Syllabus: Case Studies in Community Pharmacy (#2217021562)
Second Semester 202.. /202..

COURSE INFORMATION	
Course Name: Case Studies in Community Pharmacy **Learning method:** Face-to-face learning **Semester:** Second **Department:** Clinical Pharmacy & Pharmacy Practice **Faculty:** Pharmaceutical Sciences	**Course Code:** 2217021562 **Section:** 1 **Core Curriculum**: 2019 Study Plan **JNQF Level:** 7
Days and Times: According to HU timetable/semester **Classroom:** As per semester **Date prepared:** December 2021 **Date updated:** November 2024	**Credit Hours:** 3 (Theory of integrating science and practice, practice-focused with many applications) **Prerequisites**: 131701438 (Non-Prescription Drugs and Parapharmaceuticals)

COURSE DESCRIPTION

This course equips future community pharmacists with the necessary training to implement patient care services in a dynamic and challenging environment. This is achieved by community pharmacy practice case scenarios and MyDispense community pharmacy simulation program exercises to manage medications and diseases, educate patients and customers and safely dispense medications.

Topics that are covered here include case studies of typical problems occurring in the community pharmacy practice such as cardiovascular, endocrine, and respiratory disorders, eye and ear problems, women's health, childhood conditions, insomnia, smoking cessation, painful conditions, and obesity and weight management services. These topics will be discussed to provide students with an understanding of disease states and pharmacotherapy as they relate to the management of patients in the community pharmacy practice setting with emphasis on important practical points and when to refer the patient. In addition, other topics related to patient-centered communication, meeting diverse patient communication needs, and communication barriers and challenges will be learnt, practiced and assessed using patient-pharmacist's dialogues.
Throughout the course, students will have a variety of learning opportunities to develop and enhance their professional judgment, knowledge, and the skills needed to practice in the community pharmacy setting in the provision of pharmaceutical care and the various types of patient care interactions including obtaining medication histories, assessing the appropriateness of medication regimens, counseling patients, monitoring therapies, and providing appropriate drug information to patients, care givers, and other healthcare professionals.

DELIVERY METHODS

The course will be delivered through a combination of **active learning strategies** in which students will be encouraged to participate and be actively involved in the learning process. These include:

- Registered students in the course will work in teams on a particular topic and activity (of the week) to discuss community pharmacy practice case scenarios. For example, a case about the safety of narrow therapeutic index drugs (such as digoxin), warfarin and food interaction, antibiotics without a prescription, proper medication tapering or titration, avoiding/managing ADRs, detecting/preventing D-DIs, etc. Upon completion of each case, discussions with the students will provide feedback on their performance and how they can improve.
- In addition, case scenario-based exercises through the web application MyDispense (developed by Monash University) will be used for community pharmacy simulation that will help pharmacy students develop confidence and skills in safe medication dispensing. MyDispense example:

  https://www.youtube.com/watch?v=opzI0abl0GM
- Moreover, students will practice patient education and counseling on medications and disease states by rolling play as pharmacists with the instructor as the patient/customer/care-giver. (appendix 1)
- Medication/practice-oriented activity that can represent one of the following:
  - In-service education which is an opportunity for students to practice public speaking and engaging with interprofessional colleagues. The student will prepare a 10-30 minute presentation as well as a handout on a relevant topic.
  - Journal club (appendix 2) presentation in which journal articles should be studies from peer-reviewed journals preferably published within the last 6 - 12 months. The article and topic should be applicable to community pharmacy practice and approved by the instructor at least 5 days prior to the scheduled presentation. The primary article chosen for presentation should be compared to other relevant literature. Students should prepare a typed-written handout for each journal club. Students should be prepared to discuss the strengths and weakness points of the articles they are presenting.
  - Forming crosswords about a particular theme of management or medications of the week.
  - Informal discussions to discuss patient cases, disease states, pharmacotherapy, and topics commonly seen in the community pharmacy care setting. The instructor may assign pre-reading (e.g. articles, book chapters) as part of the informal discussions.

Topic discussions which are learning experiences in which the student should lead and prepare the discussion. A handout and related references should be included as well.

