

COD/COF Task Force: ACPE Standards 2025: Opportunities for the Academy
Ongoing Summary Document (Updated January 29, 2025)

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Charges

1. Review Standards 2025 and identify opportunities to advance academic pharmacy education to prepare graduates for advancements in pharmacists' scope of practice and to ensure program quality.
 - a. For example, Appendix 1 content regarding diagnosis.
 - b. For example, Standard 1.4.c evaluation of administrators.
 - c. For example, the areas which ACPE will have accredited schools submit a report of compliance on after the standards are finalized in June 2024.
2. Obtain input from the academy via coffee chats or other mechanisms on proposed ideas.
3. Submit a proposal for the AACP Interim Meeting February 2025.

Deliverable

Programming as outlined above. Committee members will provide interim and final reports on their progress on developing this programming and outline any relevant resources on the topic that they discover in their work, so that these materials could be posted to COF and COD Connect Community libraries. Members will produce a white paper on their ideas.

Preparing Graduates for Advancements in Scope of Practice

- Diagnosis and Prescribing (Group 1)
- Changes to IPPE Hours to Allow Greater Variety of Patient Care Experiences (Group 5)

Enhancing Program Quality

- Providing Feedback on Administrative Leadership (Group 2)
- Programs and Services to Promote Faculty, Staff, and Student Well-being (Group 3)
- Programs and Services to Promote Faculty and Staff Workload Balance (Group 4)

Preparing Graduates for Advancements in Scope of Practice

Diagnosis and Prescribing

Michelle Farland, Mel de Villiers, Radhika Devraj

Relevant Sections of 2025 Standards

Appendix 1 Required Elements of the Didactic Doctor of Pharmacy Curriculum (Bolded wording indicates text added to Standards 2025 not present in Standards 2016)

Medication Prescribing, Preparation, Distribution, Dispensing, and Administration

Prescribing, preparing, distributing, dispensing, and administering **medications including, but not limited to injectable medications**, identification and prevention of medication errors and interactions, maintaining and using patient profile systems, prescription processing technology and/or equipment including oversight of support personnel, and ensuring patient safety. Educating about appropriate medication use and administration **for various disease states including substance use disorder. All students must receive training in immunizations.**

Patient Assessment

Evaluation of patient function and dysfunction through the performance of tests and assessments leading to objective (e.g., physical assessment, health screening, and lab data interpretation) and subjective (patient interview) data important to the **diagnosis** and provision of care.

Pharmacotherapy

Evidence-based clinical decision making, therapeutic treatment planning (**including diagnosing and prescribing**), and medication therapy management strategy development for patients with specific diseases and conditions that complicate care and/or put patients at high risk for adverse events. Emphasis on patient safety, clinical efficacy, pharmacogenomic and pharmacoeconomic considerations, and treatment of patients across the lifespan.

Self-Care Pharmacotherapy

Therapeutic needs assessment, including the need for triage to other health professionals, drug product recommendation/selection, **diagnosis, prescribing**, and counseling of patients on non-prescription drug products, non-pharmacologic treatments and health and wellness strategies including nutraceuticals.

Opportunities

ACPE Standards 2025 Appendix 1 provides opportunities for curricular enhancements in the area of diagnosis and prescribing to prepare practice- and team-ready graduates who can provide expanded range of care as demanded by advancements in the scope of practice for pharmacists. It will be essential to define the expectations of entry level PharmD graduates in terms of diagnosis and prescribing. Longitudinal practice is important in diagnostic skill development. As colleges/schools add content and experiences related to diagnosis and prescribing, they should be mindful of the risk of curriculum overload.

Recommendations

Common aspects of diagnosis are likely already incorporated into curricula. The Pharmacist Patient Care Process implicitly incorporates diagnosis through collecting patient-specific information and interpreting that information to arrive at an assessment and prescribing in the implementation step. Additionally, in self-care pharmacotherapy, patients rely on pharmacists to accurately identify the safety and efficacy of treating conditions with self-care therapies. Patients and interprofessional health care providers rely on the knowledge and skills of pharmacists to identify when new onset signs and symptoms are related to medications the patient

has recently taken. Providing recommendations to optimize drug therapy being used to treat an existing diagnosis requires the pharmacist to make assessments regarding diagnostic accuracy, disease control, and new onset illness impeding treatment goals. Screening for diseases/conditions with point of care tests requires interpretation of test results along with patient-specific parameters prior to developing an appropriate plan. Interpreting laboratory data, test results, and physical examination findings to determine safe and effective use of medications is also part of the diagnostic process.

