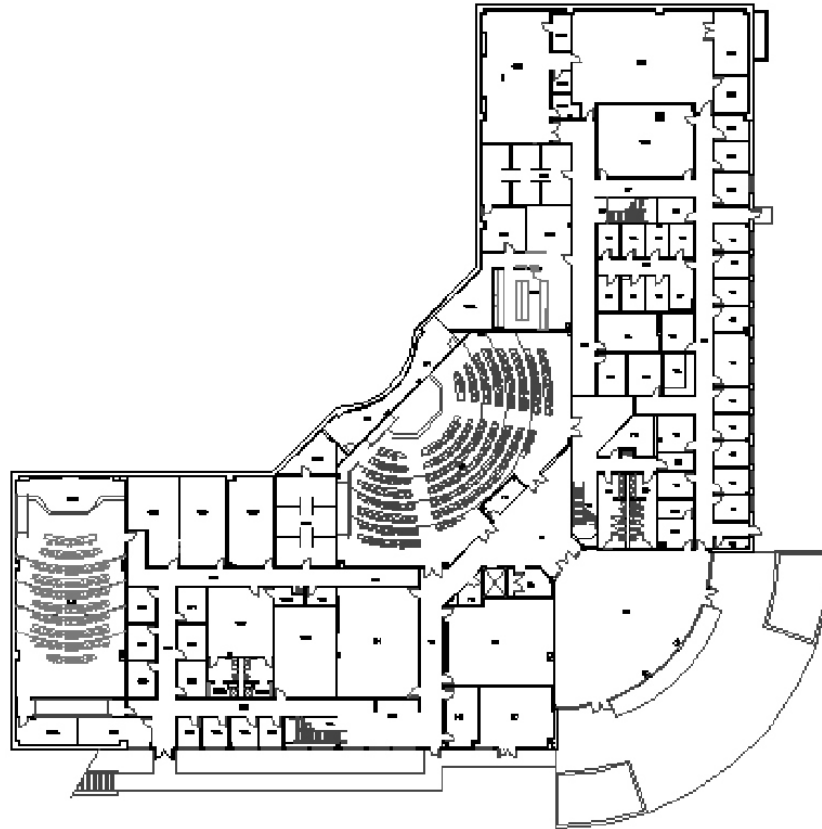
The final arrangement of instructional space is listed below.

<b><u>Instructional Space</u></b>	<b><u>Number</u></b>
184 seat multimedia classroom	1
84 seat multimedia classroom	1
75 seat general purpose classroom with limited multimedia	1
75 seat general purpose classroom	1
50 seat general purpose classroom	3
20 seat general purpose classroom	3
25 seat conference room	3
20 seat conference room	1
12 seat conference room	2
7 seat conference room	3

## ***CULTURE***

A new venture, such as a school of pharmacy, experiences four challenges in creating a culture reflective of the individuals who constitute

