



**The University of Jordan**  
**Accreditation & Quality Assurance Center**

# **COURSE Syllabus**

1	Course title	Psychiatric/Geriatric Clerkship
2	Course number	1203603
3	Credit hours (theory, practical)	2 hours
	Contact hours (theory, practical)	2 weeks, 5 days a week, 6 hours a day (60 hours) practice
4	Prerequisites/corequisites	Pharmacotherapy IV (1203506)
5	Program title	Pharm.D
6	Program code	---
7	Awarding institution	The University of Jordan
8	Faculty	Faculty of pharmacy
9	Department	Department of Biopharmaceutics and Clinical Pharmacy
10	Level of course	6 <sup>th</sup> year undergraduate
11	Year of study and semester (s)	Spring 2015/2016
12	Final Qualification	PharmD
13	Other department (s) involved in teaching the course	None
14	Language of Instruction	English
15	Date of production/revision	January, 25, 2016

#### 16. Course Coordinator:

*Office numbers, office hours, phone numbers, and email addresses should be listed.*

Dr. Nailya Bulatova, 121, 9626-5355000 (ext.23350), [nyounes@ju.edu.jo](mailto:nyounes@ju.edu.jo)

Dr. Mayyada Wazaiyf, 108, +9626-5355000 (ext.23354), [m.wazaiyf@ju.edu.jo](mailto:m.wazaiyf@ju.edu.jo)

#### 17. Other instructors:

*Office numbers, office hours, phone numbers, and email addresses should be listed.*

Ph. Maysam Abu Raqeeq, ---, ---, [maysam.mohammad90@hotmail.com](mailto:maysam.mohammad90@hotmail.com)

Ph. Ali AlMuqdadadi, [ali\\_1899@yahoo.com](mailto:ali_1899@yahoo.com)

Sabrina Abusnieneh, [ph.sabrina@live.com](mailto:ph.sabrina@live.com)

#### 18. Course Description:

*As stated in the approved study plan.*

The hospitals based training is intended to provide the 6th year pharm D students with the core aspects of geriatrics and psychiatrics pharmaceutical care in order to have the knowledge and skills to identify, prevent and resolve different treatment related problems (TRPs) relevant to geriatrics and psychiatric clinical rotations and get hold of the essential skills in order to deliver patient and/ or caregiver counseling.

**19. Course aims and outcomes:****A- Aims:**

By the completion of the psychiatric/geriatric training the student will be expected to:

- \* Be familiar with the most common psychiatric conditions; differentiate their different symptoms, criteria of diagnosis and management methods.
- \* Be able to recommend the proper medicines at the proper dose, frequency, route and duration for the management of the most common psychiatric and geriatric clinical conditions
- \* Be aware of the influence of advanced age on both drug handling by the body and patient response
- \* Be able to communicate effectively with patients, physicians, and other health care professionals in both oral and written forms

**B- Intended Learning Outcomes (ILOs):** Upon successful completion of this course students will be able to ...

**Successful completion of the course should lead to the following outcomes:**

**A. Knowledge and Understanding:**

The student will be expected to:

**Psychiatry**

A1: Apply clinical knowledge and understanding of the pathophysiology, clinical presentation, diagnosis and pharmacotherapy of psychiatric disease (senile dementia, schizophrenia, bipolar disorder, substance-related disorders and depression).

A3: Demonstrate an understanding of appropriate choice of psychotropic drug therapy and be able to design an appropriate drug regimen and monitor therapy for toxicities and complications.

A4: Provide concise and relevant drug information to other members of the health care team and provide patient/ caregiver education regarding psychiatric diseases and their management.

A5: Recognize psychiatric emergencies (e.g., suicidal, violent, or delirious patients; withdrawal symptoms) and be familiar with their management.

A6: Recognize the signs and symptoms associated with the most common substances of abuse in Jordan, including benzodiazepines and the opiates and recommend the appropriate treatment.

**Geriatrics**

A7: Apply clinical knowledge and understanding of age-related physiological changes that may affect drug pharmacokinetics in the elderly.

A8: Apply clinical knowledge of age-related pharmacodynamic changes on patient sensitivity/responsiveness to drugs.

A9: Be familiar with the most common diseases in elderly (Alzheimer's disease).

A10: Be familiar with the most common types of treatment-related problems (TRPs) in older adults.

A11: Be able to create an optimal pharmacotherapy regimen with the goal of modifying or reducing drug-related problems (e.g. the use of as few medications as possible, avoiding certain medications/dosage forms, and dose adjustment) in older adults.