FACULTY INFORMATION

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Office Hours:	**To be determined and announced** ***Please send an e-mail (enaam@hu.edu.jo) to meet at any other time.***

REFERENCES AND LEARNING RESOURCES

Required Textbooks:

1. Blenkinsopp A., Duerden M., Blenkinsopp J. ***Symptoms in the Pharmacy: A Guide to the Management of Common Illnesses*** (Wiley-Blackwell: 8 e 2018) ISBN-10: 9781119317968

2. Raymond, R., Dhillonn S. (2009). **Pharmacy Case Studies**. Pharmaceutical Press.

3. Daniel L. Krinsky et al. ***Handbook of nonprescription drugs: an interactive approach to self-care*** (American Pharmacists Association (APhA): 19 e 2017) ISBN-10: 1582122652

4. Bertram Katzung. ***Basic and Clinical Pharmacology*** (McGraw Hill / Medical: 14 e 2017) ISBN-10: 1259641155

5. Bertram G. Katzung, Marieke Kruidering-Hall, Anthony J. Trevor. ***Katzung & Trevor's Pharmacology Examination & Board Review*** (McGraw-Hill Education / 12 e 2019) ISBN: 978-1-25-964101-5

6. Gebru A. **Communication Skills in Pharmacy Practice: A Practical Guide for Students and Practitioners** (5th Edition) By William N Tindall, Robert S Beardsley and Carole L Kimberlin 2011, 242 pages, Lippincott Williams & Wilkins. Ethiop J Health Sci. 2012;22(1):67-69.

7. Joseph T. DiPiro, Gary C. Yee, L. et al. ***Pharmacotherapy: A Pathophysiologic Approach*** (McGraw Hill: 11e 2020) ISBN-10: 1260116816

Suggested Additional Resources:

8. Goode, J.-V. K. R., Roman, L. M., Weitzel, K. W., & American Pharmacists Association. (2009). **Community pharmacy practice case studies.** (PharmacyLibrary.) Washington, DC: American Pharmacists Association.

9. Crees, Zachary; Fritz, Cassandra; Huedebert, Alonso; et al. ***The Washington Manual of Medical Therapeutics*** (Wolters Kluwer: 36 e 2019) ISBN-10: 9388696840

10. Marie A. Chisholm-Burns, Terry L. Schwinghammer, Patrick M. Malone et al. ***Pharmacotherapy Principles and Practice*** (McGraw Hill / Medical: 5e 2019) ISBN-10: 1260019446

11. Brian K. Alldredge; Robin L. Corelli; Michael E. Ernst; et al. ***Applied Therapeutics: The Clinical Use of Drugs*** (Wolters Kluwer: 11e 2018) ISBN/ISSN: 9781496318299

12. Roger Walker & Cate Whittlesea Churchill. ***Clinical Pharmacy and Therapeutics*** (Churchill Livingstone: 5 e 2012) ISBN-10: 0702042935

Useful Web Resources:

13. Many drug information sources are now available on website:
www.uptodate.com (Through The HU e-library)
https://emedicine.medscape.com/
www.evidence.nhs.uk
www.drugs.com
www.myoclinic.org
www.Elm.Jo

For patients: https://patient.info/

14. The Pharmacists' Patient Care Process (PPCP). Available at https://jcpp.net/patient-care-process/

15. Centers for Disease Control and Prevention. Epidemiology and Prevention of Vaccine-Preventable Diseases. Hall E., Wodi A.P., Hamborsky J., et al., eds. 14th ed. Washington, D.C. Public Health Foundation, 2021. Available at https://www.cdc.gov/vaccines/pubs/pinkbook/index.html

16. Drugs and Lactation Database (LactMed) [Internet]. Bethesda (MD): National Library of Medicine (US); 2006-. Available from https://www.ncbi.nlm.nih.gov/books/NBK501922/?report=classic

COURSE OBJECTIVES

After course completion students will be able to:

