Course Purpose:
This course is designed to explore and understand the changing role of the patient in the maintenance of their health. The course will take a number of critical perspectives on this issue, from health outcomes to patient safety, but will always be grounded in psychological phenomena that are at the root of the patient-provider relationship. Because these ideas are such a dramatic shift from the traditional “doctor as expert” model of care, we will need to be willing to question all assumptions as we theoretically reconstruct the care framework.

Course Faculty and Office Hours
Varies

Office Hours
Please see program document for details.
For all academic matters, please use the instructor’s UFL email address.

Place and Time of Class Sessions
Classes will be held via BBB, ONCE weekly.

Course Objectives
Upon completion of this course, the student will be able to:

1. Expertly discuss the meaning of “patient responsibility” and “patient-centered care,” specifically with respect to how this concept fits into the current social, industrial, and political climate surrounding health care.
2. Describe the psychological factors that contribute to our understanding of why patients may (or may not) choose to engage health care professionals in dialogue about their health.
3. Explain from a theoretical perspective why a participative patient has the potential to improve safety outcomes while engaging in the health care system.
4. Analyze the “fit” between patient participation, the concept of “just culture,” and current beliefs about the appropriate placement of responsibility for negative outcomes.
5. Discuss the nature of human communication and how it plays a role in both the quantity and quality of patient/practitioner dialogue, and whether patients should be “trained”.
6. Expertly consider the issue of “health literacy” among consumers of the health care system, and describe psychological and social reasons why many consumers are so poorly educated regarding the impact of medical care on their bodies.
7. Define patient-reported outcomes (PROs) and discuss their role in the evaluation of quality in health care.

Pre-Requisite Knowledge and Skills

None, although a background in basic psychological principles and concepts will prove useful.

Course Structure & Outline

Course Structure. PHA 6250 is a graduate seminar, and as you know, such a course design is dependent on self-regulation and participation from students. Because of what I believe will be a relatively unique angle on the topic (since I am a psychologist by training), I will be a little more directive than perhaps other POP faculty might be, but you still need to be engaged. Attendance at the online session each week is paramount; it will be difficult for you to really “get it” without that time. All materials posted in Sakai are to be digested BEFORE the weekly class session. Come prepared.

Course Outline/Activities. See Appendix A.

Textbooks (PDF copies available online)

Varies

Active Learning Requirements

Participation in Discussion Boards: Discussions provide an opportunity for student interaction in an online course, especially given the diverse schedules that students in this program often have. However, I would like to make the discussion area more than just a forum for expressing opinions and random thoughts. In my experience, it often tends to degenerate like that. Therefore, I will be “pilot testing” a new approach this term.

Each week, every student is responsible for sharing something with the class on the discussion board that will augment the week’s topic(s). This augmentation must be informational – that is, it must add to the information base of the course beyond what the text and the instructor offer. Consider the following as examples:

- Posting a research article and commenting on its relevance to the course goals
- Posting an article about a patient engagement intervention from a trade organization (i.e., ASHP, AHRQ, etc.) and commenting on its relevance to the course goals
• Conveying an anecdote about an activity that you personally or vicariously experienced that was intended to enhance patient-provider dynamics, commenting on how that event fits with the course goals
• Sharing a personal anecdote about an experience that is clearly relevant to the stated goals of the course, commenting on how the event fits with the course goals

The forum will be graded on:

1) the content and relevance of your contributions, and; 2) the quality of your comments on the contribution.

You may post more than one time each week, and you may choose to reply to what someone else has contributed. The more engaged you are in the course, the higher your grade will be.

**Participation in Class Discussions:**
Participation credit will be given based on attendance and contributions to the online class session. Scores will be assigned using a tally system of participative events and then forcing a class distribution along the parameters of the course grading scale.

