

FORM A
College of Pharmacy
 Revised 11/4/02

PROPOSAL SUMMARY AND ROUTING FORM

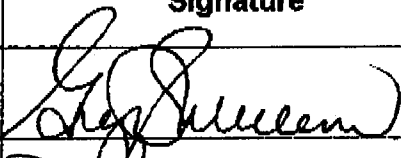

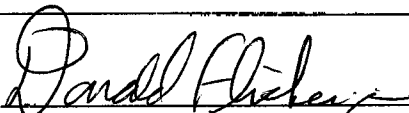
Proposal Title: PHPR 590: Special Populations: Geriatrics and Pediatrics

Initiating Unit or Individual: George DeMaagd, PharmD, BCPS

Contact Person's Name: George DeMaagd e-mail: gdemaagd@yahoo.com phone: 269-387-7186

Date or Semester of Proposal Implementation: Winter 2008

- Group I - A – New degree/major or major, or redirection of a current offering
- Group I - B – New minors or concentrations
- Group II - A – Minor curriculum clean-up and course changes
- Group II - B – New Course
- Group III - Certificates
- Group IV – Off-Campus Programs

Group/Individual	Signature	Date	Vote/Action *
College Curriculum Committee		10/18/07	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
College Faculty		10/23/07	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
Dean			<input type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
University Curriculum Committee			<input type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
Senate			<input type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
Academic Affairs		10/24/07	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support

* Support with Concerns or Not Support must include a list of concerns.

To be completed by Academic Affairs		
_____ President (Date Approved)	_____ Board of Trustees (Date Approved)	_____ President's Council (Date Approved)

FORM A CONT.**1. Proposal Summary**

This elective course will provide students with advanced topics related to pharmacotherapy issues in geriatric and pediatric patients. Students will be exposed to various geriatric and pediatric disease states or syndromes and their treatment issues for each population in ambulatory and hospitalized settings. Students will learn course material using a mixture of active and passive learning techniques.

2. Summary of All Course Action Required***a. Newly Created Courses to FSU:**

Prefix	Number	Title
PHPR	590	Special Populations: Geriatrics and Pediatrics

b. Courses to be Deleted From FSU Catalog:

Prefix	Number	Title
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c. Existing Course(s) to be Modified:

Prefix	Number	Title
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d. Addition of existing FSU courses to program

Prefix	Number	Title
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e. Removal of existing FSU courses from program

Prefix	Number	Title
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***Contact Senate Secretary or UCC Chair if spaces for additional courses are needed.**

NEW COURSE INFORMATION FORM

See Sample: Limit to One Page.

Course Identification:

Prefix:	Number	Title
PHPR	590	Special Populations: Geriatrics and Pediatrics

Course Description:

Provide students with advanced topics related to pharmacotherapy issues in the geriatric and pediatric populations through the use of active and passive learning techniques.

Course Outcomes:

Improve the student's ability to monitor the care of geriatric and pediatric patients in various clinical settings, including hospital and ambulatory environments.

Course Outline including Time Allocation:

Introduction to Geriatrics/Disease presentation 2 hours

- Introduction to presentation/student sessions

Geriatric Syndromes/Disease in the elderly (Focus on Issues in the elderly patient) 2 hours

- Endocrine and metabolic disorders, cardiovascular/respiratory disorders
- Student led discussions (pharmacotherapy of heart failure, pharmacotherapy of diabetes)

Gastrointestinal disorders/nutrition, Infectious diseases in the elderly, 2 hours

- Student led discussions (nutritional assessment, community acquired pneumonia)

Musculoskeletal/Falls and Gait impairment, Dermatologic disorders, 2 hours

- Student led discussions (drugs & falls, dermatitis in the elderly)

Neurological diseases/Pain, Psychiatric Disorders, 2 hours

- Student led discussions (pain management in elderly, insomnia)

Genitourinary disorders, Hematological/oncology, 2 hours

- Student led discussions (sexual dysfunction, anemias in the elderly)

Introduction to pediatrics, 2 hours

- Growth/development/physiology, Pediatric physical assessment/growth charts
- Pediatric lab values
- Student led discussions (failure to thrive; vitamins)

Pharmacotherapy considerations in children, Pediatric drug information resources, Food allergies 2 hours

- Student led discussions (infant formulas; viral gastroenteritis)

Newborn screening and genetic disorders, Kawasaki Disease, ITP/HSP 2 hours

- Student led discussions (JRA; osteomyelitis)

Neonatal diseases, 2 hours

- Student led discussions (apnea of prematurity; neonatal sepsis)

Pediatric infectious diseases (bronchiolitis; septic arthritis; conjunctivitis), 2 hours

- Student led discussions (pneumonia; urinary tract infections)

Pediatric GI disorders (NEC, short gut, biliary atresia, hyperbilirubinemia), 2 hours

- Student led discussions (GER; sickle cell disease)

Pediatric neurologic disorders/management (abdominal migraine; cyclic vomiting; ketogenic diet; infantile spasms) 2 hours

- Student led discussions (generalized seizures; partial seizures)
- Student led discussions (migraine; febrile seizures)

Final Examination, 2 hours

CREATE NEW COURSE
Course Data Entry Form

FORM F

Create New Course
Rev. 07/23/07

I. ACTION TO BE TAKEN: CREATE A NEW COURSE

Notes

- 1. Complete each item in Section I and Section II.
- 2. If this course is to be used as a prerequisite for other university courses, Form Fs that reflect the prerequisite change must be submitted for those courses as well.

