

PHA5060: Ambulatory Care

Fall 2020

2 Credit Hours – [A-E Grading]

The purpose of this course is to introduce students to the practice of ambulatory care. The first half of the course empowers the students to treat complex chronic illnesses commonly encountered in ambulatory patients by exploring the patient care process. Through a chronic disease state simulation, care will center on a partnership with the patient emphasizing a holistic approach to patient wellness and exploring obstacles commonly encountered. The second half will focus on strategic planning in an ambulatory care center. Methods to secure collaborative and interdisciplinary ambulatory care practices will be explored. In addition, various pharmacy certifications benefiting an ambulatory care pharmacist will be discussed.

Teaching Partnership Leader

Shannon A Miller, Pharm.D., BCACP

- Email: smiller@cop.ufl.edu
- Office: Orlando Campus
- Phone: 407-313-7005
- Office Hours: Please see Canvas course site for posted office hours.

See Appendix A. for Course Directory of Faculty and Staff Contact Information.

Entrustable Professional Activities

This course will prepare you to perform the following activities which the public entrusts a Pharmacist to perform:

1. EPA A1. Gather patient information (subjective and objective data).
2. EPA A2. Interpret patient data, and identify medication-related problems and develop a prioritized problem list.
3. EPA A3. Formulate evidence-based care plans. (In collaboration with an interprofessional team)
4. EPA A4. Provide counseling about medications and health wellness (including referral when there are social determinants of health and disparities).
5. EPA A6 Present and defend in an evidence-based manner a succinct oral patient summary and plan to a health care provider.
6. EPA B1. Form clinical/practice-related questions and retrieve evidence to advance patient care.
7. EPA D1. Demonstrate soft-skills in daily practice including interprofessional team collaboration (e.g., interpersonal communication, professionalism, cultural sensitivity, innovative mindset).

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8. EPA E2. Assist patients and care givers to obtain their medications and related para-pharmaceuticals in an affordable manner that meets their healthcare needs. (Requires utilization of knowledge of private and public health insurance options)

Course-Level Objectives

Upon completion of this course, the student will be able to:

1. Collect and organize all patient-specific information needed by the pharmacist to prevent, detect, and resolve medication-related problems.
2. Design appropriate evidence-based, patient-centered medication, non-medication, health improvement, wellness, and/or disease prevention recommendations in a complex ambulatory patient.
3. Implement effective communication strategies (verbal and non-verbal) when interacting with a provider or patient in an ambulatory setting.
4. Discuss the role of evidence based guidelines to decide patient specific therapeutic goals in an ambulatory care setting.
5. Explain the provision of realistic limits of treatment outcomes in the ambulatory setting.
6. Identify the patients' roles in determining therapeutic goals in the ambulatory setting.
7. Demonstrate strategic planning for ambulatory care services.
8. Demonstrate behaviors consistent with trust given to the pharmacy profession by patients and other health care providers.
9. Compare and contrast various pharmacist certifications in an ambulatory care practice.
10. Identify strategies to become an exceptional residency candidate.
11. Describe the transition from student to resident.

Course Pre-requisites

1. Satisfactory completion of all Pharm.D. coursework prior to and including Block 17.

Course Co-requisites

1. None

Course Outline

Please routinely check your campus calendar and Canvas for any messages about changes in the schedule including meeting dates/times, deadlines, and room changes.

