

College of Pharmacy
MS in Clinical Psychopharmacology
Program Assessment Plan

Program Learning Outcomes:

For the purposes of program assessment, a set of six broad program learning outcomes (PLOs) have been developed. Each learning outcome addresses at least one of the following eleven content areas: *1- Integrating clinical psychopharmacology with the practice of psychology; 2- Neuroscience; 3- Nervous system pathology; 4-Physiology and pathophysiology; 5- Biopsychosocial and pharmacologic assessment and monitoring; 6-Differential diagnosis; 7- Pharmacology; 8- Clinical psychopharmacology; 9- Research; 10-Professional, legal, ethical, and interprofessional issues; 11-Clinical practice.*

A detailed list of constituents of each area is attached to the Curriculum section of this proposal.

Upon completing the MSCP, successful students will be able to:

1. define, identify and recognize key concepts of terminology in all content areas
2. review and explain at a high level of proficiency, both orally and in writing, the most current theories of the pathophysiology, etiology, signs and symptoms underlying mental health disorders and their psychopharmacologic treatment
3. choose the appropriate diagnosis and effectively apply psychopharmacological knowledge to resolve clinical psychopathological cases using “Subjective, Objective, Assessment and Planning” (SOAP) notes and case presentations, and differentiate mental disorders that are drug-induced or caused by somatic disease
4. analyze, interpret, integrate and evaluate pharmacologically-based clinical findings in psychological settings through literature review, class presentations and written analysis
5. devise, formulate and plan medication therapy management specific to psychopathology, with an emphasis on drug selection based on relative efficacy for the disorder, adverse effect profiles, food and drug interactions, and pharmacokinetics, and determine appropriate pharmacologic assessment and monitoring
6. demonstrate the ability to compare and contrast and interpret epidemiological, professional, legal and ethical findings in the clinical psychopharmacology literature and case presentations using information technology.

Direct Assessment

All assessment in this program is overseen by the program committee. The program committee is responsible for reviewing student performances in the selected assessments, identifying areas for improvement, and working with faculty to adopt improved pedagogical practices and curriculum changes. While assessments are collected on a

semester basis, reviews and program changes will take place at the end of the spring semester.

Formative assessments are course exams, literature reviews, written assignments, and evaluation of Subjective-Objective Assessment Planning (SOAP) notes completed by students. We identify specific assignments within each course that will be reviewed from the perspective of program assessment and improvement.

The PEP may be considered the summative assessment tool for the program; it is taken after completion of the program, is required for receiving the MSCP for the first cohort (according to the contract with TAMC), and includes a comprehensive measurement of the student's proficiency in the didactic portions of the program.

Assessment tools for the clinical practicum include the mid-term and final evaluations for each session; see the attachment "Memorandum UHH TAMC Psychopharm Practicum"

Timeline	PLO	Performance/ Signature Assignments	Course Title	Credits
FIRST YEAR				
Fall	1, 2, 4	<ul style="list-style-type: none"> Final Course Examination 	The Biochemical Basis of Therapeutics I – Biomolecules	3
	1, 2, 4	<ul style="list-style-type: none"> Final Course Examination 	The Biochemical Basis of Therapeutics II- Metabolism	3
	1,2, 4	<ul style="list-style-type: none"> Final Course Examination Critical literature reviews 	Human Physiology	3
		<ul style="list-style-type: none"> Final Course Examination 		
Spring	1, 3,	<ul style="list-style-type: none"> SOAP notes 	Integrated Pharmacotherapy I	7
Summer	3,4	<ul style="list-style-type: none"> Patient consultations Case presentations SOAP notes Technical reports 	Integrated Pharmacotherapy II	7
SECOND YEAR				
Fall	5, 6	<ul style="list-style-type: none"> Final Course Examination Critical literature reviews SOAP notes Case presentations 	Integrated Pharmacotherapy III	4

	5, 6	<ul style="list-style-type: none"> • Final Course Examination • SOAP notes • Case presentations 	Advanced Psychopharmacology I	2
Spring	4, 6	<ul style="list-style-type: none"> • Final Course Examination • SOAP notes • Case presentations • Pass PEP practice exam 	Advanced Psychopharmacology II	2
	1,2, 3, 4, 5, 6	<ul style="list-style-type: none"> • Mid-term evaluation • Final evaluation 	Psychopharmacology Practicum	---
Summer	1,2, 3, 4, 5, 6	<ul style="list-style-type: none"> • Mid-term evaluation • Final evaluation 	Psychopharmacology Practicum	2
Total Credits				33

The program will need to be adjusted continuously, based on direct and indirect assessment findings, to ensure that constant improvement to the program is made based on student feedback.