1. Demonstrate safe medication dispensing practices, confidence, and a skillful patient care.
2. Appreciate that professional practice demonstrates that real-life issues cannot be considered in a black- and-white manner (that all questions or issues have right and wrong answers and a definite answer is possible), and what demarcates the professional is their appreciation and acceptance of uncertainty and their ability to make judgments based on the available evidence.
3. Expand their learning and application of knowledge across the science and practice disciplines.
4. Be familiar with pharmacists' roles and responsibilities in the community pharmacy setting.
5. Apply the principles of pharmacotherapy as they relate to community pharmacy practice.
6. Effectively communicate with all healthcare providers and patients.
7. Determine monitoring parameters and therapeutic endpoints for efficacious drug use.
8. Exhibit professional demeanor and accept responsibility to provide patient-centered care.
9. Display independent self-learning.

COURSE INTENDED LEARNING OUTCOMES (CILOs)

A. Foundational Knowledge

A.1 Recognize basic drug information for medications used to treat disease states commonly seen in the community pharmacy.

A.2 Recognize the roles of the community pharmacist as one of the healthcare providers for the safe and effective use of medications to achieve optimal outcomes of patient's health.

B. Essentials for Practice and Care

B.1 Perform medication reconciliation.

B.2 Analyze patient's subjective and objective information obtained during patient interview to assess the patient's pharmacotherapy regimen for appropriateness (dose, indication, frequency, duration, etc.), identify potential medication-related problems and develop a pharmacotherapy

and non-pharmacotherapy plan for patients.

C. Approach to Practice and Care

C.1 Illustrate effective patient counseling for disease states and medications (counseling upon refilling POMs, OTCs, and medicinal devices).

C.2 Demonstrate the ability to provide drug information to physicians, nurses, and other healthcare providers and therapy management to patients (especially of chronic diseases).

C.3 Deliver patient-centered care that includes social determinants of health, respects the choice of the patient and enhances adherence to treatment.

D. Personal and Professional Development

D.1 Show the ability to communicate effectively with patients, caregivers, peers, and other healthcare providers about management of patients.

D.2 Display positive self-esteem and confidence when working with others.

D.3 Demonstrate creative decision making when facing novel problems or challenges.

ACADEMIC SUPPORT

It is The Hashemite University policy to provide educational opportunities that ensure fair, appropriate and reasonable accommodation to students who have disabilities that may affect their ability to participate in course activities or meet course requirements. Students with disabilities are encouraged to contact their instructor to ensure that their individual needs are met. The University through its Special Need section will exert all efforts to accommodate for individual's needs.

Special Needs Section:
Tel: **00962-5-3903333 Extension: 4209**
Location: **Students Affairs Deanship/ Department of Student Welfare Services**
Email: **amalomoush@hu.edu.jo**
amalomoush@staff.hu.edu.jo

COURSE REGULATIONS

Participation

Students should consider reviewing some of the required or suggested readings prior to the course session. Readings may include guidelines, textbook chapters, primary literature, review articles, and up-to-date guidelines and clinical practice websites (e.g. Medscape, ASHP Daily Briefing).

Class participation and attendance are important elements of every student's learning experience at The Hashemite University, and the student is expected to attend all classes. A student should

not miss more than 15% of the classes during a semester. *Those exceeding this limit of 15% will receive a failing grade regardless of their performance*. It is a student's responsibility to monitor the frequency of their own absences. **Attendance record begins on the first day of class irrespective of the period allotted to drop/add and late registration. It is a student's responsibility to sign-in; failure to do so will result in a non-attendance being recorded.**

In exceptional cases, the student, with the instructor's prior permission, could be exempted from attending a class provided that the number of such occasions does not exceed the limit allowed by the University. The instructor will determine the acceptability of an absence for being absent. A student who misses more than 25% of classes and has a valid excuse for being absent will be allowed to withdraw from the course.

On average, students need to spend 15 hrs of study and preparation weekly. At the beginning of the lectures, students should be on time and should not leave before the end of the lecture without an accepted excuse. **If the student missed a class, it is his/her responsibility to find out about any announcements or assignments they have missed.** For any clarification, students should communicate with their instructor at her posted office hours or by appointment. Students should listen well to the lecture, if anyone has a question, he/she should ask the instructor. Students can find the course material at the course Microsoft team/Model after the lecture.

