



UNIVERSITY OF MARYLAND
SCHOOL OF PHARMACY

SPECIAL STUDIES COURSES
PHMY 539 Didactic Special Project,
APEX 424 Research Experience,
APEX 428 Administration and General Practice Experience, or
APPC 490 Patient Care Practice Experience

This form must be submitted and approved prior to beginning the project.

Student Information

Student Name:

ID #:

Address:

Telephone #:

Academic Credit and Registration

Estimated # of hours to complete project: _____ # of credits to be awarded: _____ (PHMY 539 ONLY)

Start Date: _____ Semester: _____ Anticipated Completion Date: _____

Title of Project/Experience:

Special Study Course (select one – see descriptions below):

- PHMY 539 Didactic Special Project
- APEX 424 Research Experience – 4th Year ONLY (4 credits, 5 week rotation)
- APEX 428 Administration and General Practice Experience – 4th Year ONLY (4 credits, 5 week rotation)
- APPC 490 Patient Care Practice Experience – 4th Year ONLY (4 credits, 5 week rotation)

Coursemaster and Faculty Mentor Information

Coursemaster will circle one course] Coursemaster signature: _____

- Robert S. Beardsley, PhD for PHMY 539 and APEX 424
Vice Chair for Education, Pharmaceutical Health Services Research
Saratoga Building, Room 01-232
410-706-7587; rbeardsl@rx.umaryland.edu
- James Polli, PhD for PHMY 539 and APEX 424
Vice Chair for Education, Pharmaceutical Sciences
Health Sciences Facility II, 6th Floor
410-706-8292; jpolli@rx.umaryland.edu
- Mary Lynn McPherson, PharmD for PHMY 539
Vice Chair for Education, Pharmacy Practice and Science
Pharmacy Hall, Room 426
410-706-3682; mmcphers@rx.umaryland.edu
- Tom Dowling, PhD for APEX 424
Vice Chair for Research, Pharmacy Practice and Science
Allied Health Building, Room 540-E
410-706-0884; tdowling@rx.umaryland.edu
- Cynthia Boyle, PharmD for APEX 428 and APPC 490
Director, Experiential Learning Program
Pharmacy Hall, Room 760
410-706-1495; cboyle@rx.umaryland.edu

PHMY 539, APEX 424, APEX 428, and APPC 490 Special Studies Courses

Faculty Mentor/Preceptor Name:

Faculty Mentor/Preceptor Title:

Project Location:

Project Description

Goal Statement

Learning Objectives (please write at least 2 but not more than 6 learning objectives)

At the conclusion of this experience, the student should be able to:

- ①
- ②
- ③
- ④
- ⑤
- ⑥

Evaluation

At the conclusion of this experience, the student’s performance will be evaluated by the faculty mentor/preceptor using the Special Studies Evaluation Form. The letter grade will be determined by the total number of points earned. The relative weight of each learning objective will be:

- Objective ❶ %
- Objective ❷ %
- Objective ❸ %
- Objective ❹ %
- Objective ❺ %
- Objective ❻ %

I request that the Special Studies Elective described above be approved for academic credit. I understand that it is my responsibility to review my course of study with my academic advisor.

Student Signature

Date

I will supervise _____ during this experience and will evaluate his/her performance according to the learning objectives stated above.

Faculty Mentor/Preceptor Signature

Date

=====

PHMY 539 is a DIDACTIC elective that may include self-study and gathering background information. The focus is learning a body of knowledge rather than building specific pharmacy practice skills, which may be a portion but not the entire focus of this experience.

APEX 424 is an EXPERIENTIAL elective involving a faculty researcher and a specific research focus. Data are collected during this experience for the purposes of dissemination. This is available only during the 4th year.

APEX 428 is an EXPERIENTIAL elective that involves working with a preceptor in an administrative or general setting in order to build practice skill. This is available only during the 4th year.

APPC 490 is an EXPERIENTIAL elective that involves working with a preceptor in a patient care pharmacy practice setting in order to build practice skill. This is available only during the 4th year.