Indirect Assessment

The assessment coordinator will build on work already being done by program staff. The coordinator will also track student retention, student satisfaction, employment, and post-completion professional development.

Student surveys have been developed to be administered at three points: during the first year, in the final semester, and after the student has graduated. These are attached.

Program Assessment and Program Review

The MSCP will be scheduled for a UH Hilo program review five years after its inception. The institution's program review guidelines will be revised over the coming year to give student learning assessment the central place in program self-studies. The current MSCP assessment plan is expected to generate ample documentation of student learning as well as to produce assessment results that will lead to improvements in pedagogy and curriculum; these will be included in the program review report. Following submission of the program review to the dean of the college, and then to the vice chancellor for academic affairs, there will be a meeting of program faculty, dean, and VCAA to agree on next steps for both program and administration. This will result in a memorandum of agreement that will constitute an action plan for all involved.

Rubrics

The assessment coordinator and faculty will adapt for use in MSCP courses the master rubrics attached to this plan.

Also attached:

- The SOAP rubric, which students use to prepare their notes on their patient cases and which provide the framework for clinical evaluation; these are reviewed and graded by the clinical coordinator.
- The memorandum between UH Hilo and TAMC that includes the instrument required by the hospital to be used as part of the evaluation of student mastery of the requisite skills.

Generalized Assessment Rubric for Oral Presentations

Name: _____

Date: _____

Score	Level				
	Assessed Item	1 Emerging*	2 Developing	3 Proficient	4 Insightful
Content Score _____ Max. 20	Significance Justified	<input type="checkbox"/> Not justified	<input type="checkbox"/> Not fully justified	<input type="checkbox"/> Justified	<input type="checkbox"/> Justified in sophisticated manner
	Reference to Others' Work	<input type="checkbox"/> Fails	<input type="checkbox"/> Inadequate	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Fluently
	Ideas or Synthesis Original	<input type="checkbox"/> Not original	<input type="checkbox"/> Somewhat original	<input type="checkbox"/> Original	<input type="checkbox"/> Highly original
	Represents Sophisticated Knowledge	<input type="checkbox"/> Much inaccurate	<input type="checkbox"/> Some inaccurate	<input type="checkbox"/> Accurate	<input type="checkbox"/> Accurate and highly sophisticated
	Relationship to Task/Audience	<input type="checkbox"/> Inappropriate	<input type="checkbox"/> Not entirely appropriate	<input type="checkbox"/> Appropriate	<input type="checkbox"/> Highly appropriate
Organization Score _____ Max. 20	Logical and Clear	<input type="checkbox"/> Not	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Exceedingly
	Effective Slides	<input type="checkbox"/> Ineffective	<input type="checkbox"/> Some ineffective	<input type="checkbox"/> Effective	<input type="checkbox"/> Extremely effective
	Clear Purpose and Hypothesis	<input type="checkbox"/> Inaccurately stated	<input type="checkbox"/> Weakly stated	<input type="checkbox"/> Clearly stated	<input type="checkbox"/> Clearly and precisely stated
	Effective Time Management	<input type="checkbox"/> Poor overall— does too much or too little	<input type="checkbox"/> Somewhat effective	<input type="checkbox"/> Effective	<input type="checkbox"/> Highly effective
	Balance of Time Allocation to Topic Areas	<input type="checkbox"/> Lacking	<input type="checkbox"/> Not always balanced	<input type="checkbox"/> Effective	<input type="checkbox"/> Highly effective
Delivery Score _____ Max. 20 Total: _____	Student Comfort	<input type="checkbox"/> Uncomfortable	<input type="checkbox"/> Somewhat poised, relaxed & comfortable	<input type="checkbox"/> Poised, relaxed and comfortable	<input type="checkbox"/> Extremely poised, relaxed & comfortable
	Engagement of Audience	<input type="checkbox"/> Lacking	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Effective	<input type="checkbox"/> Extremely well
	Clear and Concise	<input type="checkbox"/> Not	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Effective	<input type="checkbox"/> Exceedingly
	Effective Response to Questions	<input type="checkbox"/> Ineffective	<input type="checkbox"/> Somewhat effective	<input type="checkbox"/> Effective	<input type="checkbox"/> Extremely Effective