Sharing of course materials is forbidden. No course material including, but not limited to, course outline, lecture hand-outs, videos, exams, and assignments may be shared online or with anyone outside the class. Any suspected unauthorized sharing of materials, will be reported to the university's Legal Affairs Office. If a student violates this restriction, it could lead to student misconduct procedures.

Plagiarism

Plagiarism is considered a serious academic offence and can result in your work losing marks or being failed. HU expects its students to adopt and abide by the highest standards of conduct in their interaction with their professors, peers, and the wider University community. As such, a student is expected not to engage in behaviours that compromise his/her own integrity as well as that of The Hashemite University.

Plagiarism includes the following examples, and it applies to all student assignments or submitted work:

- **Use of the work, ideas, images or words of someone else without his/her permission or reference to them.**
- **Use of someone else's wording, name, phrase, sentence, paragraph or essay without using quotation marks.**
- **Misrepresentation of the sources that were used.**

The instructor has the right to fail the coursework or deduct marks where plagiarism is detected

Missed Assessments

In all cases of assessment, students who fails to attend an exam on the scheduled date without prior permission, and/or are unable to provide a medical note, will automatically receive a failure grade for this part of the assessment.

In cases where a student misses an assessment on account of a medical reason or with prior permission; in line with university regulations an incomplete grade for the specific assessment will be awarded and an alternative assessment or extension can be arranged.

Cheating

Cheating, academic disconduct, fabrication and plagiarism will not be tolerated, and the university policy will be applied. Cheating policy: The participation, the commitment of cheating will lead to applying all following penalties together:

- Failing the subject, he/she cheated at
- Failing the other subjects taken in the same course
- Not allowed to register for the next semester
- The summer semester is not considered as a semester

Student Complaints Policy

Students at The Hashemite University have the right to pursue complaints related to faculty, staff, and other students. The nature of the complaints may be either academic or non-academic. For more information about the policy and processes related to this policy, you may refer to the students' handbook.

COURSE ASSESSMENT

Course Calendar and Assessment

Students will be graded through the following means of assessment:

- **Formative assessment**

  All case studies, 1 role play, 1 MyDispense exercise

- **Summative assessment:**

  Role plays, MyDispense exercises, Crosswords, Journal club, Midterm exam, Final exam

  Test questions will predominately come from material presented in the lectures and the lectures themselves. Semester exams may be conducted during the regularly scheduled lecture period. Exam may consist of a combination of multiple choice, short answer, match, true and false, and/or descriptive questions.

  No make-up exams will be given. Only documented absences will be considered as per HU guidelines. Make-up exams may be different from regular exams in content and format.

Course Assessment Plan						
Assessment	**Grade Weighting**	**Deadline Assessment**	**CILOs**			
			A	**B**	**C**	**D**
Topic presentation, Case scenario discussion, (reports/group/ week)	15 % (average/all weeks/group)	~2nd - 13th week	A	B	C	D
Role Play (Patient counselling and education) (2-3/student/ semester)	15 % (Average of all 2-3 sessions/student/semester) – appendix 1	~3nd - 13th week	A	B	C	D
Two reports of two MyDispense exercises (2/student/ semester)	5 % (Average of 2 reports)	1st report submission: ~ start of April (Discussion ~mid of April) 2nd report submission: ~10 May (Discussion ~17 May)	A	B	C	D
Medication/Practice-Oriented Activity (Crosswords, Journal Club, In-service Education, etc.) (reports/group/ week)	5 % (average/all weeks/group)	~2nd - 13th week	A	B	C	D
Midterm Exam	20%	~ 10th week	A	B	C	D
Final Exam	40 %	~ 15th week	A	B	C	D

Grades are not negotiable and are awarded according to the following criteria:

Letter Grade	Description	Grade Points
A+	Excellent	4.00
A		3.75
A-		3.50
B+	Very Good	3.25
B		3.00
B-		2.75

C+	Good	2.50
C		2.25
C-		2.00
D+	Pass	1.75
D	Pass	1.50
F	Fail	0.00
I	Incomplete	-

WEEKLY LECTURE SCHEDULE AND CONTENT DISTRIBUTION

"Lecture hours and weeks are approximate and may change as needed"

Note: For the 1 lecture period per week (on Wednesday), one lecture period covers 3 lecture hours (150 minutes).

