

November 20, 2008

THOMAS JEFFERSON UNIVERSITY  
JEFFERSON COLLEGE OF HEALTH  
PROFESSIONS



JEFFERSON SCHOOL OF PHARMACY  
STUDENT HANDBOOK – CLASS OF 2012

SEPTEMBER 2008

Jefferson School of Pharmacy, Jefferson College of Health Professions of Thomas Jefferson University reserves the right to amend or eliminate any information described herein as circumstances may require without prior notice to persons who might thereby be affected. The provisions of this handbook are not and may not be regarded as contractual between the College and its students or employees.

**THOMAS JEFFERSON UNIVERSITY  
JEFFERSON COLLEGE OF HEALTH PROFESSIONS  
JEFFERSON SCHOOL OF PHARMACY**

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**THOMAS JEFFERSON UNIVERSITY  
JEFFERSON COLLEGE OF HEALTH PROFESSIONS  
JEFFERSON SCHOOL OF PHARMACY**

**This student handbook is the property of:**

Student Name: \_\_\_\_\_

Student Email Address: \_\_\_\_\_

Faculty Advisor: \_\_\_\_\_

Advisor Email Address: \_\_\_\_\_

Advisor Telephone Number: \_\_\_\_\_

The most up-to-date version of the Jefferson School of Pharmacy (JSP) Student Handbook may be found online. Revisions to the Handbook may occur as necessary. All members of the JSP community will be alerted to such changes through their Jefferson Email account.

November 20, 2008

**THOMAS JEFFERSON UNIVERSITY  
JEFFERSON COLLEGE OF HEALTH PROFESSIONS  
JEFFERSON SCHOOL OF PHARMACY**

**Acknowledgement of Receipt of Student Handbooks**

My signature below acknowledges receipt of the Jefferson School of Pharmacy (JSP) Student Handbook. I understand that I am responsible for reading and abiding by the materials contained within the JSP Student Handbook, as well as the Jefferson College of Health Professions Catalog, and the Jefferson College of Health Professions Student Handbook and Academic Planner, all of which contain important information needed during my student experiences at Thomas Jefferson University.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

November 20, 2008

**SECTION A**

**INTRODUCTION TO THE JEFFERSON SCHOOL OF PHARMACY**

November 20, 2008

**JEFFERSON SCHOOL OF PHARMACY  
ADMINISTRATION**

**Rebecca S. Finley, PharmD, MS**  
Founding Dean

**Elena M. Umland, PharmD**  
Associate Dean for Academic Affairs

**Cynthia A. Sanoski, PharmD, FCCP, BCPS**  
Chair, Department of Pharmacy Practice

**Ashiwel S. Undieh, PhD**  
Chair, Department of Pharmaceutical Sciences

**Gerald E. Meyer, PharmD, MBA, FASHP**  
Director, Experiential Education

November 20, 2008

**MESSAGE FROM THE JEFFERSON SCHOOL OF PHARMACY DEAN  
TO INCOMING STUDENTS OF THE CLASS OF 2012**

It is both an honor and a pleasure to welcome you to the Jefferson School of Pharmacy and perhaps most importantly to welcome you as a member of our inaugural class - The Class of 2012! Our faculty and staff enjoyed meeting each of you during your interviews and look forward to getting to know you much better. Your class includes 74 individuals from more than 20 different states. Our faculty includes accomplished teachers who are representing both dedicated clinicians and researchers who share with me a deep commitment to improving the lives of patients through the advancement of health science and health care practice. We are all excited to have this opportunity to share our experience and our passion for pharmacy practice and research with you.

As you may know, one of the principal reasons for establishing The Jefferson School of Pharmacy was to fulfill the Thomas Jefferson University strategic initiative of optimizing interprofessional education and training. Thomas Jefferson University realizes that when all health care professionals – physicians, nurses, pharmacists, physical therapists and all other health care professionals work effectively as a team – our patients DO receive better care. So what better way to build this model of interprofessional care than to start during the education of future healthcare professionals so they can learn as an integrated team?

Our vision for the Doctor of Pharmacy Program at Jefferson is that our graduates will be prepared to collaborate with other health care professionals to provide exemplary patient-focused care and that they will be recognized for their leadership skills, cultural competency and social responsibility. Our Doctor of Pharmacy program is designed to provide you with the requisite knowledge, skills and experience to do just that.

Our curriculum is structured to assist you in understanding why the basic sciences, clinical information, pharmaceutical sciences and the administrative and social sciences are each important components of pharmacy practice. In addition, you will have the opportunity to apply what you learn in the classrooms and labs across a variety of pharmacy practice settings during the experiential portions of the program – working side by side with practicing pharmacists and caring for patients. Lastly, leadership skills integrated with a commitment to enriching our community and improving the health of our population are very important attributes of any health care professional. Through planned activities in the curriculum as well as the broad array of extracurricular activities, you will have the chance to start doing this as a student at Jefferson.

The opening of the Jefferson School of Pharmacy represents an exciting venture and I am personally delighted that you are sharing it with us. Our faculty is deeply committed to ensuring that the next 4 years will be a rewarding foundation for your professional careers. We invite and appreciate your feedback both through the formal evaluation processes as well as through informal recommendations regarding how we can enhance this experience for you and your colleagues.

Rebecca S. Finley, PharmD, MS, FASHP  
Founding Dean

November 20, 2008

**JEFFERSON SCHOOL OF PHARMACY  
FACULTY AND STAFF**

**Department of Pharmaceutical Sciences**

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Chair, Department of Pharmaceutical Sciences

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Tao Lowe, PhD

Vincent Njar, PhD

Peter Ronner, PhD, Jefferson Medical College

Douglas Tilley, PhD

Omar Tliba, PhD

Erica Lynch, Administrative Assistant to the Chair

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Chair, Department of Pharmacy Practice

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Emily Hajjar, PharmD, BCPS, CGP

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Field Coordinator, Experiential Education

Jacqueline Klootwyk, PharmD

Gerald E. Meyer, PharmD, MBA, FASHP  
Director, Experiential Education

Amy E. Miller, PharmD, BCPS

Laura T. Pizzi, PharmD, MPH, Jefferson Medical College

Elena M. Umland, PharmD

Anne Reiley, Administrative Assistant to the Chair

## **MISSION OF THE JEFFERSON SCHOOL OF PHARMACY**

The mission of the Jefferson School of Pharmacy (JSP) is to prepare its students for careers in the profession of pharmacy. Through the provision of a learner-centered, interdisciplinary curriculum, our students will develop the requisite knowledge, skills, and attitudes to provide excellent patient-centered and population-based care. Consistent with the mission of Thomas Jefferson University, we strive to develop in our students a sense of social, personal and professional responsibility.

## **VISION OF THE JEFFERSON SCHOOL OF PHARMACY**

The JSP will consistently demonstrate its ability to provide a superb environment that fosters collaborative relationships with health care practitioners and scientists that result in the advancement of patient care and safety, educational methodologies, and research. It will be recognized as a premier organization that advances the profession of pharmacy through our graduates and our faculty.

- Our graduates will be recognized for their: ability to provide outstanding patient-centered and population-based care; leadership skills; cultural competency; social responsibility; and commitment to maintaining professional competence throughout their careers.
- Our faculty will be recognized for their: strong commitment to the advancement of pharmacy and graduate education, patient care, and research; leadership in the professional societies and educational organizations; and strong commitment to the improvement of our community through service initiatives.

## **JEFFERSON SCHOOL OF PHARMACY CORE VALUES**

The JSP is committed to:

- maintaining a culture that fosters integrity, respect, social responsibility, diversity, and compassion;
- a learner-centered educational environment that recognizes the importance of lifelong learning;
- meeting the diverse needs of and fostering positive morale among our students, faculty and staff;
- preparing and encouraging our students to pursue postgraduate education and training programs;
- the continued professional development and mentoring of our students, faculty and staff;
- the development of leadership skills among students, faculty and staff;
- a research-rich environment that stimulates the advancement of science, patient care and safety, and educational effectiveness; and,
- maintaining an ongoing assessment program that results in the continuous improvement of our educational program, research endeavors, and infrastructure in an effort to support our mission and vision.

**Joint Commission of Pharmacy Practitioners (JCPP)  
Future Vision of Pharmacy Practice  
November 10, 2004**

**Vision Statement**

Pharmacists will be the health care professionals responsible for providing patient care that ensures optimal medication therapy outcomes.

**Pharmacy Practice in 2015**

The Foundations of Pharmacy Practice. Pharmacy education will prepare pharmacists to provide patient-centered and population-based care that optimizes medication therapy; to manage health system resources to improve therapeutic outcomes; and to promote health improvement, wellness, and disease prevention. Pharmacists will develop and maintain:

- a commitment to care for, and care about, patients.
- an in-depth knowledge of medications, and the biomedical, sociobehavioral, and clinical sciences.
- the ability to apply evidence-based therapeutic principles and guidelines, evolving sciences and emerging technologies, and relevant legal, ethical, social, cultural, economic, and professional issues to contemporary pharmacy practice.

How Pharmacists Will Practice. Pharmacists will have the authority and autonomy to manage medication therapy and will be accountable for patients' therapeutic outcomes. In doing so, they will communicate and collaborate with patients, care givers, health care professionals, and qualified support personnel. As experts regarding medication use, pharmacists will be responsible for:

- rational use of medications, including the measurement and assurance of medication therapy outcomes.
- promotion of wellness, health improvement, and disease prevention.
- design and oversight of safe, accurate, and timely medication distribution systems.