**B. Intellectual Analytical and Cognitive Skills: The student will be expected to:**

B1: Determine whether the patient has achieved the desired outcomes or is experiencing undesirable outcomes and to determine the appropriate time for follow up evaluation or stepping therapy up/down

B2: Critically review the common psychiatric and geriatrics reference sources and use the information to resolve pharmaceutical problems

**C. Subject-Specific Skills:** The student will be expected to:

C1: Assess the likelihood that an adverse drug reaction (ADR) or drug related toxicity has occurred and learn how to collaboratively manage these situations with the help of other members of the medical team

C2: Apply Beers criteria to assess the appropriateness of medications use in geriatrics

C3: Be able to identify, prevent and resolve TRPs most commonly encountered in psychiatry and geriatrics and to develop a pharmaceutical care plan with proper monitoring parameters

**D. Transferable Key Skills: The student will be expected to:**

D1. Communicate with other members of the health team to ensure optimum treatment outcomes

D2. Demonstrate the ability to communicate with patients and caregiver in critical or sensitive situation showing sympathy as well as professionalism.

D3. Obtain further skills in problem solving and patient/ health provider communication

**Program Competencies Achieved:**

**Patient Care**

2.1 Recognize main physiological principles that govern normal body functioning

2.2 Identify pathophysiological basis of major human diseases

2.3 Identify indications, side effects and contraindications of medicines

2.4 Identify drug-drug and drug-food interactions of medicines

2.5 Identify basic principles of drug pharmacokinetics and recognize disease conditions and other factors that interfere with safety and efficacy of medicines

2.6 Assess patients medical records

2.7 Respect and protect the confidentiality of patient's information

2.8 Maintain, review and update medicine records of patients

2.9 Advise patients and other health professionals on proper usage of medicines including their strength, frequency, dosage form and route of administration

**Interpersonal and communication:**

5.1 Communicate effectively with patients and other healthcare professionals

5.2 Prepare and deliver presentations effectively

5.3 Express ideas, instructions and information in a clear and comprehensible manner

5.4 Considers audience feedback to verify their proper understanding

5.5 Respond effectively to enquiries presented by patients and other healthcare professionals

5.6 Exhibit negotiation and influencing skills to resolve conflicts

5.7 Build positive relationships with patients and other healthcare professionals

5.8 Acknowledge and respect cultural and religious differences among patients and colleagues

5.9 Listen to patients and respect their views and choice of treatment options

## 20. Topic Outline and Schedule:

Topic	Week	Instructor	Achieved ILOs	Evaluation Methods	Reference
Schizophrenia					
Bipolar disorders					
Depressive Disorders					
Substance-Related Disorders : CNS Depressants, CNS Stimulants, and Hallucinogens					
ECT					
Alzheimer's Disease					
Assessment of appropriateness of medications in geriatrics					

## 21. Teaching Methods and Assignments:

Development of ILOs is promoted through the following teaching and learning methods:

ILO/s	Learning Methods
<b>A1-3, B1</b>	Patient specific pharmaceutical care plan (PCP) preparation
<b>D1-3</b>	Attending teaching rounds with the medical team
<b>B1-2, C1-2</b>	Peer case presentation

<b>A1-3, C1-2</b>	Bedside clinical tasks (e.g. assessment of drug interactions, patient counselling)
<b>B2</b>	Educational presentation
<b>Learning skills:</b>	Critical thinking Digital literacy Problem-solving skills Self-directed learning Scientific reasoning Communication skills Team and group working

## 22. Evaluation Methods and Course Requirements:

Opportunities to demonstrate achievement of the ILOs are provided through the following assessment methods and requirements:

ILO/s	Evaluation Methods
<b>A1-3, B1</b>	Oral daily and weekly one to one discussion. Exams and formal presentations
<b>D1-3</b>	At least twice per week. Attendance will be monitored by preceptors and the senior of the medical team
<b>B1-2, C1-2</b>	Group presentation of one selected full case weekly
<b>A1-3, C1-2</b>	Weekly assessment of at least two extra patients
<b>B2</b>	One pre-rotation assigned topic presented in no more than 15 min

## 23. Course Policies:

A- Attendance policies:

Attendance is mandatory. The first and the last warning with 1 absence. Two absences (20%) result in dismissal from the course. Being late for more than 15 minutes is equivalent to one absence.

### **Other hospital clerkship specific policies:**

**In each training course the students will be divided into groups. Each group will undergo training in the hospital for two weeks -daily (Sunday-Thursday), from (8.00 AM-2:00 PM).**

**- Students will require doing the following during their internship:**

1. Students must attend a minimum of 2 teaching rounds per week.
2. Students will be responsible for one full case 1<sup>st</sup> week (follow up until DISCHARGE), then two cases per week.

3. Students must conduct full patient interview and counselling for full case, otherwise case will not be accounted for, and student must submit another case or receive a "zero" for that certain case.
4. Students must pick their main full case within the first 2 days of the week (Sunday or Monday), By Tuesday, they must have read about the disease and medications and prepared primary PCP. Students will be asked about their cases and input on their cases during the week.
5. Students must attend daily morning report and clinical pharmacy round and be prepared for any questions the preceptor may have regarding their case as well as cases that other members of their group have.
6. Students will have a weekly case discussion (during same week of particular cases) with their supervisor and must be fully prepared. Anything regarding disease, pharmacotherapy or pharmacology of drugs may be asked.
7. Students will be assigned a topic by their preceptor in whom they must prepare a brief presentation (no longer than ten minutes). There will be one presentation per student per rotation. Topic will be assigned by preceptor.
8. Attendance will be taken daily, and a tardiness of 15 minutes or more will be considered an absence.
9. If a student is caught cheating or filling manual with false data then he/she will receive a zero in the area they are caught cheating in.