Recommendation #1: Identify where diagnosis/prescribing is already embedded within curricular content and update the content to include diagnostic terminology.

Intentionally aligning curricular outcomes with COEPA and the Pharmacists' Patient Care Process can assist institutions with focusing educational experiences on knowledge, skills, attitudes, and identities pharmacists will be expected to possess in practice. Diagnosis, the identification of a specific disease or medical condition based on a patient's symptoms, medical history, physical examination, and test results, depends on a solid foundation of critical thinking skills, evidence-based knowledge, and clinical reasoning. Clinical reasoning is the complex cognitive process used by healthcare professionals to analyze patient information, generate potential diagnoses (including a differential diagnosis), and ultimately reach a final diagnosis, guiding treatment decisions based on the best available evidence. Teaching the PPCP is essential, but it is not enough to solidify the cognitive processes and behaviors necessary for clinical reasoning in application of collect, assess, plan, implement, and follow up. Educators should familiarize themselves with the cognitive processes, behaviors, and skills associated with clinical reasoning to teach and facilitate development of these capabilities. Knowledge generation and integration occurs as students practice the bidirectional and iterative process of clinical reasoning and develop individual expertise.

Recommendation #2: The Pharmacist Patient Care Process should be intentionally woven through the curriculum, in addition to specific teaching on critical thinking and clinical reasoning.

Because the scope of practice for pharmacists varies significantly across states, institutions should have the flexibility to determine if teaching diagnostic skills that go beyond the state regulations in which they are located should be a component of their curriculum. The content regarding diagnosis and prescribing within pharmacy curricula should remain within pharmacists' scope of practice. For example, there is a higher expectation in diagnostic competence for self-care conditions and medication-related problems compared to rare diseases. This assists pharmacists to contribute their specific expertise within situations where the pharmacist is the sole person involved in the diagnostic process (eg, self-care) and when the pharmacist's expertise is needed to contribute as a member of an interprofessional healthcare team.

Recommendation #3: The expectations of competency of diagnosis should vary based on the prevalence of the disease and the expectation of the entry-level pharmacist serving as the diagnostic leader regarding the disease/condition encountered.

Recommendation #4: AACP and other professional organizations should collaborate with NABP to incorporate diagnosis and prescribing into the NAPLEX.

Resources

Literature

- Persky et al 2019, <https://pmc.ncbi.nlm.nih.gov/articles/PMC6448513/>
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- Rutter PM, Harrison T. Differential diagnosis in pharmacy practice: time to adopt clinical reasoning and decision making. *Res Soc Adm Pharm*. 2020;16(1):1483-6. doi: 10.1016/j.sapharm.2020.02.020 <https://www.sciencedirect.com/science/article/pii/S1551741120300127?via%3Dihub>
- Fuentes D. An elective course in differential diagnosis. *Am J Pharm Educ*. 2011;75(9):185. doi: 10.5688/ajpe759185 <https://pmc.ncbi.nlm.nih.gov/articles/PMC3230346/>

Training opportunities:

- Medical College of Wisconsin Pharmacy School Advanced Physical Assessment Certificate Program.
 - <https://www.mcw.edu/education/pharmacy-school/programs/professional-development-and-continuing-education/advanced-physical-assessment-certificate%20program>
- APhA/University of Florida Pharmacy-Based Test and Treat Certificate Training Program
 - <https://www.pharmacist.com/Education/Certificate-Training-Programs/Pharmacy-Based-Test-And-Treat>
- NCPA Pharmacy-Based Point-of-Care Test and Treat national Certificate Program
 - <https://ncpa.org/pharmacy-based-point-care-testing-certificate-program>

Preparing Graduates for Advancements in Scope of Practice

Changes to IPPE Hours to Allow Greater Variety of Patient Care Experiences

Emmeline Tran, Sharon Connor

Relevant Sections of 2025 Standards

Standard 3.1.b IPPE duration – IPPEs total no less than 300 clock hours of experience and are purposely integrated throughout the Pre-APPE curriculum. A minimum of 75 IPPE hours of patient care must be completed in both the community and the hospital/health system settings. The remaining 150 hours may be in a variety of pharmacy practice settings that expose students to patient care. Although simulation can provide an excellent learning modality in didactic education, simulated practice experiences cannot be counted toward the 300 IPPE hours.