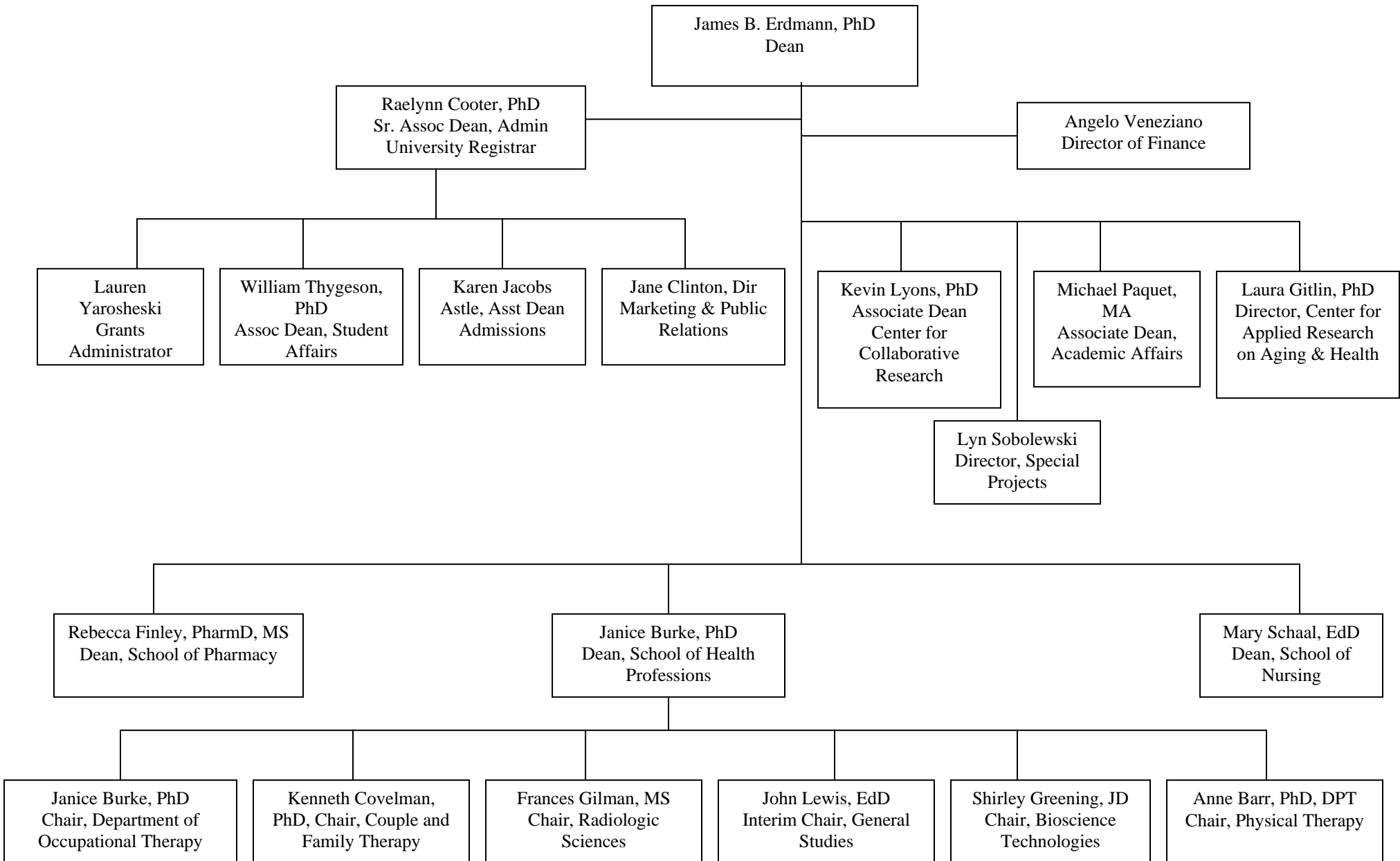
Working cooperatively with practitioners of other disciplines to care for patients, pharmacists will be:

- the most trusted and accessible source of medications, and related devices and supplies.
- the primary source for unbiased information and advice regarding the safe, appropriate, and cost-effective use of medications.
- valued patient care providers whom health care systems and payers recognize as having responsibility for assuring the desired outcomes of medication use.

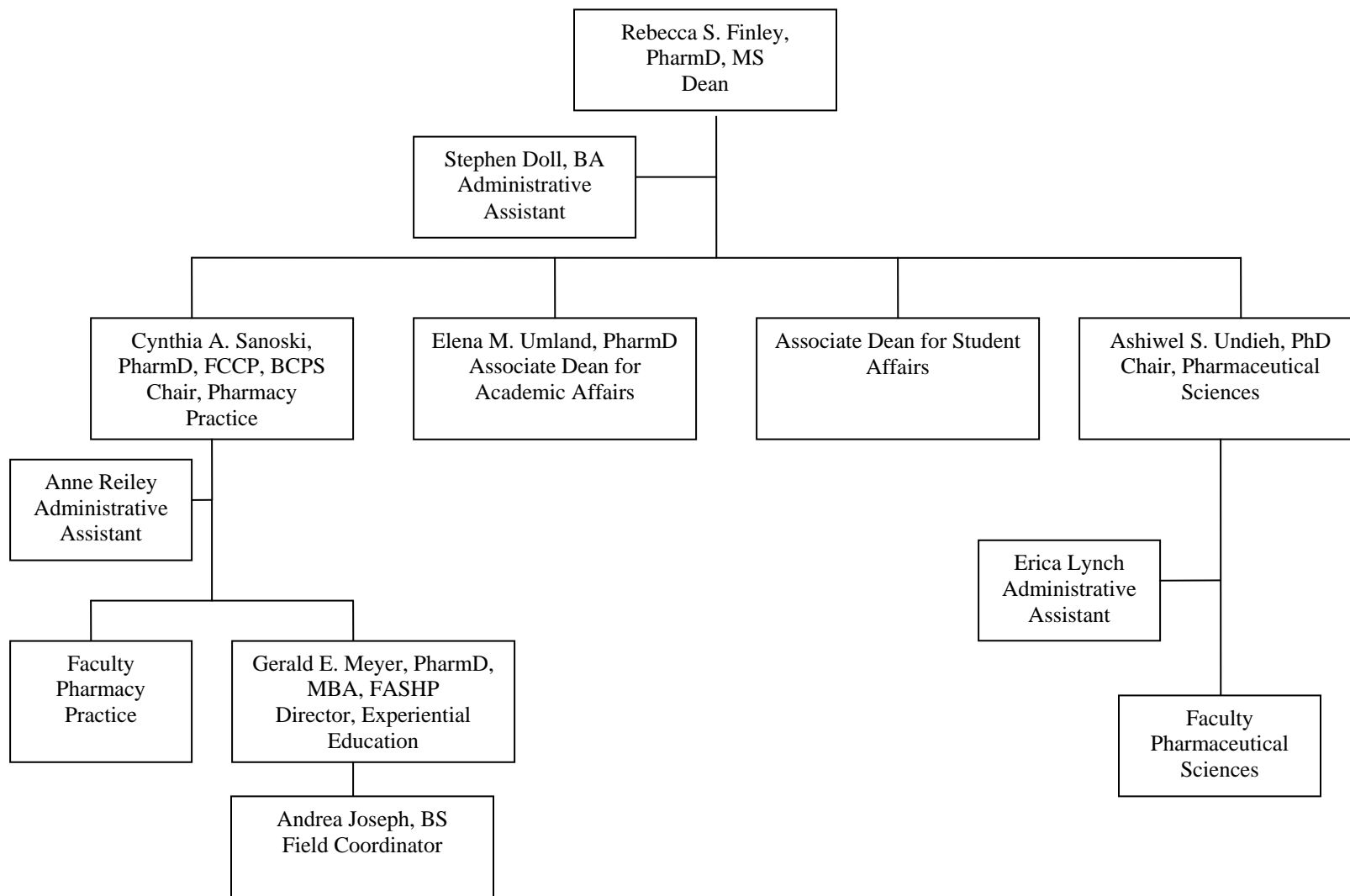
How Pharmacy Practice Will Benefit Society. Pharmacists will achieve public recognition that they are essential to the provision of effective health care by ensuring that:

- medication therapy management is readily available to all patients.
- desired patient outcomes are more frequently achieved.
- overuse, underuse, and misuse of medications are minimized.
- medication-related public health goals are more effectively achieved.
- cost-effectiveness of medication therapy is optimized.

# Jefferson College of Health Professions Organizational Chart



## Jefferson School of Pharmacy Organizational Chart



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**SECTION B**  
**ACADEMIC POLICIES AND PROCEDURES**

## Academic Policies and Procedures

### 1. Academic Calendar

To access the Academic calendar via your Pulse Website, go to the Thomas Jefferson University Homepage and select Calendar from the left margin menu, or open the tab labeled Jefferson College of Health Professions (JCHP) and scroll down to the calendar icon.

### 2. JCHP Policies, Codes and Procedures

Please refer to the JCHP 2008-2009 Student Handbook and Academic Planner for the following:

- Academic Integrity Policy
- Sanctions for Academic Dishonesty/Professional Misconduct
- Americans with Disabilities Act
- Change of Grade
- Clinical Probation and Dismissal
- Code of Conduct
- Course Withdrawal
- Course Drop/Add
- Grading System
- Grade Appeal Protocol
- Graduation Policy
- Grievance Procedure
- Identification Cards
- Leave of Absence
- Academic Progress Policy – Federal Title IV Program
- Starting Student Organizations

### 3. JSP Academic Standards and Second Chance Option

#### a. Academic Progression Standards

- Students enrolled in the Doctor of Pharmacy program must satisfy all pre-requisites in order to progress in the curriculum.
- The minimum passing grade is a C in letter-graded courses and a Pass in all Pass/Fail courses (*see Grading System below*).
- A student earning an F in any academic course will be dismissed from the program.
- Any student who earns below a C in any letter-graded course will be placed on programmatic probation for that semester and must either repeat the course in its entirety or participate in the Second Chance option as noted below, if applicable. The student must earn a grade of C or better in order to successfully complete the course and progress.
- If the student earns a grade of less than a C in the same course twice, he/she will be dismissed from the Doctor of Pharmacy program.
- Any student whose cumulative GPA falls below 3.0 will be placed on programmatic probation. He/she will have two semesters to bring the cumulative GPA to 3.0 or higher.