*Line Item Scoring: Emerging 1; Developing 2; Proficient 3; Insightful 4

Generalized Assessment Rubric for Written Scientific Proposals

Name: _____

Date: _____

Score	Level				
	Assessed Item	1 Emerging*	2 Developing	3 Proficient	4 Insightful
Originality Score _____ Max. 12	Novel Hypothesis	<input type="checkbox"/> Not novel	<input type="checkbox"/> Aspects are novel	<input type="checkbox"/> Novel	<input type="checkbox"/> Highly novel
	Innovative Research Strategy	<input type="checkbox"/> Lacks innovation	<input type="checkbox"/> Aspects are innovative	<input type="checkbox"/> Innovative	<input type="checkbox"/> Highly innovative
	Connection to Literature	<input type="checkbox"/> Unrelated to that which has been reported	<input type="checkbox"/> Most aspects are unimaginative extensions	<input type="checkbox"/> Most aspects are imaginative extensions	<input type="checkbox"/> Well beyond what is current and breaks new ground
Significance Score _____ Max. 8	Scientific Impact	<input type="checkbox"/> Lacks potential	<input type="checkbox"/> Some potential	<input type="checkbox"/> Clear potential	<input type="checkbox"/> High potential
	Advances Science	<input type="checkbox"/> Lacks potential	<input type="checkbox"/> Some potential	<input type="checkbox"/> Clear potential	<input type="checkbox"/> High potential with significance
Approach Score _____ Max. 24	Ties to Hypothesis	<input type="checkbox"/> Lacks connection	<input type="checkbox"/> Some connection	<input type="checkbox"/> Driven by	<input type="checkbox"/> Highly driven by
	Clear and Incisive	<input type="checkbox"/> Not	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Clear and incisive	<input type="checkbox"/> Highly
	Outcomes Clear	<input type="checkbox"/> Not clear nor evident	<input type="checkbox"/> Some clear and evident	<input type="checkbox"/> Clear and evident	<input type="checkbox"/> Highly developed & evident
	Interpretation of Findings Objective	<input type="checkbox"/> Subjective and unscientific	<input type="checkbox"/> Somewhat subjective and scientific	<input type="checkbox"/> Objective and scientific	<input type="checkbox"/> Highly objective and scientific
	Identifies Potential Pitfalls	<input type="checkbox"/> None identified	<input type="checkbox"/> Some identified	<input type="checkbox"/> Clearly identified	<input type="checkbox"/> Highly insightful in identifying potential pitfalls
	References to Literature	<input type="checkbox"/> Lacking	<input type="checkbox"/> Some	<input type="checkbox"/> Grounded in the literature	<input type="checkbox"/> Insightfully grounded in the literature
Writing Score _____ Max. 14	Organization	<input type="checkbox"/> Lacking	<input type="checkbox"/> Some	<input type="checkbox"/> Organized	<input type="checkbox"/> Highly
	Writing	<input type="checkbox"/> Not well done	<input type="checkbox"/> Some well done sections	<input type="checkbox"/> Well done	<input type="checkbox"/> Persuasively done
	Clear & Understandable	<input type="checkbox"/> Not	<input type="checkbox"/> Some sections	<input type="checkbox"/> Understandable	<input type="checkbox"/> Highly clear, understandable
	Format Guidelines	<input type="checkbox"/> Does not follow	<input type="checkbox"/> Somewhat follows	<input type="checkbox"/> Follows with 1 to 2 errors	<input type="checkbox"/> Follows Completely
Ethics Score _____ Max 8 Total: _____	Accurate Primary Data	<input type="checkbox"/> Not accurately represented	<input type="checkbox"/> Somewhat inaccurate	<input type="checkbox"/> Accurate representation	<input type="checkbox"/> Accurate representation
	Citations of Others' Ideas and Methods	<input type="checkbox"/> Lacking	<input type="checkbox"/> Somewhat clear	<input type="checkbox"/> Appropriate	<input type="checkbox"/> Appropriate