Term Effective (6 digit code only): 200801 Examples: 200801(Spring), 200805(Summer), 200808(Fall)

Note: The first four digits indicate year, the next two digits indicate month in which term begins.

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

a. Course Prefix

PHPR

b. Number

590

c. Enter Contact Hours per week in boxes.

LECture 2 LAB INDEpendent Study – Check (x)

Practicum: Seminar:

d. Course Title: Special Popul: Geront/Peds

(Limit to 30 characters/spaces.)

e. College Code: PH

f. Department Code: Prac

Credit Hours: Check (x) type and enter maximum and minimum hours in boxes.

g. Type: Variable Fixed h. Minimum Credit Hours 2 i. Maximum Credit Hours 2

j. May Be Repeated for Added Credit: Check (x) Yes No

k. Levels: Check (x) Undergraduate Graduate Professional

l. Grade Method: Check (x) Normal Grading Credit/No Credit only (Pass/Fail)

m. Does proposed new course replace an equivalent course? Check (x) Yes No

n. Equivalent course: Prefix Number See instructions on Replacement courses.

o. CATALOG DESCRIPTION – Limit to 75 words – PLEASE BE CONCISE.

This special populations elective is designed to provide students with advanced topics in diseases and pharmacotherapy issues in both geriatric and pediatric populations. The course will include lecture content and student led topic presentation/discussion sessions.

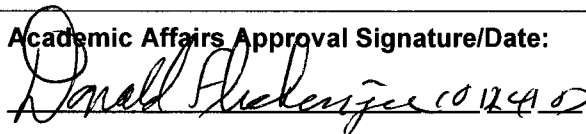
p. Term(s) Offered: Winter 2008 (See instructions for listing.) q. Max. Section Enrollment: 25

r. Prerequisites/Co-requisites/Restrictions: (If none, leave blank.) Limited to 100 spaces. 3rd year professional standing.

UCC Chair Signature/Date:

_____ / /

Academic Affairs Approval Signature/Date:

 10/24/07

To be completed by Academic Affairs Office: - Standard & Measures Coding and General Education Code

Basic Skill (BS) General Education (GE) Occupational Education (OC) G.E. Codes

Office of the Registrar use ONLY

Date Rec'd: _____ Date Completed: _____ Entered: SCACRSE ___ SCADCTL ___ SCARRES ___ SCAPREQ ___

FORM A
College of Pharmacy

Revised 7/23/07

PROPOSAL SUMMARY AND ROUTING FORM

Proposal Title: PHPR 590: Pharmacy-Based Immunization Delivery

Initiating Unit or Individual: Nabila Ahmed Sarwar, Pharm.D., BCPS, CDE

Contact Person's Name: Nabila Ahmed Sarwar e-mail: nabilaahmed@ferris.edu phone: 231-250-3751

Date or Term of Proposal Implementation: Winter 2008

- Group I - A – New degree/major or major, redirection of a current offering, or elimination of a degree, major or minor**
- Group I - B – New minors or concentrations**
- Group II - A – Minor curriculum clean-up and course changes**
- Group II - B – New Course**
- Group III - Certificates**
- Group IV – Off-Campus Programs**

Group/Individual	Signature	Date	Vote/Action *
College Curriculum Committee	<i>[Signature]</i>	10/18/07	<u>5</u> Support Support with Concerns Not Support
College Faculty	<i>[Signature]</i>	10/23/07	<u>X</u> Support Support with Concerns Not Support
Dean			Support Support with Concerns Not Support
University Curriculum Committee			Support Support with Concerns Not Support
Senate			Support Support with Concerns Not Support
Academic Affairs	<i>[Signature]</i>	10/24/07	<u>1</u> Support Support with Concerns Not Support

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

To be completed by Academic Affairs

President (Date Approved) Board of Trustees (Date Approved) President's Council (Date Approved)

1. Proposal Summary

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

This elective course will provide students with the knowledge and skills required to deliver immunizations and/or serve as an information resource in regards to immunizations and prevention of communicable diseases. Concepts of immunity and immunization will be reviewed with focus on the pharmacist's role in prevention of communicable diseases. Legal and regulatory guidelines in addition to vaccination specific information will be covered. The course will include a combination of online lectures, self-study material, and hands-on training. Upon successful completion of the course, students will receive APhA Immunization certification

2. Summary of All Course Action Required*

a. Newly Created Courses to FSU:

Prefix	Number	Title
PHPR	590	Pharmacy Based Immunization Delivery

b. Courses to be Deleted From FSU Catalog:

Prefix	Number	Title
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c. Existing Course(s) to be Modified:

Prefix	Number	Title
---------------	---------------	--------------

d. Addition of existing FSU courses to program

Prefix	Number	Title
---------------	---------------	--------------

e. Removal of existing FSU courses from program

Prefix	Number	Title
---------------	---------------	--------------

*Contact Senate Secretary or UCC Chair if spaces for additional courses are needed.

NEW COURSE INFORMATION FORM

See Sample: Limit to One Page.

Course Identification:

Prefix:	Number	Title
PHPR	590	Pharmacy Based Immunization Delivery

Course Description:

Provide students with the knowledge and skills required to deliver immunizations and/or serve as an information resource in regards to immunizations and prevention of communicable diseases.

Course Outcomes:

Improve knowledge of vaccinations and prevention of communicable diseases, including the skills required to become a vaccine advocate and administer vaccinations.

Course Outline including Time Allocation:

Introduction/Immunization Resources (2 hr)

- Introduction to online presentation format/independent self-study learning modules/video conference sessions
- Key resources available for immunizations

The Importance of Vaccines (2 hr)

- Epidemiology of vaccine-preventable disease (Self-study/lecture)

The Pharmacist's Role in Prevention of Communicable Diseases (2 hrs)

- Self-study/lecture, videoconference discussion session

Documentation and Record Keeping (2 hrs)

- Self-study/lecture, required reading and group application exercise

Planning, Marketing, and Compensation (2 hrs)

- Self-study/lecture, required reading and group application exercise

Legal and Regulatory Issues (2 hrs)

- Self-study/lecture, required reading and group application exercise

Storage and Management (2 hrs)

- Self-study/lecture and group application exercise
- Group project presentations: Develop a pharmacy based immunization program

Vaccine and Antibody Primer (2 hrs)

- Self-study/lecture

Vaccination Schedules and Immunization Records (2 hrs)

- Online lecture, videoconference discussion

Adverse Reactions, Contraindications, Warnings, and Precautions (2 hrs)

- Self-study, online lecture, case studies, videoconference discussion

Epidemiology and Prevention of Viral and Bacterial Diseases (2 hrs)

- Self-study, combination online and live lecture, case studies (tetanus, diphtheria, pertussis, meningitis, etc.)

Emergency Preparedness and Epinephrine (2 hrs)

- Self-study, online lecture, videoconference discussion

Vaccine Administration Techniques (2 hrs)

- Live lecture and practice lab (intramuscular, subcutaneous, etc.)

Final Examination (2 hrs)

CREATE NEW COURSE
Course Data Entry Form

FORM F

Create New Course
Rev. 07/23/07

I. ACTION TO BE TAKEN: CREATE A NEW COURSE

Notes

1. Complete each item in Section I and Section II.
2. If this course is to be used as a prerequisite for other university courses, Form Fs that reflect the prerequisite change must be submitted for those courses as well.

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

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

a. Course Prefix
PHPR

b. Number
590

c. Enter Contact Hours per week in boxes.
LECTure 2 LAB INDEpendent Study – Check (x)

Practicum: Seminar:

d. Course Title: Pharm Based Imm Deliv (Limit to 30 characters/spaces.)

e. College Code: PH f. Department Code: Prac

Credit Hours: Check (x) type and enter maximum and minimum hours in boxes.

g. Type: Variable Fixed h. Minimum Credit Hours 2 i. Maximum Credit Hours 2

j. May Be Repeated for Added Credit: Check (x) Yes No

k. Levels: Check (x) Undergraduate Graduate Professional

l. Grade Method: Check (x) Normal Grading Credit/No Credit only (Pass/Fail)

m. Does proposed new course replace an equivalent course? Check (x) Yes No

n. Equivalent course: Prefix Number See instructions on Replacement courses.

o. CATALOG DESCRIPTION – Limit to 75 words – PLEASE BE CONCISE.

This elective course will provide students with the knowledge and skills required to deliver immunizations and/or serve as an information resource in regards to immunizations and prevention of communicable diseases. The course will include a combination of online lectures, self-study material, and hands-on training. Upon successful completion of the course, students will receive APhA Immunization certification

p. Term(s) Offered: Winter 2008 (See instructions for listing.) q. Max. Section Enrollment: 15

r. Prerequisites/Co-requisites/Restrictions: (If none, leave blank.) Limited to 100 spaces. 3rd year professional standing.

UCC Chair Signature/Date:

_____ / /

Academic Affairs Approval Signature/Date:

[Signature] 10/24/07

To be completed by Academic Affairs Office: - Standard & Measures Coding and General Education Code

Basic Skill (BS) General Education (GE) Occupational Education (OC) G.E. Codes

Office of the Registrar use ONLY

Date Rec'd: _____ Date Completed: _____ Entered: SCACRSE __ SCADETL __ SCARRS __ SCAPREQ __