- If the student's cumulative GPA falls below 3.0 for more than two semesters (consecutive OR nonconsecutive) during their tenure in the Doctor of Pharmacy program, he/she will be dismissed from the program.

**Standards Specific to Progression from year P3 to year P4**

- Students must earn a 3.0 cumulative GPA by the end of the P3 year in order to progress into the P4 year.
- If a student fails to meet the 3.0 cumulative GPA by the end of the P3 year, he/she will be dismissed from the Doctor of Pharmacy program.

**Consideration for Degree Conference**

- Candidates for the Doctor of Pharmacy degree must complete all program credits, all competency requirements in the Introductory Pharmacy Practice Experiences (IPPEs) and Advanced Pharmacy Practice Experiences (APPEs) and all other program requirements.

**Dismissal from the Doctor of Pharmacy Program**

To summarize the above, a student may be dismissed from the Doctor of Pharmacy program for the following reasons:

- Earning a grade of less than a C in the same course twice
- Earning a grade of F in any course or Introductory/Advanced Pharmacy Practice Experience
- Inability to achieve a cumulative GPA of 3.0 by the end of the P3 year
- Exceeding two semesters (consecutive OR nonconsecutive) of programmatic probation stemming from a cumulative GPA of < 3.0 and/or earning a grade of less than a C in any graded course

Any student who has been dismissed from the Doctor of Pharmacy Program is eligible to apply for readmission.

***b. Second Chance Option***

**Policy**

The Second Chance Option applies only to letter-graded courses; it does not apply to courses that are identified as Pass/Fail. A student who earns a grade of less than a C in a letter-graded course may be given another opportunity to demonstrate competency in that course by taking a single comprehensive assessment.

Eligibility to participate requires that:

1. The student has earned a final grade in the course of 60-72%; and
2. The student has not exceeded the number of Second Chance attempts as outlined here:
  - A student may invoke the Second Chance Option for a maximum of one course per semester, and no more than two times total while enrolled in the Doctor of Pharmacy program.

- A student may not invoke the Second Chance Option for the same course more than once.

The maximum grade that the student can receive for the course for which they invoked the Second Chance Option is a “C”.

- If the student is successful (earning a 73% or better), a grade of “C” will be earned for the course.
- If the student is unsuccessful (earning a 72% or less), the original grade earned in the course stands.

### **Procedure**

1. Each faculty member will identify in their syllabus/course outline the format of the cumulative, Second Chance Option for their course (e.g., multiple choice questions, short-answer format, essay format, a combination, verbal challenge, etc.)
2. Any student invoking the Second Chance Option must file a written request using the Second Chance Option Request Form (available on the JSP Students webpage in Banner) with the Course Coordinator and the Associate Dean for Student Affairs no later than five business days after the grades are posted by the Registrar’s Office on the student record (Banner Web).
3. The Course Coordinator and the Associate Dean for Student Affairs will determine whether the student has met the criteria for participation in the Second Chance Option and will notify the student regarding eligibility to participate in the Second Chance Option in a timely manner.
4. For the Fall semester, the Second Chance Option will be administered no later than the Tuesday of the last full week prior to the resumption of Spring classes. For the Spring semester the Second Chance Option will be administered after the conclusion of the semester on a date to be determined by the Dean’s office in conjunction with the Course Coordinator.

## **4. Missed Coursework**

### **Policy**

Consistent attendance in class, for all laboratory and clinical experiences, and for all course assessments (including, but not limited to, examinations), reflects professional behavior. It is expected that students attend all such events. In the case of an emergency (such as an acute debilitating illness or unanticipated family emergency), a student may be excused from participating in such events.

### **Procedure**

The student is responsible for being familiar with all of the content included in the course syllabus. Specific procedures regarding missed coursework, outlined by the Course Coordinator, can be found in each course syllabus.

**5. Course Withdrawal and Subsequent Programmatic Progression Policy**

A student seeking to withdraw from any course in the JSP curriculum will be held to the course withdrawal policy and procedure as established within the JCHP.

The JSP curriculum is organized in a sequential and complementary manner, making it imperative that the proper sequence and timing of the courses be maintained. Before progressing in the curriculum, students must successfully complete all courses serving as prerequisites for subsequent courses.

**6. Transfer Credits Policy**

Academic credit may be given for courses successfully completed with a grade of B or better at other academic institutions. Coursework completed prior to matriculation may not apply towards the professional elective courses within the JSP curriculum. In cases where the approval to transfer credits has been granted, credit hours will be awarded; however, no grade will appear on the student's transcript. Transfer credits are not utilized in determining a student's grade point average.

Students are encouraged to discuss transferring course credit with their academic advisor and/or the Associate Dean for Academic Affairs.

**Procedure**

1. The student must submit a written request, using the JSP Transfer Credit Form that can be found on the JSP Class of 2012 Organization page on Pulse, to transfer credits to the Associate Dean for Academic Affairs.
2. The request should include the course title, number of credits, course description, and syllabus from the outside institution.
3. The Dean's office will communicate the decision to approve or deny the credit transfer request to the student within 14 calendar days of receiving the written request. If the decision to approve credit is granted, the student will be requested to produce the official transcript from the outside institution.

**7. Posting of Assessment Results and Grades**

Each course has its own Blackboard shell on the Pulse Website. Assessment results, including exam and course grades, will be posted by the course coordinator and/or instructors to the Gradebook on that course's page. Please see individual course syllabi for further details. Final course grades will be posted to Banner Web.

**8. Academic Advising**

Each student will be assigned a full-time JSP faculty member as an academic advisor with whom they will meet and work over the course of their four years in the Doctor of Pharmacy program. The role of the advisor is to assist the student in identifying personal strengths and areas for improvement relative to academic and professional development and success.

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**SECTION C**  
**OTHER POLICIES AND PROCEDURES**

**1. TJU/JCHP Statement of Professional Conduct / Honor Code**

Please refer to the 2008-2009 JCHP Student Handbook and Academic Planner. As a student in the JCHP you are expected to abide by this Professional Conduct / Honor Code.

**2. Criminal Background Checks**

Please refer to the 2008-2009 JCHP Student Handbook and Academic Planner. Be aware that within the JSP it is required that criminal background checks are performed on an annual basis for continued participation in the IPPEs and APPEs.

**3. Unlawful Possession, Use or Distribution of Illicit Drugs or Alcohol**

Please refer to the 2008-2009 JCHP Student Handbook and Academic Planner. Please note that a personal, legal record of an alcohol or drug-related offense may impact the student's ability to become a licensed pharmacist. If there are any questions regarding this, please contact either Dean Finley or Associate Dean Umland.

**4. Cell Phone/Personal Electronic Device/Laptop Computer Policy**

Students are permitted to carry cell phones and have them turned on during class and while at off-campus sites in the event that the Jeff ALERT system is activated. It is requested, however, that they remain on vibrate in order to minimize any distraction that they may cause. Use of cell phones (e.g., taking phone calls or text-messaging) during class is strongly discouraged as a courtesy to your colleagues and the faculty facilitating learning in the classroom. Instructors reserve the right to prohibit the use of cell phones/pagers during exams or other structured assessments. At these times, other mechanisms of alerting the class regarding emergencies would be implemented. Also as a courtesy to faculty and peers, if a laptop computer is brought to class, please refrain from using it for any activities outside of what is required in the classroom. The use of MP3 players while in the classroom is prohibited.

**5. Email**

All official correspondence from TJU and its Colleges and Schools will be sent to jefferson.edu e-mail addresses. It is the responsibility of all students to check their jefferson.edu e-mail account on a regular basis. It is recommended that this account be checked daily during the work week. E-mail is the primary mode of communication for official University, College, and School announcements as well as for course-specific correspondence. It is the policy of TJU Faculty that they are not responsible for replying to any non-jefferson.edu email addresses.

**6. Weather Emergency Policy**

Cancellations due to weather or other emergency will be announced on the KYW AM radio (school closing number: day 173, night 2173), on the TJU emergency hotline (1-800-858-8806).

**7. Complaints Policy for the Accreditation Council for Pharmacy Education (ACPE)**

The following has been taken directly from <http://www.acpe-accredit.org/students/complaints.asp>

“ACPE has an obligation to assure itself that any institution which seeks or holds a preaccreditation or accreditation status for its professional program(s) conducts its affairs with honesty and frankness. Complaints from other institutions, students, faculty, or the public against a college or school of pharmacy, including tuition and fee policies, and as related to ACPE standards, policies or procedures, shall be placed in writing in detail by the complainant and submitted to the ACPE office. The complaint shall be submitted to the institution for response. Requests for confidentiality shall be respected to the extent any such information is not necessary for the resolution of the complaint.

The Executive Director shall, based upon the complaint, the response, and information from such further investigation deemed necessary, promptly determine the facts surrounding the issue, determine the validity of the complaint, and resolve the issue; provided, however, where the Executive Director deems it necessary or appropriate, the matter shall be considered at the next regular meeting of the Council. The time frame for resolution is generally within six months. A record of complaints regarding a specific college or school of pharmacy, including student complaints received or made available, is kept for consideration on file at the Council office. Such record of complaints is considered during scheduled evaluations, or a special evaluation, as the case may require.

The procedure shall provide for treatment of complaints in a timely manner that is fair and equitable to all parties. The complainant shall be advised of the decision or action as soon as possible. When ACPE has cause to believe that any institution with which it is concerned is acting in an unethical manner or is deliberately misrepresenting itself to students or the public, it will investigate the matter and provide the institution an opportunity to respond to the allegations. If, on the basis of such investigation, after notice to the institution and opportunity for institutional response, ACPE finds an institution has engaged in unethical conduct or that its integrity has been seriously undermined, ACPE will either:

**a.** request that the institution show cause, within a stated time period, why adverse action should not be taken, or

**b.** in extreme cases, immediately discontinue its relationship with the institution by denying or withdrawing preaccreditation or accreditation status.

