**PHCL 433 (1+1)**



**Pharmacy Practice Lab 5**

**Course Syllabus**

1stsemester 1436-1437/2015-2016

King Saud University-College of Pharmacy

# **Course Overview:**

This course focuses on introducing the concept of self-care and developing the pharmacist role in the self-care of various medical conditions. By the end of the course, students should be able to clinically assess patients, recommend appropriate management and provide counseling on a number of common self-care issues.

Prerequisites:PHCL 423, Concurrent Courses:PHCL 432 & 434

# **Course Date &Time:**

Lecture: Wednesday 11-12

Lab: Wednesday 1-4

# **Course Objectives:**

**At the completion of this course the student should be able to:**

1. Develop clinical assessment skills to evaluate patients for self-management or the need for physician referral.
2. Use a structured approach to resolve self-care issues of a patient.
3. Recommend self-care and primary care management for the following self-limiting complaints/disorders:
	1. Pain and fever
	2. Cough, Cold, and Allergy
	3. Gastrointestinal ailments
	4. Dermatological problems
	5. Ophthalmic, otic& oral disorders
	6. Reproductive and genital complaints
4. Explain to patients, caregivers, and prescribers the efficacy, dosage, adverse effects, and administration of non-prescription medicines and corresponding non-pharmacologic treatments for common ailments.
5. Understand the legal and regulatory issues with over-the-counter drug status.
6. Apply knowledge of therapeutics/pharmacology to resolve drug related problems for a patient case including designing, implementing, monitoring, evaluating, and adjusting care plan that are patient specific and evidence-based.
7. Workup patient cases related to disease states covered in PHCL 432 and PHCL 434. This includes various psychiatric and infectious disorders.
8. Utilize primary and secondary resources and clinical practice guidelines to make recommendations when resolving patient DRPs.
9. Carry out duties in accordance with legal, ethical, social, economic, and professional guidelines.
10. Demonstrate the professional demeanor necessary to practice as a professional pharmacist.
11. Provide accurate and succinct verbal and written information that is appropriate for the target audience (e.g. preceptor, patient, caregiver or other health care professional).

# **Course Coordinator & Teaching faculty:**

|  |
| --- |
| **Female Campus** |
| **Ghada Ibrahim Aboheimed, Msc**Course coordinator | Office Hours**ghaboheimed@ksu.edu.sa** |
| **Nora A. Kalagi, MSc** | Office Hours**nakalagi@ksu.edu.sa** |
| **Lina Ashour,** PharmDTeaching Faculty | Office Hours**lashour1@yahoo.com** |
| **Ghada A Bawazeer.** MSc, PharmD, BCPSTeaching Faculty | Office hours: by email**gbawazeer@gmail.com** |
| **Male Campus** |
| **Yazeed Al-Ruthia,** PhD,PharmDCourse Director  | Office Hours**yazeed@ksu.edu.sa** |
| **Sultan Alghadeer,** PharmDCourse Co-director | Office Hours**salghadeer@ksu.edu.sa** |

# **Reading Material**

* Terry L. Schwinghammer, Julia M. Koehler. Pharmacotherapy Casebook:A Patient-Focused Approach. McGraw-Hill/Appleton & Lange. 9th ed.2014
* Daniel L. Krinsky, Stefanie P. Ferreri, Brian Hemstreet, Anne Lamont Hume, Gail D. Newton, Carol J. Rollins, Karen J. Tietze. Handbook of Nonprescription Drugs: An InteractiveApproach to Self-Care. American Pharmaceutical Association (APhA);18th ed. 2014

**Availability of copies of the required cases will be provided. Any supplemental materials will be uploaded on the Blackboard at least 24 hours before the class.**

