

PHRD 479 Self Care/Patient Assessment I

I. Contact Information

Course Coordinators:

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II. Course Prerequisites/Corequisites

Enrollment in the course requires second year pharmacy standing.

III. Course Description

Basic patient assessment skills required in the delivery of pharmaceutical care and principles of self care including: determining if self care is appropriate and recommending appropriate self care treatment including the use of nonprescription medications and other self care measures.

IV. Curricular Objectives and Outcomes

1. Provide Comprehensive Patient Specific Pharmaceutical Care.

- A. Evaluate each patient for self-treatment or referral.
 - i. Identify patient signs and symptoms amenable to self-treatment and identify contraindications to self-treatment. (OTC info)
 - ii. Identify the nature of the problem via a medical interview, medication history, and limited physical exam.
 - iii. Determine the appropriate action needed for the specific patient and their signs and symptoms. (Pharmacist work-up of drug therapy) (pharmacology and medicinal chemistry)
 - a. Refer the patient to the appropriate medical provider or facility given the specific patient and problem presentation.
 - 1) Appropriately match the severity of the problem with appropriate resources within the healthcare system.
 - 2) Identify community resources.
 - iv. Implement proper follow-up after the initial evaluation.
- B. Develop and implement an evidence-based care plan. (pharmacology, med chem., physiology, pathology, etc.)
 - i. Identify goals of therapy that are individualized to the patient.
 - ii. Develop a plan of care that includes interventions to resolve drug therapy problems, achieve the goals of therapy, and prevent drug therapy problems.
 - iii. Develop a schedule to follow-up and evaluate the effectiveness of outcomes from drug therapies and assess any adverse events experienced by the patient.
 - iv. Evaluate patient outcomes with respect to the achievement of goals of therapy, patient adherence, patient safety, and the development of new drug therapy problems.
- C. Document all activities involved with the provision of comprehensive patient specific pharmaceutical care.

2. **Communicate Effectively.**

- A. Counsel and educate patients regarding medication use, disease-state management, and health maintenance.
 - i. Assess the patient's level of literacy and health literacy.
 - a. Assess patients for physical/mental impairment impacting verbal and written communication processes.
 - b. Assess medical, disease-state knowledge, health knowledge, attitudes, and beliefs.
 - ii. Identify educational needs relative to pharmaceutical care.
 - iii. Identify educational resources available and select the best method to provide counseling/education.
 - iv. Provide information that empowers patients to effectively manage their medication-related health care.
- B. Develop population-based patient education programs.
 - i. Develop disease state educational programs.
 - ii. Identify educational needs relative to pharmaceutical care that exist among populations.
 - iii. Identify the most appropriate means to reach these populations.
 - iv. Define the audience.
 - v. Evaluate the effectiveness of the program.
- C. Collaborate with other healthcare professionals using appropriate effective communication in both written and oral forms.
 - i. Demonstrate fluency in medical terminology.
 - ii. Demonstrate appropriate written, verbal and non-verbal communication skills.
 - iii. Demonstrate appropriate listening skills
 - iv. Communicate in a professional manner.
 - v. Present and defend pharmacotherapy recommendations.
- D. Read, write, speak, listen, and use data, media, and computers to send and respond effectively to communications for varied audiences and purposes.
 - i. Construct appropriate and professional presentations to support communication.
 - a. Demonstrate proficiency in appropriate computer software.

- b. Prepare appropriate and relevant graphical support from available data.
 - c. Use acceptable reference styles.
 - d. Demonstrate appropriate written, verbal, and non-verbal skills.
 - e. Present and defend ideas in a logical and effective order.
 - f. Demonstrate ethical use in the procurement, derivation, use, and reporting of data.
- ii. Use appropriate and professional communication skills.
 - iii. Demonstrate appropriate listening skills.
4. **Think Critically.**
5. **Demonstrate Appropriate Interpersonal, Professional, and Ethical Behaviors.**

V. Course Specific Objectives and Outcomes

- Systematically gather and generate relevant information using a variety of methods and research tools.
- Synthesize information in order to draw conclusions, hypothesize, conjecture alternatives, or decide a course of action.
- Make and defend rational, ethical decisions.
- Promulgate a philosophy of care within healthcare settings.
- Demonstrate interaction behaviors that are appropriate for a particular interpersonal situation.
- For the disease states covered, the students should practice and refine the following abilities:
 - Recommend appropriate non-pharmacologic therapy based upon patient- and disease specific information.
 - Identify appropriate patients to benefit from non-pharmacologic therapy.
 - Non-pharmacologic therapy recommendations are based on patient-specific information (age, weight, height, lifestyle, occupation, etc)
 - Non-pharmacologic therapy recommendations are based on disease-specific information (pathophysiology, disease severity)
 - Recommend pharmacotherapeutic regimens based upon patient-, disease-, and drug specific information.
 - Identify correct drug, dose, route, frequency and duration
 - Drug dose, route, and frequency are justified based on drug-specific data (pharmacology, pharmacokinetics, pharmacodynamics)
 - Drug dose, route, frequency and duration are based on patient-specific data (age, weight, renal function, hepatic function, history, signs and symptoms).