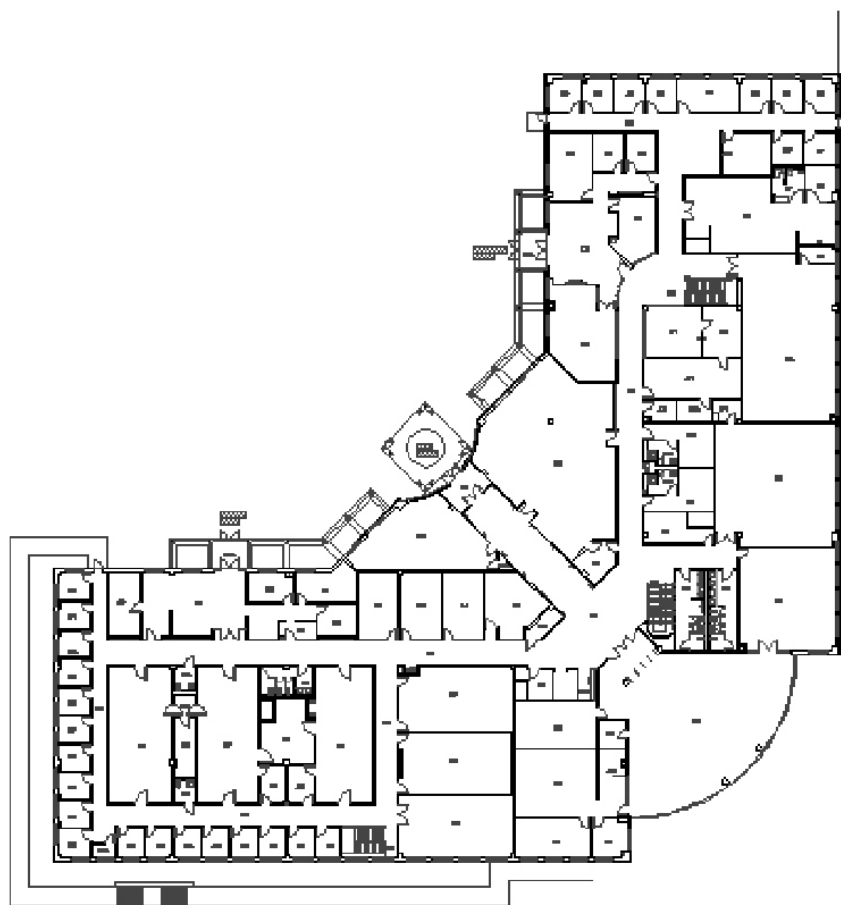
FIGURE 2



the school: the existing culture, salary differentials between various academic disciplines, the creation of a new culture to fit the new school, and, finally, the impact it has on the local community and the geographic area.

The first challenge is the existing culture within the university or college. A new school is viewed by some as an opportunity for change and by others as a threat to the status quo. The first group sometimes has unrealistic expectations that the infusion of new faculty and staff will somehow change the culture of the university for the better. They are typically disappointed because the new faculty members generally do not have an understanding of the issues unless they affect the role they

FIGURE 3



are performing. The faculty of this school were brought together for a specific purpose, and most of their attention was focused on the successful attainment of that purpose. They have little time or energy for what may be viewed as peripheral issues. Their lack of engagement may be viewed as a sign of aloofness or, at worst, arrogance by members of the academic community and can lead inevitably to rumors and criticism. Those in the existing academic community who desire to maintain the status quo seize on this perception as a way to fend off suggestions for change or as justification for continuing the status quo. Even when it

is apparent that a problem exists, it is unclear that it can be resolved by outsiders. There is no simple remedy. Participation by individual faculty and staff in campus activity and on-campus committees is a partial solution. Strong support from the university administration and reassurances that the new school will benefit the university through the addition of new faculty, students, and financial revenue is a positive step and can reduce tension.

Another unavoidable factor on campuses without a large professional school presence is the salary differential between various academic disciplines. In a time of rapidly escalating salaries in pharmacy practice, salaries for pharmacy faculty will often exceed prevailing campus salaries, and this pace is expected to increase over the next few years. There is no simple solution to this cultural issue. Some faculty will be satisfied with the explanation that market forces dictate both the presence of the new faculty *and* the new students; others will not. The best strategy is for the new faculty to perform their roles with diplomacy and understanding. They will not resolve all aspects of this potentially divisive issue, but they may impress many with their professional demeanor.

The third cultural challenge is in creating a new culture for the school of pharmacy. New schools are created out of the combined experiences of the faculty and staff who come together to create the school. Another factor can be the involvement of students in the creation of both culture and history. We chose, for example, to restrict the establishment of new student organizations to no more than two in any given year. This was primarily to avoid spreading students too thin, but also to allow both students and faculty to savor the creation of each organization. We also established a policy that a faculty member could serve as an advisor to no more than one organization, and their sponsorship would last only one year. This permitted all faculty members to share in the experience of mentoring a student organization and to rotate through organizations to prevent entrenchment. The Bernard J. Dunn School of Pharmacy now has 11 organizations and will establish 2 more in 2002-2003. All of the organizations are vital and active. They work closely together and adhere to established rules of common courtesy. To a great extent, they have shaped a culture of cooperation.