# **Course outline & schedule:**

|  |  |  |  |
| --- | --- | --- | --- |
| Week # | Lecture Date | Lecture Topic (Wednesday11-12) | Lab Activities (Wednesday 1-4) |
| 1 | 26 Aug (11/11) | No Lect./Lab | No lab |
| 2 | 2 Sep (11/18) | No Lect./Lab | No lab |
| 3 | 9 Sep (11/25) | Introductory meeting and discussion of reading assignment(Epilepsy)**YA/SA** | Self-care & nonprescription pharmacotherapy Introduction to TBL and Lab Activities**SA** |
| 4 | 16 Sep (12/3) | Therapeutic case discussion 2(Epilepsy)**YA/SA** | Therapeutic case discussion 3(Headache)**YA/SA** |
|  | **Hajj Holiday** |
|  |
| 5 | 30 Sep (12/17) | Therapeutic case discussion 4(Alzheimer/Dementia)**YA/SA** | TBL Topic 1: Fever and cold1st Quiz **SA** |
| 6 | 7 Oct (12/24) | Case discussion 5(ADHA/Insomnia)**YA/SA** | TBL Topic 2: Cough and Headache1st Online assignment **SA****Discuss virtual case (video case) requirements**  |
| 7 | 14 Oct (1/1/1437) | Case discussion 6(Depression/anxiety)**YA/SA** | 1st virtual case (video case)(Cough or Fever)  |
| 8 | 21 Oct (1/8) | Case discussion 6(Bipolar)**YA/SA** | TBL Topic 3: Heartburn & dyspepsia2nd Quiz **SA** |
| 9 | 28 Oct (1/15) | Case discussion 7TBD | TBL Topic 4: Nausea and Vomiting2nd Online assignment **SA** |
| 10 | 4 Nov (1/22) | Case discussion 8TBD | TBL Topic 5: Diarrhea3rd Quiz **SA** |
| 11 | 11 Nov (1/29) | Case discussion 9TBD | TBL topic 6: Constipation3rd Online assignment**SA** |
| 12 | 18 Nov (2/7) | Case discussion 10TBD**PK calculation (Aminoglycoside)** | 2nd virtual case (video case)(Heartburn or Constipation) |
| 13 | 25 Nov (2/14) | Case discussion 11TBD | Written Exam (TBL topics 1-6)Discuss Role Playing requirements for Final Practical Exam**SA** |
| 14 | 2 Dec (2/21) | Case discussion 12TBD |  |
| 15 |  |  | Final Practical Exam (Role Playing)Date/Time, & Topics TBD |

***YA:*** Dr. Yazeed Al Ruthia, ***SA:*** Sultan Alghadeer

*The syllabus and schedule may be changed by the faculty if needed & students will be notified of these changes by email.*

# **Grade Distribution**

|  |  |  |  |
| --- | --- | --- | --- |
| Course activities | % of Total Points | Date/time | Material Covered/description |
| Quiz 1 | 5 | 30 Sep | Fever & Cold |
| Quiz 2 | 5 | 21 Oct | Heartburn & Dyspepsia |
| Quiz 3 | 5 | 4 Nov | Diarrhea |
| Online Assignment 1  | 5 | 7 Oct | Cough & Headache |
| Online Assignment 2 | 5 | 28 Oct | Nausea & Vomiting |
| Online Assignment 3 | 5 | 11 Nov | Constipation |
| Virtual (video) Cases 1 | 5 | 14 Oct | Cough or Fever |
| Virtual (video) Cases 2 | 5 | Nov 18 | Heartburn or Constipation |
| Written Exam | 20 | Nov 25 | TBL topics 1-6 |
| Therapeutic Case Discussions | 20 | Per course outline |
| Final Practical Exam (Role Playing) | 20 | TBD | TBD |
| Total |  100 |

## Grading system:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Grade | Percentage |  | Grade | Percentage |
| A+ | 100 - 95 |  | C+ | 79 – 75 |
| A | 94 - 90 |  | C | 74 - 70 |
| B+ | 89 - 85 |  | D+ | 69 - 65 |
| B | 84 - 80 |  | D | 64 – 60 |
|  |  |  | F | Below 60 |

## Late assignments/homework Policy or missed Quizzes/Midterm exams:

* In case of late assignments/homework will be penalized by 5% reduction in grade per each passing day.
* If a student missed a quiz/midterm exam or an assignment for an **ELIGIBLE** reason
	+ Student must submit proper documentation as soon as possible (no later than 2 weeks of absence per University policy). Students who fail to communicate with the teaching faculty/course coordinator to take the exam within 2 weeks of absence renounce their right of makeup exam per University policy.
	+ The instructor has the right to determine the method for make-up exam, which can be any of the following:
* Increasing the percentage of the remaining exams to cover the missed exam
* Assigning the final exam a higher percentage to cover the missed exam for that student
* A make-up exam (the exam will be based on short answer questions)
* If the final is cumulative, the section relating to the missed examination material can be used as the grade for that missed exam.