*Line Item Scoring: Emerging 1; Developing 2; Proficient 3; Insightful 4

Generalized Assessment Rubric for Scientific Writing

Presenters Name: _____

Date: _____

Score	Level				
	Assessed Item	1 Emerging*	2 Developing	3 Proficient	4 Insightful
Organization Score _____	<input type="checkbox"/> Overall Logical Organization <input type="checkbox"/> Ideas Connected <input type="checkbox"/> Transitions Clear <input type="checkbox"/> Introductions & Conclusions Related <input type="checkbox"/> Title & Abstract Represent Work	<input type="checkbox"/> Lacks logic <input type="checkbox"/> Disjointed <input type="checkbox"/> Not clear <input type="checkbox"/> Unrelated to the whole <input type="checkbox"/> Do not reflect the main points of the paper	<input type="checkbox"/> Frequently not logical <input type="checkbox"/> Not consistently linked <input type="checkbox"/> Some unclear and ineffective <input type="checkbox"/> Vaguely related to the whole <input type="checkbox"/> Do not represent all of the work appropriately	<input type="checkbox"/> Generally logical <input type="checkbox"/> Linked <input type="checkbox"/> Clear and effective <input type="checkbox"/> Well related to the whole <input type="checkbox"/> Represent the work appropriately	<input type="checkbox"/> Highly logical <input type="checkbox"/> Tightly linked <input type="checkbox"/> Smooth and highly effective transitions <input type="checkbox"/> Highly Effective in relating to the whole <input type="checkbox"/> Highly representative of the work
Scholarship Score _____	<input type="checkbox"/> Research Problem & Hypothesis Connected <input type="checkbox"/> Assertions Supported <input type="checkbox"/> Interpretation of Findings Objective <input type="checkbox"/> Incorporates Relevant Literature	<input type="checkbox"/> Not placed in context of the state of the field <input type="checkbox"/> Lacking evidence <input type="checkbox"/> Subjective and unscientific <input type="checkbox"/> Ignored and/or misinterpreted	<input type="checkbox"/> Some connection to the state of the field <input type="checkbox"/> Some lacking evidence <input type="checkbox"/> Somewhat subjective and scientific <input type="checkbox"/> Only part is recognized	<input type="checkbox"/> Linked to the state of the field <input type="checkbox"/> Supported by evidence <input type="checkbox"/> Objective and scientific <input type="checkbox"/> All is acknowledged	<input type="checkbox"/> Insightfully linked to the state of the field <input type="checkbox"/> Insightfully supported by evidence <input type="checkbox"/> Highly objective and scientific <input type="checkbox"/> Fully acknowledged , insightfully & integrated with results
Data Presentation (tables & figures) Score _____	<input type="checkbox"/> Data Selection Effective <input type="checkbox"/> Data Format Effective <input type="checkbox"/> Data Presentation Clear	<input type="checkbox"/> Misrepresents findings <input type="checkbox"/> Inappropriate choices <input type="checkbox"/> Impossible to follow	<input type="checkbox"/> Partially represents findings <input type="checkbox"/> Appropriate but inconsistent choices <input type="checkbox"/> Somewhat clear	<input type="checkbox"/> Generally represents findings <input type="checkbox"/> Generally acceptable choices <input type="checkbox"/> Clear	<input type="checkbox"/> Effectively represents findings <input type="checkbox"/> Highly effective choices <input type="checkbox"/> Extremely clear and self-explanatory

