

ULM COP Curriculum Committee

Friday September 14, 2007

12:00 PM

Present: Ron Hill, Greg Leader, Michelle Zagar, Roxie Stewart, Jeff Miller, Laurel Rodden, Ronda Akins, Jeff Evans, Brice Labruzzo, Tara Jenkins, Lesa Lawrence

Absent: Paul Sylvester (excused), Mike Cockerham(excused). Sami Nazzal, Justin Sherman (excused), Mandy Sims, Benny Blaylock

Guests:

Call to Order 12:04 P.M. by Jeff Evans

Adjourned: 1:56 P.M. by Jeff Evans

TOPIC	DISCUSSION	ACTION
I. Intermediate (early) Pharmacy Practice Experiences	Dr. Rodden presented a summary of what is currently being used as ULM's IPPEs. She currently coordinates these activities and feels that they are successful. One area of concern is the service learning activities. Currently the students receive pass/fail grades for these activities and then have the grade assigned through a disease class. Dr. Rodden would like to have the SLA's grades assigned to the students in the integrated lab sequence under the 2009 curriculum.	
II. Discussion of survey results	In response to the following survey question, "I support the curriculum committee's recommendations to have an integrated curriculum as described at the faculty retreat. The integrated part of the curriculum would start during the second year and would combine Medicinal Chemistry, some Pathophysiology, Pharmacology, and therapeutics into disease modules," 71% of faculty voted yes and 27% of faculty voted no. Dean Pritchard wants to make sure there is commitment from the faculty. It is hard for established programs to break old habits and he's skeptical about teamwork. Money will have to be set aside for travel and faculty will have to work more than 40 hours per week initially. We would be first three year pre-pharm integrated-non modular curriculum. RESEARCH OPPORTUNITY- assessing old and new curriculum.	Carrying forward with integrated curriculum

<p>III. Discussion of modules</p>	<p>Discussion began with if we are going to design modules to be disease based or drug based. Basic sciences would have to keep up with what has already been taught with disease based modules. Could teach refresher when there is repetition. Redundancy will happen naturally if curriculum is designed well. Reviewed University of Charleston's design. The question was raised about CV not being long enough. It was brought up that the pathophysiology should have been learned during the pre-pharm curriculum. Discussed different module ideas using the design of a therapeutics textbook. Jeff Evans said his opinion is that fewer modules are better. Discussed how certain modules will have little therapeutics and a lot of basic science and vice versa. During the discussion of modules, OTC and accessories was brought up. The discussion involved adding an OTC module or having a stand alone OTC/accessories class which was integrated with basic sciences. AACP requires special populations to be included in the curriculum. If this is its own separate module, then they know it is being covered. Certain faculty members will report back to what they need for certain populations.</p> <p>The potential module list is as follows:</p> <p>CV Nutrition/GI/hepatic Endo Resp/Renal Urology/Gyn/OB Immuno/ID/EENT/Derm Hem/Onc Neuro/Psych</p>	<p>Special Populations Needs: Zagar-geriatrics Sherman- men's health Tice- peds E Evans, Labruzzo, Sirmans- women's health</p>
<p>IV. Discussion of curricular structure (electives and hours)</p>	<p>Not discussed</p>	

<p>V. Votes</p>	<p>Laurel Rodden motioned to maintain IPPE in 1st and 2nd year as is in the current curriculum with the addition of the service learning requirement grades being administered through the integrated lab.</p> <p>Motion seconded by Jeff Miller No discussion</p>	<p>IPPE motion approved</p>
-----------------	--	-----------------------------