A complaint against a college or a school of pharmacy must be related to the standards or the policies and procedures of ACPE and must be submitted in writing to the Executive Director. Under existing practices, when a complaint is received, it is submitted to the college or school affected for response. If, thereafter, based upon the

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complaint and the response, the Executive Director determines that a complaint is not related to the standards or policies, the complainant is so advised in writing with a copy to the school or college, and the matter is treated as resolved.

Anonymous complaints pertaining to accreditation matters are retained and, depending on circumstances, may or may not be forwarded to the school or college involved, depending somewhat on the severity of the complaint. This decision is made by the Executive Director. Where a complainant has threatened or filed legal action against the institution involved, ACPE will hold complaints in abeyance pending resolution of the legal issues and the complainant is so advised.

If the Executive Director finds a complaint to be extremely serious in nature charging egregious conduct that may warrant adverse action by the Council, or involves an interpretation which the Executive Director believes should be made by the Council, the complaint will be submitted to the Council for determination at the next regular meeting. Extraordinary remedies available for complaints covering extreme cases are set forth in paragraphs (a) and (b) above.

ACPE has an obligation to respond to any complaints which may be lodged against it by any institution, student, faculty or third party in respect to the application of ACPE's standards, policies and procedures where the complaining party is directly affected thereby. Any such complaint shall be submitted in writing. The Executive Director shall promptly determine the facts surrounding the issues and shall attempt to resolve the matter in consultation with the Public Interest Panel established pursuant to Article V of the ACPE By-Laws. Complaints which cannot be resolved by the Executive Director shall be considered and resolved at the next regular meeting of the Council. The time frame for resolution is generally within six months.”

**If you wish to file a complaint, please e-mail:**

[csinfo@acpe-accredit.org](mailto:csinfo@acpe-accredit.org) (regarding a professional degree program)

**8. Attendance**

As noted above in Section B, Subsection 4 (Missed Coursework), consistent attendance in class, for all laboratory and clinical experiences, and for all course assessments (including, but not limited to, examinations), reflects professional behavior. It is expected that students attend all such events. Please refer to individual course syllabi for policies specific to each course.

**9. Appearance**

Appearance serves as a direct reflection of one's professionalism. Students should always be groomed and dressed in a manner which will help them to establish rapport with peers, instructors, patients and fellow health care practitioners as the occasion dictates. Students are encouraged to establish habits of demeanor, grooming and dress that will assist them throughout their professional career.

When students participate in an experience at an affiliated site, they are expected to conform to the appearance code standards of that site. Please see the IPPE Manual for a more detailed discussion of appearance standards during IPPEs. When participating in usual classroom activities, students are encouraged to dress comfortably, and in good taste. It is assumed that sound judgment will be exercised relative to dress and personal appearance.

Additionally, all students must carry their Jefferson ID at all times.

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**SECTION D**  
**GENERAL INFORMATION**

1. **Information Technology** [http://www.jefferson.edu/jeffit/stu\\_res.cfm](http://www.jefferson.edu/jeffit/stu_res.cfm)

**Student Resources Available through Jeff-IT**

**Unified Login:** The Campus Key is a unique login name and password provided to each faculty and staff member at TJU and Thomas Jefferson University Hospital. You will need your Campus Key to get into personalized sections of the University's Internet portal (Pulse), e-mail, student records, library databases and more.

**Campus Portal:** Pulse, <http://pulse.jefferson.edu>, is the official web portal of TJU. It serves as the single location for all faculty, staff and students to access on-line information at the University. Using one's Campus Key, many TJU resources may be accessed from any computer with an Internet connection, including courses in which the student is enrolled, organizations to which a student belongs, current news releases, latest research developments, clinical care information and more. Easy to follow instructions exist for personalizing one's Pulse page. For problems related to Blackboard, Banner and other IT issues, students may contact the TJU Technical Assistance Center at X3-7975

**Wireless Access:** The Student Wireless Network is available in all three dorms (Orlowitz, Barringer, and Martin) as well as Jeff Alumni Hall Mezzanine and the first four floors of Scott Library. Services that are currently available through the wireless network are Email, World Wide Web, Instant Messaging (AIM, ICQ, MSN Instant Messenger, Yahoo! Instant Messenger), Telnet, SSH, and FTP. If students experience wireless problems, they may call the Jeff IT Service Desk at X3-7600 for assistance. For web-based help with wireless issues, please visit the *Student IT Support* link under Pulse.

**Academic Research Network:** Jeff-IT has installed a separate Academic Research Network (ARN) for clients who wish to have Internet access without accessing secure clinical services. The ARN was created to afford students the opportunity to access the Internet at TJU without compromising the University's security policies for the clinical network, which houses confidential patient data. Jeff-IT has expanded this service to researchers and is working to increase the availability of the ARN throughout the campus.

**Internet Access Service:** Thomas Jefferson University offers free access to the Internet through 173 public access computers located at various locations on campus. Jeffersonians and their affiliates, as well as the general public are welcome to use the public computers by following the simple instructions posted at each computer. Library and Learning Resource Center staff members are available for assistance with obtaining guest passes for computer access as well as assistance with locating and accessing public computers.

**Student Support Walk-In Center:** Located on the 3<sup>rd</sup> floor of the Edison building, this office provides technical support including technology sales and service and provides assistance in trouble-shooting technical difficulties. It does not provide repair services.

## 2. Computer Labs

Computers are available for student use.

Building/Room	Computers	Hours of Operation *
Scott 307 (LRC)	30	Mon-Fri 9am-8pm Sat 11am-7pm, Sun 12noon-10pm
Jefferson Alumni Hall (JAH) 311	15	Open 24 hours a day, 7 days a week
Edison 1309 (LRC)	14	Mon-Thurs 8am-8:30pm, Fri 8am-5pm Sat and Sun Closed
Edison 1310 (LRC)	21	Mon-Thurs 8am-8:30pm, Fri 8am-5pm Sat and Sun Closed
Edison 1311 (LRC)	21	Mon-Thurs 8am-8:30pm, Fri 8am-5pm Sat and Sun Closed
Edison 1313 (LRC)	10	Mon-Thurs 8am-8:30pm, Fri 8am-5pm Sat and Sun Closed

\*Please visit <http://jeffline.jefferson.edu/LR/hours.html> for any updates or changes to the hours of operation.

## 3. Lecture Recordings

Many of the courses delivered in JSP's Doctor of Pharmacy program will be utilizing the lecture recording system. Access to recorded lectures may benefit students in several ways. It can allow students to give their full attention to the instructor during the lecture rather than trying to quickly transcribe what the instructor is saying. Students are able to review the lecture as often as they want, helping with difficult content. Only students who are enrolled in a course will have access to the recordings. Typically, the recordings and course content in Pulse are kept until students in that class-year graduate.

## 4. Student Lockers

Student lockers are located in various locations in the Edison Building. Please contact the Office of Student Affairs X3-8189 if you have any questions about lockers.

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**5. Classroom Materials and Handouts**

Blackboard is the repository for classroom-related materials, handouts, and assignments. Such materials and handouts will not be provided by faculty in the classroom; rather, it is the responsibility of the student to print these items out and bring them along to class should they so choose.

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**SECTION E**  
**PROGRAM OF STUDY**

**1. Prerequisite Course Requirements**

Students must have successfully completed a minimum of 68 credits of prepharmacy coursework prior to beginning the Doctor of Pharmacy program at JSP. The following basic science and math courses are required: Anatomy and Physiology I and II, Biology I and II, Calculus I, Chemistry I and II, Organic Chemistry I and II, Physics I and II, and Microbiology (including a laboratory component). These courses must have been completed within 5 years of admission to JSP. Students are also required to have completed a College Composition course, 9 credit hours of Social Science coursework, and 9 credit hours of coursework in the Humanities.

**2. Curriculum Goals**

The curriculum at JSP will prepare its graduates to provide patient-centered and population-based care that ensures optimal health outcomes. It will also prepare its graduates to practice in diverse patient care environments and to become valued members of the health care team. Its graduates will embrace the need for life-long, self-directed learning.

**3. Curriculum Objectives**

The JSP curriculum goals will be met by:

- Identification of the key curricular outcomes to be achieved by our students;
- Vertical integration of the necessary knowledge, attitudes, and skills necessary for achieving the key curricular outcomes throughout the curriculum;
- Ensuring that students know the curricular outcomes and have an understanding of the relationship between knowledge, attitudes, and skills and these outcomes;
- Consistent incorporation of active learning throughout the curriculum via modes that may include, but are not limited to, the use of educational technology, small group discussions, learning communities, and online coursework and discussions;
- Development of interprofessional educational coursework in the classroom and experiential settings;
- Creation of introductory and advanced pharmacy practice experiences in a variety of patient care settings;
- Utilization of end-of-year performance assessments throughout the curriculum;
- Development of student portfolios to aid in their professional development; and
- Incorporation of assessment into the School's planning process for providing continuous curricular revision and development.

