

SPECIAL STUDIES COURSES: PHMY 539, PHEX 509, PHEX 559

**Title of Project:**

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

Date:

**Student Information**

Student Name:

ID #:

Address:

Telephone #:

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

- PHMY 539 (Didactic special project)  
 PHEX 509 (Practice experience – APPE) - 4<sup>th</sup> Year ONLY – 4 credits, 5 week rotation  
 PHEX 559 (Research experience - APPE) – 4<sup>th</sup> Year ONLY – 4 credits, 5 week rotation

**Coursemaster and Faculty Mentor Information**

[Coursemaster will circle one course:]

Coursemaster signature: \_\_\_\_\_

- Cynthia Boyle, Pharm.D. for PHEX 509  
Director, Experiential Learning  
Pharmacy Hall, Room 760PH  
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- Robert S. Beardsley, PhD for PHMY 539 and PHEX 559  
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- James Polli, PhD for PHMY 539 and PHEX 559  
Vice Chair, Pharmaceutical Sciences  
Health Sciences Facility II, 6th Floor  
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- Stuart T. Haines, Pharm.D. for PHMY 539 and PHEX 559  
Vice Chair, Pharmacy Practice and Science  
Pharmacy Hall, Room 405PH  
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Faculty Mentor/Preceptor Name:

Faculty Mentor/Preceptor Title:

Project Location:

**Academic Credit and Registration**

Estimated # of hours to complete project:

# of credits to be awarded: (PHMY 539 ONLY)

Semester:

Start Date:

Anticipated Completion Date:

**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 ①	%
Objective ②	%
Objective ③	%
Objective ④	%
Objective ⑤	%
Objective ⑥	%

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.

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Student Signature

Date

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

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Faculty Mentor/Preceptor Signature

Date

=====  
***PHEX 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.*

***PHEX 509** is an EXPERIENTIAL elective that involves working with a preceptor in patient care or pharmacy management in order to build practice skill, and it is available only during the 4<sup>th</sup> year.*

***PHEX 559** is an EXPERIENTIAL elective involving a faculty researcher and a specific research focus. Data are collected during this experience for the purposes of dissemination, and it is available only during the 4<sup>th</sup> year.*

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**SUBMISSION PROCESS:**  
*PHEX 539 – submit to the Office of Student Affairs, and send a copy to your faculty mentor and departmental course master  
PHEX 509 & 559 – submit to Experiential Learning Office and send a copy to your faculty mentor and departmental course master*

*[At the completion of the project, your faculty mentor/preceptor will assign a grade submit it to the appropriate office.]*

**SPECIAL STUDIES COURSES (PHMY 539, PHEX 509, PHEX 559)  
Faculty Mentor's Evaluation of Student Performance**

**STUDENT NAME:** \_\_\_\_\_

**STARTING DATE:** \_\_\_\_\_

**TITLE OF SPECIAL ELECTIVE:** \_\_\_\_\_

**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 stated Special Project Description). Column D is equal to the number of point earned for that learning objective.

**SCORE DEFINITIONS TABLE**

<u>Score</u>	<u>Meaning</u>	<u>Defined as</u>
5	Outstanding	Consistently and substantially exceeded performance standard.
4	Effective	Always met and frequently exceeded performance standard
3	Acceptable	Usually met the performance standard.
2	Poor	Frequently did not meet performance standards. Improvement needed.
1	Unsatisfactory	Seldom met performance standards. Substantial improvement needed.

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

\_\_\_\_\_  
Faculty Mentor's Signature

\_\_\_\_\_  
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 PHEX 509 and PHEX 559, 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.

# TO BE COMPLETED FOR PHEX 509 AND PHEX 559 ONLY

## PROFESSIONALISM AND BEHAVIOR:

ACCEPTABLE RATINGS ARE REQUIRED FOR ALL FOUR CRITERIA IN ALL ROTATIONS.

<b><u>Item 1: patient &amp; provider communications</u></b>		<b>Midpoint</b>	<b>Final</b>
<b><u>A</u>ceptable</b>	The student <u>consistently</u> (greater than 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); <b><u>AND</u></b> (5) Speaks effectively and respectfully (e.g. not condescending, sarcastic, meek, nor overly-assertive).		
<b><u>N</u>ot acceptable</b>	(1) Does not meet criteria for acceptable as stated above; <b><u>OR</u></b> (2) The student inappropriately disclosed patient information on more than 1 occasion; <b><u>OR</u></b> (3) The student made negative or inappropriate public remarks about colleagues or patients on more than 1 occasion.		

<b>ITEM 2: APPEARANCE, ATTIRE</b>		<b>Midpoint</b>	<b>Final</b>
<b><u>A</u>ceptable</b>	The student <u>consistently</u> (greater than 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; <b><u>AND</u></b> (4) Wears name badge.	<b>Comments:</b>	
<b><u>N</u>ot acceptable</b>	Does not meet criteria for acceptable as stated above.		

<b>ITEM 3: TIMELINESS, COMMITMENT</b>		<b>Midpoint</b>	<b>Final</b>
<b><u>A</u>ceptable</b>	The student <u>consistently</u> (greater than 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; <b><u>AND</u></b> (5) Arrives prepared with equipment and assignments as directed.		
<b><u>N</u>ot acceptable</b>	(1) Does not meet criteria for acceptable as stated above; <b><u>OR</u></b> (2) The student completes some responsibilities in such an untimely manner that it jeopardizes patient health or institutional efficiency.		

<b>ITEM 4: INITIATIVE</b>		<b>Midpoint</b>	<b>Final</b>
<b><u>A</u>ceptable</b>	The student <u>consistently</u> (greater than 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; <b><u>AND</u></b> (5) Applies knowledge, experience, and skills to the best of his/her ability.		
<b><u>N</u>ot acceptable</b>	Does not meet criteria for acceptable as stated above.		