Date	Mod#	Activity	Contact Hours [Hr.]a	Learning Objectives Covered	Faculty Module Leader
	1	Clinical Week Patient Care Process: Communication		1,2	Dr. Miller & Dr. DeRemer
		Watch: Storyline Video – Patient Interview	.5		

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		Watch: Storyline Video – Provider Interaction	.5		
	1.1	Watch: Lecture 1.1: Course Overview/Successful Communication	<.25		
		Watch: YouTube Video: Empathy: The Human Connection to Patient Care	<.25		
		Read: 5 Tips for Improving Communication in the Pharmacy	.25		
		Read: Improving Communication Skills of Pharmacy Students Through Effective Precepting	1.5		
		Read: Improving Medical Communication: Skills for a complex (and multilingual) clinical world	.5		
Due: 4/22/18 11:59pm	1	Assignment: Submit 300 word communication example, highlighting verbal/nonverbal experience, with medical scenario if possible			
4/23/18 12:15- 2:05pm	1	Active Learning Session 1: <ul style="list-style-type: none"> • Discussion • Role Play • Case Study • Simulation Materials 	2		Dr. Miller & Dr. DeRemer
	1	Post-Class Assignment: Week-long chronic disease state simulation (see Canvas for details)			
	1	Post-Class Assignment: Patient Portal Encounter (Must post replay within 24 hours)			
	2	Pharmacists' Patient Care Process: Collect, Assess, and Plan		1,3,4,5	Dr. St. Onge & Dr. Taylor
	2	Watch: Video – Practical Management of Anticoagulation	.5		

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		Watch: Video – Sample Patient Interview	.5		
		Read: REQUIRED -- Guidance for the practical management of warfarin therapy in the treatment of venous thromboembolism	1		
		Read: SUPPLEMENTAL -- Anticoagulation Toolkit – will help with active learning			
		Read: SUPPLEMENTAL -- CHEST Guidelines 2016 – will help with active learning			
		Read: SUPPLEMENTAL – Data Collection Form, Vitamin K Handout, Education Handout – will help with active learning			
4/24/18 4:15-6:05pm	2	Active Learning Session 2: Pharmacist’s Patient Care Process: Collect, Assess and Plan: <ul style="list-style-type: none"> • Quiz • Interview Assigned Patients • Develop a treatment plan • Present and defend treatment plan • Patient discussion 	2		Dr. St. Onge & Dr. Taylor
	2	Post-Class Assignment: Pharmacist/Patient Pair meet			
	2	Post-Class Assignment for Patient: Discuss adherence and challenges with glucose log, food diary, med calendar, patient assistance forms			
	2	Post-Class Assignment for Pharmacist: Discuss medication recommendations with the patient that you will provide to the physician			

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	2	Post-Class Assignment: Individual Meeting with faculty preceptor to present SOAP Note			
	2	Post-Class Written Assignment: Prepare and submit a SOAP Note			
	2	Post-Class Written Assignment: Prepare an electronic recommendation to physician			
	3	Pharmacists' Patient Care Process		1,3,4,5	Dr. Miller & Dr. Vogel Anderson
	3	Watch: Lecture 3.1: Obstacles to Treatment	1		
4/26/18 2:15-4:05pm	3	Active Learning Session 3: Pharmacist's Patient Care Process: <ul style="list-style-type: none"> • Discussion: SOAP note clinical pearls; Disease clinical pearls; Do's/Don'ts of SOAP note writing and effective presenting • Discussion: Presentation with faculty preceptor highs and lows • Workshop: Patient/Physician obstacles to treatment • Discussion: Review of faculty top references to stay up to date/Wrap-up 	2		Dr. Miller & Dr. Vogel Anderson
	3	Post-Class Written Assignment: Prepare a reflective paper from a patient perspective (300 words)			
	4	Administration Week: Strategic Planning for an Ambulatory Care Practice		6,7	Dr. Dietrich & Dr. DeRemer

