



May 2005

Dear Doctor of Pharmacy Graduate,

Please take a few minutes to help us assess the Doctor of Pharmacy program here at the UW School of Pharmacy. We very much want to know your opinions of the program and suggestions for its improvement, and to learn about your post-graduation experiences. The survey should take only 15-20 minutes to complete.

Your feedback about the Doctor of Pharmacy program always is valuable – and *never* more than right now as we prepare for program re-accreditation by the Accreditation Council on Pharmacy Education (ACPE). We especially appreciate the perspective you can provide, based on your experiences since completing the Pharm.D. program. This will provide indispensable input into our re-accreditation self-study.

Your participation in the Alumni Survey is voluntary, but will be very much appreciated. The UW Survey Center (UWSC) is collecting information for us to ensure that all responses remain anonymous and confidential. Data will be reported only in aggregate form and all personally identifiable information will be removed.

If you have any questions about the survey, feel free to email or call our UWSC Project Director, Angela DiCorleto (adicatorle@ssc.wisc.edu; 608-263-3427) or Rhonda Coyier at the School of Pharmacy (rlcoyier@pharmacy.wisc.edu; 608-262-3637).

Please take a few minutes now to complete this Alumni Survey and return it in the enclosed envelope.

Thank very much for your help with this important study,

Jeanine Mount, PhD, RPh  
Associate Dean for Academic Affairs and  
Associate Professor of Social & Administrative Pharmacy  
608-262-8678  
jkmount@pharmacy.wisc.edu

#### Student Services

School of Pharmacy 777 Highland Avenue Madison, Wisconsin 53705-2222  
Phone: 608/262-3937 Fax: 608/262-3943 www.pharmacy.wisc.edu

1. In what year did you graduate with your Doctor of Pharmacy degree from UW-Madison?
  - 2001
  - 2002
  - 2003
  - 2004
  
2. What was the highest level of college coursework you completed prior to entering the Doctor of Pharmacy program?
  - Two years of college coursework – no degree
  - Two years – associate degree
  - Three or more years of college coursework – no degree
  - Four years – BS or BA degree
  - Graduate degree
  
3. How would you rate your pre-pharmacy program in preparing you for the Doctor of Pharmacy program?
  - Excellent
  - Very good
  - Good
  - Fair
  - Poor
  
4. Where did you complete the largest portion of your pre-pharmacy coursework? (Check one only.)
 

<input type="checkbox"/> UW- Eau Claire	<input type="checkbox"/> UW- Milwaukee	<input type="checkbox"/> UW- Stevens Point
<input type="checkbox"/> UW- Green Bay	<input type="checkbox"/> UW- Oshkosh	<input type="checkbox"/> UW- Stout
<input type="checkbox"/> UW- LaCrosse	<input type="checkbox"/> UW- Parkside	<input type="checkbox"/> UW- Superior
<input type="checkbox"/> UW- Madison	<input type="checkbox"/> UW- River Falls	<input type="checkbox"/> UW- Whitewater

  - Other UW System campus – specify: \_\_\_\_\_
  - Other college or university – specify: \_\_\_\_\_
  
5. Did you complete (or are you completing) a residency, fellowship, or post-graduate degree? (If more than one, check and list all.)
  - No
  - Yes – residency: program title: \_\_\_\_\_
  - Yes – fellowship: program title: \_\_\_\_\_
  - Yes – post-graduate degree: program title: \_\_\_\_\_
  
6. Have you received any pharmacy-related certification(s)? (If more than one, check and list all.)
  - No
  - Yes – I am board certified in (list): \_\_\_\_\_
  - Yes – I passed the following credentialing exam/s (list): \_\_\_\_\_
  - Yes – I earned disease state management certificate/s in (list): \_\_\_\_\_
  - Yes – I earned other certificate/s in (list): \_\_\_\_\_

7. How many full-time jobs (with different employers) have you held since you graduated with your PharmD degree?

\_\_\_\_\_ Jobs → If more than 1, describe *in general* your main reason for changing employment:

\_\_\_\_\_  
\_\_\_\_\_

8. Do you currently work full-time, part-time, or are you not currently employed?

- Full-time ( $\geq 30$  hours/week)
- Part-time ( $< 30$  hours/week)
- Not currently employed → Go to Question 15

9. What is your primary employment site?

- Chain community pharmacy ( $\geq 10$  stores under common ownership)
- Independent community pharmacy ( $< 10$  stores under common ownership)
- Inpatient hospital pharmacy
- Outpatient hospital pharmacy
- Managed care organization
- Pharmaceutical industry
- Other within Pharmacy – Specify: \_\_\_\_\_
- Other outside Pharmacy – Specify: \_\_\_\_\_ → Go to Question 14

10. Which of the following best describes your title or main functional activity at your current primary employment site?