#### 4. Curriculum Plan/Outline by Year

##### First Year – P1

Fall	Credits	Spring	Credits
Biochemistry	3	Biostatistics	3
Immunology	3	IPPE II – Community pharmacy	*1
IPPEI: Healthcare-related service learning	*1	Medicinal Chemistry	2
Healthcare Communications and Patient Counseling	2	Molecular and Cell Biology	3
Healthcare Delivery Systems	2	Pathophysiology II	3
Pathophysiology I	3	Pharmacy Practice II	1
Pharmacy Practice I	1	Physical Assessment and Clinical Skills	3
Preventive Healthcare and Self-Care Issues	2		
<b>Total Credits</b>	<b>17</b>		<b>16</b>

##### Second Year – P2

Fall	Credits	Spring	Credits
Drug Information and Literature Evaluation	3	Clinical Diagnosis / Pharmacotherapy I	4
IPPE III - Hospital/Institutional Pharmacy	*1	Biopharmaceutics and Principles of Clinical Pharmacokinetics	3
Medication Safety	2	IPPE IV – Outpatient/Ambulatory Care Clinic	1
Pharmaceutics and Drug Delivery Systems	3	Pharmacology II	
Pharmaceutics Lab	1	Pharmacy Practice IV	
Pharmacology I	3	Pharmacy Practice Lab I	1
Pharmacy Management: Theory and Applications	3	Professional Elective(s)	3
Pharmacy Practice III	1		
<b>Total Credits</b>	<b>17</b>		<b>16</b>

##### Third Year – P3

Fall	Credits	Spring	Credits
Clinical Diagnosis / Pharmacotherapy II and III	6	Clinical Diagnosis / Pharmacotherapy IV and V	6
IPPE V - Inpatient, Direct Patient Care	*2	Milestone Assessment	1
Pharmacology III	3	IPPE VI – ‘Elective’	*2
Pharmacy Grand Rounds	2	Pharmacoeconomics and Health Outcomes	3
Pharmacy Practice Lab II	1	Pharmacy Practice Lab III	1
Professional Elective(s)	3	Professional Seminar I	2
		Professional Elective(s)	3
<b>Total Credits</b>	<b>17</b>		<b>18</b>

##### Fourth Year – P4

Advanced Pharmacy Practice Experiences (APPEs)	
4 Core (Community Pharmacy, Hospital/Health System Pharmacy, Ambulatory Care, Inpatient/Acute Care )	
2 Open – 1 direct patient care, 1 free (6 X 6 weeks each x 40 hours/week = 1440 hours)	36 credits
Pharmacy Law	1 credit
Professional Seminar II	2 credits
<b>Total Credits</b>	<b>39</b>

**Total Curriculum Credits = 140**

\* = Without regard to semester

IPPE = Introductory Pharmacy Practice Experience

## 5. **Curriculum Outcomes**

Upon completion of the Doctor of Pharmacy program at JSP, students will have and/or exhibit the following in functioning as effective members of the health care team in the provision of patient-centered and population-based care.

- The knowledge, understanding and application of the biomedical sciences, pharmaceutical sciences, social/behavioral/administrative sciences, and clinical sciences.
- The ability to think critically and problem solve.
- Effective communication through both written and verbal means.
- The highest level of professional, legal, and ethical behavior.
- The professional acumen to identify and analyze emerging health-related issues.
- A working knowledge of how legislation, regulations and related programs affect the practice of pharmacy.

## 6. **Evaluation of Curricular Outcomes**

### **Self-Assessment**

Rubrics (presented on subsequent pages) have been developed by the faculty to evaluate the curricular outcomes of written communications, verbal communications, and critical thinking and problem solving. Students will be asked to perform a self-assessment of their personal level of skill in each of these areas, relative to expected level of performance in that particular academic year, at the start and end of each academic year. The rubrics have been developed such that the expectations are further elevated in each subsequent year of the Program.

Similarly, students will be asked to perform a less formal self-assessment of their abilities related to both curricular outcomes and study skills for discussion with their academic advisor.

### **Pharmacy Curriculum Outcomes Assessment ® (PCOA)®**

All students in the JSP will participate in the PCOA® exam on an annual basis. This exam, a 220-item multiple choice paper-and-pencil assessment, will be administered during the Spring semester of each academic year. The exam, developed by the National Association of Boards of Pharmacy® (NABP)® is composed of the four major content areas found in the ACPE Accreditation Standards 2007. These areas include: basic biomedical sciences (21%); pharmaceutical sciences (28.5%); social, behavioral, and administrative pharmacy sciences (14.5%); and clinical sciences (36%). JSP's participation in this national exam will provide us with benchmarking data as well as information to identify our areas of curricular strength and areas for which we may require improvement.

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**Rubrics**

The JSP rubrics evaluating student progress in the skill areas of written communication, verbal communication, and critical thinking/problem solving were developed using an iterative process and with the input of practitioners and faculty. These rubrics will serve to provide students with specific feedback relative to the elements that contribute to the achievement of each of these curricular outcomes. They will serve to provide the faculty in JSP with feedback relative to the effectiveness of the curriculum. The following pages illustrate the rubric that will be used throughout the first 3 years of the curriculum.

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**VERBAL COMMUNICATION – P1**

The elements contributing to the curricular outcome of verbal communication will be evaluated using the scale provided. For each element, please place the number in the box that best describes the student's performance. Identify the student's overall performance below with commentary as necessary and provide feedback for all elements for which a 0 or 1 is earned.

Element	0	1	2	3	NA
<b>Presentation Style</b>					
1. Transition and flow	Presentation lacks any transitions and lacks logical flow.	Presentation includes the poor use of transitions and demonstrates significant gaps in logical flow.	Presentation includes the infrequent use of transition and flows logically for most of it.	Presentation includes the occasional use of smooth transitions and flows logically for most of it.	
2. Use of verbal distractors	Excessive use of verbal distractors (e.g., ahs, ums, ok) to the extent that the impact of the presentation is lost.	Moderate use of verbal distractors (e.g., ahs, ums, ok) to the extent that the impact of the presentation is diminished.	Moderate use of verbal distractors (e.g., ahs, ums, ok) but the impact of the presentation is preserved.	Minimal use of verbal distractors (e.g., ahs, ums, ok).	
3. Pace	Inappropriate pace (i.e., too fast or too slow) throughout the entire presentation.	Appropriate pace through <50% of the presentation.	Appropriate pace through 50-75% of the presentation.	Appropriate pace through >75% of the presentation.	
4. Voice projection	Too loud/too soft throughout the entire presentation.	Appropriate voice projections through < 50% of the presentation.	Appropriate voice projection through 50-75% of the presentation.	Appropriate voice projection through > 75% of the presentation.	
5. Use of nonverbal distractors	Excessive use of nonverbal distractors (e.g., swaying, inappropriate posture, inappropriate laser pointer use) to the extent that the impact of the presentation is lost.	Moderate use of nonverbal distractors (e.g., swaying, inappropriate posture, inappropriate laser pointer use) to the extent that the impact of the presentation is diminished.	Moderate use of nonverbal distractors (e.g., swaying, inappropriate posture, inappropriate laser pointer use) but the impact of the presentation is preserved.	Minimal use of nonverbal distractors (e.g., swaying, inappropriate posture, inappropriate laser pointer use).	
6. Eye contact	Avoiding eye contact with the audience throughout the entire presentation.	Maintains eye contact and scans the audience through <50% of the presentation.	Maintains eye contact and scans the audience through 50-75% of the presentation.	Maintains eye contact and scans the audience through >75% of the presentation.	
<b>Presentation Content</b>					
7. Terminology	Excessive use of inappropriate terminology.	Moderate use of inappropriate terminology.	Mostly appropriate level of terminology used throughout.	Appropriate level of terminology used throughout.	
8. Audience comprehension	Student fails to recognize when the audience does not understand.	Student partially recognizes when the audience does not understand but fails to make appropriate adjustments.	Student partially recognizes when the audience does not understand and attempts to make appropriate adjustments.	Student fully recognizes when the audience does not understand and attempts to make appropriate adjustments.	
9. Pertinence of Information	< 25% of the material presented is essential to the topic and objectives.	25-49% of the material presented is essential to the topic and objectives.	50-75% of the material presented is essential to the topic and objectives.	>75% of the material presented is essential to the topic and objectives.	
10. Information accuracy	Potentially harmful information presented OR completely inaccurate information provided.	Mostly inaccurate information provided throughout the presentation.	Mostly accurate information provided throughout the presentation.	Accurate information provided throughout the presentation.	
11. Synthesis of evidence	The work lacks a conclusion.	Overall conclusion is contrary to the evidence presented or new evidence is presented in the conclusion.	Overall conclusion is not entirely supported by the evidence presented.	Overall conclusion is consistent with evidence presented.	

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**VERBAL COMMUNICATION – P2**

The elements contributing to the curricular outcome of verbal communication will be evaluated using the scale provided. For each element, please place the number in the box that best describes the student’s performance. Identify the student’s overall performance below with commentary as necessary and provide feedback for all elements for which a 0 or 1 is earned.