**One-Question Quizzes:**
Each week, you will receive a single question to answer based on the readings for that week. You will have one week to respond. Questions will be written so that a one-page, double-spaced response should be adequate. You may use the text, class discussions, or other readings to support your answer. If you choose to formally cite, please use superscripted footnotes to do so and list references at the end. If you only use materials from the course (i.e., book, posted readings, etc.), formal references are not necessary. Just list the author’s name.

**Student Evaluation & Grading Evaluation Methods**
Use the following checklists as a rubric for grade assignments.

**Discussion Boards**

• Did you post a contribution and comments each week according to the course policies?
• Were your contributions relevant to the course and did they augment the information base for students?

**One-Question Quizzes**

• Did you carefully organize your response to the question? Is your language scientific, formal and professional? Is the paper free of grammar and spelling errors?
• Is your answer based in the materials for the course, and if you chose to search the literature, have you cited appropriately?

Other Components

• **Final Exam** → There will be a final examination to finish the course. It will provide an opportunity for you to demonstrate basic familiarity with the core concepts from the course. Questions will be presented in a format that will require open-ended answers.

Weighting Factors

- (15%) – Class participation
- (25%) – Discussion boards
- (30%) – One-Question Quizzes
- (30%) – Final Exam

Grading Scale

The Grading Scale will be listed in the final syllabus.

Class Attendance Policy

There are only a finite number of classes. Missing one will matter. Notify either the instructor or the TA if you must miss. Missing more than one class MAY affect your grade.

General College of Pharmacy Course Policies

The College of Pharmacy has a website that lists course policies that are common to all courses. This website covers the following:

1. University Grading Policies
2. Academic Integrity Policy
3. How to request learning accommodations
4. Faculty and course evaluations
5. Student expectations in class
6. Discussion board policy
7. Email communications
8. Religious holidays
9. Counseling & student health
10. How to access services for student success
Please see the following URL for this information:

Complaints

Should you have any complaints with your experience in this course please visit:
http://www.distancelearning.ufl.edu/student-complaints to submit a complaint.

Appendix A. Schedule of Course Activities/Topics. PHA 6250 – Fall 2015

Note: We will try to touch on all of these readings in our weekly meetings, but it is not guaranteed.

<table>
<thead>
<tr>
<th>Week/Topic</th>
<th>Learning Activities/Topic</th>
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| **Patient Engagement from the Professional’s Perspective** | Assigned Text: Chapters 1-2  
Why the nation needs a policy push on patient-centered health care. Health Affairs. 29: 1489- 1495.  
What ‘patient-centered’ care should mean: Confessions of an extremist. Health Affairs. 228: w555- w565.  
Should patients have a role in patient safety? A safety engineering view. Qual Saf Health Care.):140-2. |
| **Opening the Door for Patients** | Assigned Text: Chapter 3  
Patient-centered communication and diagnostic testing. Ann Fam Med. 3: 415-421. |
<table>
<thead>
<tr>
<th>Topic</th>
<th>Assigned Text: Chapter 4</th>
<th>Assigned Text: Chapter 5</th>
<th>Assigned Text: Chapter 6</th>
<th>Assigned Text: Chapter 7-8</th>
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<tbody>
<tr>
<td><strong>Legal Issues in Patient Engagement</strong></td>
<td></td>
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<td>Contrasting parents’ and pediatricians’ perspectives on shared decision-making in ADHD. Pediatrics, 127: e188e196.</td>
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<tr>
<td><strong>Involving Patients: PROs, RCAs, Oh My!</strong></td>
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<td>Shared treatment decision making improves adherence and outcomes in poorly controlled asthma. Am J Respir Crit Care Med; 181: 566-577.</td>
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<td>Association of patient-centered outcomes with patient-reported and ICD-9based morbidity measures. Ann Fam Med. 10: 126-133.</td>
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<td>Patient reported outcomes: Looking beyond the label claim. Hlth Qual Life Outcm. 8: 89-98.</td>
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<tr>
<td>Applying Ideas: Adherence and Compliance</td>
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