SOAP Note Checklist / Evaluation Form Score each major category (marked in blue) as mastery, very good, competent, or needs improvement. All items within each category MUST be addressed to effectively assess each category.	Mastery	Very Good	Competent	Needs Improvement
Date / Time: Title (your reason for writing note):	Additionally all data is precise and concise	Complete, accurate, and pertinent	Complete, clear, accurate	Incomplete and/or inaccurate
SUBJECTIVE				
Demographic information, chief complaint and history of present illness (HPI) described is clear/accurate with only pertinent CMH and PMH in the appropriate order				
Additional pertinent information necessary to support assessment is present (i.e. non-compliance, overuse of medication, recent medication changes, job status, living environment, qualification / quantification of social behaviors)				
Only information directly pertaining to assessment is included				
OBJECTIVE				
Necessary vital signs listed and labs based on patient, medication, and medical condition				
Only pertinent studies, test, microbiology, scans or diagnostic procedures included				
Objective data is complete for assessment & clear when data was obtained				
Current medications for assessment & allergies completely collected and described				
ASSESSMENT				
Medication- related problem (s) is clearly stated, non-judgemental, and individualized to patient with specific therapeutic primary goal and related goals pertinent to note title				
Labs and physical findings/ trends are interpreted using logical reasoning to support existence and importance of why it is a problem linked to therapeutic goal (could include non-compliance found upon patient education)				
Reasonable alternative to current therapy benefits and / or hazards of each to support recommended therapy				
Patient, medication(s), and health related issue(s) are clearly evaluated and included in rationale				
PLAN				
Primary plan is clear and complete with drug, dose, route, frequency, directions and duration if pertinent (enough information to write order)				
Plan represents a reasonable clinical option that addresses primary prioritized health concern (s) and minimizes patient harm and financial concerns				
Education on most pertinent medical & medication issues are included				
Monitoring plan complete for both efficacy / toxicity with specific individualized monitoring goals based on current status of the patient (What, when, who, how often and what action may be needed; "If" statement based on a change in parameter)				
Brief contingency plan is stated and based on individual specific parameters				
FORMAT: If data in the note is NOT in the proper section (i.e. assessment or plan), is not prioritized, or has spelling/grammar errors, the student may be required to revise and resubmit				
Heading includes date, time, identification of pharmacy note, and one phrase overview of reason for note				
Original note with appropriate references, legible signature, printed ID, and contact information				
OVERALL EVALUATION:				

