Wilkes University Curriculum Committee

PROPOSAL SUBMITTAL FORM

Directions:
- Use this set of forms for all proposals sent to the Curriculum Committee.
- Pages 1-3 of this document are required. Any unnecessary forms should be deleted from the packet before submissions. If multiple forms are needed (course addition, course deletion, etc), simply copy and paste additional forms into this packet.
- Note that all new programs (majors and minors), program eliminations, significant program revisions and all general education core revisions must be reviewed and approved by the Provost and Academic Planning Committee (APC) prior to submission to the Curriculum Committee. The Provost will make the decision if a program revision requires APC review.
- Completed and signed forms are due no later than the second Tuesday of every month. Submit one signed original hard copy and a scanned electronic copy with all signatures to the Chair of the Curriculum Committee.

1. Originator: Jennifer Malinowski, PharmD, RPh
Pharmacy Practice
570-408-3294 jennifer.malinowski@wilkes.edu

2. Proposal Title: Current Concepts in Primary Care

3. Check only one type of proposal: (double click on the appropriate check box and change default value to “checked”):

☐ New Program. (Major or Minor Degree Programs). This requires prior review and approval by the Provost and APC.
☐ New Concentration, Track, or Certificate. The Provost determines if review and approval by APC is necessary.
☐ Elimination of Program. (Major or Minor Degree Programs). This requires prior review and approval by the Provost and APC.
☐ Elimination of Concentration, Track, or Certificate. The Provost determines if review and approval by APC is necessary.
☐ Program Revision. Significant revisions to a program require review and approval by the Provost. The Provost determines if review and approval by APC is necessary.
☐ General Education Revision. Submissions only accepted from the General Education Committee (GEC). Must be reviewed and approved by the Provost.
☐ Creation of new departments, elimination of existing department. This requires prior review and approval by the Provost and APC.
☐ Course additions or deletions not affecting programs (such as elective courses, transition of “topics” courses to permanent courses).
☐ Change in course credit or classroom hours.
☐ Incidental Changes. Includes changes in course/program title, course descriptions, and course prerequisites. (Although these changes do require approval by the Curriculum Committee, they do not go before the full faculty for approval).
☐ Other (Specify)
4. Indicate the number of course modification forms that apply to this proposal:

1 Course Addition Form (plus syllabi)
2 Course Deletion Form
3 Course Change Form

5. Executive Summary of Proposal.
The course is designed to allow students to explore and develop advanced knowledge and skills related to diseases and medications commonly encountered in a primary care environment. This course will be of value to pharmacy students seeking careers in ambulatory care pharmacy practice, community pharmacy, long-term care and population health management. Topics are presented in a case-based discussion format that includes multiple diseases and medications and through student-led mini topic discussions. Active learning techniques are used throughout the course to build critical thinking and problem solving skills. Emphasis is placed on the integration of disease states and approaches to practice management. Assignments that engage students in lifelong learning and community engagement are additional features of the course.

6. Other specific information. (Not applicable for incidental changes.)

This course is an elective and will not affect other courses. The class is taught by a faculty member and is supplemented by outside speakers with seasoned expertise in their field.

7. Program Outline. (Not applicable for incidental changes).
The course will be offered to P2 and P3 students in the Spring semester each year.
8. Signatures and Recommendations. (please date)
   - Signatures of involved Department chair(s) and Dean(s) indicate agreement with the proposal and that adequate resources (library, faculty, technology) are available to support proposal.
   - If a potential signatory disagrees with a proposal he/she should write "I disagree with this proposal" and a signed statement should be attached to this submission.

   [Signatures and dates]

   Print Name/Title
   Department chair(s) of all potentially affected programs

   [Signatures and dates]

   Print Name/Title
   Dean(s) of any potentially affected College/School.

   [Signatures and dates]

   Print Name/Title
   Registrar

Print Name/Title
Provost (For new programs, significant revisions and revisions to the General Education Program revisions only).
   Provost should check here ___ if this proposal is a program revision AND the significance of the revision requires review and approval by APC prior to Curriculum Committee.

   [Signatures and dates]

   Print Name
   Chair, Academic Planning Committee. For new programs, program revisions sent via the provost.
   Signature indicates that the proposal has been reviewed and approved by APC.