Standard 3.3.e Student-to-preceptor ratio. In most situations, student:preceptor ratios for IPPEs and APPEs do not exceed 2:1.

Opportunities

1. To increase early exposure to diverse practice and patient care settings through restructuring IPPE programs
2. Shift from simulation to in person learning opportunities
3. To describe essential “patient care skills” and processes or tools for evaluation
4. To ensure graduating students are exposed to patient care regardless of career path

Recommendations and Best Practices

Pharmacy educators have long debated the definition of patient care and the level of involvement in patient care that is expected on an IPPE or APPE. Colleges/schools of pharmacy face multiple challenges to securing adequate number of rotation sites for their learners including an increasing number of pharmacists taking non-traditional roles (e.g., industry, health coaching, continuing education) and high numbers of burned-out pharmacists unable to take on learners in the midst of growing work demands.

Recommendation #1: If the learning objectives and skills being practiced during a learning experience align with Entrustable Professional Activities (EPAs) for Pharmacy Graduates, the learning experience should qualify as experiential hours (IPPE, APPE).

Recommendation #2: Implement IPPE experiences in diverse practice settings outside of community and hospital/health system settings.

Colleges/schools of pharmacy will need to get creative with their structure and format of rotations in order to minimize the burden on preceptors and experiential staff. With most experiences being limited to a student:preceptor ratio of 2:1, it is still possible to incorporate non-pharmacist preceptors, such as technicians or nurses, to teach specific skills aligned with their expertise.

Recommendation #3: Establish an IPPE pathway model, where students are able to complete more than one IPPE rotation at the same site/within same system to help offer an efficient transition between IPPE rotations and to APPE rotations

Recommendation #4: Incorporate non-pharmacist preceptors, such as technicians or nurses, to target specific skills (e.g. immunizations; technician-led workflows)

Recommendation #5: Redistribute IPPE hours across different points in the curriculum, including in the final didactic year when students may be able to better contribute to patient care

Recommendation #6: Engage multiple learners simultaneously to facilitate reflective learning activities and collaborative learning discussions led by pharmacist preceptors

Resources

- Yu F, Cox B, Jehle G, Richter L, Sewell J, Smith MD, Tran E. A Snapshot of Introductory Pharmacy Practice Experience Program Characteristics. *Am J Pharm Educ*. 2024 Sep;88(9):101269. doi: 10.1016/j.ajpe.2024.101269.
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Opportunity to Enhance Program Quality

Providing Feedback on Administrative Leadership

Kathryn J. Smith, Sudip Das

Relevant Sections of 2025 Standards

Standard 1.4.c Qualified administrative team – The dean and other college or school administrative leaders have credentials and experience that have prepared them for their respective roles and collectively have the needed backgrounds to effectively manage and support the program. The college or school has a process to solicit feedback on the performance and effectiveness of the dean and other administrative leaders from other administrators, faculty, and staff.

Opportunities

By regularly soliciting feedback on performance of the dean and other administrative leaders, colleges of pharmacy have the opportunity to improve organizational culture by identifying strengths and areas for growth of those in leadership roles. This will be especially true if the feedback is turned into actionable steps for the administrator to improve their effectiveness, adding accountability to the feedback process.

Recommendations and Best Practices

Recommendation #1: The dean and other administrators should have clearly written descriptions of their job responsibilities and performance expectations specific to their role and context written PRIOR to requesting feedback.

- Provide regular opportunities to provide feedback to promote needed changes without overburdening faculty/staff; consider staggering feedback on administrators, consider every 1-5 years

Recommendation #2: Partner with external professionals experienced in performance evaluation and feedback to administer, collate, interpret, and communicate feedback.

- Doesn't have to be a paid consultant, but could be; Partner with institution Human Resources or professional development offices, management schools
 - Should be someone administrators/faculty/staff feel comfortable being honest with and feedback should be anonymous and secure
- Use validated instruments where possible
- Align assessment of effectiveness with institutional goals/priorities/values; make it clear what role/responsibilities the administrator is being assessed on
- Provide coaching for individual who receives the feedback
- Consider how to communicate results/themes of feedback to relevant members of the college to close to the loop and build trust in the institution.
 - E.g. "You said, We did"
- Develop an action plan and timeline for effectiveness improvement
 - Prioritize Areas for Growth: Identify specific areas highlighted in the survey as needing improvement and prioritize based on impact and feasibility.
 - Set Measurable Goals: Establish clear, actionable objectives tied to specific improvements, ensuring goals are measurable and aligned with institutional priorities.
 - Collaborative Planning: Involve faculty and other stakeholders in crafting the action plan to ensure buy-in and collective accountability.
 - Timeline and Accountability: Develop a timeline with milestones for achieving improvements. Assign responsibilities to ensure accountability across the team.