- Drug dose, route, frequency and duration are based on disease-state specific data (pathophysiology, disease severity)
 - Recommendations include identifying endpoints for treatment based on the history of the underlying disease, desired clinical endpoints, and/or standard guidelines for therapy
 - If recommending IV therapy, an endpoint for IV therapy and guidelines for switching from IV to oral therapy (or other route) are provided
- Monitor pharmacotherapy for efficacy, toxicity, and adverse events.
 - Monitoring parameters take into account drug specific data (pharmacology, pharmacokinetics, pharmacodynamics)
 - Monitoring parameters take into account patient-specific data (age, weight, renal function, hepatic function, history, signs and symptoms).
 - Monitoring parameters take into account disease specific data. (pathophysiology, disease severity)
 - Identify pertinent subjective and objective parameters for efficacy
 - Identify pertinent subjective and objective parameters for toxicity/adverse effects
 - Establish intervals and frequencies for monitoring (e.g., check temperature twice daily, measure intake and output every 8 hours)
 - Identify potential drug interactions and monitors accordingly.
 - Educates patients and caregivers regarding the appropriate use of medications
 - States the name of the drug, dose, route, frequency and duration
 - Explain to the patient why the medication has been taken
 - Explain appropriate administration regarding drug usage, dosage, timing, technique, and missed doses.
 - Explains expected response to therapy both subjectively and objectively
 - Explains potential adverse effects and their management
 - Explains potential drug interactions with the therapy as they apply to the specific patient.
 - Summarizes information as needed.
 - Evaluate the appropriateness of patient-specific therapy and modify therapy as needed.
 - Determine if the regimen includes the correct drug, dose, route, frequency and duration based on drug-specific data. (pharmacology, pharmacokinetics, pharmacodynamics)
 - Determine if the regimen includes the correct drug, dose, route, frequency and duration based on patient-specific data. (age, weight, renal function, hepatic function, history, signs and symptoms)
 - Determine if the regimen includes the correct drug, dose, route, frequency and duration based on disease-specific data. (pathophysiology, disease severity)
 - Justification is provided to support the evaluation, selection of the most appropriate drug and is based on drug-, patient-, and disease-specific data.

- Justification for ruling out other therapies is provided and takes into account drug-, patient-, and disease specific data.
- Therapeutic plan is modified as needed. (e.g., discontinuing inappropriate or ineffective drugs, selecting the most appropriate drug.)

VI. Course Topics

Topics to be covered include physical assessment techniques and appropriate self care for dermatologic, Head, Eyes, Ears, Nose, and Throat (HEENT), and foot disorders, as well as, Pain and Fever.

VII. Instructional Methods and Activities

Instructional methods may include: traditional lectures, internet-based lectures with in-class discussion, distance learning, in-class discussion of patient cases, small group discussion, problem-based learning, case-based learning, use of SimMan, demonstration of various self care accessories and/or PA technique, and individual projects. Case Studies may be an application of principles of physical assessment, self care, and accessories. Quizzes may also be administered.

VIII. Evaluation and Grade Assignment

Grading/Class and Lab (80% of Total Grade):

Two written exams will be given, a midterm and a final, with each exam counting 40% toward the total class grade. Questions from the laboratory component will make up a substantial portion of both the midterm and final exams.

Grading/Other Assignments (20% of Total Grade): A Health History Paper, with the due date announced in the syllabus, will account for ten percent of the final grade (10% of Total Grade). During the laboratory component, students will work in groups and will be expected to participate completely in those groups. Students will be graded according to group participation and completion of weekly exercises, accounting for ten percent of the final grade (10% of Total Grade).

Exams

Exam dates will remain as stated in the syllabus, and exam questions may consist of any combination of multiple choice, true/false, short answer, and clinical situations.

Total Grade

The Total Grade will be determined, for both class and lab together, on a ten-point scale.