PRIMARY TRAIT DESCRIPTIONS

Mastery Score = 100	Very Good Score = 90	Competent Score = 80	Needs Improvement Score = 70
All pertinent data is clear, precise, accurately and concisly listed	All pertinent data is clear, mostly precise and accurately listed	All major pertinent data is clear, accurately listed and without judgmental language	Some data of importance is missing and or inaccurate data
CC: and HPI: decribed accurately and concisely with length of onset of signs and symptoms	Chief complaint identified and history of present illness recorded accurately enough to have a clear clinical picture to support assessment	Chief complaint identified and history of present illness recorded with only minor errors or omissions	Chief complaint missing or history of present illness recorded with errors or omissions
Past medical history recorded completely and accurately with the pertinent data CMH and PMH that relates to the CC and HPI to support the assessment	Past medical history recorded accurately with only minor non-pertinent data	Past medical history recorded accurately with only minor errors of omission	Past medical history recorded with minor errors of omission and accuracy
Important contributing social behaviors accurately and concisely quantified and qualified	Important contributing social behaviors accurately quantified and qualified	Only major important contributing social behaviors are accurately quantified and qualified	Social behaviors recorded with minor errors of omission and accuracy
All the other "special" data which supports the Prioritized Assessment list is included in an orderly manner	Most of the other "special" data which supports the Prioritized Assessment list is included in an orderly manner	Some of the other "special" data which supports the Prioritized Assessment list is included in an orderly manner	Some of the other "special" data which supports the Prioritized Assessment list is present but not organized or missing
All pertinent data is clear, precise, accurately and concisly listed	All pertinent data is clear, mostly precise and accurately listed	Some data of lesser importance missing but all data accurate	Some data of importance is missing and or inaccurate data
All pertinent data listed	Most pertinent data listed necessary to support assessment	Missing some objective data that would make the "story" clinal picture clearer but enough objective data to support the assessment	Some significant data is missing or data is inaccurate
Only most pertinent Lab data listed	Some non-pertinent lab data listed	Excessive objective data listed	Unnecessary or erroneous lab data listed and/or important data missing
Data is complete and clear for interpretation in assessment	Not clear when objective information was completed	Excessive Dx data listed	Unnecessary or erroneous Dx data listed and/or important data missing
Current medications for assesment and allergies			Unecessary or Erroneous lab data listed and/or important lab data missing
All pertinent data is clear, precise, accurately and concisly listed and interpreted	All pertinent data is clear, mostly precise and accurately listed and interpreted	Some data of lesser importance missing that would make the assessment stronger but all data accurate	Some data of importance is missing and or inaccurate data
Priotized Patient Problem list. Clear, specific statements of problems in proper priority order. Lower priority concerns referred for follow up.	Priotized Patient Problem list. Clear, specific statements of problems in proper priority order.	Priotized Patient Problem list. Specific statements of problems in proper priority order, but overly wordy	Patient Problem list not prioritized, wordy, and/or contains inappropriate info, data, plan, etc.
When necessary to clarify, contains clear and concise info to support prioritization	When necessary to clarify, contains info to support prioritization	When necessary to clarify, contains info to support prioritization but overly wordy	Contains miscellaneous, unnecessary information
All alternatives given are appropriate with clearly supported rationale and complete list of benefits / hazards	Alternatives given with convincing supporting rationale and benefits / hazards listed	Alternatives given but less optimal or inadequate benefits / hazards listed	Incomplete list of alternatives and rationales or wrong alternative
Recommendation is clear enough to write an order. Monitoring data is clear, precise and concisly listed with a when to worry and what to do if it happens	Recommendation is clear enough to write an order some data of lesser importance could be more specific that would make the monitoring plan stronger	Recommendation is clear enough to write an order some data of lesser importance is missing that would make the monitoring plan stronger	Some data of importance is missing and or inaccurate data
All pertinent plans are associated with assessments and in an organized, numerical order	All plans are associated with assessments and are organized in a prioritized fashion	All plans are associated with assessments but in a less organized fashion, out of order, or missing prioritication	Not all plans are associated with the listed assessments and/or in a prioritized fashion
Therapy plans most closely match Faculty Plan	Therapy plans closely match Faculty Plan	Therapy plans similar to Faculty plan but have some less optimal options	Therapy plans have less optimal options and/or do not address primary health concern
Therapy plans are described in detail with all necessary specifics to promote proper order writing	Therapy plans include necessary information to facilitate proper order writing	Therapy plans include necessary information for order writing with only minor errors of omission	Therapy plan is incomplete or not accurate
Therapy plans include monitoring specifics appropriate for patient in proper detail with backup therapy recommendation if primary plan fails	Therapy plans include monitoring specifics appropriate for patient and in proper detail with when to worry	Therapy plans include monitoring specifics appropriate for patient, but may be lacking detail for when plan / recommendations would change based on parameters monitored	Therapy plans are missing monitoring specific parameters, when, frequency and are too ambiguous (too general to be of value)
Details specific educational intervention and attaches supplemental educational materials	Details specific educational intervention or attaches supplemental educational materials	Details specific educational intervention but does not attach supplemental educational materials	Does not detail any significant, specific educational intervention or does not attach supplemental educational materials
			Some data of importance is missing and or inaccurate data
Correct format, Note Writer signature and printed name, timely submission, professional appearance	Correct format, Note Writer signature and printed name, timely submission, clean/clear appearance	Correct format, Note Writer signature and printed name, timely submission, acceptable appearance	Breaks in format (i.e. assessment in plan), signature and printed name, lacks timely submission
No duplication	Minimal duplication	Moderate duplication	Excessive or overt duplication
Complete list of proper references cited using correct format	Proper references cited using correct format	Most references cited using correct format	Missing, Excessive, or Incomplete list of references and/or issues with format

MEMORADUM FOR

SUBJECT: Psychopharmacology Practicum for Clinical Psychologists

1. PURPOSE: To establish TAMC Command Policy for Clinical Psychologists (staff and post doctoral fellows) completing a Psychopharmacology Practicum.
2. REFERENCE: Policy and Procedures for Credentialing and Privileging Clinical Psychologist to Prescribe Medication Date 13 Feb 2009.
3. SCOPE: This policy applies to all clinical psychologists (staff and postdoctoral trainees) assigned to TAMC to provide medical care.
4. GENERAL:
 - a. Psychopharmacology Practicum Requirements:
 - (1) Clinical psychologists need to participate in a psychopharmacology practicum for eight (8) hours per week for at least one-year. The total amount of hours per year is at least 400 hours.
 - (2) Clinical psychologists will see a minimum of 100 separate patients.
 - (3) Clinical psychologists will conduct evaluation and treatment with psychotropic medications.
 - (4) The patients will be from a range of disorders, a range of comorbid conditions, and from diverse backgrounds (gender, ages throughout the lifecycles, various ethnicities, sociocultural background, various cultural economic backgrounds) as much as possible within the expertise of supervisor.
 - (5) Psychotropic drugs medications include antidepressants, antipsychotics, anxiolytics, anticonvulsants, mood stabilizers, and Attention Deficit Hyperactivity Disorder/narcolepsy agents. A list of medications is provided as an enclosure in the Policy and Procedures for Credentialing and Privileging Clinical Psychologist to Prescribe Medication, Date 13 Feb 2009.
 - b. Clinical Psychopharmacology Supervisors for Clinical Psychologists.
 - (1) The credentials of the clinical psychopharmacology supervisors include Board Certified Psychiatrists or clinical psychologists who are credentialed to prescribe

psychotropic medications in a Department of Defense (DoD) Military Treatment Facility.