Element	0	1	2	3	NA
<b>Presentation Style</b>					
1. Transition and flow	Presentation includes the poor use of transitions and demonstrates significant gaps in logical flow.	Presentation includes the infrequent use of transition and flows logically for most of it.	Presentation includes the occasional use of smooth transitions and flows logically for most of it.	Presentation includes the frequent use of smooth transitions and flows logically for most of it.	
2. Use of verbal distractors	Moderate use of verbal distractors (e.g., ahs, ums, ok) to the extent that the impact of the presentation is diminished.	Moderate use of verbal distractors (e.g., ahs, ums, ok) but the impact of the presentation is preserved.	Minimal, but noticeable, use of verbal distractors (e.g., ahs, ums, ok).	Minimal use of verbal distractors (e.g., ahs, ums, ok), but not noticeable.	
3. Pace	Inappropriate pace (i.e., too fast or too slow) throughout the entire presentation.	Appropriate pace through <50% of the presentation.	Appropriate pace through 50-75% of the presentation.	Appropriate pace through >75% of the presentation.	
4. Voice projection	Too loud/too soft throughout the entire presentation.	Appropriate voice projections through <50% of the presentation.	Appropriate voice projection through 50-75% of the presentation.	Appropriate voice projection through >75% of the presentation.	
5. Use of nonverbal distractors	Moderate use of nonverbal distractors (e.g., swaying, inappropriate posture, inappropriate laser pointer use) to the extent that the impact of the presentation is diminished.	Moderate use of nonverbal distractors (e.g., swaying, inappropriate posture, inappropriate laser pointer use) but the impact of the presentation is preserved.	Minimal, but noticeable, use of nonverbal distractors (e.g., swaying, inappropriate posture, inappropriate laser pointer use).	Minimal use of nonverbal distractors (e.g., swaying, inappropriate posture, inappropriate laser pointer use), but not noticeable.	
6. Eye contact	Avoiding eye contact with the audience throughout the entire presentation.	Maintains eye contact and scans the audience through <50% of the presentation.	Maintains eye contact and scans the audience through 50-75% of the presentation.	Maintains eye contact and scans the audience through >75% of the presentation.	
<b>Presentation Content</b>					
7. Terminology	Excessive use of inappropriate terminology.	Moderate use of inappropriate terminology.	Mostly appropriate level of terminology used throughout.	Appropriate level of terminology used throughout.	
8. Audience comprehension	Student partially recognizes when the audience does not understand but fails to make appropriate adjustments.	Student partially recognizes when the audience does not understand and makes some appropriate adjustments.	Student fully recognizes when the audience does not understand and makes some appropriate adjustments.	Student fully recognizes when the audience does not understand and makes mostly appropriate adjustments.	
9. Pertinence of Information	< 25% of the material presented is essential to the topic and objectives.	25-49% of the material presented is essential to the topic and objectives.	50-75% of the material presented is essential to the topic and objectives.	>75% of the material presented is essential to the topic and objectives.	
10. Information accuracy	Potentially harmful information presented OR completely inaccurate information provided.	Mostly inaccurate information provided throughout the presentation.	Mostly accurate information provided throughout the presentation.	Accurate information provided throughout the presentation.	
11. Synthesis of evidence	The work lacks a conclusion.	Overall conclusion is contrary to the evidence presented or new evidence is presented in the conclusion. .	Overall conclusion is not entirely supported by the evidence presented.	Overall conclusion is consistent with evidence presented.	

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**VERBAL COMMUNICATION – P3**

The elements contributing to the curricular outcome of verbal communication will be evaluated using the scale provided. For each element, please place the number in the box that best describes the student's performance. Identify the student's overall performance below with commentary as necessary and provide feedback for all elements for which a 0 or 1 is earned.

Element	0	1	2	3	NA
<b>Presentation Style</b>					
1. Transition and flow	Presentation includes the infrequent use of transition and flows logically for most of it.	Presentation includes the occasional use of smooth transitions and flows logically for most of it.	Presentation includes the frequent use of smooth transitions and flows logically for most of it.	Entire presentation includes the use of smooth transitions and flows logically.	
2. Use of verbal distractors	Moderate use of verbal distractors (e.g., ahs, ums, ok) but the impact of the presentation is preserved.	Minimal, but noticeable, use of verbal distractors (e.g., ahs, ums, ok).	Use of verbal distractors (e.g., ahs, ums, ok) not noticeable.	Presentation is completely devoid of the use of verbal distractors (e.g., ahs, ums, ok).	
3. Pace	Inappropriate pace (i.e., too fast or too slow) throughout the entire presentation.	Appropriate pace through <50% of the presentation.	Appropriate pace through 50-75% of the presentation.	Appropriate pace through >75% of the presentation.	
4. Voice projection	Too loud/too soft throughout the entire presentation.	Appropriate voice projections through <50% of the presentation.	Appropriate voice projection through 50-75% of the presentation.	Appropriate voice projection through >75% of the presentation.	
5. Use of nonverbal distractors	Moderate use of nonverbal distractors (e.g., swaying, inappropriate posture, inappropriate laser pointer use) but the impact of the presentation is preserved.	Minimal, but noticeable, use of nonverbal distractors (e.g., swaying, inappropriate posture, inappropriate laser pointer use).	Minimal use of nonverbal distractors (e.g., swaying, inappropriate posture, inappropriate laser pointer use), but not noticeable.	Presentation is completely devoid of the use of nonverbal distractors (e.g., swaying, inappropriate posture, inappropriate laser pointer use).	
6. Eye contact	Maintains eye contact and scans the audience through < 50% of the presentation.	Maintains eye contact and scans the audience through 50-75% of the presentation.	Maintains eye contact and scans the audience through 76-99% of the presentation.	Maintains eye contact and scans the audience throughout the entire presentation.	
<b>Presentation Content</b>					
7. Terminology	Excessive use of inappropriate terminology.	Moderate use of inappropriate terminology.	Mostly appropriate level of terminology used throughout.	Appropriate level of terminology used throughout.	
8. Audience comprehension	Student fails to recognize when the audience does not understand.	Student partially recognizes when the audience does not understand but fails to make appropriate adjustments.	Student fully recognizes when the audience does not understand and attempts to make appropriate adjustments.	Student fully recognizes when the audience does not understand and to makes appropriate adjustments.	
9. Pertinence of Information	<50% of the material presented is essential to the topic and objectives.	50-75% of the material presented is essential to the topic and objectives.	76-99% of the material presented is essential to the topic and objectives.	All material presented is essential to the topic and objectives.	
10. Information accuracy	Potentially harmful information presented OR completely inaccurate information provided.	Mostly inaccurate information provided throughout the presentation.	Mostly accurate information provided throughout the presentation.	Accurate information provided throughout the presentation.	
11. Synthesis of evidence	Overall conclusion is contrary to the evidence presented or new evidence is presented in the conclusion. .	Overall conclusion is not entirely supported by the evidence presented.	Overall conclusion is consistent with evidence presented.	Overall conclusion is consistent with evidence presented and incorporates knowledge from the clinical, social, and/or administrative sciences as applicable (e.g., cost issues, quality of life, mortality, etc.).	

**WRITTEN COMMUNICATION – P1**

The elements contributing to the curricular outcome of written communication will be evaluated using the scale provided. For each element, please place the number in the box that best describes the student’s performance. Identify the student’s overall performance below with commentary as necessary and provide feedback for all elements for which a 0 or 1 is earned.

Element	0	1	2	3	NA
<b>Writing Proficiency</b>					
1. Proper grammar	Three or more grammatical errors present.	Two grammatical errors present.	One grammatical error present.	Complete absence of grammatical errors.	
2. Accurate spelling	Three or more spelling errors present.	Two spelling errors present.	One spelling error present.	Complete absence of spelling errors.	
3. Transition and flow	Written work lacks any transitions and lacks logical flow.	Written work includes the use of smooth transitions <50% of the time and demonstrates significant gaps in logical flow.	Written work includes the use of smooth transitions <50% of the time and flows logically for most of it.	Written work includes the use of smooth transitions ≥50% of the time and flows logically for most of it.	
4. Reference format	No references are present.	<50% of the references are in the correct format.	50-75% or less of the references are in the correct format.	76-99% of the references are in the correct format.	
5. Reference citation	No references are present.	<50% of the references are accurately cited within the document.	50-75% of the references are accurately cited within the document.	76-99% of the references are accurately cited within the document.	
<b>Writing Content</b>					
6. Reference relevance	None of the references are related to the topic.	<50% of the references are related to the topic OR ≤50% of the critical references are included.	50-75% or less of the references are related to the topic OR 75% or less of the critical references are included.	76-99% of the references are related to the topic OR 76-99% of the critical references are included.	
7. Reference credibility	None of the references are credible.	<50% of the references are credible.	50-75% of the references are credible.	76-99% of the references are credible.	
8. Terminology	Excessive use of inappropriate terminology.	Moderate use of inappropriate terminology.	Mostly appropriate level of terminology used throughout.	Appropriate level of terminology used throughout.	
9. Pertinence of Information	<25% of the material presented is essential to the topic and objectives.	25-50% of the material presented is essential to the topic and objectives.	50-75% of the material presented is essential to the topic and objectives.	>75% of the material presented is essential to the topic and objectives.	
10. Information accuracy	Potentially harmful information presented OR completely inaccurate information provided.	Mostly inaccurate information provided throughout the presentation.	Mostly accurate information provided throughout the presentation.	Accurate information provided throughout the presentation.	
11. Synthesis of evidence	Written work lacks a conclusion.	Overall conclusion is contrary to the evidence presented or new evidence is presented in the conclusion. .	Overall conclusion is not entirely supported by the evidence presented.	Overall conclusion is consistent with evidence presented.	

**WRITTEN COMMUNICATION – P2**

The elements contributing to the curricular outcome of written communication will be evaluated using the scale provided. For each element, please place the number in the box that best describes the student’s performance. Identify the student’s overall performance below with commentary as necessary and provide feedback for all elements for which a 0 or 1 is earned.

Element	0	1	2	3	NA
<b>Writing Proficiency</b>					
1. Proper grammar	Three or more grammatical errors present.	Two grammatical errors present.	One grammatical error present.	Complete absence of grammatical errors.	
2. Accurate spelling	Three or more spelling errors present.	Two spelling errors present.	One spelling error present.	Complete absence of spelling errors.	
3. Transition and flow	Written work includes the poor use of transitions and demonstrates significant gaps in logical flow.	Written work includes the use of smooth transitions <50% of the time and flows logically for most of it.	Written work includes the use of smooth transitions 51-75% of the time and flows logically for most of it.	Written work includes the use of smooth transitions 76-99% of the time and flows logically for most of it.	
4. Reference format	<50% of the references are in the correct format.	50-75% or less of the references are in the correct format.	76-99% of the references are in the correct format.	All references are in the correct format.	
5. Reference citation	<50% of the references are accurately cited.	50-75% of the references are accurately cited.	76-99% of the references are accurately cited within the document.	All references are accurately cited within the document.	
<b>Writing Content</b>					
6. Reference relevance	<50% of the references are related to the topic OR <50% of the critical references are included.	50-75% or less of the references are related to the topic OR 51-75% or less of the critical references are included.	76-99% of the references are related to the topic OR 76-99% of the critical references are included.	All references are related to the topic and all critical references are included.	
7. Reference credibility	<50% of the references are credible.	50-75% of the references are credible.	76-99% of the references are credible.	All references are credible.	
8. Terminology	Excessive use of inappropriate terminology.	Moderate use of inappropriate terminology.	Mostly appropriate level of terminology used throughout.	Appropriate level of terminology used throughout.	
9. Pertinence of Information	<25% of the material presented is essential to the topic and objectives.	25-49% of the material presented is essential to the topic and objectives.	50-75% of the material presented is essential to the topic and objectives.	>75% of the material presented is essential to the topic and objectives.	
10. Information accuracy	Potentially harmful information presented OR completely inaccurate information provided.	Mostly inaccurate information provided throughout the presentation.	Mostly accurate information provided throughout the presentation.	Accurate information provided throughout the presentation.	
11. Synthesis of evidence	Written work lacks a conclusion.	Overall conclusion is contrary to the evidence presented or new evidence is presented in the conclusion. .	Overall conclusion is not entirely supported by the evidence presented.	Overall conclusion is consistent with evidence presented.	