All lectures are delivered by face-to-face learning.

Course Content					
Assessment Methods	**Delivery Methods**	**Subjects**	**CLOs**	**Hours**	**Week #**
Exams	Active Classroom-Based Discussions Dispensing exercis - Simulation of community pharmacy Role play Practical Activity	- **Students' expectations** - **Introduction to the course outline** - **MyDispense exercise demo.** - **Role play demo. by the instructor (patient education & counseling)** - **Crosswords activity created by the instructor**	A, B, C, D	**3**	1
Exams Reports Role plays	PowerPoint Lecture Active Classroom-Based Discussions Role Play Practical Case Scenarios Practical Activity	**Eye Conditions (red eye: conjunctivitis, blepharitis, painful red eye; corneal ulcers, keratitis, iritis/uveitis, glaucoma, contact lenses, dry eye)** - Topic presentation - **Pharmacist-patient relationship, a collaborative approach** (four modes of the patient-provider relationship) - Case scenario exercises (**CVD, DM, thyroid, & eye conditions**) - Role play (patient education & counseling) - Crosswords	A, B, C, D	**3**	2

Exams Reports Role plays	Active Classroom-Based Discussions Practical Case Scenarios Role plays Practical Activity	**Common ear problems (earwax, otitis externa (OE), otitis media, glue ear, ear plugs)** **Motion sickness and its prevention** - Case study exercises discussion (learn, practice, and assess of 2 patient dialogues about **Medication adherence and patient communication**) - Role play (patient education & counseling) - Crosswords	A, B, C, D	**3**	3
Exams Reports Role plays	Active Classroom-Based Discussions Practical Case Scenarios Role plays Practical Activity	**Women's Health part 1 (dysmenorrhoea, endometriosis, premenstrual syndrome, menorrhagia, vaginal thrush, emergency hormonal contraception common symptoms in pregnancy:** constipation, hemorrhoids, backache, cystitis, headache, heartburn, nausea/vomiting (morning sickness), vaginal discharge, skin irritation and stretch marks**)** - Topic presentation - Case study exercises discussion (learn, practice, and assess of 2 patient dialogues about **Communicating with patients with low health literacy**) - Role play (patient education & counseling) - Crosswords	A, B, C, D	**3**	4
Exams Reports Role plays	Active Classroom-Based Discussions Practical Case Scenarios Role plays	**Women's Health part 2 (dysmenorrhoea, endometriosis, premenstrual syndrome, menorrhagia, vaginal thrush, emergency hormonal contraception common symptoms in pregnancy:** constipation, hemorrhoids, backache, cystitis, headache, heartburn, nausea/vomiting (morning sickness),	A, B, C, D	**3**	5

	Practical Activity	vaginal discharge, skin irritation and stretch marks**)** - Topic presentation - Case study exercises discussion (learn, practice, and assess of 2 patient dialogues about **Communicating with young patients**) - Role play (patient education & counseling) - Journal club (appendix 2)			
Exams Reports Role plays (of interesting bits of the exercises)	Active Classroom-Based Discussions Practical Case Scenarios	**Review and discussion of the first MyDispense exercises submitted by the students**	A, B, C, D	**3**	6
Exams Reports Role plays	Active Classroom-Based Discussions Practical Case Scenarios Role plays Practical Activity	**Childhood Conditions part 1 (common childhood rashes:** chickenpox, measles, roseola infantum (sixth disease), fifth disease (erythema infectiosum), rubella (German measles), meningitis, rashes that do not blanch, **infantile colic, teething, nappy rash (napkin dermatitis), head lice, threadworm (pinworm), Oral thrush (oral candidiasis))** - Topic presentation - Case study exercises discussion (learn, practice, and assess of 2 patient dialogues about **Communicating with older patients**) - Role play (patient education & counseling) - Crosswords	A, B, C, D	**3**	7
Exams Reports Role plays	Active Classroom-Based Discussions Practical Case Scenarios	**Childhood Conditions part 2 (common childhood rashes:** chickenpox, measles, roseola infantum (sixth disease), fifth disease (erythema infectiosum), rubella (German measles), meningitis, rashes that do not blanch,	A, B, C, D	**3**	8