Grading Scale:

90% - 100%	= A
80% - 89%	= B
70% - 79%	= C
60% - 69%	= D
Below 60%	= F

The percentage grades will be determined from points earned, as described above. When averaging partial percentage points, 0.5% and above will be rounded up (ex: 89.5% = A); 0.4% and less will be rounded down (ex: 89.4% = B).

Undergraduate mid-term grades will be posted on-line for students to view via Arrow. Mid-term grades indicate a student's status at mid-semester only and do not indicate the final performance outcome of a student.

IX. Class Policies and Procedures

At a minimum, all policies stated in the current ULM *Student Policy Manual & Organizational Handbook* should be followed (see <http://www.ulm.edu/studentpolicy/>). Additional class policies include:

A. Textbook(s) and Materials:

Berardi RR, McDermott JH, et al. *Handbook of Nonprescription Drugs: An Interactive Approach to Self-Care*, 15th edition, Washington, DC, American Pharmaceutical Association, 2006.

Patient Assessment in Pharmacy Practice, by R.M. Jones and R.M. Rospond

Stethoscope with bell and diaphragm

B. Attendance Policy:

Class attendance is required. Class attendance is regarded as an obligation as well as a privilege, and students are expected to know attendance regulations and to attend regularly and punctually at classes in which they are enrolled. Failure to do so: (1) may prevent access to the classroom during regularly scheduled times; (2) may jeopardize a student's scholastic standing; and (3) may lead to suspension from the college or University. Students shall submit excuses for all class absences to professor within three class days after returning to classes. Professors shall accept an official University excuse. With the following exceptions professors are to determine whether absences are excused or unexcused: 1) Absences arising from authorized trips away from the University or from special duties at the University shall be excused. 2) Absences arising from a student's confinement in a hospital or other in-patient facility or doctor's excused absences shall be excused. Students are responsible for verifying this information to the faculty. 3) Absences arising from a death in the immediate family shall be excused. The immediate family is defined as spouse, child, step-child, mother, father, sister, brother, grandmother, grandfather, step-mother, step-father, step-brother, step-sister, aunt, uncle, mother-in-law or father-in-law.

Students will be required to attend both class and lab, as each will compliment the other. After assignments of groups A, B, C, and D are made, students will be required to attend their lab as scheduled. It is important that each student arrives on time for his/her lab, and attendance will be taken at the beginning of each lab. Only in extreme cases will students be allowed to switch lab groups, and only then if the student presents his/her case to the instructor for approval prior to that lab meeting. With each unexcused absence, the course coordinator has the right to deduct 2% from the Total Grade. With the third unexcused absence, the final grade will automatically drop one letter grade for each successive absence. Absences that will be considered excused include: 1) A physician's excused absence or absence occurring due to an in-patient hospital stay; 2) An absence due to a University-authorized trip away from campus; or 3) An absence arising from a death in the immediate family. In any of the above cases, the student will submit the excuse within 3 class days of returning to class. All excused labs will be made up through the completion of an outside assignment, at the discretion of the instructor on record.

C. Make-up Policy:

If the student cannot attend an exam, **ADVANCE NOTICE MUST BE GIVEN** to the instructor. If the student has a University approved excuse for missing the exam, an opportunity will be given for a make-up exam during the appropriate final exam period (finals week). Failure to attend a scheduled make-up will result in a grade of zero (0) for that exam. A missed midterm or final exam that is not excused will be treated as an incomplete and will be handled within the guidelines set forth in the University Catalog. Excused make-ups will be within one week of the student's return to class at the convenience of the instructor. Excused absences will be determined using the guidelines stated in the University Catalog.

D. Academic Integrity: Faculty and students must observe the ULM published policy on Academic Dishonesty (see Page 4 in *ULM Student Policy Manual* - <http://www.ulm.edu/studentpolicy/>).

Cheating, plagiarism, or other inappropriate conduct will not be tolerated. Academic cheating includes but is not limited to the accomplishment or attempted accomplishment of the following:

1. Copying or obtaining information from another student's test paper.*
2. Using, during a test, materials not authorized by the person giving the test.**
3. Collaborating, conspiring, or cooperating during an in-class or take-home test with any other person by giving or receiving information without authority.
4. Stealing, buying, or otherwise obtaining all or part of an unadministered test.
5. Selling or giving away all or part of an unadministered test or any information concerning specific questions and items on an unadministered test.
6. Requesting, bribing, blackmailing, or in any other way causing any other person to obtain an unadministered test or information about an unadministered test or a test in the process of being administered.
7. Substituting for another student, or permitting any other person to substitute for oneself to take a test.
8. Submitting as one's own, in fulfillment of academic requirements, any work prepared totally or in part by another person.
9. Any selling, giving, or otherwise supplying to another student for use in fulfilling academic requirement any work.
10. Submitting artificially produced data or information in the place of descriptive, experimental, or survey results.
11. Any other devious means of securing an unearned grade in a non-credit course or in a course offered for credit.
12. Using, during a test, any electronic storage device, wireless and/or internet-based technology, or any other means that provides information not authorized for use during the testing period.