## Reconsiderations in Grading:

* Errors in grading:
	+ These must be adjudicated by the instructor. If you believe that your work has been incorrectly graded (e.g. points were added up incorrectly), you must contact the instructor in writing and clearly state the error you believe has occurred.
* Post-exam Reconsiderations:
	+ In the case where there is a disagreement over the answer to a question, the student may present a request for reconsideration (appeal) plus documentation for the answer, in written form, to the Course Coordinator within 72 hours of the posting of exam results.
* The teaching faculty will always determine the final grade.

## Important notes on course syllabus:

* Course syllabus may be subjected to change at any time by faculty members.
* Students will be immediately informed of any changes in course syllabus through the class leader.
* Exam dates can be changed according to students needs and course requirements, any changes must be submitted to course coordinator **2 weeks prior to the exam date**(Class leader is responsible for arranging the signature of all students on agreed new date for the exam).

## Course Format:

During this course the following mode of teaching can be used: active learning, in-class discussions, case studies, role playing and formal and informal lectures.

## Course Assessment tools:

* Exams (midterm), Discussion and classroom interaction, Assignments, Presentations

## Exam Format:

* Written exams mainly consist of, but not limited to: one correct answer multiple choice questions, true/false, short notes, matching, organize a list and fill in blanks. The majority of exam content will be mainly based on case scenarios. There will be an average of 5 questions from each lecture hour. Questions will be based on the lecture objectives.

## Attendance & Conduct:

* Students are expected to prepare for, attend and participate in all lectures and labs.
* Attendance of the class is mandatory. Student should exercise punctuality in attending classes. Students missing 25% or more on attendance are forbidden from sitting in the final exam, per University Policy.
* Late arrivals or early departures is not permitted and may jeopardize student’s successful completion of the course.
* A student absent/late from class bears full responsibility for all material covered in class.
* Pop-quizzes may be given anytime during the class period; therefore, be on time and plan to attend the entire period (remember if you missed one there will be no makeup).
* You are encouraged to ask questions during the class BUT kindly refrain from side talk or any disruptive behavior.
* Dishonesty in any form (including falsifying attendance records) is grounds for disciplinary action leading up to dismissal from the course.
* Cell phones **MUST** be turned off or muted during the class.
* Unprofessional conduct including misbehavior during lectures will not be tolerated and may result in actions per university policy.
	+ ***What constitute professional behavior?***
		- Follows instructions
		- Meets deadlines
		- Shows respect for all other people in speech & actions
		- Exhibits good judgment
		- Cooperates with others
		- Good work ethic
		- Maintains personnel self-control and professional decorum
		- Hold himself / herself responsible for professional conduct

## Lab Etiquette

* All students should wear a clean white lab coat with a name badge for each lab
* Lab extends for 3 hours, however, some labs periods maybe shorter. You will be notified at the beginning of each lab of the possible anticipated time. Eearly departures from the lab will be penalized by point deduction (professionalism points). If you anticipate having to leave class early, please let your instructor knows before the lab.
* Each student must have a ring binder to maintain an organized, legible portfolio of **ALL graded** assignments and lab activities. This includes copies of all evaluations. In the situation were the assignment involved a real patient, ALL documentation must be devoid of any patient identifiers.

## E-mail Policy:

Please note that the following applies to all emails sent to any member of PHCL 433 course.