	Role plays Practical Activity	**infantile colic, teething, nappy rash (napkin dermatitis), head lice, threadworm (pinworm), Oral thrush (oral candidiasis))** - Topic presentation - Case study exercises discussion (learn, practice, and assess of 2 patient dialogues about **Communicating with patients with physical disabilities (including communication needs of patients with disabilities: myths and facts**) - Role play (patient education & counseling) - Crosswords			
Exams Reports Role plays	Active Classroom-Based Discussions Practical Case Scenarios Role plays Practical Activity	**Insomnia** **Smoking Cessation** - Topic presentation - Case study exercises discussion (learn, practice, & assess of 2 patient dialogues about **Environmental & psychological barriers to communication**) - Role play (patient education & counseling) - Crosswords	A, B, C, D	**3**	9
Exams Reports Role plays	Active Classroom-Based Discussions Practical Case Scenarios Role plays Practical Activity	**Painful Conditions part 1 (migraine, tension-type headache, medication overuse headache, cluster headache, musculoskeletal problems: Sprains and strains, muscle pain, bruising, head injury, bursitis, fibromyalgia, frozen shoulder, painful joints, rheumatoid arthritis, low back pain, repetitive strain disorder, whiplash injuries)** - Topic presentation - Case study exercises	A, B, C, D	**3**	10

		discussion (learn, practice, and assess of 2 patient dialogues about **Communicating about emotionally charged topics**) - Role play (patient education & counseling) - Crosswords			
Exams Reports Role plays (of interesting bits of the exercises)	Active Classroom-Based Discussions Practical Case Scenarios	**Review and discussion of the second 11 MyDispense exercises submitted by the students**	A, B, C, D	**3**	11
Exams Reports Role plays	Active Classroom-Based Discussions Practical Case Scenarios Role plays Practical Activity	**Painful Conditions part 2 (migraine, tension-type headache, medication overuse headache, cluster headache, musculoskeletal problems: Sprains and strains, muscle pain, bruising, head injury, bursitis, fibromyalgia, frozen shoulder, painful joints, rheumatoid arthritis, low back pain, repetitive strain disorder, whiplash injuries)** - Topic presentation - Case study exercises discussion (learn, practice, and assess of 2 patient dialogues about **Patient communication on sensitive topics**) - Role play (patient education & counseling) - Crosswords	A, B, C, D	**3**	12
Exams Reports Role plays	Active Classroom-Based Discussions Practical Case Scenarios Role plays	**Obesity and Weight Management Services** - Topic presentation - Case study exercises discussion (learn, practice, & assess of 2 patient dialogues about **Interprofessioal**	A, B, C, D	**3**	13

	Practical Activity	**communication**) - Role play (patient education & counseling) - Crosswords			
Reports	Active Classroom-Based Discussions	**Student's Reflection Report on:** - The course as a whole - Case scenario discussion - Role play (patient education & counseling) - MyDispense - Crosswords - Journal club - In-service education	A, B, C, D	**3**	14
Exam	-	**University Final Exams**	A, B, C, D	-	15