**WRITTEN COMMUNICATION – P3**

The elements contributing to the curricular outcome of written communication will be evaluated using the scale provided. For each element, please place the number in the box that best describes the student's performance. Identify the student's overall performance below with commentary as necessary and provide feedback for all elements for which a 0 or 1 is earned.

Element	0	1	2	3	NA
<b>Writing Proficiency</b>					
1. Proper grammar	Three or more grammatical errors present.	Two grammatical errors present.	One grammatical error present.	Complete absence of grammatical errors.	
2. Accurate spelling	Three or more spelling errors present.	Two spelling errors present.	One spelling error present.	Complete absence of spelling errors.	
3. Transition and flow	Written work includes the use of smooth transitions <50% of the time and flows logically for most of it.	Written work includes the use of smooth transitions 50-75% of the time and flows logically for most of it.	Written work includes the use of smooth transitions 76-99% of the time and flows logically for most of it.	Entire written work includes the use of smooth transitions and flows logically.	
4. Reference format	<50% of the references are in the correct format.	50-75% or less of the references are in the correct format.	76-99% of the references are in the correct format.	All references are in the correct format.	
5. Reference citation	<50% of the references are accurately cited.	50-75% of the references are accurately cited.	76-99% of the references are accurately cited within the document.	All references are accurately cited within the document.	
<b>Writing Content</b>					
6. Reference relevance	<50% of the references are related to the topic OR <50% of the critical references are included.	50-75% or less of the references are related to the topic OR 51-75% or less of the critical references are included.	76-99% of the references are related to the topic OR 76-99% of the critical references are included.	All references are related to the topic and all critical references are included.	
7. Reference credibility	<50% of the references are credible.	50-75% of the references are credible.	76-99% of the references are credible.	All references are credible.	
8. Terminology	Excessive use of inappropriate terminology.	Moderate use of inappropriate terminology.	Mostly appropriate level of terminology used throughout.	Appropriate level of terminology used throughout.	
9. Pertinence of information	<50% of the material presented is essential to the topic and objectives.	50-75% of the material presented is essential to the topic and objectives.	76-99% of the material presented is essential to the topic and objectives.	All material presented is essential to the topic and objectives.	
10. Information accuracy	Potentially harmful information presented OR completely inaccurate information provided.	Mostly inaccurate information provided throughout the presentation.	Mostly accurate information provided throughout the presentation.	Accurate information provided throughout the presentation.	
11. Synthesis of evidence	Overall conclusion is contrary to the evidence presented or new evidence is presented in the conclusion.	Overall conclusion is not entirely supported by the evidence presented.	Overall conclusion is consistent with evidence presented.	Overall conclusion is consistent with evidence presented and incorporates knowledge from the clinical, social, and/or administrative sciences as applicable (e.g., cost issues, quality of life, mortality, etc.).	

**CRITICAL THINKING / PROBLEM SOLVING – P1**

The elements contributing to the curricular outcome of critical thinking / problem solving will be evaluated using the scale provided. For each element, please place the number in the box that best describes the student’s performance. Identify the student’s overall performance below with commentary as necessary and provide feedback for all elements for which a 0 or 1 is earned.

<b>Element</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>NA</b>
1. Problem identification	Identifies <50% of the major problems.	Identifies 50-75% of the major problem(s) independently or with assistance.	Independently identifies 76-99% of the major problem(s).	Independently identifies all major problem(s).	
2. Problem prioritization	Prioritizes <50% of the major problems.	Independently prioritizes 50-75% of the major problem(s) OR requires assistance in prioritizing the major problem(s).	Independently prioritizes 76-99% of the major problem(s).	Independently prioritizes all major problem(s).	
3. Identifies solutions	Identifies <50% of the possible solutions.	Independently identifies 50-75% of the possible solutions without considering situation and/or case-specific findings OR requires assistance in identifying solutions.	Independently identifies 76-99% of the possible solutions without considering situation and/or case-specific findings.	Independently identifies all possible solutions without considering situation and/or case-specific findings.	
4. Evidence evaluation	Fails to identify appropriate evidence.	Requires assistance in identifying appropriate evidence OR inaccurately evaluates the evidence.	Independently identifies appropriate evidence but provides only a partial, accurate evaluation of it.	Independently identifies appropriate evidence and accurately evaluates it.	
5. Support for conclusion(s)	Overall conclusion is contrary to the evidence presented.	Overall conclusion is not supported by the evidence presented.	Overall conclusion is not entirely supported by the evidence presented.	The rationale to the solution(s) is consistent with evidence presented.	

**CRITICAL THINKING / PROBLEM SOLVING – P2**

The elements contributing to the curricular outcome of critical thinking / problem solving will be evaluated using the scale provided. For each element, please place the number in the box that best describes the student’s performance. Identify the student’s overall performance below with commentary as necessary and provide feedback for all elements for which a 0 or 1 is earned.

<b>Element</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>NA</b>
1. Problem identification	Identifies <50% of the major problems.	Identifies 50-75% of the major problem(s) independently or with assistance.	Independently identifies 76-99% of the major problem(s).	Independently identifies all major problem(s).	
2. Problem prioritization	Prioritizes <50% of the major problems.	Independently prioritizes 50-75% of the major problem(s) OR requires assistance in prioritizing the major problem(s).	Independently prioritizes 76-99% of the major problem(s).	Independently prioritizes all major problem(s).	
3. Identifies solutions	Identifies <50% of the possible solutions.	Independently identifies 50-75% of the possible solutions without considering situation and/or case-specific findings OR requires assistance in identifying solutions.	Independently identifies 76-99% of the possible solutions without considering situation and/or case-specific findings.	Independently identifies all possible solutions without considering situation and/or case-specific findings.	
4. Evidence evaluation	Fails to identify appropriate evidence.	Requires assistance in identifying appropriate evidence OR inaccurately evaluates the evidence.	Independently identifies appropriate evidence but provides only a partial, accurate evaluation of it.	Independently identifies appropriate evidence and accurately evaluates it.	
5. Support for conclusion(s)	Overall conclusion is contrary to the evidence presented.	Overall conclusion is not supported by the evidence presented.	Overall conclusion is not entirely supported by the evidence presented.	The rationale to the solution(s) is consistent with evidence presented.	

**CRITICAL THINKING / PROBLEM SOLVING – P3**

The elements contributing to the curricular outcome of critical thinking / problem solving will be evaluated using the scale provided. For each element, please place the number in the box that best describes the student’s performance. Identify the student’s overall performance below with commentary as necessary and provide feedback for all elements for which a 0 or 1 is earned.

<b>Element</b>	<b>0 = Not Acceptable</b>	<b>1 = Needs Improvement</b>	<b>2 = Meets Expectations</b>	<b>3 = Exceeds Expectations</b>	<b>NA</b>
1. Problem identification	Independently identifies <75% of the major problem(s) OR requires assistance in identifying the major problem(s).	Independently identifies 76-99% of the major problem(s).	Independently identifies all major problem(s).	Independently identifies all problems, incorporating knowledge from the clinical, social, and/or administrative sciences as applicable (e.g., cost issues, quality of life, mortality, etc.).	
2. Problem prioritization	Independently prioritizes <75% of the major problem(s) OR requires assistance in prioritizing the major problem(s).	Independently prioritizes 76-99% of the major problem(s).	Independently prioritizes all major problem(s).	Independently prioritizes all problems, incorporating knowledge from the clinical, social, and/or administrative sciences as applicable (e.g., cost issues, quality of life, mortality, etc.).	
3. Identifies solutions	Independently identifies <75% of the possible solutions without considering situation and/or case-specific findings OR requires assistance in identifying solutions.	Independently identifies 76-99% of the possible solutions without considering situation and/or case-specific findings.	Independently identifies all possible solutions without considering situation and/or case-specific findings.	Independently identifies all plausible situation and/or case-specific solutions.	
4. Evidence evaluation	Fails to identify or requires assistance in identifying appropriate evidence OR inaccurately evaluates or fails to evaluate the evidence.	Independently identifies appropriate evidence but provides only a partial, accurate evaluation of it.	Independently identifies appropriate evidence and accurately evaluates it.	Independently identifies the most appropriate evidence and accurately evaluates it.	
5. Support for conclusion(s)	Overall conclusion is contrary to the evidence presented.	Overall conclusion is not entirely supported by the evidence presented.	The rationale to the solution(s) is consistent with evidence presented.	The rationale to the solution(s) is consistent with evidence presented and incorporates knowledge from the clinical, social, and/or administrative sciences as applicable (e.g., cost issues, quality of life, mortality, etc.).	