   [Signatures and dates]

   Print Name
   Chair, General Education Committee. For revisions to General Education program only.
   (Signature indicates that the proposal has been approved by GEC).
1. Course Title: Current Concepts in Primary Care

2. Course Number: PHA 456
   Coordinate with Registrar to insure course number is available

3. Course Credit Hours:
   Classroom Hours __2__  Lab Hours _____  Other _____

4. Course Prerequisites: PHA 421, PHA 423, PHA 425

5. Course Description (as proposed for the Bulletin):

   The course is offered in the Spring semester to P2 and P3 pharmacy students and is designed for students to develop advanced knowledge and skills related to diseases and medications commonly encountered in a primary care environment. This course will be of value to pharmacy students seeking careers in ambulatory care pharmacy practice, community pharmacy, long-term care and population health management. Learning opportunities include: case-based discussions that integrate multiple disease states and medications, student-led mini topic and current event discussions, and student selected team based projects with community partners.

6. Required Documentation:
   Syllabus attached.
CURRENT CONCEPTS IN PRIMARY CARE

Instructor: Jennifer M. Malinowski, PharmD, BSPharm, RPh
Assistant Dean, Academic Affairs, School of Pharmacy
Associate Professor, Pharmacy Practice
(570) 408-3294
Jennifer.malinowski@wilkes.edu

OFFICE HOURS:
Wednesdays/Thursdays 9:20-10:55am
<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
</tr>
</thead>
</table>
| 1/17/17  | Syllabus/Course overview  
Well baby exams/General exams  
Medicare wellness visits |
| 1/24/17  | Approach to the high risk complex patient                             |
| 1/31/17  | Approach to the high risk complex patient  
Rapid Cycle Processes for Quality Improvement (The PDSA cycle)  
Mini topic choice due |
| 2/7/17   | Women’s and Men’s health  
Pre and postnatal exams  
Mini topic presentation (2)  
Project choice due |
| 2/14/17  | Heart Failure/Anticoagulation                                          |
| 2/21/17  | Mini topic presentation (2)                                             |
| 2/28/17  | Diabetes/Dyslipidemia/Hypertension  
Complete quiz 1                                                        |
| 3/7/17   |                                                                      |
| 3/14/17  | Behavioral Health                                                      |
| 3/21/17  | Common pediatric diseases  
Mini topic presentations (2)                                             |
| 3/28/17  | Advanced Diabetes management  
Mini topic presentations (2)                                             |
| 4/4/17   | Transitions of Care                                                    |
| 4/11/17  | Pain Management  
Complex Adolescent Care                                                |
| 4/18/17  | Population Health Management                                           |
| 4/25/17  | Tele-pharmacy  
Case discussions  
Mini topic presentations (2)                                             |
| 5/2/17   | Case discussions  
Mini topic presentations (2)  
Complete quiz 2                                                          |
Course Title: Current Concepts in Primary Care

Course Number: PHA 456

Course Credit: 2 credits

Class Time/Day: 920am-1055am Tuesdays

Course Description: The course is designed to allow students to explore and develop advanced knowledge and skills related to diseases and medications commonly encountered in a primary care environment. This course will be of value to pharmacy students seeking careers in ambulatory care pharmacy practice, community pharmacy, long-term care and population health management. Topics are presented in a case-based discussion format that includes multiple diseases and medications and through student-led mini topic discussions. Active learning techniques are used throughout the course to build critical thinking and problem solving skills. Emphasis is placed on the integration of disease states and approaches to practice management.

Prerequisites: PHA 310, 327, 331, 332, 365, 421, 423, 425 and P-2 or P-3 standing

Course Outcomes:

Domain 1 - Foundational Knowledge

1.1. Learner (Learner) - Develop, integrate, and apply knowledge from the foundational sciences (i.e., pharmaceutical, social/behavioral/administrative, and clinical sciences) to evaluate the scientific literature, explain drug action, solve therapeutic problems, and advance population health and patient-centered care.

1.1.1. Demonstrate knowledge in pharmaceutical, social/behavioral/administrative and clinical sciences

1.1.2. Apply foundational science knowledge to design and monitor drug therapy regimens with a patient-centered focus

Domain 2 - Essentials for Practice and Care

2.1. Patient-centered care (Caregiver) - Provide patient-centered care as the medication expert (collect and interpret evidence, prioritize, formulate assessments and recommendations, implement, monitor and adjust plans, and document activities).

2.1.1. Acquire and prioritize relevant subjective and objective patient information

2.1.2. Assess therapeutic problems and develop goals for therapy

2.1.3. Design evidenced-based patient care plans on patient specific needs, values and preferences to solve therapeutic problems and monitor for safety and efficacy

2.2.2. Apply quality assurance and quality improvement methods to promote safe medication use and systems management

2.2.3. Provide educational programs regarding the prevention and treatment of diseases

2.4. Population-based care (Provider) - Describe how population-based care influences patient-centered care and influences the development of practice guidelines and evidence-based best practices.

Domain 3 - Approach to Practice and Care

3.1. Problem Solving (Problem Solver) - Identify problems; explore and prioritize potential strategies; and design, implement, and evaluate a viable solution

3.2. Educator (Educator) - Educate all audiences by determining the most effective and enduring ways to impart information and assess understanding

3.2.2. Educate patients, caregivers, colleagues and stakeholders

3.2.3. Assess audience understanding and adapt accordingly

3.6. Communication (Communicator) - Effectively communicate verbally and nonverbally when interacting with an individual, group, or organization.

3.7. Evidence-based Practice (Evaluator) - Demonstrates clinical care that incorporates the principles and application of evidence-based practice and Information Mastery.

3.7.1. Articulate an information need in a health situation

3.7.3. Use the information gathered to formulate evidenced-based answers
**Learning Objectives:**

1. Identify relevant subjective and objective data from the medical chart and other methods where indicated.
2. Assess, plan and monitor drug therapy using the Pharmacists Patient Care Plan (PPCP) and Safety Tolerability Efficacy Price Simplicity (STEPS) processes.
3. Document patient encounters using the SOAP format when assigned.
4. Effectively present a case, medication and/or disease-related in-service and current event relevant to primary care practice.
5. Apply evidenced-based decision making processes to determine safe and effective pharmacologic treatment for patients.
6. Demonstrate appropriate team behaviors and professionalism that contribute to lifelong learning.

**Assessment:**

<table>
<thead>
<tr>
<th>Assessment Method</th>
<th>Percent of Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case write ups (Obj 1-6)</td>
<td>45</td>
</tr>
<tr>
<td>Project assignment (Obj 5-6)</td>
<td>20</td>
</tr>
<tr>
<td>In-service mini topic presentation (paired) (Obj 4,5,6)</td>
<td>10</td>
</tr>
<tr>
<td>Quizzes (equally weighted) (Obj 1,2)</td>
<td>10</td>
</tr>
<tr>
<td>Current Event presentation (Obj 4)</td>
<td>5</td>
</tr>
<tr>
<td>Discussion posts (Obj 6)</td>
<td>5</td>
</tr>
<tr>
<td>Team Leader Responsibilities</td>
<td>5</td>
</tr>
</tbody>
</table>

Rubrics are located at the end of the syllabus.

**Case Write Ups:**

Cases will be presented normally on a weekly basis. The majority of case write ups will be completed by the use of directed questions and/or abbreviated content from the SOAP rubric. Students will upload content as directed by the schedule in D2L. The participation rubric will be used weekly to assess student contributions to class discussion. A case facilitator assignment schedule will be distributed to allow all students to contribute to the class. Discussion boards may be used to supplement participation. Students are welcome and encouraged to work in groups (of 4 or less) to complete the case write ups.

**Project assignment:**

Students will choose the project assignment topic/skill they want assessed in early February. Assignment rubrics will be provided once students select a project. Several options include:

- Pharmacy Blog for Beacon on Primary care related topic (individual assignment)
- Inter-professional team-based health fair (team assignment)
- Presentation at Womens’ gender studies conference on women’s health topic (open to up to 4-5 students)
- Participation in national/state primary care-related student video competition (ex: Script your future campaign video) (Team or individual)
- Quality improvement PDSA project to support local health organization’s medication safety initiatives (Team)
- Community service event development/delivery (cannot be used for SDIPPE)
- Other options may be eligible per student interest. Just ask!
**In-service mini topic presentation:**

Each student will deliver a 10 minute presentation on a topic/medication of their choice (with permission from the instructor) to the class. The topic should be on a primary-care related subject that has not been discussed in depth in the elective or other courses. Examples of potential topics include newly approved medications, new guidelines, practice trends, or unfamiliar disease states. Students will create a power point presentation that includes a title slide, learning objectives, and 8-10 slides with content. The presentation should include at least 2 self-assessment questions and should be appropriately referenced. Students will be provided with a schedule for presentation dates.