The new culture is shaped also by the way in which faculty and staff members interact with their constituents—students, parents, and practitioners. As part of the interview process for new faculty members, we always ask prospective faculty members when they view students as colleagues. The answer we are searching for is—*when the faculty mem-*

*ber meets the student for the first time.* Although the student is inexperienced and his/her knowledge base is incomplete, if the student perceives that the faculty member views them with respect, the result is enhanced communication and sharing of ideas. This has been perhaps the single most important aspect of the culture at the Bernard J. Dunn School of Pharmacy and one of the most difficult to maintain. When you practice openness, you may breed familiarity. Faculty and staff must walk a fine line between commanding respect for their knowledge and their actions and remaining open to student concerns, criticism, and frustration. A pharmacy education is a stressful experience, particularly in a newly established school of pharmacy. Things often do not work as intended. Faculty may be tempted to retreat behind their white coat when things go badly, and openness becomes equated with vulnerability. Reassurances from the administration and colleagues are helpful. On occasion, students must be reminded to practice civility and courtesy if they are to receive it in return. A culture is never established, it is *always* a work in progress, but when you establish high expectations of faculty, staff, and students, they generally not only achieve them but exceed them.

A fourth cultural challenge is the impact a new school of pharmacy has on the professional community within the geographic area affected by the new school. Practitioners often have mixed feelings concerning the school of pharmacy nearest to their practice site. Even if it is their alma mater, they are often critical during times of rapid change and feel that the school is out of touch with the changes and unresponsive to their needs. They will welcome a new school as a way to leverage change in the old schools and may often fail to realize that new schools may have fresh ideas but limited resources. What resources they have are focused on the creation of a new program literally out of thin air. They may have little time or energy to assist with the resolution of often intractable practice problems. Again the solution is not an easy one. Participation in professional activities and meetings is important for establishing communication and a sense of belonging. Representation on professional initiatives, such as continuing education, lobbying on legislative initiatives and the creation of innovative practice sites are all important. What is most important, however, is to avoid being drawn into criticizing existing programs. While this may create temporary alliances, it also creates instant enemies. Other schools will be threatened by your presence and your impact on recruitment of faculty members, students, and resources. If you are perceived as currying favor with critical individuals within the practice community, it will create a barrier that will far outlive any short-lived gains that may be achieved. The best strategy

is to be open to practitioner concerns and responsive to those over which the school may have some sway. We developed a nontraditional program in part by asking local practitioners what they would like in a program. Similarly, we worked closely with pharmacists to create innovative experiential opportunities for traditional and nontraditional students. This did not prevent the inevitable rumors from starting, nor did it stop individuals from criticizing the new school based upon those rumors. Someone once remarked about creating a new community pharmacy that your success comes at someone else's expense. A new pharmacy school is no exception. A new school, however, benefits existing pharmacy schools by forcing them to reexamine the role they play in the community and the methods they use to fulfill their mission. In that way, new schools of pharmacy benefit the practice community through making the existing schools more responsive and effective.

SUBMITTED AND ACCEPTED: 04/09/02

## APPENDIX 1

28 July, 1995  
Daniel A. Nona, Ph.D.  
Executive Director  
The American Council on Pharmaceutical Education  
311 West Superior Street  
Chicago, IL 60610

Dear Dr. Nona:

This letter represents the supplemental report requested by you in your June 23, 1995 letter. The planning process is proceeding with meetings with Dr. Davis concerning the administrative structure of the School of Pharmacy, with the Deans of Nursing and Liberal Arts on curricular issues and with the Director of Admissions to clarify the procedure to be followed in recruiting, reviewing and admitting qualified candidates into the Doctor of Pharmacy Program. In addition, several meetings have been conducted with the architects for the new building and with Mr. Shickle and Dr. Stegall concerning the schedule to be followed in hiring new faculty.

The council, in their Accreditation Action and Recommendations (June 15-18, 1995) requested that I address several areas in detail and I will do so below.

