FORM A
College of Pharmacy

Revised 05/08/2009

PROPOSAL SUMMARY AND ROUTING FORM

Proposal Title: Special Topics in Inpatient Medicine Advanced Pharmacy Practice Experience

Initiating Unit or Individual: pharmacy
Contact Person's Name: Cambria DeHoag  e-mail: dehoagc@ferris.edu  phone: 616-233-6552
Date or Term of Proposal Implementation: summer 2010
☐ Group I - A – New degree/major or major, redirection of a current offering, or elimination of a degree, major or minor
☐ Group I - B – New minors or concentrations
☐ Group II - A – Minor curriculum clean-up and course changes
☒ Group II - B – New Course
☐ Group III - Certificates
☐ Group IV – Off-Campus Programs

<table>
<thead>
<tr>
<th>Group/Individual</th>
<th>Signature</th>
<th>Date</th>
<th>Vote/Action *</th>
</tr>
</thead>
<tbody>
<tr>
<td>College Curriculum Committee</td>
<td>Elana Lovett</td>
<td>6/1/10</td>
<td>☑ Support</td>
</tr>
<tr>
<td>College Faculty</td>
<td></td>
<td></td>
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<tr>
<td>Dean</td>
<td>Samantha</td>
<td>1-25/10</td>
<td>☑ Support</td>
</tr>
<tr>
<td>University Curriculum Committee</td>
<td>Richard</td>
<td>2/24/10</td>
<td>☑ Support</td>
</tr>
<tr>
<td>Senate</td>
<td>Richard</td>
<td>2/26/10</td>
<td>☑ Support</td>
</tr>
<tr>
<td>Academic Affairs</td>
<td>Donald</td>
<td>3/4/10</td>
<td>☑ Support</td>
</tr>
</tbody>
</table>

* Support with Concerns or Not Support must include a list of specific concerns. Votes must be shown for faculty groups. Administrators check appropriate action taken.

To be completed by Academic Affairs

President (Date Approved)  Board of Trustees (Date Approved)  President’s Council (Date Approved)
1. Proposal Summary

(Summary is generally less than one page. Briefly: state what is proposed with a summary of rationale and highlights. Additional rationale may be attached.)

This course is an elective rotation within the Pharm.D. curriculum. It will streamline multiple elective rotations currently offered into this one course title. There are 3 required elective advanced rotations in the curriculum and a student may take this course 3 times.

2. Summary of All Course Action Required*

   a. Newly Created Courses to FSU:

      Prefix   Number   Title
      PHAR     650      Special Topics in Inpatient Medicine Advanced Pharmacy

   b. Courses to be Deleted From FSU Catalog:

      Prefix   Number   Title
      PHPR     604      Clinical Pharmacokinetics
      PHPR     608      Pediatric Medicine
      PHPR     614      Long term care
      PHPR     619      Pain Management
      PHPR     620      Cardiology
      PHPR     622      Pulmonary Medicine
      PHPR     623      Trauma Care
      PHPR     624      Critical Care
      PHPR     630      Emergency Medicine
      PHPR     632      Surgical Care
      PHPR     636      Nutrition
      PHPR     640      Psychiatry
      PHPR     642      Addiction Medicine
      PHPR     648      Infectious Disease
      PHPR     652      Oncology
      PHPR     660      Neonatology
      PHPR     664      Geriatrics

   c. Existing Course(s) to be Modified:

      Prefix   Number   Title

   d. Addition of existing FSU courses to program

      Prefix   Number   Title

   e. Removal of existing FSU courses from program

      Prefix   Number   Title

3. Summary of All Consultations

   Form Sent (B or C)   Date Sent   Responding Dept.   Date Received & by Whom
4. Will External Accreditation be Sought? (For new programs or certificates only)

_________ Yes   _________ No

If yes, name the organization involved with accreditation for this program.

5. Program Checksheets affected by this proposal.
FLITE SERVICES CONSULTATION FORM

To be completed by the liaison librarian and approved by the Dean of FLITE. All returned forms should be included in the proposal. FLITE must respond within 20 calendar days of receipt of this form to insure that the form is included in the final proposal.

FAILURE TO RESPOND IS CONSIDERED AS SUPPORT OF THE CHANGE.

RE: Proposal Title: Special Topics in Inpatient Medicine Advanced Pharmacy Practice Experience

Projected number of students per year affected by proposed change: 150

Initiator(s): Cambria DeHoag
Proposal Contact: Elsie Lovsted Date Sent: 2-11-2010
Department: College of Pharmacy Campus Address: College of Pharmacy
(Please print)

Liaison Librarian Signature: Alison Konieczny Date: 2-19-10
Dean of FLITE Signature: Sarah M. Morgen Date Returned: 2-19-10

Based upon our review on 2-19-10 (date), FLITE concludes that:

☐ Library resources to support the proposed curriculum change are currently available.

☐ Additional Library resources are needed but can be obtained from current funds.

☐ Support, but significant additional Library funds/resources are required in the amount of $__________.

☐ Does not support the proposal for reasons listed below.

Comment regarding the impact this proposal will have on library resources, collection development, programs, etc. Use additional pages if necessary.

With this course conversion, resources are adequate.
NEW COURSE INFORMATION FORM
See Sample – Limit to Two Pages Please

Course Identification:
Prefix: PHAR  Number: 650  Title: Special Topics in Inpatient Medicine Advanced Pharmacy

Practice Experience

Course Description:
This course will provide the student with additional opportunities to provide patient centered care in an acute/inpatient setting. Skills emphasized will be communication, drug information provision, monitoring of patient outcomes, drug therapy assessment, and patient/health care provider education. Practice settings include specialty areas and general internal medicine.

Course Outcomes:
The learner will achieve the following outcomes while in the inpatient/acute care practice setting.

1. Analyze patient information in order to provide patient-specific and population-based disease management.
2. Implement, monitor, evaluate, adjust, document and communicate the patient-specific and/or population-based disease management plan
3. Provide emergency care and develop health promotion services
4. Provide health promotion services in accordance with social, professional, ethical, and legal guidelines
5. List the obstacles to outcomes-based continuity of care for patients that are relevant to pharmacy practice.
6. Comply with relevant administrative, civil and criminal law related to the practice of pharmacy and be prepared to successfully complete the State of Michigan law exam.
7. Demonstrate basic communication skills and assess the quality of communication performance in situations involving reading, listening, writing, speaking, and use of data, media, and computers
8. Demonstrate improvement in basic communication skills and exhibit creativity in communication situations through the use of reading, listening, writing, speaking, and use of data, media, and computers
9. Communicate clearly, accurately, compassionately, confidently, effectively and persuasively using a variety of methods (i.e. reading, listening, writing, speaking, and the use of data, media, and computer skills) and with a variety of target audiences
10. Describe critical-thinking processes and the scientific method and apply them in developing solutions to simple problems
11. Identify and analyze ideas and problems of increasing complexity, generate defensible solutions, and establish criteria for evaluation of solutions
12. Make decisions regarding complex problems that require an integration of one's ideas and values within a context of scientific, social, cultural, and ethical issues
13. Recognize the role of values in personal and professional interactions. Maximize learning through the use of effective personal learning strategies
14. Evaluate personal and professional conduct according to ethical theories and principles. Improve personal performance through assessments by self and others
15. Adopt or construct ethical principles and use them as a guide for one's actions. Complete learning activities on an ongoing basis for personal and professional development based upon self-determined areas of deficiency and/or interest
Assessment:
Outcomes based evaluation

Course Outline including Time Allocation:

<table>
<thead>
<tr>
<th>Topic</th>
<th>Time (Hrs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experiential rotation placement (40 hours per week)</td>
<td>160</td>
</tr>
</tbody>
</table>
I. ACTION TO BE TAKEN: CREATE A NEW COURSE
Notes
1. Complete each item in Section I and Section II.
2. If this course is to be used as a prerequisite for other university courses, Form Fs that reflect the prerequisite change must be submitted for those courses as well.

Term Effective (6 digit code only): 201105 Examples: 200801(Spring), 200805(Summer), 200808(Fall)
Note: The first four digits indicate year, the next two digits indicate month in which term begins.

II. PROPOSED FOR NEW COURSE: Complete all sections a through r. See manual for clarification.

a. Course Prefix PHAR
b. Number 650

LECture [] LAB [] INDependent Study – Check (x) [] Practicum: 160 Seminar: [ ]

d. Course Title: Special Topics Inpatient Med
  (Limit to 30 characters/spaces.)

e. College Code: PH f. Department Code PHAR
Credit Hours: Check (x) type and enter maximum and minimum hours in boxes.
g. Type: [] Variable [x] Fixed h. Minimum Credit Hours [x] I. Maximum Credit Hours [x]

j. May Be Repeated for Added Credit: Check (x) [] Yes [ ] No Maximum times taken = 3

k. Levels: Check (x) [ ] Undergraduate [x] Graduate [x] Professional

l. Grade Method: Check (x) [x] Normal Grading [ ] Credit/No Credit only (Pass/Fail)
m. Does proposed new course replace an equivalent course? Check (x) [x] Yes [ ] No

n. Equivalent course: Prefix PHPR Number 650 See instructions on Replacement courses.
o. CATALOG DESCRIPTION – Limit to 75 words – PLEASE BE CONCISE.
This course will provide the student with additional opportunities to provide patient centered care in an acute/inpatient setting. Skills emphasized will be communication, drug information provision, monitoring of patient outcomes, drug therapy assessment, and patient/health care provider education. Practice settings include specialty areas and general internal medicine.
p. Term(s) Offered: Sp, Su, Fall (See instructions for listing.) q. Max. Section Enrollment: 150

r. Prerequisites/Co-requisites/Restrictions: (If none, leave blank.) Limited to 100 spaces. [ ]

UCC Chair Signature/Date: [Signature] 2/12/12
Academic Affairs Approval Signature/Date: [Signature] 3/4/16

To be completed by Academic Affairs Office: - Standard & Measures Coding and General Education Code
[ ] Basic Skill (BS) [ ] General Education (GE) [ ] Occupational Education (OC) [ ] G.E. Codes

Office of the Registrar use ONLY

Date Rec'd: _____ Date Completed: _____ Entered: SCACRSE _ SCADTL _ SCARRES _ SCAPREQ _
I. ACTION TO BE TAKEN: DELETE COURSE FROM CATALOG.

Note: Complete each section.

The course described below will be moved to inactive status.

a. Term Effective: Term **Spring** Year **2013** See instructions.

II. CURRENT COURSE TO BE DELETED FROM THE ACTIVE STATUS:

Include the information that is in the current course database.

a. Course Prefix **PHPR**

b. Number **604**

c. Enter Contact Hours per week in boxes.
   LECTure _______ LAB ____ INDependent Study – Check (x) ____
   Practicum: _______ Seminar: _______

d. Full Course Title: **Clinical Pharmacokinetics**

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UCO Chair Signature/Date: 

[Signature] 

2/14/10

Academic Affairs Approval Signature/Date: 

[Signature] 

3/14/10

Office of the Registrar use ONLY

Date Rec’d: ____ Date Completed: ____ Entered: SCACRSE __ SCADETLM __ SCARRES __ SCAPREQ __
DELETE COURSE
Course Data Entry Form

FORM F

Delete Course
Rev. 7/23/07

I. ACTION TO BE TAKEN: DELETE COURSE FROM CATALOG.

Note: Complete each section.

The course described below will be moved to inactive status.

a. Term Effective: Term Spring Year 2013 See instructions.

II. CURRENT COURSE TO BE DELETED FROM THE ACTIVE STATUS:

Include the information that is in the current course database.

a. Course Prefix b. Number c. Enter Contact Hours per week in boxes.
PHPR 608 LECTure LAB INDependent Study – Check (x) □
Practicum: 40 Seminar:

d. Full Course Title: Pediatric Medicine

UCO Chair Signature/Date: Academic Affairs Approval Signature/Date:

2/24/10

3/4/10

Office of the Registrar use ONLY

Date Rec’d: Date Completed: Entered: SCACRSE SCADTL SCARRES SCAPREQ
I. ACTION TO BE TAKEN: DELETE COURSE FROM CATALOG.

Note: Complete each section.

The course described below will be moved to inactive status.

a. Term Effective: Term Spring Year 2013 See instructions.

II. CURRENT COURSE TO BE DELETED FROM THE ACTIVE STATUS:

Include the information that is in the current course database.

a. Course Prefix b. Number c. Enter Contact Hours per week in boxes.
   PHPR  614 LECture LAB INDependent Study – Check (x) □
   Practicum: 40 Seminar: □

d. Full Course Title Long Term Care
I. ACTION TO BE TAKEN: DELETE COURSE FROM CATALOG.

Note: Complete each section.

The course described below will be moved to inactive status.


II. CURRENT COURSE TO BE DELETED FROM THE ACTIVE STATUS:

Include the information that is in the current course database.

a. Course Prefix [PHPR]  
b. Number [619]  
c. Enter Contact Hours per week in boxes.
   LECTure ________ LAB [ ] INDependent Study – Check (x) [ ]  
   Practicum: [40] Seminar: [ ]

d. Full Course Title: [Pain management]
I. ACTION TO BE TAKEN: DELETE COURSE FROM CATALOG.

Note: Complete each section.

The course described below will be moved to inactive status.

a. Term Effective: Term Spring Year 2013 See instructions.

II. CURRENT COURSE TO BE DELETED FROM THE ACTIVE STATUS:

Include the information that is in the current course database.

a. Course Prefix PHPR

b. Number 620

c. Enter Contact Hours per week in boxes.
LECture LAB [ ] INDependent Study – Check (x) [ ]
Practicum: 40 Seminar: [ ]

d. Full Course Title Cardiology

UCC Chair Signature/Date: ____________________________ 2/24/10

Academic Affairs Approval Signature/Date: ____________________________ 3/1/10

Office of the Registrar use ONLY

Date Rec’d: ____ Date Completed: ____ Entered: SCACRSE ___ SCADETL ___ SCARRES ___ SCAPREQ ___
DELETE COURSE
Course Data Entry Form

FORM F

Delete Course
Rev. 7/23/07

I. ACTION TO BE TAKEN: DELETE COURSE FROM CATALOG.

Note: Complete each section.

The course described below will be moved to inactive status.

a. Term Effective: Term  Spring  Year 2013  See instructions.

II. CURRENT COURSE TO BE DELETED FROM THE ACTIVE STATUS:

Include the information that is in the current course database.

a. Course Prefix  b. Number  c. Enter Contact Hours per week in boxes.
   PHPR  622  LECtue  LAB  INDependent Study – Check (x) □
   Practicum: 40  Seminar: □

d. Full Course Title  Pulmonary Medicine

UCC Chair Signature/Date:  Academic Affairs Approval Signature/Date:

[Signature]  2/7/10  [Signature]  3/4/10

Office of the Registrar use ONLY

Date Rec'd:  Date Completed:  Entered:  SCACRSE  SCADETL  SCARRES  SCAPREQ
DELETE COURSE FORM F
Course Data Entry Form

I. ACTION TO BE TAKEN: DELETE COURSE FROM CATALOG.

Note: Complete each section.

The course described below will be moved to inactive status.

a. Term Effective: Term Spring Year 2013 See instructions.

II. CURRENT COURSE TO BE DELETED FROM THE ACTIVE STATUS:

Include the information that is in the current course database.

a. Course Prefix b. Number c. Enter Contact Hours per week in boxes.
    PHPR 623 LECTure LAB INDependent Study – Check (x) 
    Practicum: 40 Seminar: 

d. Full Course Title: Trauma Care

UCC Chair Signature/Date:  

Academic Affairs Approval Signature/Date:  

Office of the Registrar use ONLY
Date Rec’d: ___ Date Completed: ___ Entered: SCACRSE ___ SCADTL ___ SCARRES ___ SCAPREQ ___
I. ACTION TO BE TAKEN: DELETE COURSE FROM CATALOG.

Note: Complete each section.

The course described below will be moved to inactive status.

a. Term Effective: Term Spring Year 2013 See Instructions.

II. CURRENT COURSE TO BE DELETED FROM THE ACTIVE STATUS:

Include the information that is in the current course database.

a. Course Prefix
   PHPR

b. Number
   624

c. Enter Contact Hours per week in boxes.
   LECTure    LAB    INDependent Study – Check (x) □
   Practicum: 40    Seminar: □

d. Full Course Title: Critical Care

UCC Chair Signature/Date:  
Academic Affairs Approval Signature/Date: 

Office of the Registrar use ONLY

Date Rec’d: ____ Date Completed: ____ Entered: SCACRSE ____ SCADETL ____ SCARRES ____ SCAPREQ ____
DELETE COURSE
Course Data Entry Form

I. ACTION TO BE TAKEN: DELETE COURSE FROM CATALOG.

Note: Complete each section.

The course described below will be moved to inactive status.

a. Term Effective: Term Spring Year 2013 See instructions.

II. CURRENT COURSE TO BE DELETED FROM THE ACTIVE STATUS:

Include the information that is in the current course database.

a. Course Prefix PHPR
b. Number 630

c. Enter Contact Hours per week in boxes.
   LECTure
   LAB [ ] INDependent Study – Check (x) [ ]
   Practicum: 40 Seminar: [ ]

d. Full Course Title: Emergency Medicine

UCC Chair Signature/Date: ___________________________ 2/24/10

Academic Affairs Approval Signature/Date: ___________________________ 3/8/16

Office of the Registrar use ONLY

Date Rec'd: ___ Date Completed: ___ Entered: SCACRSE ___ SCADETL ___ SCARRES ___ SCAPREQ ___
DELETE COURSE

Course Data Entry Form

FORM F

Delete Course
Rev. 7/23/07

I. ACTION TO BE TAKEN: DELETE COURSE FROM CATALOG.

Note: Complete each section.

The course described below will be moved to inactive status.

a. Term Effective: Term **Spring** Year **2013** See instructions.

II. CURRENT COURSE TO BE DELETED FROM THE ACTIVE STATUS:

Include the information that is in the current course database.

a. Course Prefix **PHPR**

b. Number **632**

c. Enter Contact Hours per week in boxes.

LECture  LAB [ ] INDependent Study – Check (x) [ ]

Practicum: **40** Seminar: [ ]

d. Full Course Title: **Surgical Care**

UCC Chair Signature/Date: [Signature]  7/24/10

Academic Affairs Approval Signature/Date: [Signature]  7/24/10

Office of the Registrar use ONLY

Date Rec’d: [ ] Date Completed: [ ] Entered: SCACRSE __ SCADETL __ SCARRES __ SCAPREQ __
I. ACTION TO BE TAKEN: DELETE COURSE FROM CATALOG.

Note: Complete each section.

The course described below will be moved to inactive status.

a. Term Effective: Term Spring Year 2013 See instructions.

II. CURRENT COURSE TO BE DELETED FROM THE ACTIVE STATUS:

Include the information that is in the current course database.

a. Course Prefix  
b. Number  
c. Enter Contact Hours per week in boxes.
   LECTure   LAB  INDependent Study – Check (x)  
   Practicum: 40  Seminar:  

d. Full Course Title: Nutrition
DELETE COURSE
Course Data Entry Form

FORM F

Delete Course
Rev. 7/23/07

I. ACTION TO BE TAKEN: DELETE COURSE FROM CATALOG.

Note: Complete each section.

The course described below will be moved to inactive status.

a. Term Effective: Term Spring Year 2013 See instructions.

II. CURRENT COURSE TO BE DELETED FROM THE ACTIVE STATUS:

Include the information that is in the current course database.

a. Course Prefix b. Number c. Enter Contact Hours per week in boxes.
PHPR 640 LECture LAB INDependent Study – Check (x) ☐
Practicum: 40 Seminar: ☐

d. Full Course Title: Psychiatry

UCC Chair Signature/Date:

[Signature] 3/14/10

Academic Affairs Approval Signature/Date:

[Signature] 3/14/10

Office of the Registrar use ONLY

Date Rec’d: ____ Date Completed: ____ Entered: SCACRSE __ SCADTL __ SCARRES __ SCAPREQ __
DELETE COURSE  
Course Data Entry Form

FORM F

I. ACTION TO BE TAKEN: DELETE COURSE FROM CATALOG.

Note: Complete each section.

The course described below will be moved to inactive status.

a. Term Effective: Term Spring Year 2013 See instructions.

II. CURRENT COURSE TO BE DELETED FROM THE ACTIVE STATUS:

Include the information that is in the current course database.

a. Course Prefix  b. Number  c. Enter Contact Hours per week in boxes.
PHPR  642  LECTure  LAB  INDependent Study – Check (x)  
Practicum: 40  Seminar: 

d. Full Course Title: Addiction Medicine

UCC Chair Signature/Date:  

Academic Affairs Approval Signature/Date:

Office of the Registrar use ONLY

Date Rec'd: ___  Date Completed: ___  Entered: SCACRSE ___  SCADETL ___  SCARRES ___  SCAPREQ ___
DELETE COURSE
Course Data Entry Form

I.  ACTION TO BE TAKEN: DELETE COURSE FROM CATALOG.

Note: Complete each section.

The course described below will be moved to inactive status.

a. Term Effective: Term  Spring  Year 2013  See instructions.

II. CURRENT COURSE TO BE DELETED FROM THE ACTIVE STATUS:

Include the information that is in the current course database.

a. Course Prefix  PHPR  b. Number  648  c. Enter Contact Hours per week in boxes.
   LECTure  LAB  INDependent Study – Check (x) □
   Practicum: 40  Seminar: □

d. Full Course Title: Infectious Disease
I. ACTION TO BE TAKEN: DELETE COURSE FROM CATALOG.

Note: Complete each section.

The course described below will be moved to inactive status.

a. Term Effective: Term  
   Spring  
   Year 2013  
   See instructions.

II. CURRENT COURSE TO BE DELETED FROM THE ACTIVE STATUS:

Include the information that is in the current course database.

a. Course Prefix  
   PHPR  

b. Number  
   652  

C. Enter Contact Hours per week in boxes.

   LECTure  
   LAB □  
   INDependent Study – Check (x) □

   Practicum: 40  
   Seminar: □

d. Full Course Title: Oncology

UCC Chair Signature/Date:  

Academic Affairs Approval Signature/Date:

Office of the Registrar use ONLY

Date Rec’d: □  Date Completed: □  Entered: SCACRSE □  SCADETL □  SCARRES □  SCAPREQ □
I. ACTION TO BE TAKEN: DELETE COURSE FROM CATALOG.

   Note: Complete each section.

   The course described below will be moved to inactive status.

   a. Term Effective: Term  **Spring**  Year  **2013**  See Instructions.

II. CURRENT COURSE TO BE DELETED FROM THE ACTIVE STATUS:

   Include the information that is in the current course database.

   a. Course Prefix  b. Number  c. Enter Contact Hours per week in boxes.
      **PHPR**  **660**  LECture  LAB  INDependent Study – Check (x) □
      Practicum:  **40**  Seminar: 

   d. Full Course Title: **Neonatology**

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**UCC Chair Signature/Date:**

**Academic Affairs Approval Signature/Date:**

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**Office of the Registrar use ONLY**

Date Rec’d: ___ Date Completed: ___ Entered: SCACRSE _ SCADETLE _SCARRES _ SCAPREQ _
I. ACTION TO BE TAKEN: DELETE COURSE FROM CATALOG.

Note: Complete each section.

The course described below will be moved to inactive status.


II. CURRENT COURSE TO BE DELETED FROM THE ACTIVE STATUS:

Include the information that is in the current course database.

a. Course Prefix
   PHPR

b. Number
   664

c. Enter Contact Hours per week in boxes.
   Lecture: [ ] Lab: [ ] Independent Study – Check (x) [ ]
   Practicum: [40] Seminar: [ ]

d. Full Course Title: [Geriatrics]