- Pharmacy owner, manager, director
- Pharmacy assistant manager or assistant director
- Staff or employee pharmacist
- Clinical pharmacist (primary duties involve patient care)
- Other – Describe: \_\_\_\_\_

11. In your current primary employment site, what percent of your total work time do you spend in each of the following activities? (Total should equal 100%. Please use whole numbers.)

Consultation..... %

Consulting and communicating with patients about prescription medications; interacting/communicating with other health professionals on patient's behalf (via phone, face-to-face, etc.); patient/provider education.

Drug Use Management..... %

Assessing and evaluating patient medication-related needs; monitoring and adjusting treatment to attain desired outcomes.

Medication Dispensing..... %

Preparing, dispensing, distributing, and administering medications (traditional dispensing and medication distribution activities).

Business Management..... %

Managing pharmacy personnel, finances, and systems; processing and reconciling third-party claims, other business management activities.

Other..... %

Please specify: \_\_\_\_\_

12. At your current practice site, beyond customary patient counseling, do you provide cognitive services and/or expanded services? (Check all that apply.)

- No → Go to Question 14.
- Yes – interventions from drug utilization review
- Yes – disease state management programs
- Yes – immunizations
- Yes – other: please describe: \_\_\_\_\_

13. Are the cognitive services you provide submitted for payment? (Check all that apply.)

- No
- Yes – submitted to third-party payers
- Yes – submitted to patients

14. What is your gross annual income? (Please include salary/wages and financial bonuses.)

- Less than \$40,000
- \$40,000 – \$59,999
- \$60,000 – \$79,999
- \$80,000 – \$99,999
- \$100,000 – \$119,999
- \$120,000 or more

15. Reflecting back on your experiences as a student in the School of Pharmacy, how would you rate each of the following aspects of the UW-Madison Doctor of Pharmacy program? *Please circle the number that best represents your opinion.*

	<b>Excellent</b>	<b>Very Good</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
a. Academic advising you received	4	3	2	1	0
b. Assistance with career planning	4	3	2	1	0
c. Quality of instruction in required courses	4	3	2	1	0
d. Quality of instruction in pharmacy electives	4	3	2	1	0
e. Variety of professional electives available	4	3	2	1	0
f. Independent Study & research opportunities	4	3	2	1	0
g. Classroom and laboratory facilities	4	3	2	1	0
h. Library physical facilities and resources	4	3	2	1	0
i. Library electronic resources	4	3	2	1	0
j. Service provided by Library staff	4	3	2	1	0
k. Accessibility of School of Pharmacy faculty	4	3	2	1	0
l. Professionalism of School of Pharmacy faculty	4	3	2	1	0
m. Sense of belonging	4	3	2	1	0
n. Supportive learning environment	4	3	2	1	0
o. Quality of student-faculty communication	4	3	2	1	0
p. Responsiveness to student interests and concerns	4	3	2	1	0
q. Opportunities for peer teaching and learning	4	3	2	1	0
r. Opportunities to interact with other students	4	3	2	1	0
s. Students' respect for other students' diversity of experiences and viewpoints	4	3	2	1	0
t. Faculty members' respect for students' diversity of experiences and viewpoints	4	3	2	1	0
u. Reasonableness of academic workload	4	3	2	1	0
v. Integration of materials across the curriculum	4	3	2	1	0
w. Clarity of academic expectations	4	3	2	1	0
x. Clarity of professional expectations	4	3	2	1	0

16. Overall, how satisfied are you with the Doctor of Pharmacy program that you completed?

- Extremely satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Extremely dissatisfied

17. How would you rate your clerkship experience in the UW-Madison Doctor of Pharmacy program?

*Please circle the number that best represents your opinion.*

	<b>Excellent</b>	<b>Very Good</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
a. 1st Year-Service Learning	4	3	2	1	0
b. 2nd & 3rd Year-Introductory Clerkships	4	3	2	1	0
c. 4th Year-Acute Care Clerkship	4	3	2	1	0
d. 4th Year-Ambulatory Care Clerkship	4	3	2	1	0
e. 4th Year-Specialty Clerkships	4	3	2	1	0
f. Your clerkship experience overall	4	3	2	1	0
g. Quality of instruction in clerkships	4	3	2	1	0
h. Quality of mentoring by preceptors	4	3	2	1	0