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**SECTION F**  
**PROFESSIONAL DEVELOPMENT**

**1. Internship Information**

Students are encouraged to access the website for the National Association of Boards of Pharmacy website at <http://www.nabp.net/>

Scroll down to 'Boards of Pharmacy' in the left-hand column to find the links to all of the state boards of pharmacy in the United States, Canada, Australia, and New Zealand. Each state has its own requirements for internship and licensure. Please research the state(s) where you anticipate seeking licensure following graduation to see the requirements of that state. For example, in the state of Pennsylvania, an internship license is required and 1,500 registered, documented hours are necessary prior to being eligible to sit for the North American Pharmacist Licensure Examination (NAPLEX) and Multistate Pharmacy Jurisprudence Examination (MPJE). Of the 1,500 hours, 750 hours are granted through the student's participation in the experiential component of the pharmacy school curriculum.

**2. Student Participation in Institutional Governance**

In an effort to provide an exceptional educational experience at the JSP, students will be solicited to participate in several standing committees within the School. These committees and a brief description of their responsibilities are as follows:

- Committee on Governance
  - This Committee shall review the JSP *Bylaws*, consider proposed changes to the *Bylaws*, and make recommendations to Executive Council on such proposals.
- Committee on Educational Philosophy and Policy
  - This Committee shall consider proposed curricular changes in the School and make recommendations to the Executive Council on such proposals; encourage and monitor changes in program objectives, courses, methods of instruction and degree requirements; and provide a forum for discussion of educational philosophy and policy issues that arise within the School. The Committee shall also consider proposed changes in the School's general academic policies regarding admission to the School, academic achievement and progression and make recommendations to Executive Council on such proposals.
- Committee on Student Affairs
  - The duties of the Committee shall be to monitor student welfare through attention to academic and personal counseling, evaluate recruitment activities, review criteria for admissions and make recommendations to the Faculty or Committee on Admissions, coordinate nominations for student awards, refer student grievances to the appropriate body, make recommendations regarding student workload, and serve as the liaison body between the School and the student body, including recognized student organizations.

- Committee on Admissions
    - The committee will recommend to Faculty or Committee on Educational Philosophy and Policy the criteria, policies and procedures for admission to the pharmacy professional degree program, including the process for interviews with applicants. The committee will work with the JCHP Office of Admissions in selecting students who have the potential for success in the professional degree program and the profession of pharmacy. In conjunction with the Committee on Evaluation and Outcomes, the Committee on Admissions will review data correlating the admissions criteria, policies and procedures with student achievement in the professional degree program and performance in professional practice.
  - Committee on Evaluations and Outcomes
    - The duties of the committee shall be to oversee evaluation of the programs of instruction as well as the School of Pharmacy Assessment Plan, faculty and students' professional achievement and satisfaction, interpret data collected, and provide feedback to the appropriate committees and individuals for decision-making.
3. **Code of Ethics for Pharmacists** - adopted by the membership of the American Pharmacists Association October 27, 1994.

#### **PREAMBLE**

Pharmacists are health professionals who assist individuals in making the best use of medications. This Code, prepared and supported by pharmacists, is intended to state publicly the principles that form the fundamental basis of the roles and responsibilities of pharmacists. These principles, based on moral obligations and virtues, are established to guide pharmacists in relationships with patients, health professionals, and society.

**I. A pharmacist respects the covenantal relationship between the patient and pharmacist.** Considering the patient-pharmacist relationship as a covenant means that a pharmacist has moral obligations in response to the gift of trust received from society. In return for this gift, a pharmacist promises to help individuals achieve optimum benefit from their medications, to be committed to their welfare, and to maintain their trust.

**II. A pharmacist promotes the good of every patient in a caring, compassionate, and confidential manner.** A pharmacist places concern for the well-being of the patient at the center of professional practice. In doing so, a pharmacist considers needs stated by the patient as well as those defined by health science. A pharmacist is dedicated to protecting the dignity of the patient. With a caring attitude and a compassionate spirit, a pharmacist focuses on serving the patient in a private and confidential manner.

**III. A pharmacist respects the autonomy and dignity of each patient.**

A pharmacist promotes the right of self-determination and recognizes individual self-worth by encouraging patients to participate in decisions about their health. A pharmacist communicates with patients in terms that are understandable. In all cases, a pharmacist respects personal and cultural differences among patients.

**IV. A pharmacist acts with honesty and integrity in professional relationships.**

A pharmacist has a duty to tell the truth and to act with conviction of conscience. A pharmacist avoids discriminatory practices, behavior or work conditions that impair professional judgment, and actions that compromise dedication to the best interests of patients.

**V. A pharmacist maintains professional competence.** A pharmacist has a duty to maintain knowledge and abilities as new medications, devices, and technologies become available and as health information advances.

**VI. A pharmacist respects the values and abilities of colleagues and other health professionals.** When appropriate, a pharmacist asks for the consultation of colleagues or other health professionals or refers the patient. A pharmacist acknowledges that colleagues and other health professionals may differ in the beliefs and values they apply to the care of the patient.

**VII. A pharmacist serves individual, community, and societal needs.** The primary obligation of a pharmacist is to individual patients. However, the obligations of a pharmacist may at times extend beyond the individual to the community and society. In these situations, the pharmacist recognizes the responsibilities that accompany these obligations and acts accordingly.

**VIII. A pharmacist seeks justice in the distribution of health resources.** When health resources are allocated, a pharmacist is fair and equitable, balancing the needs of patients and society.

**4. The Oath of a Pharmacist**

At this time, I vow to devote my professional life to the service of all humankind through the profession of pharmacy.

I will consider the welfare of humanity and relief of human suffering my primary concerns.

I will apply my knowledge, experience and skills to the best of my ability to assure optimal drug therapy outcomes for the patients I serve.

I will keep abreast of developments and maintain professional competency in my profession of pharmacy.

I will maintain the highest principles of moral, ethical and legal conduct.

I will embrace and advocate change in the profession of pharmacy that improves patient care.

I take these vows voluntarily with the full realization of the responsibility with which I am entrusted by the public.

**5. Student Pharmacy Organization Information**

The American Pharmacists Association's (APhA) Academy of Student Pharmacists (ASP) unofficially began in 1921 when students from the University of North Carolina petitioned the APhA Council to be recognized as an APhA student branch. Since then, the student section of APhA has gone through a steady evolutionary process. After the first student branch was recognized, many other schools and colleges of pharmacy began to form their own student branches.

In 1954, a formal student section was created due largely to the efforts of the late Dr. Linwood F. Tice of the Philadelphia College of Pharmacy, who felt that students needed a voice in the nation's professional society of pharmacists. This allowed students the opportunity to send one delegate to the APhA House of Delegates. This progress continued until 1969, when the APhA membership approved new bylaws which created three Association subdivisions, one of which was the Student American Pharmaceutical Association (SAPhA). During the next ten years, the number of student delegates in the APhA House of Delegates increased from one to 15. That number increased to 28 in 1986 after passage of new APhA bylaws that created the APhA Academy of Students of Pharmacy (APhA-ASP).

At the 2004 Annual Meeting in Seattle, Washington, APhA-ASP celebrated 35 years as an official academy of APhA . During the meeting, the 2004 APhA-ASP House of Delegates voted in favor of a proposed resolution to change the Academy's name to the *American Pharmacists Association - Academy of Student Pharmacists*, in order to better define the professional role of student pharmacists and to emphasize students' commitment to the profession of pharmacy.

APhA-ASP Mission Statement

The mission of the American Pharmacists Association Academy of Student Pharmacists is to be the collective voice of student pharmacists, to provide opportunities for professional growth, and to envision and actively promote the future of pharmacy.

APhA-ASP Faculty Advisor: Jacqueline Klootwyk, PharmD, Office: 1540 Edison, E-Mail: [jacqueline.klootwyk@jefferson.edu](mailto:jacqueline.klootwyk@jefferson.edu)

**6. Pharmacy-Related Websites**

*Professional Organizations*

Academy of Managed Care Pharmacy

[www.amcp.org](http://www.amcp.org)

American Association of Colleges of Pharmacy

[www.aacp.org](http://www.aacp.org)

American Association of Pharmaceutical Scientists

[www.aaps.org](http://www.aaps.org)

American College of Clinical Pharmacy

[www.accp.com](http://www.accp.com)

American Pharmacists Association

[www.pharmacist.com](http://www.pharmacist.com)

American Society of Consultant Pharmacists

[www.ascp.org](http://www.ascp.org)

American Society of Health-Systems Pharmacists

[www.ashp.org](http://www.ashp.org)

Delaware Pharmacists Society

[www.dpsrx.org](http://www.dpsrx.org)

Delaware Society of Health-System Pharmacists

[www.dshp.net](http://www.dshp.net)

National Association of Boards of Pharmacy

[www.nabp.net](http://www.nabp.net)

National Association of Chain Drug Stores

[www.nacds.org](http://www.nacds.org)

National Community Pharmacists Association

[www.ncpanet.org](http://www.ncpanet.org)

National Pharmaceutical Association

[www.npha.net](http://www.npha.net)

New Jersey Pharmacists Association

[www.njpharma.org](http://www.njpharma.org)

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New Jersey Society of Health-System Pharmacists  
[www.njshp.org](http://www.njshp.org)

Pennsylvania Pharmacists Association  
[www.papharmacists.com](http://www.papharmacists.com)

Pennsylvania Society of Health-System Pharmacists  
[www.pshp.org](http://www.pshp.org)

*State Boards of Pharmacy*

Delaware State Board of Pharmacy  
[www.dpr.delaware.gov/boards/pharmacy/index.shtml](http://www.dpr.delaware.gov/boards/pharmacy/index.shtml)

New Jersey State Board of Pharmacy  
[www.state.nj.us/lps/ca/medical/pharmacy.htm](http://www.state.nj.us/lps/ca/medical/pharmacy.htm)

Pennsylvania State Board of Pharmacy  
[www.dos.state.pa.us/pharm](http://www.dos.state.pa.us/pharm)