=====

SUBMISSION PROCESS:

PHMY 539 – submit to the Office of Student Affairs and send a copy to your faculty mentor and departmental course master

APEX 424, APEX 428, and APPC 490 – submit to the Experiential Learning Office and send a copy to your faculty mentor and departmental coursemaster

[At the completion of the project, your faculty mentor/preceptor will complete the final evaluation and it to the appropriate office.]

Rev. 5/4/09

SPECIAL STUDIES COURSES
 PHMY 539 Didactic Special Project
 APEX 424 Research Experience
 APEX 428 Administrative and General Practice Experience
 APPC 490 Patient Care Practice Experience

FACULTY MENTOR'S EVALUATION OF STUDENT PERFORMANCE

Student Name: _____

Starting Date: _____

Title of Project/Experience: _____

Faculty Mentor: _____

The student's performance is assessed in each learning objective by placing the number (see score definitions table below) in Column B that best describes the student's performance. The score is then multiplied by the number in Column C (based on the % weight for each learning objective). Column D is equal to the number of point earned for that learning objective.

SCORE DEFINITIONS TABLE

| Score | Rating | Performance Definition |
|--------------|--------------------|---|
| 5 | Exceeds Competency | Consistently and substantially exceeded performance standard. |
| 4 | Meets Competency | Always met and frequently exceeded performance standard. |
| 3 | Acceptable | Usually met the performance standard. |
| 0 | Unsatisfactory | Seldom met performance standards. Substantial improvement needed. |

| | Standard: At the conclusion of this special project experience, the student is able to: | | | |
|----------|--|----------|----------|----------|
| | Column A (Learning Objectives from Special Project Description) | B | C | D |
| 1 | | | x | |
| 2 | | | x | |
| 3 | | | x | |
| 4 | | | x | |
| 5 | | | x | |
| 6 | | | x | |
| | TOTAL | | | |

 Faculty Mentor's Signature

 Date

 Student's Signature

 Date

SCORE CONVERSION AND GRADE DETERMINATION

Process

1. The learning objectives for the elective are listed in Column A.
2. The approximate PERCENT of time the student is expected to participate in activities related to the learning objective is listed in Column C. (Total of Column C MUST equal 100%)
3. The number from the Score Definitions Table (previous page) that best describes the student's performance in each learning objective area is placed in Column B.

Letter Grade Determination and Submission

To determine the student's grade for the rotation:

1. The number in Column C is multiplied by the number in Column B, and the product placed in D.
2. The numbers in Column D are added.
3. The sum of the numbers in Column D is converted to a letter grade using the SCORE CONVERSION TO LETTER GRADE table below. ("C" is the minimum passing grade.)

Score Conversion To Letter Grade

| TOTAL COLUMN D | LETTER GRADE |
|----------------|--------------|
| 430 - 500 | A |
| 365 - 429 | B |
| 300 - 364 | C |
| < 300 | F |

4. The student and preceptor must sign the form to indicate that the assessment has been reviewed. The student's signature does not imply agreement with the assessment, only an understanding of the preceptor's basis for the evaluation.

For APEX 424, APEX428, and APPC 490, the evaluation form is to be returned to the Experiential Learning Office by the student no later than seven days following the completion of the rotation. Students are encouraged to keep copies of evaluations. Students are required to complete the on-line evaluation of self, preceptor, and site in accordance with ELP Policies and Procedures posted on the website: www.pharmacy.umaryland.edu – click on "Preceptors".