**Review and refinement of the Preaccreditation Application**

David Skelton, Pharm.D. has accepted the position of Assistant Dean for Student Affairs. Dr. Skelton has resigned his position at the University of Arkansas for Medical Sciences and will formally join the faculty of Shenandoah University on August 1, 1995. He has met with the Director of Admissions concerning procedures to be followed in admitting students into the School of Pharmacy. He has received assurances that the Admissions Office will support his activities, but the final decision on admission into the School of Pharmacy will reside with Dr. Skelton and he will be free to develop and implement admissions procedures that he feels are appropriate for pharmacy students. The Director of Admissions for Shenandoah University will represent the campus on the Pharmacy School Admissions Committee. His office has begun forwarding information on individuals expressing interest in the program and I have telephoned several of the prospective students to answer their questions. I also participated in the campus orientation and met several freshmen who were enrolling in the pre-pharmacy program.

Dr. Skelton and I, with advice from Directors of Admissions of several schools of pharmacy, developed pre-pharmacy requirements for the School of Pharmacy. A copy of those criteria are attached for your review.

Dr. Skelton is scheduled to spend his first week with the Director of Admissions reviewing admissions procedures and discussing recruitment strategies. A recruitment brochure has been developed, and after review by Dr. Skelton, will be printed and distributed to colleges and universities in the area that are identified as "feeder" schools. Each of these schools will be visited in the Fall and a



pre-pharmacy advisor will be established at each. A pre-pharmacy advisor conference will be hosted on the Shenandoah University campus in the early spring to acquaint the advisors with the program and to review admissions procedures.

#### **Hiring schedule for the Leadership Team and faculty**

Mr. Richard Shickle, Vice President for Finance and Administration and I met on July 25 to review a revised hiring schedule and to discuss changes to the budget to accomplish the acquisition of the faculty and staff. A second meeting with Mr. Shickle and Dr. Joel Stegall, Vice President for Academic Affairs was held on July 28. The hiring schedule and the justification for changes from the original Application for Precandidate Status proposal were discussed in detail. Three (3) specific changes were made.

- (1) Addition of an Associate Dean for Academic Affairs (FY 1996-97)
- (2) Addition of a Librarian (FY 1996-97)
- (3) Acceleration of hiring of pharmacy practice faculty (FY 1998-99)

In addition, the total number of faculty to be hired (31) was confirmed. The changes and the number were approved.

The following hiring schedule incorporates these changes and provides additional detail on the rank, number and discipline of each individual.

Shenandoah University-School of Pharmacy will seek individuals with a terminal degree at salaries that are competitive with salaries for pharmacy schools in the mid-Atlantic region. Initial faculty and administrators will be senior faculty at the Associate and Professor level. With this initial core in place the emphasis will shift to attracting more junior faculty. The hiring schedule was developed to match the curriculum outlined in the Proposal for Precandidate status. Emphasis will be placed on attracting qualified faculty who are accomplished teachers or are willing to develop skills as a teacher. Furthermore, new faculty regardless of rank or experience, will be expected to adapt his/her teaching to the problem-based, instructional strategies of the school of pharmacy. Faculty will be encouraged to innovate and to emphasize the use of new technologies or information management techniques. Faculty are expected to be scholars, in the broadest sense and to stimulate scientific inquiry among their colleagues and students. Senior faculty will be expected to mentor junior faculty and to participate fully in faculty development efforts.

#### **FY 1995-96**

<u>Position</u>	<u>Rank</u>	<u>Start</u>
Dean	Prof.	7/1/95
Asst. Dean	Assoc.	8/1/95
Admin. Asst.	Staff	8/15/95
Chair, Pharm. Prac.	Prof.	1/1/96
Chair, Biopharmaceutical Sci.	Prof.	1/1/96

## APPENDIX 1 (continued)

## FY 1996-97

<u>Position</u>	<u>Rank</u>	<u>Start</u>
Assoc. Dean	Prof.	7/1/96
Anatomy	Assoc.	7/1/96
Practice (Community Clinical)	Assoc.	7/1/96
Practice (Experiential Coordinator)	Asst.	1/1/97
Secretary	Staff	9/1/96
Secretary	Staff	9/1/96
Librarian	Staff	9/1/96

## FY 1997-98

<u>Position</u>	<u>Rank</u>	<u>Start</u>
Medicinal Chemistry	Assoc.	7/1/97
Pharmacology/Toxicology	Assoc.	7/1/97
Pharmaceutics	Asst.	7/1/97
Practice (Informatics)	Assoc.	1/1/98
Pharmacy Administration	Asst.	1/1/98
Clinical (Medicine)	Assoc.	7/1/97
Clinical (Ambulatory Care)	Asst.	7/1/97
Clinical (Drug Information)	Assoc.	1/1/98

## FY 1998-99

<u>Position</u>	<u>Rank</u>	<u>Start</u>
Pharmaceutics	Asst.	7/1/98
Pharmacology/Pathophysiology	Assoc.	7/1/98
Pharmacy Administration	Asst.	1/1/99
Clinical (Medicine)	Assoc.	1/1/99
Clinical (Medicine)	Asst.	7/1/98
Practice (Community Clinical)	Asst.	7/1/98
Clinical (Oncology)	Asst.	7/1/98
Clinical (Ambulatory Care)	Asst.	7/1/98
Clinical (Ambulatory Care)	Asst.	7/1/98

## FY 1999-2000

<u>Position</u>	<u>Rank</u>	<u>Start</u>
Pharmacology/Immunology	Asst.	1/1/00
Practice(Community Clinical)	Asst.	7/1/99
Clinical (Pediatrics)	Asst.	7/1/99
Clinical (Geriatrics)	Asst.	7/1/99
Clinical (Ambulatory Care)	Asst.	7/1/99
Clinical (Ambulatory Care)	Asst.	7/1/99

The final disposition of faculty are:

Administration	Dean	1
	Associate Dean	1
	Assistant Dean	1
	Administrative Assistant	1
	Librarian	1
	<b>Total</b>	<b>5</b>
Biopharmaceutical Sciences	Chairperson	1
	Medicinal Chemistry	1
	Pharmacology	3
	Pharmaceutics	2
	Biological Sciences	1
	Pharmacy Administration	2
	Secretary	1
	<b>Total</b>	<b>11</b>
Pharmacy Practice	Chairperson	1
	Clinical	11
	Practice	5
	Drug Information	1
	Secretary	1
	<b>Total</b>	<b>19</b>
<b>Total Faculty</b>		<b>31</b>
<b>Total Staff</b>		<b>4</b>
<b>Total Faculty/Staff</b>		<b>35</b>

In addition to core faculty at the School of Pharmacy, volunteer faculty will be recruited at hospitals, managed care facilities and community pharmacies in Virginia and adjacent states.

On July 20, 1995 I met with the pharmacy staff of the Winchester Medical Center to review plans for the School of Pharmacy and to respond to questions. The staff were overwhelming supportive and offered their assistance in precepting students during the third and fourth professional years. The pharmacy director, Robert Stoneburner, recently hired a Pharm.D. to work in patient care areas and is in the process of recruiting a Clinical Coordinator who would have major responsibilities for patient care and precepting pharmacy students. A top priority during the forthcoming year will be to visit as many potential practice sites as possible and to recruit those pharmacies as experiential sites. Faculty at those sites will greatly expand and enhance the experiential opportunities for students from Shenandoah University.

Advertisements for the positions of Chairperson, Department of Biopharmaceutical Sciences and Chairperson, Department of Pharmacy Practice were placed in the July, 1995 *AACP Newsletter* and thusfar have resulted in thirty candidates. Screening of the candidates will begin in August with interviews by the search committees scheduled to begin in September. It is anticipated that the successful candidates will join the faculty in January, 1996. A retreat has

## APPENDIX 1 (continued)

been scheduled for faculty and interested practitioners in late January. The focus of that retreat will be to finalize the curriculum and instructional outcome measures to be utilized. Initiation of the search for additional faculty and staff will begin shortly thereafter.

**Supplemental Information**

An audited financial statement for the last reporting period is attached for your information. A written lease agreement has been requested from the Winchester Medical Center and is forthcoming. I anticipated that it would be available for inclusion in this report, but last minute changes to the plans for the Pharmacy School building have delayed the agreement. I have participated in numerous meetings with the architects for the building, fixture design specialists and the designated lead contractor for the building. All changes were due to the involved parties by August 1st and a firm estimate of building costs is to be delivered to the University and the Winchester Medical Center Administration by August 15th. It is anticipated that, barring last minute problems, a lease will be drafted and approved by all parties before the ACPE site team visit on August 23-25. Site work for the school location has been proceeding rapidly and is ahead of schedule. It is also estimated that costs for site preparation will be below initial estimates.