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	4.1	Watch: Lecture 4.1: Practice protocols/collaborative interdisciplinary practice agreements	1		
		Read: Pharmacists as mid-level practitioners/providers. Ann Pharm 2011 (pgs. 810-812)	1		
		Read: Pharmacist Billing for Ambulatory Pharmacy Patient Care Services in a Physician-based Clinic and Other Non-Hospital-Based Environments – FAQ (pgs 1-9)	1		
4/30/18 8:15- 10:05am	4	Active Learning Session 4: Administration Week: Strategic Planning for an Ambulatory Care Practice <ul style="list-style-type: none"> • Workshop: Strategies to establish a collaboration agreement • Workshop: Assessing current ambulatory pharmacy services/billing • Discussion: Overcoming practice site challenges 	2		
	4	Post-Class Assignment: Observe and interview an ambulatory care pharmacist			
	4	Post-Class Written Assignment: Submit 3 interview questions/answers			
	4	Post-Class Written Assignment: Prepare practice protocol or agreement or develop a proposal for a new clinic.			
	5	Administration Week: Strategic Planning for an Ambulatory Care Practice		6,7	Dr. Dietrich & Dr. DeRemer
	5.1	Watch: Finding Your Niche in Ambulatory Care	1		

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		Read: Overview of Certifications	1		
		Read: Topics Assigned by Group: BPS Specialties (bps.org)	.5		
		Read: Certified Diabetes Educator (ncbde.org)	.5		
DUE: 4/30/18 11:59pm	5	Assignment: Prepare a 3 minute video/presentation/skit on assigned topic (presented live or posted on Canvas)			
DUE: 4/30/18 11:59pm	5	Assignment: Post 3 questions for panel of experts			
5/1/18 4:15-6:05	5	Active Learning Session 5: Administration: Advanced Certifications in Ambulatory Care <ul style="list-style-type: none"> • Present videos/skits and vote on best • Panel Discussion: Specialty Certifications • Discussion: Perceived need for certifications 	2		
	6	Administration: Residency Challenges		9	Dr. Vogel Anderson & Dr. Miller
		Reading: ACCP "What is a Residency and How Do I Get One?"	.5		
		Reading: Strategies for Successfully Navigating the Pharmacy Residency Interview Process	1		
		Reading: Pharmacy Residency Interview Questions	.5		
DUE: 5/2/18 11:59pm	6	Assignment: Submit 2 questions prior to class: One geared towards residency director, one towards a resident.			

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5/3/18 2:15-4:05	6	Active Learning Session 6: Administration: Residency Challenges <ul style="list-style-type: none"> • Discussion: Residency Panel • Discussion: Residency Expectations • Discussion: Transitioning from student to resident • Discussion: Residency Application Process • Discussion: Residency Interviews • Wrap-up/End of Course 	2		
<i>Total Contact Hours</i>			26.75		

Required Textbooks/Readings

- AccessPharmacy, McGraw-Hill Professional, New York, NY (This resource is available through the UF Health Science Center Library.):
 - Dipiro, J, Talbert R, Yee G, Matzke G, Wells B, Posey L. Pharmacotherapy – A pathophysiologic approach. McGraw-Hill Professional, New York, NY, 10th Edition, 2017. ISBN-13: 978-1259587481; ISBN-10: 1259587487 (Available in Access Pharmacy)
 - Other available resources include: Multiple textbooks, Calculators, Pharmacotherapy Casebook and Care Plans, Cases, Self-Assessments and Multimedia Videos
- Readings from the primary literature will also be assigned where appropriate.
 - Use [UF VPN to access UF Libraries Resources](#) when off-campus.
 - The UF HSC library staff can assist you with questions or issues related to accessing online library materials. For assistance contact your College of Pharmacy librarian or visit the [HSC Library Website](#) at this URL: <http://www.library.health.ufl.edu/>

Other Required Learning Resources

None

Materials & Supplies Fees

None

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Student Evaluation & Grading

Evaluation Methods and How Grades are calculated.

[If course is pass fail, include the following: This course is pass/fail. In order to pass the course, you must receive an overall course grade of **69.50%**]

[The Canvas© gradebook will be set-up using the percentages below to compute the grade.]