* Any announcements regarding this course will be through the Blackboard mailing list. It is your responsibility to check the site on daily basis. In the case of any down times, the course faculty/coordinator will communicate through the class leader email.
* All emails should be sent from your KSU account..
* In any email to the course faculty, students should include their name, course number and lecture section. If we don't know who you are, your email may not get a response.
* When writing emails please use proper courtesy and use **PROPER** Arabic or English.
* Emails should not be used to discuss personal problems, issues with grades, or problems with other students or other instructor. These emails will not be responded too, and these issues should be discussed in person.
* Emails not related to the course should not be sent to the instructors and if they are, no further email will be received from that email address.

## Prior Learning Skills

Students may encounter disease states or medications that have not yet been covered or not reviewed extensively in the curriculum. Students are expected to independently review relevant literature and data sources to determine appropriate management of diseases for which their patients are receiving treatment.

## Academic Dishonesty/plagiarism:

Students are expected to demonstrate professionalism and honesty during this course. Academic dishonesty includes, but is not limited to, cheating, plagiarizing, fabricating of information or citations, facilitating acts of academic dishonesty by others, having unauthorized possession of examinations, submitting work of another person or work previously used without informing the instructor, or tampering with the academic work of other students. Students found in violation of such policy are subjected to disciplinary actions as per University Policy.

## Course Evaluation:

An evaluation of the full course and course faculty will be administered towards the end of the course. Additionally, individual instructors or module coordinator may ask for an evaluation of their lecture(s)/modules.

## Course binding agreement:

The Course binding agreement has to be signed by each student and returned through the class leader to the course instructor before the second lecture. Failure to do that will prevent student from attending further classes.

# **Description of Lab Activities**

**Therapeutic case discussion sessions**

**Counseling and role playing**

**Team-based learning**

**VIrtual patient cases**

# Therapeutic Case Discussions

## **Objective**

* Improve the skills of assessing, and presenting patient medical information in a logical and systematic manner
* Design a patient-specific therapeutic plan based on current available evidence
* Present and communicate concise and complete patient work-up plans

## **Description of Activity**

* Cases are selected by course instructors.
* Case distribution on assigned labs is based on the corresponding topics covered in PHCL 432 & PHCL 434 (refer to course outline).
* Cases are distributed to students at least 1 week in advance.
* Students (as groups) are required to read and work-up the case before coming to the lab. The work-up is submitted following the format of ‘’ASHP Clinical Skills Competition - Pharmacist’s Care Plan’’.
* Students are required to submit the case work-up 24 hours before the lab to the instructor of the class by emailand keep a copy to use during the case discussion.
* The case discussion during lab will be guided by students. Course instructors will mainly act as facilitators.

## **Assessment of Activity**

* Students are evaluated based on the submitted work-up and oral discussion during the lab.
* Each case is corrected out of 30 marks. Total cases’ grade will be factored to account for 20 marks of the course grade.
* Any late work-ups will not be accepted and will be awarded **zero credit.**
* Corrected case work-ups will be available for students to review 2 weeks after submission.

|  |  |
| --- | --- |
| **Criteria** | **Marks** |
| Lab attendance | 5 |
| Participation in oral discussion | 5 |
| Timely submission of case work-up  | 5 |
| Case work-up content (distributed as follows): | 15 |
| 1- Identified main problem | 1 |
| 2- Identified all problems | 1 |
| 3- Prioritized problems correctly | 1 |
| 4- Stated medical problems appropriately (i.e. controlled, uncontrolled, acute, chronic… … etc )  | 1 |
| 5- Identified all drug related problems (for both the main problem and any other diseases already covered in other pharmacotherapy courses courses)  | 1 |
| 6- Identified therapeutic goals ( parameter, target, long-term goals)  | 3 |
| 7- Identified recommendations of therapy ( drug, dose, frequency, correct vocabulary ( discontinue, continue, hold, add drug X), nonpharmacological therapy)  | 5 |
| 8- Identified plan for monitoring ( parameter, monitoring frequency)  | 2 |

# Team Based Learning

##  **Objective**

* Develop & improve student’s self-learning skills.
* Improve students’ understanding of course materials through discussion & problem solving.
* Develop and improve students’ interpersonal and team interaction skills.
* Prepare students to be life-long learners.