**Quizzes:**

Online quizzes will be used to assess content throughout the course. Two quizzes will be administered via D2L (one at midpoint and one at end of the course) to assess knowledge content.

**Current Event Presentation:**

Students will be assigned or permitted to choose (with instructor permission) a current event topic to review with the class. The current event presentation is informal and does not require a power point. Handouts or a copy of the article to support the discussion are welcome but not required. Students should use a reliable information source to retrieve the information. Examples of potential current event topics include: changes in law that affect pharmacy, drug pricing, drugs in the news, and contemporary practice issues in health care that affect pharmacy. News sources include state and national pharmacy organizations. Students will be given 5 minutes to review the current event. Approximately 2 current events will be presented each week. Each current event should include:

- Topic and Source of Information (1 minute)
- A summary of the event/issue (2 minutes)
- Why the topic is relevant to practice/take home points (2 minutes)

**Discussion posts:**

Students will complete a brief guided reflection to post in a discussion group at the beginning and end of the course. Guided questions will be posted in D2L.

**Weekly Out of Class Responsibilities for ALL Students:**

1. Individually or as a group review 2 current event videos posted in D2L prior to class

2. Prepare weekly case assignment (if provided ahead of time) with team and post to D2L day before class. All students are expected to apply the PPCP rubric to the cases provided to ensure all relevant content is addressed. Students should work together in person or electronically to develop a PPCP for the case. Students are expected to contribute as equally as possible to the case workups. Teams are encouraged to resolve work inequities on their own but if the issue persists, please reach out to Dr Malinowski.

3. If case not pre-assigned, refresh on material planned for the session on your own or with the team.

4. Post PPCP or directed question assignment to D2L before deadline (1/group)
5. Students should bring an electronic/printed list to class that includes:
   a. Additional subjective/objective data needed to better assess the patient
      o A problem list that is prioritized and assessed using S/O data
      o Final PPCP uploaded by team (it is acceptable to use the PPCP for the problem list but be sure that the responses are readily available)

6. Students should prepare well enough in advance in order to freely respond to questions and participate with minimal prompting by the instructor and project team leaders when discussing the case, current events, and mini topics.

Out of Class Responsibilities for TEAM LEADERS:
Students will serve as “Team Leaders” (in groups of 4-5) twice a semester on a rotating basis. A separate schedule will be provided after the first class.
1. Prepare for class as usual (see above "Out of Class responsibilities for all students")
2. Assign individual tasks to team members to include:
   a. Only if there is a guest speaker: Assign student to welcome and introduce guest speaker. All students are expected to greet speaker 10 minutes prior to class. Prepare 1-2 questions to ask the speaker about their career/practice/education, etc.
   b. Assign a timekeeper (can share the task)
   c. Introduce mini topic presenters and subject
   d. Identify 1-2 questions to ask the mini topic speakers
   e. If case provided ahead of time and you are expected to facilitate (all of Dr Malinowski’s cases) determine who will facilitate the completed PPCP case, problem list, and debriefing if case provided ahead of time. It should not be limited to one person and each facilitation should diversify the responsibilities.
   f. If case not provided in advance, review subject ahead of time to improve preparation as a group or individually.
   g. Assign student to distribute mini topic presentation evaluation and PPCP evaluation to class.

Weekly Agenda for Dr. Malinowski’s Classes:
The goal for the 15 minutes of each class starting in February is to provide an opportunity to present an unfamiliar topic relating to primary care to the class. Team leaders will be responsible for keeping the class engaged and on time. The remainder of the class will be focused on the case discussion. Student facilitators are assigned to lead discussion on a pre-assigned case (for Dr Malinowski).
1. Mini topic presentations
   9:20 am- 9:40am
   Mini topic presentations (10 min for presentation, 5 min for questions: 15 min total)
   • Team leaders introduce mini topic speakers and mini topic
   • Mini topic presenters will present their power point to class
   • Mini topic presenters will facilitate questions/answers on the presentation
   • Team leaders will ask questions if time permits
   • Team leaders will serve as timekeepers
2. Case Discussion for Dr Malinowski’s Classes  
9:40 am - 10:40 am

<table>
<thead>
<tr>
<th>Team Leader Task</th>
<th>Timeframe*</th>
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<tbody>
<tr>
<td>Provide a brief review of the case if provided</td>
<td>Less than 1-2 minutes</td>
</tr>
<tr>
<td>Identify/Solicit additional subjective and objective data needed to solve the case</td>
<td>5 minutes</td>
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<tr>
<td>Facilitate students on other teams to list and justify prioritized problem list</td>
<td>15 minutes</td>
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<tr>
<td>Debrief findings and ask students what problems were consistently identified by the class and what were the areas of weakness?</td>
<td>5 minutes</td>
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<tr>
<td>Provide recommendations for future growth based on the debriefing.</td>
<td>5 minutes</td>
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</tbody>
</table>
*Dr Malinowski will assist as needed.

**Course Grade Scale:**

<table>
<thead>
<tr>
<th>Score Range</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>93 - 100</td>
<td>4.0</td>
</tr>
<tr>
<td>87 - 92</td>
<td>3.5</td>
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<tr>
<td>80 - 86</td>
<td>3.0</td>
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<tr>
<td>75 - 79</td>
<td>2.5</td>
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<tr>
<td>70 - 74</td>
<td>2.0</td>
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<tr>
<td>65 - 69</td>
<td>1.5</td>
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<tr>
<td>60 - 64</td>
<td>1.0</td>
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<tr>
<td>&lt;60</td>
<td>0</td>
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**Required Text: None.**

Due to the nature of the material and the rapidly changing environment of health care, there is no required textbook. Students must use a variety of up to date literature sources to justify and review therapies that are readily available via the Wilkes website. Foundational content/guidelines will be provided in D2L content for student reference. Students are provided a complimentary subscription to Pharmacists Letter which will be used periodically.

**Attendance Policy:**

Class attendance is an important professional responsibility. If a student anticipates missing class (es) due to attendance at a professional meeting/event, as a professional courtesy, the student should discuss with Dr. Malinowski. There will be no makeup for missed exams, quizzes or other assignments due to unexcused absences. A grade of zero will be given. In the case of an unusual circumstance in which the absence is excusable, the student must contact Dr. Malinowski at least one-half hour before class. Make-up exams or assignments for these cases will be given at the discretion of the course instructor.

**Assessment Policy**

There will be no makeup of assessments for unexcused absences or missed deadlines. A grade of zero will be given. In the case of an unusual circumstance in which the absence/delay is excusable (for example, illness), the student must contact Dr. Malinowski. Make-up assignments will be given at the discretion of the instructor(s) involved.

Quizzes will be taken online in D2L. Students should not use supplemental material to take the quiz.
The School of Pharmacy has a technical standards document that can be found in your student handbook. The following is an excerpt regarding requesting accommodations. "Reasonable accommodations are services provided to individuals with disabilities that remove or lessen the effect of the disability-related barrier. Individuals without documented disabilities are not eligible for accommodations. Candidates with disabilities, in accordance with Wilkes University policy, and as defined by section 504 of 1973 Vocational Rehabilitation Act and the Americans with Disabilities Act of 1993, who may seek accommodations in order to meet the technical standards are encouraged to contact University College to discuss what reasonable accommodations, if any, the School of Pharmacy could make in order for the candidate to meet the standards. A student with a disability who requests accommodations will be required to submit this request in writing and provide pertinent supporting documentation in accordance with Wilkes University policies."

**Assignment Policy:**
1. Assignments are due in the beginning of class on the dates announced or on D2L as indicated by the instructor unless otherwise indicated.
2. In-class assignments must be typed and include the student name and date of the assignment.

**Academic Honesty:**
Any student who violates the Intellectual Responsibility and Plagiarism Policy as stated in the most recent University Student Handbook Violators will be subject to disciplinary action which may include failure of the course.

**Professionalism (adapted from Purkenson D. University of Washington)**

As consistent with expectations of the practice environment, professional behavior and attitudes are expected for all students enrolled in professional practice courses.

Professionalism is demonstrated by a student who:
- uses appropriate use of verbal & non-verbal communication
- is punctual
- is reliable, dependable, accountable for one’s actions
- behaves in an ethical manner produces quality work,
- accepts constructive criticism and modifies behavior if necessary
- is cooperative – i.e. non-argumentative; willing and helpful
- is non-judgmental – student demonstrates an attitude of open-mindedness towards others and situations; does not “stereotype” others or prejudice situations
- communicates assertively – actively and appropriately engages in dialogue or discussion
- is self-directed in undertaking tasks, self-motivated
- is respectful – demonstrates regard for self, standardized patients, peers, faculty, staff and university property
- is empathetic – demonstrates appreciation of others’ positions; attempts to identify with other with others’ perspectives; demonstrates consideration towards others
- handles stress – remains calm, levelheaded, and composed in critical, stress or difficult situations
- is an active learner – seeks knowledge; asks questions, searches for information, takes responsibility for own learning
- is confident – acts & communicates in a self-assured manner, yet with modesty and humility
- follows through with responsibilities – if task is left incomplete or problem is not resolved, student seeks aid
- is diplomatic – is fair and tactful in all dealings with patients, peers, faculty and staff.
- is appropriately attired
- demonstrates a desire to exceed expectations – goes "above and beyond the call of duty", attempts to exceed minimal standards and requirements for tasks/assignments/responsibilities
• utilizes time efficiently – allocates and utilizes appropriate amounts of time to fulfill responsibilities; utilizes others’ time wisely

Lack of respect for other students, professors or staff as demonstrated by comments, tone of voice, or disruptive behavior will not be tolerated.

Everyone has a right to be heard and should be able to express their constructive comments without ridicule. When expressing opinions etc. "I" phrases should be used. Lack of respect for other students, professors or staff as demonstrated by comments, tone of voice, disruptive behavior or absenteeism will not be tolerated. Additionally, there is to be no disruptive eating in the classroom. Students who violate the professionalism policy can be dismissed from class. Re-entry into the class (including taking exams or quizzes) can only occur after the student writes an essay on professionalism and civility; the essay must be deemed acceptable by the instructor.

The information in this syllabus is subject to change in extenuating circumstances. Changes to the course syllabus will be provided to the student in writing.
### Weekly Participation Criteria

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Student does not contribute to the discussion and/or disrupts the discussion with inappropriate comments. Student does not participate even with instructor prodding. Student is rarely punctual, prepared, and enthusiastically engaged.</td>
<td>Student does not contribute to the discussion and/or disrupts the discussion with inappropriate comments. Comments also clearly indicate the student is unprepared with respect to patient specific information or reading assignments. Student does not participate even with instructor prodding. Student is infrequently punctual, prepared, and enthusiastically engaged.</td>
<td>Student makes only few comments during the discussion. Comments indicate the student is not fully prepared for class (i.e. student may have glanced at the article, but is clear that he/she has not read it closely). Comments do not provide any new insight into the discussion. Student will participate in the discussion with some prodding from the instructor. Student is not consistently punctual, prepared, and enthusiastically engaged.</td>
<td>Student contributes to the discussion with or without prodding from the instructor. Comments clearly indicate the student is prepared for the discussion based on patient specific issues and/or reading assignments. Comments are somewhat insightful. Student is usually punctual, prepared, and enthusiastically engaged.</td>
<td>Student contributes to the discussion by providing insightful comments. Comments may also bring a new perspective to the discussion. The student does not need any prodding by the instructor to participate. Comments clearly indicate the student is prepared for discussion via reading assignments and/or patient specific information. Student is punctual, prepared, and enthusiastically engaged.</td>
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*From: Longitudinal Care PHA 503 Manual Fall 2015*
# SOAP Scoring Rubric

## SOAP Note Scoring Rubric

<table>
<thead>
<tr>
<th></th>
<th>NOT ACCEPTABLE (0 points)</th>
<th>NEEDS IMPROVEMENT (3 points)</th>
<th>COMPETENT (4 points)</th>
<th>EXCELLENT (5 points)</th>
<th>Score</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>S</strong> Subjective Information</td>
<td>Not addressed, grossly incomplete and/or inaccurate.</td>
<td>Poorly organized and/or limited summary of pertinent information (50%-80%); information other than “S” provided.</td>
<td>Well organized; partial but accurate summary of pertinent information (&gt;80%).</td>
<td>Complete and concise summary of pertinent information.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>O</strong> Objective Information</td>
<td>Not addressed, grossly incomplete and/or inaccurate.</td>
<td>Poorly organized and/or limited summary of pertinent information (50%-80%); information other than “O” provided.</td>
<td>Partial but accurate summary of pertinent information (&gt;80%).</td>
<td>Complete and concise summary of pertinent information.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>A</strong> Problem Identification and Prioritization</td>
<td>Few problems identified, main problem missed, problems not prioritized and/or identified nonexistent problems.</td>
<td>Some problems are identified (50%-80%); incomplete or inappropriate problem prioritization; includes nonexistent problems or extraneous information included.</td>
<td>Most problems are identified and rationally prioritized, including the “main” problem for the case (&gt;80%).</td>
<td>Complete problem list generated and rationally prioritized; no extraneous information or issues listed.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>T</strong> Treatment Goals</td>
<td>Not addressed or inappropriate therapeutic goals.</td>
<td>Appropriate therapeutic goals for a few identified problems (50%-80%).</td>
<td>Appropriate therapeutic goals for most identified problems (&gt;80%).</td>
<td>Appropriate therapeutic goals for each identified problem.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>C</strong> Current Medical Condition(s) &amp; Medication Therapy</td>
<td>No assessment of current medical condition(s) or medication therapy.</td>
<td>Partial assessment of current medical condition(s) and/or medication therapy for a few identified problems (50%-80%).</td>
<td>Assessment of current medication therapy for most identified problems (&gt;80%).</td>
<td>Thorough assessment of current medical condition(s) &amp; medication therapy for each identified problem.</td>
<td></td>
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<tr>
<td><strong>P</strong> Treatment Plan</td>
<td>Inappropriate or omitted for some identified problems.</td>
<td>Partially complete and/or inappropriate for a few identified problems (50%-80%); information other than “P” provided.</td>
<td>Mostly complete and appropriate for each identified problem (&gt;80%).</td>
<td>Specific, appropriate and justified recommendations (including drug name, strength, route, frequency, and duration of therapy) for each identified problem.</td>
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<tr>
<td><strong>C</strong> Counseling, Referral, Monitoring &amp; Follow-up</td>
<td>Not addressed or inappropriate counseling, monitoring, referral and/or follow-up plan.</td>
<td>Patient education points, monitoring parameters, follow-up plan and referral plan (where applicable) for a few identified problems (50%-80%).</td>
<td>Patient education points, monitoring parameters, follow-up plan and referral plan (where applicable) for &gt;80% of identified problems.</td>
<td>Specific patient education points, monitoring parameters, follow-up plan and (where applicable) referral plan for each identified problem.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Possible Points: 40
## Mini TOPIC presentation rubric

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>4 (Mastery)</th>
<th>3 (Proficient)</th>
<th>2 (Basic)</th>
<th>1 (Below Basic)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Content and Organization</td>
<td>The learning objectives are stated clearly. The presentation includes smooth transitions between concepts and explicit examples to highlight the main idea. The content is arranged to summarize material learned throughout the presentation. The presentation is completed within 1-2 minutes of the designated timeframe provided.</td>
<td>The learning objectives are stated. The presentation includes at least one example to highlight the main idea. The content is arranged to summarize 1-2 concepts throughout the criteria. The presentation is completed within 2-5 minutes of the designated timeframe provided.</td>
<td>The learning objectives are listed but are not clearly worded. The presentation does not include examples to highlight main ideas. The content does not summarize ideas. The presentation is completed within 5-10 minutes of the designated timeframe.</td>
<td>The learning objectives are not stated. The presentation does not use examples to highlight main ideas. The content does not summarize ideas. The presentation is more than 10 minutes under/over designated timeframe.</td>
</tr>
<tr>
<td>Communication (Verbal)</td>
<td>The student speaks at a comfortable pace and a volume that is easy to hear throughout the room. Student limits reading notes and uses eye contact with audience consistently. Nonverbal gestures used are not distracting and are appropriate to emphasize content. The student uses effective techniques to engage the audience in discussion.</td>
<td>The student speaks at a comfortable pace and volume that is easy to hear most of the time. Student has eye contact with the audience around 50% of the time. Nonverbal gestures used are mostly appropriate to emphasize content. The student attempts to engage the audience to participate at least once.</td>
<td>The student speaks too quickly or slowly at times. The student is difficult to hear toward the back of the room. Student has minimal eye contact with audience and/or excessive note reading more than 50% of the time. Nonverbal gestures are distracting some of the time. The student does not ask for audience participation.</td>
<td>The student speaks too fast or too slow most of the time. The student is difficult to hear throughout the room. The student has no eye contact with audience and/or reads entirely from notes. Nonverbal gestures are excessive most of the time. The student does not engage the audience in participation.</td>
</tr>
<tr>
<td>Instructional Materials</td>
<td>Instructional materials enhance the verbal presentation on the topic. Handouts and/or digital presentations are legible, concise, and organized with no spelling or grammatical errors. References are included in appropriate format.</td>
<td>Instructional materials enhance the verbal presentation on the topic. Handouts and/or digital presentations have few (1-2) spelling/grammatical errors. Handouts are legible and concise.</td>
<td>Instructional materials minimally enhance the verbal presentation. A moderate amount of spelling/grammatical errors (2-5) are present in the handouts. Handouts are too long or too small to read.</td>
<td>Student does not provide instructional materials or instructional materials used contain numerous spelling or grammatical errors (&gt;5). Handouts are difficult to read.</td>
</tr>
<tr>
<td>Ability to answer Questions</td>
<td>Student demonstrates ability to integrate information discussed based on responses to questions.</td>
<td>Student demonstrates ability to integrate some information discussed based on responses to questions.</td>
<td>Student demonstrates ability to integrate some information discussed with instructor prompting based on responses to questions.</td>
<td>Student is not able to integrate information discussed based on responses to questions.</td>
</tr>
</tbody>
</table>
### Current Event presentation rubric