A revised budget for the School of Pharmacy is being developed and will be available before the scheduled site team visit on August 23rd. All appropriate University approvals will be attached.

Plans for the library, refinements in the proposed curriculum, including measurement of outcomes is proceeding. With the acquisition of an administrative assistant, the arrival of the Assistant Dean for Student Affairs and establishment of pharmacy school offices in the Cork Street building it is anticipated that significant progress will be made in these areas and in the recruitment of Department Chairpersons for the two divisions of the School of Pharmacy.

I have reserved the dates of August 23-25 with members of the Shenandoah University Administration for the anticipated visit by the ACPE team. I will continue to consult with you concerning the specifics of the itinerary. Please contact me at any time if you have questions or information that you feel would be beneficial to our efforts.

Sincerely,

Alan B. McKay, Ph.D.  
Professor and Dean, Shenandoah University  
School of Pharmacy

**FN:** report1.let  
**FD:** 7/28/95  
**CC:** J. Stegall  
D. Shickle  
file  
**ATTN:** Pre-pharmacy requirements  
Audited Financial Report

## APPENDIX 2

**Summary Recommendations****ACPE Site Team Visit  
August 8/23/95-8/24/95****Site Team Members**

Curtis Black, Ph.D.  
Merck Professor of Clinical Pharmacy  
University of Toledo, College of Pharmacy

Michael E. Hart, Jr.  
Community Pharmacy Practitioner  
Michigan

Elizabeth Jackson  
Associate Professor and Librarian  
Swilley Library, Mercer University

Ronald W. Maddox, Pharm.D.  
Professor and Dean  
Campbell University, School of Pharmacy

Daniel A. Nona, Ph.D.  
Executive Director of the American Council on  
Pharmaceutical Education

Carl F. Emswiler, Jr.  
Community Pharmacist (representing the VA. Board of Pharmacy)

**1. Discussed proposed changes to the original pre-candidate application**

Discussion began with changes to the hiring schedule that had been submitted to ACPE August 1. Concern was expressed that we did not specifically link each position to the individual courses in the proposed curriculum. I responded that we felt that the proposed hiring schedule, while modest, would allow us to address all aspects of the curriculum. They emphasized that we did not indicate a person to teach the proposed Biochemistry Course in the first year. I responded that we would probably secure the resources from other units on the campus. Asked how we proposed to pay for the services I indicated that if it was not *quid pro quo* then we would pay for the instruction out of the existing budget or lapsed salary. I also stated that we had not addressed the curriculum in detail since we had been concentrating on other aspects of establishing the school. I indicated that we would be turning our attention to the curriculum and the hiring of faculty (or securing local faculty) necessary to teach the material.

## APPENDIX 2 (continued)

The team discussed the budget in some detail and asked that Mr. Shickle elaborate on indirect cost figures, the level of anticipated support outside monies derived from tuition and if it was going to be necessary for the school to "payback" some of the lost indirect in later years. Mr. Shickle indicated that support for future programs on campus was expected from all schools, but he would not characterize it as "payback". In general, with the exception of the absence of a clearly identified instructor for Biochemistry, the team seem satisfied with both the budget and the hiring schedule.

Discussion of existing and proposed support mechanisms for student life.

Discussion of the new building and where we stand with the construction schedule. (Discussion was continued in meeting the Gene Fisher, Director of Physical Plant). No comments on overall construction plans (blueprints), but Dan Nona questioned devoting floor space to the Apothecary Museum. I responded that people in this area have a strong sense of aesthetics and that the apothecary would provide a bond to the community through education, use in receptions and as a focal point of the pharmacy entrance. Dr. Maddox questioned the wisdom of having research labs but no provision for animal research. I responded that we had additional space ( approx. 7,400 sq. ft.) that could be developed if animal research facilities were needed later, but that I felt it was an unnecessary expense at this point.