*A student looking on another student's paper is considered cheating.

**The presence on one's person (or in close proximity thereto) of a condensation of test information which could be regarded as a "cheat sheet" will be considered adequate evidence to establish cheating.

Plagiarism is the use of any other person's work (such work need not be copyrighted) and the unacknowledged incorporation of that work in one's own work offered for credit.

Censures (Penalties)

Academic dishonesty will result in a referral to Committee on Ethical and Professional Standards with a recommendation for a grade of “F” for the course and expulsion from the College. Academic dishonesty includes but is not limited to the use of information taken from others work or ideas, the provision of help to others on non-collaborative evaluations (tests, quizzes, etc.), collaboration on take home exams, or the use of unapproved information or electronic devices to assist in obtaining an answer to the question.

E. Course Evaluation Policy: Students are expected to complete the on-line course evaluation. It is requested that they also complete the College of Pharmacy course and instructor evaluations, including providing comments. In addition, individual feedback is encouraged throughout the course.

F. Student Services: Information concerning student services in the College of Pharmacy can be found in the College of Pharmacy Student Handbook. In particular, students you pay special attention to the Colleges technical standards and policies concerning students with special needs. ULM student services, such as Student Success Center (<http://ulm.edu/cass/>), Counseling Center (<http://ulm.edu/counselingcenter/>), and Student Health Services, is available at the following Student Services web site <http://ulm.edu/studentaffairs/>

G. Emergency Procedures:

Please review the emergency escape plan in the classrooms and hallways of the Bienville building. Move quickly and orderly to the appropriate stairwell and exit the building. The meeting place for this class will be the far end of the north parking lot between Bienville and Broadmoor Blvd. Under no circumstances is the elevator to be used for emergency evacuation. Any student needing assistance should notify the professor immediately. For emergencies, to contact University Police, call 1-911 from landlines and **342-5350** from cell phones.

H. Discipline/Course Specific Policies: Students are responsible for all information on Moodle[®] and/or instructor websites. Students are expected to check these sources regularly to access class materials, required readings, assignments, and other information necessary for this course

X. Tentative Course Schedule (Note: This section should appear on a separate page.)

A. Contact Information:

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B. Schedule:

The instructor reserves the right to adjust the schedule as needed.

Topic	Lecturer	Date	Reading/Assignments
Intro to Physical Assessment	All	Week 1	
Intro to Self Care	Racca		
LAB: History Taking and Physical Exam Techniques	Sherman		
Vital Signs: Respiration, Pulse, Blood Pressure, and Temperature	Caldwell	Week 2	
LAB: Vital Signs	Caldwell		
Assessment of HEENT	Sherman	Week 3	
Self Care: Allergy, Cough, and Cold	Nickelson		
Self Care: Ophthalmic/Lens Care	Zagar	Week 4	
Self Care: Otic	Zagar		
Self Care: Oral Pain/Hygiene	Ranzino	Week 5	
LAB: HEENT			
Dermatological Assessment: Skin, Hair, and Nails	Steffenson	Week 6	
Self Care:	Steffenson		

Dermatitis/Dermatoses			
Self Care: Insect Bites/Stings	Steffenson	Week 7	
Self Care: Pediculosis	Steffenson		
Self Care: Acne	Steffenson	Week 8	
Self Care: Sun Induced Skin Disorders	Steffenson		
Self Care: Dermatological Infections	Racca	Week 9	
LAB: Dermatology	Steffenson		
LAB: SimMan Vital Signs	Steffenson	Week 10	
LAB: Health History	Sherman		
Neurological Assessment	Racca	Week 11	
Self Care: Pain and Fever Disorders	Nickelson		
LAB: Neurological Assessment	Racca		
Assessment of the Cardiovascular System	Racca	Week 12	
LAB: Cardiovascular System	Racca		
Assessment of the Chest and Lungs	Sherman		
LAB: Chest and Lungs	Sherman	Week 13	
LAB: SimMan Cardiovascular System	All		
Assessment of Peripheral Vasculature	Sherman		
Self Care: Foot Disorders	Racca	Week 14	
LAB: The Diabetic Foot	Sherman		