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>4 (Mastery)</th>
<th>3 (Proficient)</th>
<th>2 (Basic)</th>
<th>1 (Below Basic)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Content and Organization</td>
<td>The presentation includes all components of the assignment. The presentation is completed within 1 minute of the designated timeframe provided.</td>
<td>The presentation includes most components of the assignment. The presentation is completed within 2 minutes of the designated timeframe provided.</td>
<td>The presentation does not reflect the assigned components. The presentation is more than 5 minutes under/over designated timeframe.</td>
<td>The content does not reflect the assigned components. The presentation is more than 5 minutes under/over designated timeframe.</td>
</tr>
<tr>
<td>Communication (Verbal)</td>
<td>The student speaks at a comfortable space and at a volume that is easy to hear throughout the room. Student limits reading notes and uses eye contact with audience consistently. Nonverbal gestures used are not distracting and are appropriate to emphasize content. The student uses effective techniques to engage the audience in discussion.</td>
<td>The student speaks at a comfortable pace and volume that is easy to hear most of the time. Student has eye contact with the audience around 50% of the time. Nonverbal gestures used are mostly appropriate to emphasize content. The student attempts to engage the audience to participate at least once.</td>
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</tr>
<tr>
<td>Ability to answer Questions</td>
<td>Student demonstrates ability to integrate information discussed based on responses to questions.</td>
<td>Student demonstrates ability to integrate some information discussed based on responses to questions.</td>
<td>Student demonstrates ability to integrate some information discussed with instructor prompting based on responses to questions.</td>
<td>Student is not able to integrate information discussed based on responses to questions.</td>
</tr>
<tr>
<td>Criteria</td>
<td>Mastery</td>
<td>Proficient</td>
<td>Below Basic</td>
<td></td>
</tr>
<tr>
<td>-------------------</td>
<td>----------------------------------------</td>
<td>-------------------------------------------------</td>
<td>-------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td><strong>Initial post</strong></td>
<td>Initial post is clear and shares a well-stated and diplomatic opinion</td>
<td>Initial post does not contain clear explanations and/or does not share opinion or opinion is stated undiplomatically</td>
<td>Initial post not made by due date</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 points</td>
<td>1 point</td>
<td>0 points</td>
<td></td>
</tr>
<tr>
<td><strong>Response Posts</strong></td>
<td>Response posts are respectful of other's opinions and/or provide additional insight into the topic</td>
<td>Response posts are not respectful and/or do not offer additional insight</td>
<td>Response posts were not made by due date</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 points</td>
<td>1 point</td>
<td>0 points</td>
<td></td>
</tr>
<tr>
<td><strong>Conventions</strong></td>
<td>Initial and response posts are free of grammar and spelling errors</td>
<td>Initial and response posts contain grammar/ spelling errors</td>
<td>Assigned task was not completed on time.</td>
<td></td>
</tr>
</tbody>
</table>