Discussion of our plans for a Nontraditional program. I explained our philosophy concerning both a nontraditional education program and certification programs. Elizabeth Jackson asked if we were planning to become a major provider of CE in Virginia and I responded that I anticipated our focus would be in the development of a quality nontraditional program and specific certification programs that emphasized our strengths. I suggested that we may begin planning for a nontraditional program as part of our curriculum development and seriously consider admitting students into a nontraditional track in about two years.

We were asked to clarify the university's policy on promotion and tenure. We were advised to provide additional detail on P & T guidelines and nontenure track pathways to be used in the School of Pharmacy before attempting to recruit faculty. Dr. Davis subsequently discussed his perspective on promotion and tenure.

## **2. Discussion with President Jim Davis and Mr. Jim Wilkins, Jr., member Winchester Medical Center Board**

Mr. Wilkins began with an overview of the medical community, the relationship between WMC and Shenandoah University and plans for the School of Pharmacy. Several of the points included fiscal solvency (no rate increase in four years despite significant growth in both practitioners and services); 307

staff physicians in a 450 bed hospital (35 new positions) and more physicians per capita in Winchester than in any other city in the U.S.

Winchester Medical Center occupies a 150 acre site with 40 acres currently under development for the School of Pharmacy and future expansion (medical buildings and hotel). The city and county are cooperating to provide infrastructure (water, sewer and a new interchange on highway 37).

Details of the 90% firm cost estimates have just reached his office and he assured the site team that a lease will be available soon. The lease will be for 22-23 years. Rental costs for the School of Pharmacy (and the School of Nursing) will increase slowly over the first four years until they reach a maximum that is within the budget of the schools. He admitted that the WMC will be subsidizing the rent in the first four years to allow the schools time to become established.

### 3. Site team recommendations

- A. Continue work on curriculum, in particular refine the first year to insure that we have the resources to offer the instruction.
- B. Begin work on classroom scheduling to insure our needs are met.
- C. Consider acceleration of the hiring schedule.
- D. Develop an Academic Plan that includes a time line, expected implementation dates and a final hiring schedule. This should include plans for a nontraditional program. Match plan to resources (building, faculty and income).
- E. Periodically revise the mission plan to reflect new initiatives (expansion at the WMC).
- F. Develop and put into use measures of program progress (student recruitment, faculty hiring, income projections, budgets, etc.) That will provide a *safety net* that will provide advance warning of potential problems.
- G. Continue to develop the responsibilities and expectations for the Associate Dean.
- H. Consider creation of a role for the Director of Pharmacy at WMC within the School of Pharmacy.

### 4. Future Action

A written report will be forthcoming from ACPE in about four weeks. A separate report will be authored by Elizabeth Jackson on plans for the library.

We are free to submit supplemental information (progress reports, clarification, response to recommendations) up to December 1, 1995 for distribution to the full council.

The full council will meet in Chicago on January 17th, 1996 to review the site team report.

FN: acpe.rep  
FD: 8/29/95  
abm

## APPENDIX 3

**Proposal for the Creation of the Shenandoah History of Pharmacy Society and Museum****Rationale**

The profession of pharmacy has a long and colorful history as a major component of the health care in this nation. Pharmacists, consumers and prescribers acknowledge this history and associate it with the profession. As pharmacy evolves into an information-based profession it is crucial that we maintain our rich heritage as providers of the chemicals and products to a developing nation. Many of our major drug chains, drug manufacturers and schools of pharmacy owe much to that heritage. The purpose of the pharmacy apothecary is to create and maintain a lasting tribute to the profession of pharmacy and to accurately portray the *Golden Age of Pharmacy* (1875-1900).

**Implementation Plan****Formation of the Shenandoah History of Pharmacy Society**

The initial role of the society would be to create a preservation plan that would characterize the growth of pharmacy from its origins in colonial America to roughly the turn of the century. The focus of the society would be to emphasize the preservation of pharmacy artifacts, fixtures, compounding techniques, formulations and history of pharmacy in Virginia.