**\*\*\* At the beginning of each week (Sunday) except the first week, students must submit full cases. Marks will be deducted for late submission.**

B- Absences from exams and handing in assignments on time:

Will result in zero achievement unless health report or other significant excuse is documented.

C- Health and safety procedures:

Before training, it is mandatory to get blood tests for Hepatitis B, C and HIV.

Flue vaccination are obligatory to obtain prior to training.

D- Honesty policy regarding cheating, plagiarism, misbehavior:

The participation, the commitment of cheating will lead to applying all following penalties together

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

E- Grading policy:

Evaluation	Point %	Date
Assessment, evaluation and Attitude	5	Determined with each students group
Presentations	5	Starting from the Tuesday of 1 <sup>st</sup>

		week of each rotation.
<b>Discussion with PhD holder</b>	<b>10</b>	Arranged with the PhD holder
<b>Homework and Assignments/quizzes</b>	<b>10</b>	Short assignments and homework on daily basis during the rotation.
<b>Oral case discussion of cases</b>	<b>15</b>	At the beginning of each week (Sunday) except the first week
<b>Pharmacy practice manual grading</b>	<b>15</b>	At the beginning of each week (Sunday) except the first week, students must submit full cases
<b>Final Exam</b>	40	

F- Available university services that support achievement in the course:

Classrooms, internet classes, hospital training site at RMS, JUH and PHH

D- Honesty policy regarding cheating, plagiarism, misbehavior:

#### 24. Required equipment:

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#### 25. References:

A- Required book (s), assigned reading and audio-visuals:

##### A. Psychiatry

1. ACCP Updates in therapeutics: pharmacotherapy preparation review and recertification course. Volume 1. 2015.
2. American Psychiatric Association (APA). Schizophrenia and other psychotic disorders. In: Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision. Washington, DC: American Psychiatric Association, 2000:297–319.
3. M. Lynn Crismon; Tami R. Argo; Peter F. Buckley. Chapter 50. Schizophrenia. In: Joseph T. DiPiro, Robert L. Talbert, Gary C. Yee, Gary R. Matzke, Barbara G. Wells, L. Michael Posey ( 2014). Pharmacotherapy: A Pathophysiologic Approach, 9e.
4. Christian J. Teter; Judith C. Kando; Barbara G. Wells. Chapter 51. Major Depressive Disorder. In: Joseph T. DiPiro, Robert L. Talbert, Gary C. Yee, Gary R. Matzke, Barbara G. Wells, L. Michael Posey ( 2014). Pharmacotherapy: A Pathophysiologic Approach, 9e.
5. Texas Implementation of Medication Algorithms (TIMA). Major Depressive Disorder Algorithms. Texas department of state health services, 2008.



[http://www.jpshealthnet.org/sites/default/files/tmap\\_depression\\_2010.pdf](http://www.jpshealthnet.org/sites/default/files/tmap_depression_2010.pdf)

6. Texas Medication Algorithm project procedural manual. SCHIZOPHRENIA TREATMENT ALGORITHMS. Texas department of state health services, 2008. <http://www.jpshealthnet.org/sites/default/files/tmapalgorithmforschizophrenia.pdf>
7. Pharmacotherapy for schizophrenia: Acute and maintenance phase treatment (uptodate)
8. Overview of electroconvulsive therapy (ECT) for adults (uptodate)
9. Paul L. Doering; Robin Moorman Li. Chapter 48. Substance-Related Disorders I: Overview and Depressants, Stimulants, and Hallucinogens. In: Joseph T. DiPiro, Robert L. Talbert, Gary C. Yee, Gary R. Matzke, Barbara G. Wells, L. Michael Posey ( 2014). Pharmacotherapy: A Pathophysiologic Approach, 9e.
10. . National Institute on Drug Abuse (NIDA): The Science of Drug Abuse and Addiction. [www.drugabuse.gov](http://www.drugabuse.gov)

**B. Geriatric**

1. ACCP Updates in therapeutics: pharmacotherapy preparation review and recertification course. Volume 1. 2015.
2. American Geriatrics Society (AGS). American Geriatrics Society Updated Beers Criteria for Potentially Inappropriate Medication Use in Older Adults. 2012.
3. Treatment of dementia (uptodate).

B- Recommended books, materials, and media:

**26. Additional information:**

Name of Course Coordinator: Prof. Mayada Wazaify Signature: ----- Date: January, 25, 2016

Head of curriculum committee/Department: ----- Signature: -----

Head of Department: ----- Signature: -----

Head of curriculum committee/Faculty: ----- Signature: -----

Dean: ----- -Signature: -----

Assurance

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