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 TMC Pychopharm Practicum”

<table>
<thead>
<tr>
<th>Timeline</th>
<th>PLO</th>
<th>Performance/Signature Assignments</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FIRST YEAR</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Fall</strong></td>
<td>1, 2, 4</td>
<td>• Final Course Examination</td>
<td>The Biochemical Basis of Therapeutics I – Biomolecules</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>1, 2, 4</td>
<td>• Final Course Examination</td>
<td>The Biochemical Basis of Therapeutics II- Metabolism</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>1,2, 4</td>
<td>• Final Course Examination • Critical literature reviews</td>
<td>Human Physiology</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Final Course Examination</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Spring</strong></td>
<td>1, 3,</td>
<td>• SOAP notes</td>
<td>Integrated Pharmacotherapy I</td>
<td>7</td>
</tr>
<tr>
<td><strong>Summer</strong></td>
<td>3,4</td>
<td>• Patient consultations • Case presentations • SOAP notes • Technical reports</td>
<td>Integrated Pharmacotherapy II</td>
<td>7</td>
</tr>
<tr>
<td><strong>SECOND YEAR</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Fall</strong></td>
<td>5, 6</td>
<td>• Final Course Examination • Critical literature reviews • SOAP notes • Case presentations</td>
<td>Integrated Pharmacotherapy III</td>
<td>4</td>
</tr>
</tbody>
</table>
| 5, 6 | • Final Course Examination  
• SOAP notes  
• Case presentations | Advanced Psychopharmacology I | 2 |
|---|---|---|---|
| **Spring** | 4, 6 | • Final Course Examination  
• SOAP notes  
• Case presentations  
• Pass PEP practice exam | Advanced Psychopharmacology II | 2 |
| 1, 2, 3, 4, 5, 6 | • Mid-term evaluation  
• Final evaluation | Psychopharmacology Practicum | --- |
| **Summer** | 1, 2, 3, 4, 5, 6 | • 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:** ________________

<table>
<thead>
<tr>
<th>Score</th>
<th>Assessed Item</th>
<th>1 Emerging*</th>
<th>2 Developing</th>
<th>3 Proficient</th>
<th>4 Insightful</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Content Score 10</strong> Max. 20</td>
<td>Significance Justified</td>
<td>□ Not justified</td>
<td>□ Not fully justified</td>
<td>□ Justified</td>
<td>□ Justified in sophisticated manner</td>
</tr>
<tr>
<td></td>
<td>Reference to Others’ Work</td>
<td>□ Fails</td>
<td>□ Inadequate</td>
<td>□ Satisfactory</td>
<td>□ Fluently</td>
</tr>
<tr>
<td></td>
<td>Ideas or Synthesis Original Knowledge</td>
<td>□ Not original</td>
<td>□ Somewhat original</td>
<td>□ Original</td>
<td>□ Highly original</td>
</tr>
<tr>
<td></td>
<td>Represents Sophisticated Knowledge</td>
<td>□ Much inaccurate</td>
<td>□ Some inaccurate</td>
<td>□ Accurate</td>
<td>□ Accurate and highly sophisticated</td>
</tr>
<tr>
<td></td>
<td>Relationship to Task/Audience</td>
<td>□ Inappropriate</td>
<td>□ Not entirely appropriate</td>
<td>□ Appropriate</td>
<td>□ Highly appropriate</td>
</tr>
<tr>
<td><strong>Organization Score 10</strong> Max. 20</td>
<td>Logical and Clear</td>
<td>□ Not</td>
<td>□ Somewhat</td>
<td>□ Satisfactory</td>
<td>□ Exceedingly</td>
</tr>
<tr>
<td></td>
<td>Effective Slides</td>
<td>□ Ineffective</td>
<td>□ Some ineffective</td>
<td>□ Effective</td>
<td>□ Extremely effective</td>
</tr>
<tr>
<td></td>
<td>Clear Purpose and Hypothesis</td>
<td>□ Inaccurately stated</td>
<td>□ Weakly stated</td>
<td>□ Clearly stated</td>
<td>□ Clearly and precisely stated</td>
</tr>
<tr>
<td></td>
<td>Effective Time Management</td>
<td>□ Poor overall— does too much or too little</td>
<td>□ Somewhat effective</td>
<td>□ Effective</td>
<td>□ Highly effective</td>
</tr>
<tr>
<td></td>
<td>Balance of Time Allocation to Topic Areas</td>
<td>□ Lacking</td>
<td>□ Not always balanced</td>
<td>□ Effective</td>
<td>□ Highly effective</td>
</tr>
<tr>
<td><strong>Delivery Score 10</strong> Max. 20</td>
<td>Student Comfort</td>
<td>□ Uncomfortable</td>
<td>□ Somewhat poised, relaxed &amp; comfortable</td>
<td>□ Poised, relaxed and comfortable</td>
<td>□ Extremely poised, relaxed &amp; comfortable</td>
</tr>
<tr>
<td></td>
<td>Engagement of Audience</td>
<td>□ Lacking</td>
<td>□ Somewhat</td>
<td>□ Effective</td>
<td>□ Extremely well</td>
</tr>
<tr>
<td></td>
<td>Clear and Concise</td>
<td>□ Not</td>
<td>□ Somewhat</td>
<td>□ Effective</td>
<td>□ Exceedingly</td>
</tr>
<tr>
<td></td>
<td>Effective Response to Questions</td>
<td>□ Ineffective</td>
<td>□ Somewhat effective</td>
<td>□ Effective</td>
<td>□ Extremely Effective</td>
</tr>
</tbody>
</table>