FOR APEX 424, APEX 428, and APPC 490 ONLY

Professionalism and Behavior Criteria

This evaluation should be completed by the preceptor at both the mid-point and at the conclusion of the student rotation. By the end of the rotation, a student must earn “Meets Competency (MC)” for all four professionalism criteria in order to pass the rotation. These criteria do not count toward the evaluation points for a grade.

| Item 1: Patient & Provider Communications | <u>Midpoint</u> (Select one) | <u>Final</u> (Select one) |
|--|---|--------------------------------------|
| The student <u>consistently</u> (>90%): (1) Introduces self at first encounters; (2) Greets patients and other health care professionals with a smile and/or positive inflection in voice; (3) Guards patient information from disclosure and seeks permission to disclose information to other parties (e.g. family, other health care professionals); (4) Demonstrates effective listening skills (good eye contact, non-verbal cues); AND (5) Speaks effectively and respectfully (e.g. not condescending, sarcastic, meek, nor overly-assertive). | Meets Competency | Meets Competency |
| (1) Does not meet criteria for Meets Competency as stated above; OR (2) The student inappropriately disclosed patient information on more than 1 occasion; OR (3) The student made negative or inappropriate public remarks about colleagues or patients on >1 occasion. | Significant Deficiency | Significant Deficiency |
| Comments: | | |
| Item 2: Appearance, Attire | <u>Midpoint</u> (Select one) | <u>Final</u> (Select one) |
| The student <u>consistently</u> (>90%): (1) Wears clothing that is professional in appearance (e.g. appropriate to the culture of the institution as defined by the preceptor, site dress code, and professional norms); (2) Minimizes wearing of jewelry in patient care areas; (3) Is well-groomed; AND (4) Wears name badge. | Meets Competency | Meets Competency |
| Does not meet criteria for Meets Competency as stated above. | Significant Deficiency | Significant Deficiency |
| Comments: | | |
| Item 3: Timeliness, Commitment | <u>Midpoint</u> (Select one) | <u>Final</u> (Select one) |
| The student <u>consistently</u> (>90%): (1) Completes assignments on or before deadline; (2) Arrives on time; (3) Calls/notifies preceptor when unable to meet deadline or arrive on time; (4) Gives high priority to completing course requirements during allotted rotation hours; AND (5) Arrives prepared with equipment and assignments as directed. | Meets Competency | Meets Competency |
| (1) Does not meet criteria for Meets Competency as stated above; OR (2) The student completes some responsibilities in such an untimely manner that it jeopardizes patient health or institutional efficiency. | Significant Deficiency | Significant Deficiency |
| Comments: | | |
| Item 3: Initiative | <u>Midpoint</u> (Select one) | <u>Final</u> (Select one) |
| The student <u>consistently</u> (>90%): (1) Accepts responsibility and demonstrates accountability without repeated reminders; (2) Demonstrates a sense of duty; (3) Demonstrates an earnest desire to learn; (4) Demonstrates the willingness and flexibility to contribute to the well-being of others; AND (5) Applies knowledge, experience, and skills to the best of his/her ability. | Meets Competency | Meets Competency |
| Does not meet criteria for Meets Competency as stated above. | Significant Deficiency | Significant Deficiency |
| Comments: | | |

Per Course Syllabus and ELP Policy:

The student will be assessed by the preceptor on performance and professionalism at the midpoint and at the end of the rotation. The midpoint evaluation will NOT be used in the calculation of the student's grade. Within one week after the last rotation day, all original Preceptor Evaluations/Assessments of Students must be submitted to the Experiential Learning Office. Failure to do so may result in a reduction of one letter grade. Evaluations can be either mailed or dropped off at the Experiential Learning Office by the student. Copies should be made and retained by both the student and the preceptor.

Each assessment form provides an area for preceptor and student signatures and comments. The student and preceptor sign the assessment forms to attest that the course objectives, including the required hours of participation, were accomplished and that the assessment was discussed. Note that signature by the student does not necessarily indicate the student's agreement with the assessment.

Midpoint Evaluation Date: _____

Final Evaluation Date: _____

Midpoint Preceptor's Signature

*Final Preceptor's Signature

Midpoint Student's Signature

*Final Student's Signature

*The preceptor and student sign this form to attest that the course objectives, including the required hours of participation, were accomplished and that the assessment was discussed. This does not necessarily indicate the student's agreement with the assessment.

Preceptor's Overall Comments:

Student's Overall Comments: