

UCSD SKAGGS SCHOOL OF PHARMACY & PHARMACEUTICAL SCIENCES

PROPOSAL FOR A NEW OR RENEWING ELECTIVE APPE

Guidelines for New Elective APPE Submission and Approval

All elective APPEs require approval by the SSPPS Committee on Educational Policy (CEP) and the UCSD Registrar's Office. To facilitate the approval process, guidelines are provided below:

1. Complete a SSPPS Proposal for a New or Renewing Elective Clerkship Form
 - a. Obtain this form from the SSPPS Office of Experiential Education or via the SSPPS website at URL:
<http://pharmacy.ucsd.edu/faculty/SSPPSNewElectiveAPPEGuidelinesandProposal.pdf>
2. Complete a UCSD Request for Course Approval Form
 - a. Obtain this from the Office of Experiential Education (858-822-7803 or email lavery@ucsd.edu) or via the SSPPS website.
3. Submit a draft course syllabus, a description of the APPE, and a draft SSPPS Proposal for a New or Renewing Elective Clerkship Form to the Office of Experiential Education.
 - a. Proposal will be reviewed and signed by the Associate Dean for Experiential Education and then submitted to the CEP for review.
 - b. At the next scheduled CEP meeting, the proposed elective APPE will be reviewed and subject to approval by the CEP.
 - c. Suggestions by the CEP may be provided and it will be left to the discretion of the proposed preceptor to address such suggestions.
4. The UCSD Request for Course Approval Form will be finalized upon CEP approval of the elective APPE.
 - a. This form requires several signatures and will be submitted to the Registrar's office for campus approval. A signature from the Associate Dean for Academic Affairs will be obtained and a course number will be generated.

Return to :
The Office of Experiential Education
MC 0719 or klmccabe@ucsd.edu

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A. APPE Information

1. APPE Title :

2. APPE Description :

3. Principle Preceptor :

Mail Code :

Email :

Phone :

Department :

Institution :

Additional Preceptors :

4. Department Contact : Lisa Avery

Mail Code : 0719

Email : lavery@ucsd.edu

Phone : (858) 822-2216

5. Quarter(s) Clerkship Offered :

Fall Winter Spring Summer

Number of Units : 1-7

6. Location :

Days :

Time :

7. Number of Students Allowed per Quarter : Minimum / Maximum

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8. Clerkship Prerequisites (if applicable) :
9. Are there any safety/health concerns that the student may be exposed to during this APPE experience (e.g. security, infectious diseases)? Yes* No
- * If yes, please explain and discuss how these concerns will be communicated to the student.*
10. Please attach UCSD Request for Course Approval form and a draft syllabus.
Course Approval Form Attached Draft Syllabus Attached

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B. Course Organization

1. Scope and Objectives : List what you expect a student "to do" by the completion of this APPE. Objectives must be stated in measurable terms. Add additional pages if necessary.

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2. Teaching Methods : Identify and describe the teaching methods that will be used in the APPE. Active participation by students and direct feedback by faculty are highly encouraged. Lectures should be kept to a minimum. Examples of active participation are listed below; please indicate all that apply.

- | | |
|----------------------------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> One-on-one observation & teaching | <input type="checkbox"/> Case-based seminars |
| <input type="checkbox"/> Demonstrations | <input type="checkbox"/> Role-plays |
| <input type="checkbox"/> Self-directed learning by student | <input type="checkbox"/> Symposiums |
| <input type="checkbox"/> Multimedia and computer support | <input type="checkbox"/> Independent reading |
| <input type="checkbox"/> Patient simulations | <input type="checkbox"/> Oral presentations |
| <input type="checkbox"/> *Other activities (<i>please specify below</i>) | |

**Other activities :*

3. Please list the number of patients each student is expected to see (indicate per day or week) :

patients per day week

- N/A (students will not be expected to see patients)

4. Source Material: What textbooks, journals, or handouts will be used or recommended? The use of Medline and other computerized reference searching by students is strongly encouraged.

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C. Evaluation

How will you determine whether or not students have met the course objectives? What criteria will form the basis of the student evaluation? Instructors will receive a narrative evaluation form from the Student Affairs Office at the end of the quarter and are encouraged to return these evaluations as promptly as possible.

Students will be requested to complete on-line course evaluations by the Office of Educational Development and Evaluation. The online evaluations are easily accessed via the Medical Education web portal. The information gathered from these electronic forms will be used by the Electives Committee when reviewing elective courses.

Please contact Shelly Fromholtz (SSPPS Curriculum Coordinator 858-822-5566 or sfromholtz@ucsd.edu) at least two weeks prior to the beginning of your course to assure that the evaluation process meets your course and faculty needs.

While the evaluations are standardized across the elective courses, you may add questions to the standard evaluations. If you wish to add specific questions to the existing forms, please discuss this with the Office of Educational Development and Evaluation when you contact them. If you have an additional form for course evaluation that will be conducted on paper, please include a copy with this packet.

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[FOR OFFICE USE ONLY]

The attached proposal has been reviewed and approved by the Office of Experiential Education.

Additional comments:

James Colbert, Associate Dean for Experiential Education

Date

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