**Creation of a Board of Directors**

The board would be formed from individuals with an established interest in the preservation of pharmacy history and artifacts. They would include, but not be limited to the following individuals:

<b>Gloria Niemeyer Francke</b>	<b>Washington, DC (AIHP)</b>
<b>Suzanne R. White Junod</b>	<b>Rockville, MD (AIHP)</b>
<b>LC &amp; CG Richardson</b>	<b>Harrisonburg, VA (Authors/Collectors)</b>
<b>John P. Swann</b>	<b>Rockville, MD (AIHP)</b>
<b>Jon Wolfe, Ph.D.</b>	<b>Little Rock, AR (AIHP)</b>
<b>Eugene White</b>	<b>Berryville, VA (Eugene White, Pharmacist)</b>
<b>John Happ, Ph.D.</b>	<b>Winchester, VA (Shenandoah University)</b>
<b>Rex Ellis</b>	<b>Winchester, VA (Creekside Apothecary)</b>
<b>George Griffenhagen</b>	<b>Vienna, VA (APhA)</b>
<b>Hunter Gaunt, Sr.</b>	<b>Winchester, VA (Pharmacist)</b>
<b>Harold F. Madagan, Jr.</b>	<b>Winchester, VA (Gaunt's Drug Store)</b>
<b>Alvin Schalow</b>	<b>Richmond, VA (Collector)</b>
<b>John Parascandola</b>	<b>Rockville, MD (FDA)</b>
<b>Ray Kondratas</b>	<b>Washington, DC (Smithsonian)</b>
<b>Michael Harris</b>	<b>Washington, DC (Smithsonian)</b>



**Develop plan for the Shenandoah University–School of Pharmacy  
Apothecary**

November 1995	Organizational Meeting
November 1995	Initial planning document and site description
January 1996	Fixture specification
February 1996	Purchase of apothecary fixtures
March 1996	Begin fixture refurbishment
March-May 1996	Artifact collection
July 1996	Complete fixture refurbishment
August 1996	Creation of visual effects and signage
September 1996	Dedication (coordinate with opening of school)
October 1996	First Annual Shenandoah History of Pharmacy Society Conference

## APPENDIX 4

<b>First Professional Year (1996-1997)</b>			
<b>Fall</b>		<b>Spring</b>	
Introduction to Pharmacy Practice (Lab)	3	Drug Literature Evaluation (Lab)	3
Anatomy (Lab)	4	Physiology (Lab)	4
Pharmacy Law/Ethics (Cases)	2	Pharmaceutics (Dosage form design–Lab)	5
Biochemistry (Lab)	5	Service Learning Project	3
Pharmaceutics (Calculations)	2	Pharmacotherapy–Principles of the Pathogenetic process	3
Immunology/Biotechnology	2		
<b>Semester Total</b>	<b>18</b>		<b>18</b>
<b>Second Professional Year (1997-1998)</b>			
<b>Fall</b>		<b>Spring</b>	
Clinical Pharmacokinetics	3	Pharmacotherapy (Modules 1-5) (Cases)	4
Medicinal Chemistry	3	Pharmaceutical Care in Practice	2
Pharmacology	3	Pharmaceutics (Dispensing–Lab)	4
Pharmaceutics (OTCs)	3	Pharmacology	3
Psychosocial Aspects of Disease	2	Patient Counseling/Communications	2
General Elective	3	Professional Elective	3
<b>Semester Total</b>	<b>17</b>		<b>18</b>
<b>Third Professional Year (1998-1999)</b>			
<b>Fall</b>		<b>Spring</b>	
Pharmacotherapy (Modules 6-10)	5	Pharmacotherapy (Modules 11-15)	5
Professional Practice Management	3	Professional Practice Management Elective	3
Pharmacy Practice (Lab values, Home testing, Sterile Products–Lab)	3	Pharmacy Practice Seminar	1
Biostatistics	3	Clinical Research Methods	3
Professional Elective	3	Clinical Toxicology	3
Standardized Patient Assessment	1	Case Studies	2
		Standardized Patient Assessment	1
<b>Semester Total</b>	<b>18</b>		<b>18</b>