(2) The clinical supervision consists of at least one (1) hour of supervision per week or one (1) hour per eight hours of patient contact.

c. Necessary Documentation:

(1) Before the Clinical Psychologist participates in the psychopharmacology practicum experience, he or she will notify the Chief, Department of Psychology and provide him or her with the following information:

(a) Site where clinical supervision is going to take place.

(b) Name of psychopharmacology clinical supervisor.

(c) Before the Clinical Psychologists participates in a psychopharmacology practicum, the Chief, Department of Psychology must assure that TAMC and the Site have an existing Memorandum of Agreement (MOA) for the site to conduct training with TAMC personnel.

(2) Clinical Psychologist participating in the psychopharmacology practicum must maintain the following documentation:

(a) Maintain a log of dates and hours of clinical psychopharmacology supervision. At the end of training, the clinical psychopharmacology supervisor and the clinical psychologist will sign the log certifying that supervision took place (Enclosure # 1).

(b) Maintain a log of patients that include number of times seen for evaluation and treatment of psychotropic drugs, diagnosis, medication (s) used, doses used, age, sex, and dispositions (see enclosure # 1). At the end of training, the log needs to be signed by both the clinical supervisor and the clinical psychologist (trainee) certifying for the accuracy of the log. To assure the privacy of the patients, only demographic information will be use to identify the patient. A copy of this log needs to be provided to the Chief, Department of Psychology (Enclosure # 2).

(3) Clinical Psychopharmacology Supervisors need to complete the following documentation:

(a) A Midpoint Evaluation for Clinical Psychologists they are supervising (Enclosure # 3). This evaluation will be sign by both, the supervisor and the clinical psychologist participating in the practicum in psychopharmacology. A copy of the Mid Evaluation will be provided to the Chief, Department of Psychology.

(b) A final evaluation for the Clinical Psychologists they are supervising (see enclosure 1). This evaluation will be sign by both, the supervisor and the clinical psychologist participating in the practicum.

d. Required Training before clinical psychologists begin their practicum in psychopharmacology.

- (1) The clinical psychologists have completed a Masters Degree in Psychopharmacology from a regionally accredited university or
- (2) The clinical psychologists is in their second year of Postdoctoral Psychopharmacology training program leading to a Masters Degree in Psychopharmacology

5. Point of Contact for this memorandum is Chief, Department of Psychology at (808) 433-

Enclosure # 2

DEPARTMENT of PSYCHOLOGY
Tripler Army Medical Center
1 Jarret White Road
Honolulu, Hawaii 96859

PRACTICUM FOR PRESCRIBING PSYCHOLOGISTS
LOG OF CONTACT HOURS WITH PATIENT

Patient's Initials	AGE	Ethnicity/ Race	Sex	Diagnoses	# of Time Seen	Medication used	Dose used	Disposition

Supervising Provider's Signature

Date

Psychologist's Signature

Date

Chief, Department of Psychology

Date

Enclosure # 3:

DEPARTMENT of PSYCHOLOGY
Tripler Army Medical Center
1 Jarret White Road
Honolulu, Hawaii 96859

EVALUATION FOR PRESCRIBING PSYCHOLOGIST PRACTICUM

Date: _____

Psychologist's name: _____

Supervisor's name: _____

Midpoint and final evaluation- please indicate: Mid-rotation _____ Final _____

Please use the following to guide your evaluation (circle):

1. Has failed to demonstrate expected level of performance
2. Performs satisfactorily at times, has specific deficiencies
3. Meets expected level of performance
4. Exceeds expected level of performance
5. Exceptional performance

If a student receives a one or a two, please include any comments about what would improve his/her performance.