Assessment Item	Grade Percentage
<i>Written Assignments (Communication example, glucose log, food diary, interview, medication calendar/log, patient assistant form, reflection paper, credentialing questions for panel, residency questions for panel). See Rubrics in Appendices.</i>	30
<i>Physician Letter (see Appendix B for Rubric)</i>	10
<i>Patient Portal Encounter (See Appendix C for Rubric)</i>	10
<i>SOAP –written (See Appendix D for Rubric)</i>	10
<i>SOAP – Short Patient Case Presentation (See Appendix E for Rubric)</i>	10
<i>Protocol/Clinical Proposal (See Appendix G for Rubric)</i>	10
<i>Credential Presentation (See Appendix G for Rubric)</i>	10
<i>Quiz</i>	10
Total	100%

Table 1. Grading Scale

Rounding of grades:

Final grades in Canvas will be rounded to the 2nd decimal place. If the decimal is X.495 or higher, Canvas will round the grade to X.50. The above scale depicts this policy and grades are determined accordingly. Grade assignment is made using this policy and **NO EXCEPTIONS** will be made in situations where a student's grade is "close."

Educational Technology Use

The following technology below will be used during the course and the student must have the appropriate technology and software.

1. ExamSoft™ Testing Platform
2. Canvas™ Learning Management System

For technical support, navigate to [Educational Technology and IT Support Contact Information](http://curriculum.pharmacy.ufl.edu/current-students/technical-help/) at this URL: <http://curriculum.pharmacy.ufl.edu/current-students/technical-help/>

Percentage Range	Letter Grade
92.50-100%	A
89.50-92.49%	A-
86.50-89.49%	B+
82.50-86.49%	B
79.50-82.49%	B-
76.50-79.49%	C+
72.50-76.49%	C
69.50-72.49%	C-
66.50-69.49%	D+
62.50-66.49%	D
59.50-62.49%	D-
< 59.50%	E

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Pharm.D. Course Policies

The Policies in the following link apply to this course. Review the [General Pharm.D. Course Policies](http://curriculum.pharmacy.ufl.edu/current-students/course-policies/) carefully, at this URL: <http://curriculum.pharmacy.ufl.edu/current-students/course-policies/>

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Appendix A. Course Directory

Teaching Partnership Leader/Course Director:

Name: Shannon A Miller, PharmD, BCACP

Email: smiller@cop.ufl.edu

Office: Orlando Campus

Phone: 407-313-7005

Questions to Ask:

- Concerns about performance
- Guidance when there are performance problems (failing grades)
- General questions about content

Academic Coordinator:

Name: TBA

Email: TBA

Office: HPNP 4312

Phone: TBA

Absence/Tardy Email: absent2pd@cop.ufl.edu/absent3pd@cop.ufl.edu

Educational Coordinators:

Name: McKenzie Wallen

Email: mwallen@cop.ufl.edu

Office: Jacksonville Campus

Name: Iverta Allen

Email: iallen1@cop.ufl.edu

Office: Orlando Campus

Questions to Ask:

- Issues related to course policies (absences, make up exams, missed attendance)
- Absence/tardy requests (Only the Academic Coordinator handles absence requests)
- Questions about dates, deadlines, meeting place
- Availability of handouts and other course materials
- Assignment directions
- Questions about grade entries in gradebook (missing grades, incorrect grade)
- Assistance with ExamSoft® (Distance campus students may contact the Educational Coordinator for use of Exemplify and assistance during exams. The Academic Coordinator is the contact person for issues related to grading and posting of ExamSoft grades.)

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Other Teaching Partnership Faculty Members:

Vogel Anderson, Katie, PharmD, BCACP

kvanderson@cop.ufl.edu

DeRemer, Christina, PharmD, BCPS, FASHP

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Dietrich, Eric, PharmD

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St. Onge, Erin, PharmD

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Taylor, James, PharmD, CDE, BCACP

JTaylor@cop.ufl.edu

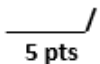
Appendix B. Rubric for Written Assignments