## **Description of Activity**

* Before any TBL lab, students must study assigned materials.
* Lab begins with the readiness assurance process (RAP), consists of a short test (5-15 MCQ quiz) on the key ideas from the given reading materials.
* RAP is delivered at 2 levels:
	+ Individual level: iRAT. Students answer the quiz individually and then turn the paper to the TA.
	+ Team level: tRAT), each team is given the same quiz again, and they answer it as a team. Turn the answer sheet to TA
	+ Feedback is given to the teams instantly
* Student’s Appeal: this is an “**Open book phase”:** student refer to their assigned reading material and appeal any questions missed on the group test.That is, students are allowed to restudy the assigned reading material and produce compelling evidence to convince the teacher to the answer they missed (see figure2).
1. Open Discussion by instructor to clarify areas of misconception that become apparent during the team test and the appeals.
2. At the end of each TBL lab, each student is required to fill a peer evaluation (assessment) for each member of the team (use Peer Feedbackform)

## **Assessment of Activity**

|  |  |
| --- | --- |
| **Criteria** | **Marks** |
| Individual Test | 12 |
| Group Test | 12 |
| Appeal (as group) | Your group grade will be adjusted if your appeal was accepted |
| Peer evaluation | 100% |
| Total Grade | Individual Test + (Group test \* peer evaluation) + Appeal = 24 Marks |

**Figure 2**: Example of Successful Appeal

****

## **Team-Based Learning - PEER Feedback**

Team Name:

Your name (evaluator): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TBL activity youare evaluating:

**Part One:quantitative assessment: use the following scale to evaluate your colleague contribution to the team**

|  |
| --- |
| **4: always, 3: Often, 2: sometimes, 1: never** |
| **Domains** | **St name****-----------** | **St name****-----------** | **St name****-----------** | **St name****-----------** |
| **Cooperative Learning Skills:** |  |  |  |  |
| Arrives on time and remains with team during activities |  |  |  |  |
| Demonstrates a good balance of active listening & participation |  |  |  |  |
| Asks useful or probing questions |  |  |  |  |
| Shares information and personal understanding |  |  |  |  |
|  |  |  |  |  |
| **Self-Directed Learning:** |  |  |  |  |
| Is well prepared for team activities |  |  |  |  |
| Shows appropriate depth of knowledge |  |  |  |  |
| Identifies limits of personal knowledge |  |  |  |  |
| Is clear when explaining things to others |  |  |  |  |
|  |  |  |  |  |
| **Interpersonal Skills:** |  |  |  |  |
| Gives useful feedback to others |  |  |  |  |
| Accepts useful feedback from others |  |  |  |  |
| Is able to listen and understand what others are saying |  |  |  |  |
| Shows respect for the opinions and feelings of others |  |  |  |  |
|  |  |  |  |  |
| **How much score you will give this student (out of 100)** |  |  |  |  |

**Part TWO:qualitative assessment** (*for each item,* write ***at least one*** sentence, but***not more than three*** sentences)

1. **What is the single most valuable contribution this person makes to your team?**
2. **What is the single most important way this person could alter their behavior to more effectively help your team?**

# Virtual Case Activity

## **Topics to be covered n Virtual Cases**

1. Allergic Rhinitis
2. Vaginal &vulvovaginal disorders
3. Overweight & Obesity
4. Self-care related to skin
5. Minor burns and wound care
6. Musculoskeletal injuries and disorders
7. Insomnia, fatigue
8. Acne
9. Constipation and diarrhea
10. Heartburn and dyspepsia as well as intestinal gas
11. Wart
12. Atopic dermatitis and dry skin

## **Description of the activity:**

Schools of pharmacy now make self-care management an important part of pharmacy education. Active learning and simulation activities are widely used to imitate real life situations. Utilizing real or standard patients is the ideal and best way to exercise the wide array of skills required during self-care interactions. However, there is limited access to such patients in our current situation.

Interactive virtual patient is an innovative method widely used to improve students’ communication and assessment skills.