- 1) Obtains appropriate psychological and medical history

1 2 3 4 5

Comments:

- 2) Forms appropriate diagnoses

1 2 3 4 5

Comments:

- 3) Recommends referral for medical evaluation when necessary

1 2 3 4 5

Comments:

4) Initial goals are appropriate for patient's diagnosis

1 2 3 4 5

Comments:

5) Is knowledgeable about when laboratory tests should be ordered

1 2 3 4 5

Comments:

6) Demonstrates appropriate knowledge in interpreting lab tests.

1 2 3 4 5

Comments:

7) Demonstrates an ability to explain a drug's benefits, side effect profile, and risks

1 2 3 4 5

Comments:

8) Is responsible in monitoring psychotropic drug effectiveness and recommending appropriate changes

1 2 3 4 5

Comments:

9) Able to explain drug use to a patient in a thorough, clear manner

1 2 3 4 5

Comments:

10) Is systematic in checking for drug interactions

1 2 3 4 5

Comments:

11) Is systematic in assuring that drug selection is not contraindicated with patient's medical condition or other medical treatment

1 2 3 4 5

Comments:

12) Give patients written information when appropriate

1 2 3 4 5

Comments:

13) Sets appropriate long term goals

1 2 3 4 5

Comments:

14) Keeps timely and thorough notes, etc.

1 2 3 4 5

Comments:

15) Is an active participant in the learning process, asking appropriate questions, reading recommended material, etc.

1 2 3 4 5

Comments:

Supervisor's Signature

Date

Student's Signature

Date

Chief, Department of Psychology

Date

Attachment: Master of Science in Clinical Psychopharmacology– Curricular Map

In the following Table level is represented as; I = Introductory, P= Practicing, M = Mastery

Program Outcomes (POs)*							
Course ID	Courses	PO1	PO2	PO3	PO4	PO5	PO6
PHPS 450	The Biochemical Basis of Therapeutics I – Biomolecules	I, P**	I, P				
PHPS 451	The Biochemical Basis of Therapeutics II- Metabolism	I, P	I, P				
PHPS 606	Human Physiology	I, P	I, P		I		
PHPS 601	Integrated Pharmacotherapy I	P, M	P, M	I	P		I
PHPS 602	Integrated Pharmacotherapy II	P	P, M	P	P, M	P	
PHPS 603	Integrated Pharmacotherapy III	P	P	P	P, M	P	I, P
PHPS 604	Advanced Psychopharmacology I	P	P	P	P		P
PHPS 605	Advanced Psychopharmacology II		P	P, M	P, M	P, M	P
PHPS 607	Psychopharmacology Practicum		P	P, M	P, M	P, M	P, M

* Each learning outcome addresses at least one of the following eleven content areas: 1- *Integrating clinical psychopharmacology with the practice of psychology*; 2- *Neuroscience*; 3- *Nervous system pathology*; 4- *Physiology and pathophysiology*; 5- *Biopsychosocial and pharmacologic assessment and monitoring*; 6- *Differential diagnosis*; 7- *Pharmacology*; 8- *Clinical psychopharmacology*; 9- *Research*; 10- *Professional, legal, ethical, and interprofessional issues*; 11- *Clinical practice*. Upon completing the MSCP, successful students will be able to:

1. define, identify and recognize key concepts of terminology in all content areas
2. review and explain at a high level of proficiency, both orally and in writing, the most current theories of the pathophysiology, etiology, signs and symptoms underlying mental health disorders and their psychopharmacologic treatment
3. choose the appropriate diagnosis and effectively apply psychopharmacological knowledge to resolve clinical psychopathological cases using “Subjective, Objective, Assessment and Planning” (SOAP) notes and case presentations, and differentiate mental disorders that are drug-induced or caused by somatic disease
4. analyze, interpret, integrate and evaluate pharmacologically-based clinical findings in psychological settings through literature review, class presentations and written analysis
5. devise, formulate and plan medication therapy management specific to psychopathology, with an emphasis on drug selection based on relative efficacy for the disorder, adverse effect profiles, food and drug interactions, and pharmacokinetics, and determine appropriate pharmacologic assessment and monitoring

6. demonstrate the ability to compare and contrast and interpret epidemiological, professional, legal and ethical findings in the clinical psychopharmacology literature and case presentations using information technology.

****I, M** and, or **P** in any given column indicates that the course outcomes are strongly aligned with the generalized program outcomes indicated. To a more or lesser extent almost all course outcomes show some alignment with the generalized program outcomes.