Jordan University of Science and Technology
Faculty of Pharmacy
Doctor Of Pharmacy (Pharm D.) Department

PHMD694 Clinical Training: Surgery - JNQF Level: 7
First Semester 2024-2025

Course Catalog
4 Credit Hours. This clinical rotation will prepare PharmD students to become familiar with the etiology, pathophysiology, and treatment (drug and non-drug) of disease states commonly found in the adult and pediatric surgery patients. Students will be able to develop skills in evaluating patient data for providing pharmaceutical care and optimal drug therapy, identifying drug-therapy related problems, and developing rational drug therapy recommendations for surgery patients. In addition, they will be able develop a basic understanding of the various diagnostic and monitoring techniques utilized among surgery patients...

Teaching Method: On Campus

Text Book	
Title	Pharmacotherapy: A Pathophysiological Approach, Dipiro et al, McGraw-Hill, 11th edition.
Author(s)	Joseph T. DiPiro, Robert L. Talbert, Gary C. Yee, Gary R. Matzke, Barbara G. Wells, L. Michael Posey
Edition	12th Edition
Short Name	Ref#1
Other Information	

Course References

Short name	Book name	Author(s)	Edition	Other Information
Ref#2	Pharmacotherapy Principles and Practice, Chisholm-Burns et al, McGraw-Hill, 6th Edition.	Marie Chisholm-Burns, Terry Schwinghammer, Patrick Malone , Jill Kolesar , Kelly C Lee, P. Brandon Bookstaver	6th Edition	
Ref #3	Uptodate	-	1st Edition	

Instructor	
Name	**Mrs. Batool Shhabat**
Office Location	-
Office Hours	
Email	bashhabat@just.edu.jo

Class Schedule & Room
Section 1: Lecture Time: U : - Room: HOSPITAL Section 2: Lecture Time: U : - Room: HOSPITAL Section 3: Lecture Time: U : - Room: HOSPITAL Section 4: Lecture Time: U : - Room: HOSPITAL

Tentative List of Topics Covered		
Weeks	**Topic**	**References**
Weeks 1, 2, 3, 4	Antimicrobial Prophylaxis for prevention of surgical site infection in adults.	From **Ref#1**, From **Ref#2**, From **Ref #3**
Weeks 1, 2, 3, 4	Post-operative nausea and vomiting.	From **Ref #3**
Weeks 1, 2, 3, 4	Use of opioids for postoperative pain control	From **Ref #3**
Weeks 1, 2, 3, 4	Prevention of venous thromboembolism in adult orthopedic and non-orthopedic surgical patients.	From **Ref #3**
Weeks 1, 2, 3, 4	Perioperative Medication Managements.	From **Ref #3**
Weeks 1, 2, 3, 4	Perioperative management of blood glucose in adults with diabetes mellitus.	From **Ref #3**
Weeks 1, 2, 3, 4	Clinical manifestations diagnosis and management of diabetic infections of the lower extremities.	From **Ref#1**, From **Ref#2**, From **Ref #3**
Weeks 1, 2, 3, 4	Management of the surgical patient taking glucocorticoids.	From **Ref #3**
Weeks 1, 2, 3, 4	Lower extremity peripheral artery disease / Claudication.	From **Ref#1**, From **Ref#2**, From **Ref #3**
Weeks 1, 2, 3, 4	Surgeries In the Treatment of Hyperthyroidism,perforated and non-perforated appendicitis, Hernia (MESH related infection treatments), Echinococcosis, Splenectomy, ERCP, Pancreatitis, Laparoscopic Cholecystectomy (Treatment of acute calculous cholecystitis), and gastric sleeve.	From **Ref#1**, From **Ref#2**, From **Ref #3**
Weeks 1, 2, 3, 4	Perioperative management of patients receiving anticoagulants	From **Ref #3**
Weeks 1, 2, 3, 4	Postoperative electrolyte abnormalities	From **Ref #3**
Weeks 1, 2, 3, 4	Postoperative parenteral nutrition in adults	From **Ref #3**
Weeks 1, 2, 3, 4	Overview of the evaluation and management of surgical site infection	From **Ref #3**

Mapping of Course Outcomes to Program Outcomes and NQF Outcomes	Course Outcome Weight (Out of 100%)	Assessment method

Integrate didactic knowledge and pharmaceutical care skills of the various disease states commonly found within the adult surgery patients to assure safe and effective pharmacotherapy and optimize therapeutic outcomes. [1PLO1.1] [1L7S1, 1L7C2]	20%	
Evaluate patient information to design and optimize patient pharmacotherapy plan that is based on the best available evidence. [1PLO2.1] [1L7S3, 1L7C3]	20%	
Manage the drug regimen by monitoring and assessing the patient and/or patient information and collaborating with other health care professionals. [1PLO2.2] [1L7S2]	25%	
Demonstrate effective and appropriate communication with other health care professionals, and patients regarding medication management. [1PLO3.6] [1L7C1]	15%	
Apply evidence-based medical literature related to patient care and problem solving in surgery medicine patients. [1PLO3.1] [1L7C4]	20%	

Relationship to Program Student Outcomes (Out of 100%)															
PLO1.1	PLO2.1	PLO2.2	PLO2.3	PLO2.4	PLO3.1	PLO3.2	PLO3.3	PLO3.4	PLO3.5	PLO3.6	PLO4.1	PLO4.2	PLO4.3	PLO4.4	PLO5.1
20	20	25			20					15					

Relationship to NQF Outcomes (Out of 100%)						
L7S1	L7S2	L7S3	L7C1	L7C2	L7C3	L7C4
10	25	10	15	10	10	20

Evaluation	
Assessment Tool	**Weight**
Daily Evaluation	20%
Quizzes (2 written quizzes)	10%
Formal Case Presentation	20%
OSCE	10%
Final	40%

Policy	
Exams	All exams are closed book and notes. The final exam is comprehensive (covers all the material). The format for the exams is generally in the form of essay questions. Makeup exam should not be given unless there is a valid excuse approved by the dean Grades will not be given out via e-mail.
Cheating	The commitment of the acts of cheating and deceit such as copying during examinations, altering examinations for re-grade, plagiarism of homework assignments, and in any way representing the work of others as your own is dishonest and will not be tolerated. Standard JUST policy will be applied
Attendance	Excellent attendance is expected. JUST policy requires the faculty member to assign ZERO grade (35) if a student misses 20% of training days. If you miss class, it is your responsibility to find out about any announcements or assignments you may have missed.
Active Participation	All students should interact during morning reports, clinical rounds and scientific discussion.
Withdraw from the course	Last day to drop the course is before the twelve (12th) week of the current semester.

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