Written Assignments	Not Completed (0 pts)	Exceptional (5 pts)
Glucose Log	Assignment was not submitted	80-100 % of blood glucoses were logged at appropriate times.
Food Diary	Assignment was not submitted	80-100 % of food/drinks were logged.
Interview	Assignment was not submitted	All questions were insightful and showed student prepared.
Medication Calendar/Log	Assignment was not submitted	80-100 % of medications were logged or reason for why the dose was missed is recorded.
Patient Assistant Form	Assignment was not submitted	80-100 % of the assistant form was completed correctly.
Reflection Paper	Assignment was not submitted	All questions were answered and student expanded on topics. Paper met length requirement.
Three Questions for Advance Certification Panel	Assignment was not submitted	All questions were insightful and showed student prepared
Three Questions for Residency Panel	Assignment was not submitted	All questions were insightful and showed student prepared
Communication Scenario	Assignment was not submitted	Student expanded on topic. Paper met length requirement.

Glucose Log _____
 Food Diary _____
 Interview _____
 Medication Calendar _____
 Patient Assistant Form _____
 Reflection Paper _____
 Total score (Max 30): _____

Comments for Student:

Appendix C. Rubric Physician Elec. Rec.

Evaluation Component	Needs improvement (0 pts)	Professionally Acceptable (0.5 pts)	Exceptional (1 pts)	Comments
Introduction and Chief Complaint / History of Present Illness	Information is inaccurate or missing reason for patient visit and HPI or information provided would make it unlikely another provider would have the same understanding of reason for letter.	All information provided is accurate but minor omissions are made or non-relevant information is included	Introduction, chief complaint, and HPI is complete, relevant and accurate in every detail	
Patient Background and Current Medication List	Patient Background and Med List is incomplete or inaccurate	All information provided is accurate but minor omissions are made or non-relevant information is included	Patient Background and Med List are complete and accurate in every detail	
Assessment	Assessment is inappropriate or is missing patient disease states, goals, and clinical relevance or assessment is inconsistent with established guidelines or other clinical sources.	Assessment is appropriate but minor omissions are made or some clinical rationale is inappropriate	Assessment is complete and accurate in disease states, goals, and clinical relevance and assessment includes rationale from clinical sources	
Plan	Plan is inappropriate or missing specific recommendations (drug, dose, frequency, follow up, and monitoring) or is not consistent with the assessment	Plan is appropriate but has minor omissions or plan contains further assessment information	Plan is complete and appropriate including drug, dose, frequency, follow up, and monitoring	
Grammar/ Structure	Letter contains more than three grammatical errors or is inconsistent with example letter structure	Up to three grammatical errors and structure consistent with example letter	No grammatical errors and structure follows example letter	
	Total			 5 pts

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Appendix D. Rubric Patient Portal

Evaluation Component	Needs improvement (0 pts)	Professionally Acceptable (0.5 pts)	Exceptional (1 pts)	Comments
Introduction	Introductory statement is not included	Introductory statement is incomplete.	Introductory statement is complete and acceptable	
Goals of Therapy	Goals of therapy are missing for one or more conditions or are not consistent with appropriate patient care	Goals of therapy are complete, but minor omissions are made	Goals of therapy are complete and accurate in every way	
Recommendation and Follow up	Suggestions and Monitoring Plan are not consistent with appropriate patient care or are inconsistent with established guidelines w/o explanation or is otherwise clinically inappropriate	Suggestions and Monitoring Plan are appropriate but have minor omissions or contain further goals/drug therapy problem information	Suggestions and Monitoring Plan are complete and appropriate in every detail following clinically relevant sources.	
Grammar/ Structure	Letter contains more than three grammatical errors or is inconsistent with example letter structure	Up to three grammatical errors and structure consistent with example letter	No grammatical errors and structure follows example letter	
Use of Patient Appropriate Language	Letter contains more than three instances where inappropriate terminology is utilized for patient communication	Letter contains up to three instances where inappropriate terminology is utilized for patient communication	No instances of inappropriate terminology exist in the letter	
			Total	<u>5 pts</u>

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Appendix E. Rubric for Written SOAP Note