Appendix 1

Role Play (Patient Education and Counseling) Assessment Criteria

Marking criteria	Points (15)
Organisation	
Opening: -Appropriate greeting **(-0.25)** -Introduce self as a pharmacist **(-0.5)** -Verify who the patient is (check the name of the patient) **(-0.5)** -Explain the purpose of the session and the time duration expected **(-0.25)** -Obtain patient's agreement to participate **(-0.25)**	
Logical squence of information **(-0.5)**	
Closing: -Check patient's understanding **(-0.5)** -Summarize key points (patient or pharmacist) **(-0.25)** -Thank the patient **(-0.25)** -Show empathy **(-0.25)**	
Content*	
The session covers topic completely and in depth: <u>-Initiation of a therapy (new prescription):</u> ➢ Prime questions (open-ended): • What did your doctor tell you the medication is for? **(-0.25)** • How did your doctor tell you to take the medication? **(-0.25)** • What did your doctor tell you to expect? **(-0.25)** ➢ Medication review • Trade and generic name • Purpose of administration (cure a disease, eliminate/reduce symptoms, slow the disease process, or prevent the disease or a symptom) **(-0.25)** • Route and dosage form • Dosage and schedule of administration **(-0.25)** • Directions for preparing/using/administrating technique (may include adaptation to fit patients' lifestyles or work environments) **(-0.25)** • Expected time for the onset of action **(-0.25)** • Expected duration of the treatment **(-0.25)** • Precaution to potential drug-drug, drug-food, and drug-disease interactions and contraindications **(-0.5)** • Medication's relationships to radiologic and laboratory procedures (e.g., timing of doses and potential interferences with interpretation of results) • Common and severe adverse effects that may occur, referring to the possible or required actions to to be taken once they occur **(-0.5)** • Actions to be taken in case of missed or double dosing **(-0.25)** • Any other information in connection to the specific patient or drug (Exactly how much or how often to take it when the medication is prescribed as need, How to store the medication,	

Explain how to recognize the signs and symptoms of a therapeutic response and failure) <u>-Repeated prescription (show and tell questions):</u> **(-1)** • What do you take the medication for? • How do you take your medicine? • Have you had any problem regarding the directions for administration? • What kind of problems are you having? • Have you experienced any adverse or unexpected effects? • Have you missed any doses? Check when the last refill was. Check the adherence. - Questions about patient's condition before making a careful decision: • Who is ill (child, an old person, a pregnant woman, etc.)? **(-0.5)** • What is the complain? **(-0.25)** • How serious are the complaints, and how long have the symptoms existed? • Has the patient/caregiver attempted to alleviate the symptoms? How? **(-0.5)** • What is the medical and medication history of the patient? **(-1)** • Does the patient have any known allergies (to drugs, environmental materials, foods, etc.) including date of occurrence and type of reaction? **(-1)**	
Information is clear, appropriate, and accurate: -Uses lay and plain language clearly (no medical terminology) **(-1)**	
Delivery	
Ideas are communicated with enthusiasm, proper voice projection and clear delivery **(-0.5)**	
There is sufficient eye contact with the patient/caregiver/customer **(-0.5)**	
There is sufficient use of other non-verbal communication skills	
Appropriate delivery pace is used (Timing): -On time -Timing through the whole session	
Engaged speaker: -Relaxed, give pauses **(-0.25)** -Actively listening -Encourage patient to ask questions **(-0.25)** -Voice (tone, pace, volume) reflects the speaker connection to what he/she is saying	
Interaction with patient/caregiver/customer	
Answers to questions are coherent and complete **(-0.5)**	
Answers demonstrate confidence and extensive knowledge	
No interruptions to the patient/caregiver/customer when they are speaking **(-0.5)**	
Total mark	

*: When a patient comes into the pharmacy asking for a particular product suggested by an advertisement or a non-healthcare professional, or he/she complains of symptoms and asks for a drug to eliminate the uncomfortable condition, it is the pharmacist's responsibility to make a decision on the appropriate OTC medication or to refer the patient to a physician.

Appendix 2

Journal club Form

(Adapted from American Society of Health-System Pharmacists 2020)

Background & Overview		
Study citation		
Purpose/background		
Study objective		
Relevant previous literature		
Methods		
Study design		
Funding		
Population	Inclusion criteria	Exclusion criteria
Study procedures or interventions		
Outcomes		
Statistical analysis		
Results		
Study sample	Sample size	Baseline characteristics
Results		
Summary		

Discussion and Conclusions		
Evaluation of study quality	Strengths of the study	Limitations of the study
Author's discussion and conclusion		
Personal discussion and conclusion		
Application to patient care		

References: ……

Course outline last Updated by Dr Enaam M. Al Momany on 5th November 2024