- Monitor Progress: Regularly evaluate progress against the action plan and provide updates to the faculty. Make adjustments as necessary based on ongoing feedback and evolving needs.

Recommendation #3: Colleges/schools of pharmacy should seek to reward high performing administrators, rather than only reprimanding underperforming administrators.

Resources

Possible Feedback Methods

- Self-evaluation
- Leadership Challenge
<https://www.leadershipchallenge.com/LeadershipChallenge/media/SiteFiles/resources/sample-reports/tlc-lpi-360-english-v5.pdf>
- Stop/Start/Continue model

Literature

- Traynor AP, Borgelt L, Rodriguez TE, Ross LA, Schwinghammer TL. *Use of a Modified Delphi Process to Define the Leadership Characteristics Expected of Pharmacy Faculty Members*. Am J Pharm Educ. 2019;83(7):7060. [https://www.ajpe.org/article/S0002-9459\(23\)01566-8/pdf](https://www.ajpe.org/article/S0002-9459(23)01566-8/pdf)
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Opportunity to Enhance Program Quality

Programs and Services to Promote Faculty, Staff, and Student Well-being

Elizabeth Unni, Arindam Chatterjee, Elias Chahine

Relevant Sections of 2025 Standards

Standard 4.1.f Wellness and well-being – The college or school offers students access to wellness and resilience programs/services.

Standard 5.2.h Faculty/staff wellness and well-being – Faculty and staff have access to wellness and resilience programs, including resources, peer support, and training to improve their ability to successfully manage and balance work related challenges as well as creating a sense of belonging.

Standards 7.4.a Student services assessment – The college or school assesses the quality and quantity of student services to address the programmatic needs for healthcare, wellness, advising, and academic support in line with key elements 4.1e to 4.1.h.

Opportunities

- Environmental surveys to determine evidence-based practices to improve student wellness including resilience and grit
- Specific recommendations to decrease curriculum overload, which eventually impacts student wellness.
Example: Top 300

Recommendations and Best Practices

Best practices (based on anecdotal evidence)

Recommendation #1: Partner with existing wellbeing office/wellbeing programs at the school – based on academia, curriculum, and college

- University website to assist students. Example: <https://www.ndm.edu/student-life/counseling-center>
- The university should take the lead on wellness initiatives along with the College of Pharmacy

Recommendation #2: Create a culture of wellness, where everyone is engaged.

- e.g. Experiential directors being aware of the school wellness programs/resources and communicating that to the external preceptors; Faculty advisors doing wellness checkups during the advisee meetings; Student success committee/director – identify resources to enable the student to be successful academically, and develop a successful plan for remediation

Recommendation #3: Diversify resources available to students to access information about wellness.

- Curriculum e.g. an elective on wellness, resilience, etc.
- Co-curriculum e.g. teaching students how to create and use continuing professional development (CPD)
- Having a hybrid module – both in-person and virtual options available for students to reach out to counselors

Recommendation #4: Assess the quality and quantity of student services available, rather than only assessing the wellness of students.

- Consider survey fatigue when assessing student and faculty wellness and delivering other wellness initiatives.
- Colleges should be focused on assessing student services such as student counseling and students should be given the opportunity to evaluate those services and provide feedback.
- Limitations related to non-academic issues which school doesn't have control over.

- There are challenges to measure holistic well-being of students.
- Academically achieving/performing students may not fall in the radar of students having wellness challenges

Resources

- AACP well-being index
 - <https://mind42.com/mindmap/55438658-2764-476d-80b2-9eeef3a1286b?rel=pmb>
- Warwick-Edinburgh Mental Well-being Scale
<https://warwick.ac.uk/fac/sci/med/research/platform/wemwbs/using>
- University website to assist students. Example: <https://www.ndm.edu/student-life/counseling-center>
- Mind 42 Well-Being Map:
 - <https://mind42.com/mindmap/55438658-2764-476d-80b2-9eeef3a1286b?rel=pmb>

Opportunity to Enhance Program Quality

Programs and Services to Promote Faculty and Staff Workload Balance

Les Ramos, Rosalyn Vellurattil, Samuel Adeosun

Relevant Sections of 2025 Standards

Standard 5.2.h Faculty/staff wellness and well-being – Faculty and staff have access to wellness and resilience programs, including resources, peer support, and training to improve their ability to successfully manage and balance work related challenges as well as creating a sense of belonging.

Standard 7.4.d Faculty and staff workload – The college or school regularly assesses faculty and staff workload to effectively address the programmatic needs of key elements 5.1 and 5.2.

B. Opportunities and Recommendations

Pharmacy faculty and staff face multi-faceted challenges to their wellness, such as high workloads, inefficiencies, and lack of autonomy, which can result in burnout. To address these issues, institutions and individuals must adopt a comprehensive, tailored approach to improve and/or create a culture of wellbeing and workload balance. Best practice recommendations include strategies that address wellbeing at both the institutional and individual levels.¹⁻³

Recommendation #1: Both institutions and individuals should collaborate to adopt a comprehensive, individualized approach to improve and/or create a culture of wellbeing and workload balance for faculty and staff.

At the institutional level, leadership plays a role in shaping a culture that prioritizes wellness.⁴ Transparent communication, visible modeling of work-life balance, celebrating faculty achievements, and clearly establishing methods of assessing productivity are simple and impactful measures. Flexible work environments, such as hybrid models or self-determined schedules, empower both faculty and staff to manage their time effectively, while streamlined responsibilities and efficient meetings alleviate unnecessary workload stress. Institutions can also enhance wellness infrastructure by appointing dedicated well-being officers, offering counseling services, and creating spaces for relaxation. Formalized mentoring programs further provide faculty with guidance to navigate career challenges and manage stress effectively.

Recommendation #2: Institutions should consider providing flexible work arrangements, regularly assessing qualitative and quantitative workload, intentionally mentoring all faculty and staff, and providing clear and specific productivity metrics & expectations for faculty and staff in order to improve the culture of wellbeing.

On the individual level, fostering self-management and personal well-being is critical. Faculty and staff can benefit from setting firm boundaries between work and personal life, adopting stress-reduction techniques, and utilizing time management tools to prioritize tasks. Clearly establishing productivity metrics and expectations is also important, especially in scholarship where faculty struggle the most.⁵⁻⁶ Building strong personal connections through peer support groups or community-building initiatives can reduce isolation and foster a sense of camaraderie. Offering flexibility for caregiving responsibilities and encouraging participation in fulfilling projects aligned with personal and professional interests also contributes to individual well-being.

Recommendation #3: Individuals should be empowered to set boundaries on their time when away from work, seek out community-building opportunities with other faculty and staff to foster support, and pursue passion projects aligned with institutional goals in order to improve their own overall wellbeing.

Targeted support for underrepresented groups, including newly hired faculty and staff, is essential to promote inclusivity and a sense of belonging. Tailored mentorship programs, safe spaces for discussing unique challenges, and culturally relevant wellness initiatives ensure all faculty and staff feel supported. By embedding equity and accessibility into wellness and workload management strategies, institutions can address diverse needs and create an environment where all can thrive which will reduce attrition and foster retention.⁷⁻⁸

A successful approach to faculty and staff wellness requires collaboration and ongoing refinement. Engage faculty and staff in creating wellness initiatives to ensure relevance. Develop pilot programs before implementing initiatives across all groups and regularly solicit input from faculty and staff to refine strategies. Track faculty and staff satisfaction, retention rates and established productivity metrics to measure impact of the interventions. This approach fosters an environment where faculty and staff have a clear understanding of the metrics they are evaluated on, so that they can excel both professionally and personally.

Best Practices

<i>Best Practices to Enhance Faculty and Staff Wellbeing & Workload Balance</i>	
Institutional	
Leadership-Led Initiatives	<ul style="list-style-type: none"> • Quantitative Workload Assessments: Regular, objective assessments of faculty and staff workload to guide load assignments and adjustments. • Qualitative Workload Assessments: Recognize and utilize qualitative and personal factors in assigning and adjusting individual faculty and staff loads. • Transparent Communication: Regular updates, open forums, and shared decision-making processes build trust and reduce uncertainty. • Modeling Wellness: Leadership should visibly prioritize wellness by adhering to work-hour boundaries and encouraging faculty to do the same. • Recognition Programs: Celebrate faculty/staff achievements through awards, public acknowledgments, or newsletters to foster a sense of accomplishment.
Flexible Work	<ul style="list-style-type: none"> • Hybrid Work Models: Allow faculty/staff to work remotely for tasks requiring deep focus (e.g., research or grading). • Flexible Scheduling: Adopt options like compressed workweeks or self-determined schedules to accommodate diverse needs.
Optimizing Workload	<ul style="list-style-type: none"> • Streamlining Responsibilities: Reassess and realign roles to ensure faculty/staff are not overwhelmed. For example, provide administrative support or redistribute teaching loads. • Efficient Meetings: Implement structured agendas, limit meeting times, and use asynchronous updates when possible.
Wellness Infrastructure	<ul style="list-style-type: none"> • Dedicated Staff for Well-Being: Employ a well-being officer or team to oversee wellness programs. • Resources and Spaces: Offer resources such as counseling services, wellness apps, and quiet rooms for relaxation. • Faculty Mentoring Programs: Establish formalized mentoring to guide career navigation and stress management.
Clear productivity metrics & expectations	<ul style="list-style-type: none"> • For faculty roles that are compatible with objective measures, the institution should establish clear productivity expectations, e.g.,

	<p>scholarship: (number of publications, first-author/corresponding author publications, number of grants etc. per year; Teaching: number of lectures/hours taught, etc.</p> <ul style="list-style-type: none"> Align workload expectations with tenure and/or promotion guidelines. Provide mentorship and support for faculty to meet their productivity metrics.
Individual	
Self-Management	<ul style="list-style-type: none"> Boundary Setting: Encourage faculty to define work hours and stick to them. For instance, avoid checking email after work hours. Stress Management Techniques: Promote mindfulness practices, physical exercise, or other coping mechanisms. Time Management: Support faculty in prioritizing tasks and using tools like productivity planners or delegation strategies.
Personal Connections and Support	<ul style="list-style-type: none"> Community Building: Foster peer support groups or informal meetups to enhance camaraderie and reduce isolation. Family-Friendly Policies: Provide flexibility for caregiving responsibilities.
Professional Growth	<ul style="list-style-type: none"> Skill Development: Offer workshops or training in time management, negotiation, and emotional intelligence. Opportunities for Passion Projects: Enable faculty/staff to focus on fulfilling projects, such as research aligned with personal or professional interests.

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Resources

- Survey Regarding Faculty Perceptions of Workload Equity** This national survey identified reasons to minimize faculty workload inequities and factors for promoting improved perceptions of workload inequities. Conditions or dimensions linked to equitable workloads: transparency, credit, norms, context, clarity, accountability.

- Malcom DR, Park SK, Lebovitz L, et al. A national survey of perceptions around conditions associated with pharmacy faculty workload equity. *Am J Pharm Educ* 2024;88(3):100664.
- **Faculty Workload Estimator Pilot Project:** A tool designed for the quantitative assessment of faculty workload. The estimator has been in development with regular adjustments to optimize the tool (scheduled for final release and publication in 2025): Contact Dr. Gloria Grice (gloria.grice@uhsp.edu), Dr. Sharon Park, (spark@ndm.edu), and/or Dr. Lisa Lebovitz (llebovitz@rx.maryland.edu) for more information.
 - Grice GR, et al. Design and refinement of a faculty workload estimator. *Am J Pharm Educ* 2024;88(2):101251.
- **The Academic Workload Estimation Tool (AWET):** <https://awet.edu.au/>
 - Designed to build a holistic picture of the entire workload.
- **Asana Workload Management Tools:** <https://asana.com/features/resource-management/workload>
 - Proprietary workload tracking, balancing, and planning tool applicable to any work setting.
- **AACP Resources Guides: Creating a Culture of Well-Being: A Resource Guide for Colleges and Schools of Pharmacy:** <https://www.aacp.org/sites/default/files/2022-08/creating-a-culture-well-being-guide.pdf>
- **Warwick-Edinburgh Mental Well-Being Scale:** A quantitative wellness scale applicable to students, faculty, and staff: <https://warwick.ac.uk/fac/sci/med/research/platform/wemwbs/>
- **APhA Well-Being Index for Pharmacy Personnel:** Most applicable for pharmacy personnel but can be adapted to faculty and staff: <https://www.pharmacist.com/Advocacy/Well-Being-and-Resiliency/Well-being-Index-for-Pharmacy-Personnel>