Criteria	Ratings				Pts	
	Excellent	Competent	Needs Improvement	Not Acceptable		
COLLECT						
Subjective <ul style="list-style-type: none"> CC HPI SH Pertinent Drug History Allergies 	Complete and concise narrative of pertinent patient information; required elements included (3 pts)	Well-organized and concise summary of patient information. Missing some patient reported information important for assessing conditions/medication therapy (2 pts)	Poorly organized and limited summary of pertinent information, excessive, non-pertinent information (1 pts)	Markedly Lacking detail required to make an accurate assessment; incorrect information included; copied and pasted from previous notes (0 pts)	____/3	
Objective <ul style="list-style-type: none"> Current medications Vitals Labs Diagnostic tests 	Complete and concise summary of pertinent information; no extraneous information included; Complete medication list included. (3 pts)	Partial but accurate summary of pertinent information OR incomplete medication list. (2 pts)	Poorly organized and limited summary of pertinent information OR extraneous objective information included (1 pts)	Markedly lacking detail required to make an accurate assessment OR inaccurate information included OR no medication list included (0 pts)	____/3	
ASSESS						
Assessment of current medical condition(s) <ul style="list-style-type: none"> Condition Goal Current Status Drug therapy problem Therapeutic Alternatives Succinct patient-specific rationale 	Complete prioritized problem list generated. No extraneous information listed. An evidence-based, patient-specific assessment is present for each problem. (3 pts)	All problems identified but not in correct order of importance. Some extraneous problems listed. An evidence-based, patient-specific assessment for each problem is present but not optimal. Incorrect categorization of drug therapy problem(s), goal(s) present and optimal (2 pts)	Main problem present but lower priority problems(s) missing; Non-optimal assessment of conditions OR missing current status of condition(s), goal(s) present but not optimal (1 pts)	Missing main problem of the case OR assessment may cause patient harm OR no assessment of clinical conditions included OR missing goal(s) (0 pts)	____/3	
PLAN						
Treatment Plan <ul style="list-style-type: none"> Medication dose, route, frequency, duration Monitoring Critical Patient Counseling elements Follow-up 	Specific and appropriate recommendation(s) of medications, patient counseling, time-specified monitoring and follow-up of all problem(s) listed. (3 pts)	Mostly complete and appropriate for each identified problem. Plan may not be optimal or lacking proper patient counseling or optimal timing of follow-up. (2 pts)	Plan is not consistent with the assessment OR lacks enough specificity for another provider to follow plan. (1 pts)	Suggested changes may cause patient harm; plan lacks patient education or any recommendation for follow-up or monitoring. (0 pts)	____/3	
STRUCTURE						
<ul style="list-style-type: none"> Spelling/grammar Unsafe abbreviations Note elements in proper place 	All elements of the note are in the correct location. Problems listed in the same order in the assessment and plan. No grammatical or spelling errors. No unsafe abbreviations used. (3 pts)	Subjective, objective, assessment or plan information misplaced 1 time OR 1 or fewer grammatical/spelling errors. (2 pts)	Subjective, objective, assessment or plan information misplaced multiple times OR 1 or fewer unsafe abbreviations used (1 pts)	No clear organization to note OR 2 or more grammatical/spelling errors OR 2 or more unsafe abbreviations used. (0 pts)	____/3	
Global Assessment						
Consider consistency throughout note, sufficient detail for another provider to evaluate rationale, appropriateness of judgment/rationale throughout. Overall, did the SOAP note serve its purpose, document the interaction and provide sufficient detail for another provider to know what is going on with patient?		Excellent (3 pts)	Competent (2 pts)	Needs Improvement (1 pts)	Not Acceptable (0 pts)	____/3
Total					____/18	