## **Objectives**

***Through interaction with virtual patients, the student will:***

* + Gain more in-depth knowledge of nonprescription products
	+ Appropriately triage problems
	+ Develop effective communication skills
	+ Gather pertinent patient information using a systematic approach
	+ Give advice about self-care to patient at an appropriate level and recognize that patient may misinterpret such information.
	+ Monitor patient response to self-care advice by asking follow up questions about the consequences and the appropriateness of their advice
	+ Respond to additional patient problems as it happen in real situations
	+ Practice communication skills in terms of grammar and comprehension.

## **Who are the participants?**

**You will be performing this activity as a group**

1. **The Patient:**
	1. There will 5 virtual patients profiles (Appendix A) covering the following main self-care topics: Headache, Cold, Constipation, Disorders of Menstruation, and Overweight & Obesity.
	2. Faculty members will pose as virtual patientsand will be only known to youby an email address that will also reflect the represented self-care topic
2. **The Pharmacist:**
	1. Each group of students will represent a pharmacist. The group will develop a self-selected group names, and a corresponding e-mails. For example: if your virtual patient is Rash Diva’s, a suitable pharmacist name will be Dr. Benny Dryl.
	2. Brief profile of virtual patients will be distributed randomly to the groups. Your job is to obtain most of the needed information by questioning the virtual patient. In addition the group will respond to any inquiries from the patient even if it is not related to the specific self-care topic.

## **The setup:**

* Emails are the only way to communicate between the pharmacist (students) and the patient (faculty)**.**
* Every **Monday** the virtual patient will send an email with an in-depth questions primarily focusing on self-care topic.
	+ Each patient had a different profile, so questions may vary
	+ Both virtualpatients and pharmacistsare expected to send a minimumof 2 e-mails each week to ensure appropriate patient assessment.
		- The group has one week to correspond with patient and answer his/her question. They may be asking follow up questions to help evaluate the appropriateness of self-care.
	+ Both patient and pharmacistshould answer **below** the previous message on the email, so it reads down the page.
	+ To respect each other personal time and privacy, students should expect responses to their emails during working hours (8-2 p.m.) and/or between 7-9 p.m. daily (no emails will be responded to on Friday).
* Each group had to submit all correspondence with the patient for each week to thecourse instructor by **Sunday** noon (12:00).
* New email should be started for new question
* Students should answer patient’s question as if they were speaking to the patient.

## **Group Ground Rules**

1. Set a time to meet with your group face to face early in the week to discuss the question and also towards the end of the week before you submit an answer. Total group participation is important, everyone has something to contribute.
2. Responsibility should be rotated among the group. For example one time person A is in charge of emails, while person B is in charge of research and person C submits the final answer. Rotate the next week.
3. **CC each other on all emails to and from the patients. Keep each other in the loop on responses from the patients and phrasing of recommendations.**
4. Disagreements. In the event of a disagreement about the treatment of your patient, evaluate your options in a partisan manner and negotiate a solution. Conflict management is a skill you will need to learn as a pharmacist. Try to work it out as a group, if situations are not resolved please contact the instructor.
5. Respect each other’s ideas and time. Both are valuable commodities. If you agree on a meeting time, stick to it.

## **Assessment:**

* + Students will be assessed weekly using the rubric in Appendix B. Each week correspondence will be graded from 20. You will submit 4 entire correspondences (80points) that will be averaged to 10 points
	+ Students will also select a question they learned the most from as a final oral presentation at the end of the semester

# Role Playing Activity

Pharmacists have always played an important role in managing self-care situations, in addition to recommending OTC products to help patients deal with their health issues. By asking the patients appropriate questions, pharmacists can learn when self-medication is appropriate or referral is needed.

Schools of pharmacy now make self-care management an important part of pharmacy education. Role playing, along with case studies, are the most widely used activities.

Role play exercises give students the opportunity to assume the role of a person or act out a given situation. These roles can be performed by individual students, in pairs, or in groups which can play out a more complex scenario.