*Line Item Scoring: Emerging 1; Developing 2; Proficient 3; Insightful 4
Generalized Assessment Rubric for Written Scientific Proposals

<table>
<thead>
<tr>
<th>Score</th>
<th>Assessed Item</th>
<th>Level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1 Emerging*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Not novel</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Lacks innovation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Unrelated to that which has been reported</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Scientific Impact</td>
<td>□ Lacks potential</td>
</tr>
<tr>
<td></td>
<td>Advances Science</td>
<td>□ Lacks potential</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ties to Hypothesis</td>
<td>□ Lacks connection</td>
</tr>
<tr>
<td></td>
<td>Clear and Incisive</td>
<td>□ Not</td>
</tr>
<tr>
<td></td>
<td>Outcomes Clear</td>
<td>□ Not clear nor evident</td>
</tr>
<tr>
<td></td>
<td>Interpretation of Findings</td>
<td>□ Subjective and</td>
</tr>
<tr>
<td></td>
<td>Scientific Impact</td>
<td>□ None identified</td>
</tr>
<tr>
<td></td>
<td>Objective</td>
<td>□ Lacking</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Organization</td>
<td>□ Lacking</td>
</tr>
<tr>
<td></td>
<td>Writing</td>
<td>□ Not well done</td>
</tr>
<tr>
<td></td>
<td>Clear &amp; Understandable</td>
<td>□ Not</td>
</tr>
<tr>
<td></td>
<td>Format Guidelines</td>
<td>□ Does not follow</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Accurate Primary Data</td>
<td>□ Not accurately</td>
</tr>
<tr>
<td></td>
<td>Citations of Others' Ideas and Methods</td>
<td>□ Lacking</td>
</tr>
</tbody>
</table>

*Line Item Scoring: Emerging 1; Developing 2; Proficient 3; Insightful 4*
## Generalized Assessment Rubric for Scientific Writing

**Presenters Name:** ________________  
**Date:** ________________

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

<table>
<thead>
<tr>
<th>Mastery</th>
<th>Very Good</th>
<th>Competent</th>
<th>Needs Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Also all data is precise and concise</td>
<td>Complete, accurate, and pertinent</td>
<td>Complete, clear, accurate</td>
<td>Incomplete and/or inaccurate</td>
</tr>
</tbody>
</table>

Date / Time: 
Title (your reason for writing note):

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

<table>
<thead>
<tr>
<th>Mastery</th>
<th>Very Good</th>
<th>Competent</th>
<th>Needs Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Score = 100</td>
<td>Score = 90</td>
<td>Score = 80</td>
<td>Score = 70</td>
</tr>
</tbody>
</table>

#### All pertinent data is clear, precise, accurately and concisely 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: described 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
- Past medical history recorded accurately with only minor non-pertinent data
- 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 and concisely 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 present but not organized or missing

#### All pertinent data is clear, precise, accurately and concisely interpreted
- All pertinent data is clear, mostly precise and accurately listed and interpreted
- Prioritized Patient Problem list. Clear, specific statements of problems in proper priority order.
- Prioritized 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
- Contains miscellaneous, unnecessary information
- Incomplete list of alternatives and rationales or wrong alternative

#### 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 concisely 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

#### Therapy plans are closely matched 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

#### 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

#### 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
MEMORANDUM 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.


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-
PRACTICUM FOR PRESCRIBING PSYCHOLOGIST
Clinical Psychopharmacology Supervision Log

<table>
<thead>
<tr>
<th>Date of Supervision</th>
<th># of Cases Supervised</th>
<th># of Hours of Supervision</th>
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__________________________                               _____________________
Supervising Provider’s Signature                           Date

__________________________                               _____________________
Psychologist’s Signature                                   Date

__________________________                               _____________________
Chief, Department of Psychology                            Date
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

<table>
<thead>
<tr>
<th>Patient’s Initials</th>
<th>AGE</th>
<th>Ethnicity/Race</th>
<th>Sex</th>
<th>Diagnoses</th>
<th># of Time Seen</th>
<th>Medication used</th>
<th>Dose used</th>
<th>Disposition</th>
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______________________________ _____________________
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
In the following Table level is represented as; I = Introductory, P= Practicing, M = Mastery

<table>
<thead>
<tr>
<th>Course ID</th>
<th>Courses</th>
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* 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.**