Appendix F. Verbal Presentation

Knowledge				
	Needs Improvement (0 pts)	Professionally Acceptable (1 pt)	Exceptional (2.5pts)	Points
Knowledge of Disease State	Limited understanding of the disease state. Cannot discuss expected signs, symptoms, & lab values even if not indicated in this case with preceptor guidance.	Demonstrates understanding of the disease state. Discuss expected signs, symptoms, & lab values even if not indicated in this case with preceptor guidance.	Demonstrates in-depth understanding of the disease state. Discuss expected signs, symptoms, & lab values even if not indicated in this case without preceptor guidance.	____/2.5
Knowledge of Drug Therapy	Limited understanding of the drug classes in the case. Cannot recommend alternative therapies for specific disease state with preceptor guidance.	Demonstrates understanding of the drug classes in the case. Recommends alternative therapies for specific disease state with preceptor guidance.	Demonstrates in-depth understanding of the drug classes in the case. Recommends alternative therapies for specific disease state without preceptor guidance.	____/2.5
Performance				
Patient Assessment	Cannot form a problem list for patient. Cannot determine desired and undesired therapeutic outcomes.	Identifies some (not all) therapeutic problems. Determines either desired or undesired therapeutic outcomes, but not both.	Identifies therapeutic problems without including unnecessary information. Determines both desired and undesired therapeutic outcomes.	____/2.5
Therapeutic Plan Development	Cannot form a problem list for patient. Cannot determine desired and undesired therapeutic outcomes.	Develops a therapeutic plan that includes a change in therapy (addition, deletion, or modification) if appropriate. Does not provide adequate monitoring recommendations.	Develops a therapeutic plan that includes a change in therapy (addition, deletion, or modification of therapy) if appropriate. Provides adequate monitoring recommendations.	____/2.5
Communication with Audience	Does not communicate well with audience. Cannot offer or justify answers to questions about the case.	Inconsistent communication with audience. May/may not be able to offer or justify answers to questions about the case.	Communicates well with the audience. Consistently offers and justifies prepared answers to the questions about the case.	____/2.5
Presentation Style	Speaks too quickly or too slowly. Displays distracting mannerisms. Relies on audience/faculty to answer questions related to presentation.	Almost always speak at proper pace with few distracting mannerisms. Attempts to answer questions before deferring to audience or faculty for assistance.	Speaks at a proper pace with no distracting mannerisms. Displays enthusiasm. Maintains good eye contact.	____/2.5
Comments:				Total Grade ____/15 pts

Appendix G. Chronic Disease State Reflection Questions

1. Provide a detailed description of your experience as a patient with multiple chronic disease states.

2. What were some of the challenges of this experience?
 - 1.
 - 2.
3. What impact did it have on your lifestyle?
 - 3.
 - a) Did you find it difficult adhering to specific dietary recommendations?
 - b) Were you able to follow the lifestyle modifications recommended to you?

4. Over the course of the week, how often did you forget to check your glucose and/or blood pressure or take medications?
 - 4.
 - a) What caused you to forget?
 - b) What strategies did you use to help yourself remember?

5. How could this experience help you empathize with patients who have multiple chronic disease states?

Reference Appendix A - "[REFLECTION PAPER](#)" for grading rubrics.

Appendix G. Proposal/Certifications Rubric

1. Evaluation Component	Needs Improvement (0pts)	Professionally Adequate (5pts)	Exceptional (10pts)	Comments
Clinic Proposal	Proposal was unclear, had numerous grammar or misspellings, practice would not be successful, or student applied little effort.	Proposal was slightly unclear, few grammar or misspellings, practice would most likely succeed as proposed, and showed student put effort into proposal.	Proposal was clear, well written, practice would have a high chance of success as proposed, and showed student put detailed thought into proposal.	
Credential Presentation	Presentation was difficult to understand, included incorrect information, unorganized, and significantly out of time requirements.	Presentation was slightly difficult to understand, included majority of correct information, slightly unorganized, and just fell outside time requirements.	Presentation was clear, included correct information, had a logical flow, and followed time requirements.	
	Total			<div style="border-bottom: 1px solid black; width: 50px; margin: 0 auto;"></div> 20 pts