## **Objectives**

* Motivate and engage students in real-life situations “stressful, unfamiliar, complex, or controversial” which requires them to examine personal feelings toward others and their circumstances
* Provide students with the opportunity to take part in activities which mirror career-related scenarios*.*
* Enhance current teaching strategies and allows ongoing assessment of student learning
* Enhances higher level thinking skills
* Provide real-world scenarios to help students learn
* Learn skills used in real-world situations (negotiation, debate, teamwork, cooperation, persuasion)
* Provide opportunities for critical observation of peers

## Description

Role playing activities will be divided into four stages

**Preparation and explanation of the activity by the demonstrator**

* Activity will be carefully explained and supervised in order to involve the students and to enable them to learn as much as possible from the experience.
* Instructors will act as patients presenting with a scenario for a self-care issue.
* Students will be divided into 4 groups. Each group is responsible for assigning responsibilities to each member. Responsibilities should be rotated among members.
1. **Student preparation of the activity**

Students need to read and prepare the topic in advance, by checking the syllabus.

1. **The role-playing**
* Students should be dressed and act professionally.
* Instructors will act as the patient, and one student of each group will act as a pharmacist.
* 15 minutes will be given to each group to discuss &prepare their questions in advance.
* Student “Pharmacist” will interview the instructor ‘’Patient’’ and ask questions as needed (10 minutes). Other members will observe the interaction.
* Group members will discuss the patient condition and come up with an appropriate and complete plan utilizing references as needed (15 minutes)
* Another group member will act as ‘’Pharmacist’’ and convey the plan to instructor ‘’Patient’’ and respond to any further questions or concerns. (10 minutes)
1. **The discussion or debriefing after the role-play activity**
* The experience will be debriefed & discussed with all groups--good points, bad points, what worked well, what was less effective, and what did they learn that they would apply in real situations.
* Estimated time 10 minutes.

## **Assessment of the role play activity**

* Every role-playing activity will be graded out of 10 marks
* An evaluation checklist will be used to evaluate the group’s performance during role play (8 marks)
* At the end of the role play, students will submit a one page document summarizing the interaction using the SOAP format (2 marks)

## **Role Playing Activity Evaluation Form**

|  |  |  |
| --- | --- | --- |
| **Aspects** | **Description** | **Comment** |
| **Very weak** | **Weak** | **Good** | **Very good** |
| **1 2 3** | **4 5 6** | **7 8**  | **9 10** |
| **Professionalism (dress, behaviour...........)** |  |  |  |  |  |
| **Role Play Phase** |
| **Approach & introduction**  | Student introduced themselves with their NAME. |  |  |  |  |  |
| Student used appropriate title (e.g. STUDENT PHARMACIST) |  |  |  |  |  |
| **Non-Verbal Behavior & interviewing skills** | Appropriate eye contact |  |  |  |  |  |
| Body language displayed emotion and concern |  |  |  |  |  |
| Comfortable interpersonal communication distance |  |  |  |  |  |
| Student did not have distracting movements |  |  |  |  |  |
| Student demonstrated active listening. |  |  |  |  |  |
| Questions were open-ended except when necessary |  |  |  |  |  |
| Closed ended questions were limited to identifying specific information. |  |  |  |  |  |
| **Information Gathering** | Gathered important information about symptoms (description, modifying factors, patient efforts to relief symptoms) |  |  |  |  |  |
| Gathered essential patient history information (demographics, medical conditions, medication history, allergies.....) |  |  |  |  |  |
| **Assessment & Plan** | Identified the patient primary problem correctly |  |  |  |  |  |
| Identified exclusions for self treatment |  |  |  |  |  |
| Provided alternatives for relieving patient symptoms |  |  |  |  |  |
| Described recommended therapeutic approach to patient (including rationale) |  |  |  |  |  |
| Provided complete & accurate patient education (administration, side effects, duration, when to consult primary care provider) |  |  |  |  |  |
| Solicited questions/ concerns from patient & responded appropriately |  |  |  |  |  |
| **Total Score** | **Out of 180** |  | **Out of 8** |  |  |

**Course Binding Agreement**

 *“I have read this syllabus, understand its implications (and have sought clarification of those parts that were unclear to me), and will abide by it.* I understand that the course coordinator has the right to make alterations to the class and exam schedule as needed.”

*Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*University ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signature of Student: \_\_\_\_\_\_­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

To Student: Please fill and submit this page by Week 3 to course coordinator.