18. What experiences during your clerkship training do you view as the most valuable to your professional development?

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19. How would you rate the Doctor of Pharmacy program in helping you develop competence in each of the following areas? *Please circle the number that best represents your opinion.*

	<b>Excellent</b>	<b>Very Good</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
a. Communicating with patients about prescription medications	4	3	2	1	0
b. Communicating with patients about non-prescription medications	4	3	2	1	0
c. Communicating with health professionals	4	3	2	1	0
d. Ensuring appropriate pharmacotherapy	4	3	2	1	0
e. Dispensing medications and devices	4	3	2	1	0
f. Preparing the pharmaceutical product	4	3	2	1	0
g. Applying state & federal laws regulating the practice of pharmacy	4	3	2	1	0
h. Pharmacy management	4	3	2	1	0
i. Developing pharmacy services	4	3	2	1	0
j. Health promotion and disease prevention	4	3	2	1	0
k. Retrieving and evaluating medication information	4	3	2	1	0
l. Professional writing	4	3	2	1	0
m. Maintaining professional/ethical standards	4	3	2	1	0
n. Skill in human relations	4	3	2	1	0
o. Providing health care to a culturally diverse patient population	4	3	2	1	0
p. Applying knowledge you have gained	4	3	2	1	0
q. Critical thinking and problem-solving	4	3	2	1	0

20. Are there any courses that were required in the Doctor of Pharmacy curriculum that you think should have been electives?

No

Yes → Which courses were these? \_\_\_\_\_

21. Are there any courses that were electives in the Doctor of Pharmacy curriculum that you think should have been required?

No

Yes → Which courses were these? \_\_\_\_\_

22. Are there any courses that were not offered by the School of Pharmacy that you think should be offered?

No

Yes → What are the topics of these courses? \_\_\_\_\_

23. Overall, how would you rate the UW-Madison Doctor of Pharmacy program in preparing you for a professional career?

Excellent

Very good

Good

Fair

Poor

24. What was the most valuable part of your School of Pharmacy academic experience?

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25. What was the least valuable part of your School of Pharmacy academic experience?

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26. If you had it to do over again, how likely would you be to enroll in a doctor of pharmacy program? (This refers to any doctor of pharmacy program, not specifically to the UW-Madison program.)

Definitely would

Probably would

Uncertain

Probably would not

Definitely would not

27. If you had it to do over again, how likely would you be to enroll in the Doctor of Pharmacy program at UW-Madison?

Definitely would

Probably would

Uncertain

Probably would not

Definitely would not

28. Are you male or female?

- Male
- Female

29. In what year were you born? 19\_\_ \_\_

30. In what state did you graduate from high school?

- Wisconsin
- Minnesota
- Illinois
- Other State in U.S.
- Outside the U.S.

31. What is the zip code of your current residence?

\_\_ \_\_ \_\_ \_\_ \_\_

32. To what extent does each of the following statements describe you? *Please circle the number that best represents your opinion.*

	<b>Very Great Extent</b>	<b>Great Extent</b>	<b>Moderate Extent</b>	<b>Limited Extent</b>	<b>Not At All</b>
a. I frequently engage in learning activities such as continuing education and post-graduate courses for professional development (beyond minimum requirements).	4	3	2	1	0
b. I rely on the UW School of Pharmacy as my primary source of continuing education and post-graduate courses for professional development.	4	3	2	1	0
c. I participate actively in local, state or national pharmacy organizations	4	3	2	1	0
d. I participate actively in civic organizations	4	3	2	1	0

33. What was your grade point average in the UW-Madison Doctor of Pharmacy program?

- below 2.25
- 2.25 – 2.49
- 2.50 – 2.74
- 2.75 – 2.99
- 3.00 – 3.24
- 3.25 – 3.49
- 3.50 – 3.74
- 3.75 – 4.00

34. What specific suggestions do you have to improve the Doctor of Pharmacy curriculum?

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Please provide any additional comments you feel would be helpful as the School reviews its PharmD program and services for students.

*Thank you for your participation.*

*Please fold your survey and return it in the enclosed postage-paid envelope provided to:*

*UW Survey Center  
630 W. Mifflin St. Room B174  
Madison, WI 53703-2636*