Professional Curriculum Committee January 29, 2025

The PCC met from 1:00pm to 3:00pm via Zoom teleconferencing.

Attendees

Members: Toby Shorey, Chair; Lauren Solberg, Co-Chair; Kim Dunleavy; Amanda House; Jordan Hricko; Ben Phalin; Patricia Pereira; Courtney Pyche; Jiangxiao Qiu; Tracey Taylor; Melissa Turley; Karen Whalen.

Liaisons: Kathy Green; Maria Leite; Jeanna Mastrodicasa; Leslie McKenna.

Guests: Casey Bullock; Brittany Diehl; Michelle Farland; Diana Hull; Tina Lamb.

Welcome

Updates | Dr. Toby Shorey

Faculty Senate Updates

- Faculty Senate Chair, Dr. Lauren Solberg will start chairing at the February meeting.
- Co-Chair Nominations
- Academic Calendar Homecoming will be October 18, 2025
- As an information item, presented Academic Calendar 2029/2030 to be voted on next month.

Approval of [December Minutes.] - Approved

Bog Attestations

- What are other colleges doing?
  - When the professor doesn't log in to One.UF
  - This is where all the notifications will be located.
- Multiple Instructors for the course.
  - Are any of the materials that YOU have chosen
- Email from the Provost Office went out that attestations
  - Faculty are attesting that:
    - The information, website or article, and the content of the course you are teaching.
- Guest Lectures
  - Basic reference at the end of a lecture
  - Students brining in their own material for classes, such as articles or other items for presenting
  - External websites and supplemental lectures that are Assigned and Required will have to adhere to the attestations.
- Optional syllabus language to appropriateness

- Is there a deadline?
  - Yes, it is in a few weeks and runs through the term
- Deans should be sending out emails to their faculty today and it should go to staff too.
  - Clinicals – Prof are not entered into the system.
    - If there are no gator evals, they don't get the survey.

S+/S Grading Scheme

- Pharm is thinking about going to S/U for the last year of their clinicals.

- Financial Aid
  - Some evaluations can be strict as you want with max hours or have a qualitative component
  - Students must pass 75% of attempts
  - Define what their progress looks like
  - Warning: Required or Normal length time
  - Provide a pathway for the student and notification
  - This can be as defined as you would like it to be

Policies

None

Programs

None

Certificates

Proposed new professional certificates.

- None

Proposed changes to professional certificates.

- None

Courses

New Professional Courses.

Pharmacy

1. DEN 8290 – Developing a Wellness Mindset – **Conditionally Approved**
2. PHA 5XXX – Intentional Living: Developing a Wellness Mindset (AKA, The Happiness Course) - **Approved**
3. VEM 5XXX – Intentional Living: Developing a Wellness Mindset – **Approved**

Veterinary Medicine

4. [VEM 5XXX – Small Ruminant Production Medicine](#) – **Approved**

Proposed changes to professional courses.

Pharmacy

5. [PHA 5787C – Request to Change Grading Scheme](#) - **Approved**
   - It is no longer a mathematical equation
   - Did you achieve the goals set up by the class or the program or demonstrate that they have achieved the course outcomes.
   - Critical items
     - Medication lists, from the 3 prior meds lists
     - Proctored final assessment
     - Capstone and Exam
       - The final is required; however, the student doesn't need to pass the final to pass the class
       - There is no penalty for "do over" for the capstone
     - This has lessened the pressure on the student
     - Majority of opinion has shifted
   - iRats & Trats are used as a self-assessment, during the active learning session
     - Could the iRat & Trat be a part of the grading scheme?
     - The iRat & Trat were providing a false sense of security in grades
     - This proved that the students were in a constant state of performing
     - Almost every team gets an A o the iRats & Trats
   - Concerns of a high number of As, but more D's & F's?
     - More students haven't passed.
     - Some students passed all the courses without demonstrating that they can practice what was learned.
     - There is a higher passing standard and better for benchmarking
     - Those students who skated by with lower C's, would not be able to achieve a passing score with this type of grading scheme.
   - Information is pulled out from several past courses
     - A case study is provided, and it is worked through together as an example and gone over step-by-step each of the answers.
     - It is worked on independently and feedback is provided on performance, and this doesn't count for the course.
   - This provides the student to get good at both the exams and learning competencies.

Proposed New Joint Courses

   - None

Subcommittees

- Catalog - SAM Update (Coursedog)
  - Replacement of the Approval System
    - If there is a change in a course or program, the catalog should automatically get the update from the request, along with accreditation or any other department involved.
  - Goal to meet the needs of that program
  - What is ideal for the professional programs.
  - Kick off in August 2025
  - First catalog that will be completely done by CourseDog should be 26/27 with a new program.
- Professionalism – No Updates

- Review – No Updates

Meeting adjourned at 2:26 p.m.

ADDENDUM

Compiled Before the Meeting

Professional Curriculum Committee Program and Course Recommendations

January 29, 2025

Programs

Program Request Title []

- None

Certificates

New Certificates

Certificate Request Title   []

- None

Changes to Existing Certificates

Certificate Request Title   []

- None

Course Recommendations
Proposed New Courses

Approved	Conditionally Approved	Recycle
VEM 5XXX – Intentional Living: Developing a Wellness Mindset	**DEN 8290 – Developing a Wellness Mindset**	
PHA 5XXX – Intentional Living: Developing a Wellness Mindset (AKA, The Happiness Course)		

College of Pharmacy

1. **DEN 8290 – Developing a Wellness Mindset** **[CA]**
   - https://secure.aa.ufl.edu/Approval/reports/20753
   - Comments:
     - Please check links throughout the syllabus as many do not work. If you copy/paste the URLs they do or if the URL is on a single line, the links do. But if URLs go over a line-break, the clickable portion of the link is only the part of the URL that's on the first line. Links that are attached to a description where a URL is not written out (e.g. the first Brene Brown one) do not work.
     - Please update the text "For assistance contact your College of Pharmacy librarian" should be switched for this syllabus to refer to the Dentistry librarian.
     - In the first section on Course Evaluation would be more accurately labeled as Grading Policies or Student Evaluation and Grading with the rubrics moved up to be under the Evaluation and Grading table (rather than under the section that describes how students evaluate the course).
     - Most of the Course Policies and Administrative Practices/ Academic Policies section has turned into nonsensical text (presumably through the copy/paste process). We need to have the policies in the syllabus for us to review/confirm.
     - The Pharmacy submission for this course indicates it will not be a rotating topic, but the Dentistry form says that it will be. This should be consistent across submissions.
     - This course is an elective, correct?

- Any need to code a prereq in the system?
- Does each weekly report have the same point/% value?
- Is the self-reflection rubric the rubric for the weekly reports? Suggest clarifying that in syllabus (using consistent terms).
- VEM version of syllabus spells out what students need (70%) to pass course. This syllabus includes values with each rubric. I presume this is intentional/specific for each college.

2. **PHA 5XXX – Intentional Living: Developing a Wellness Mindset (AKA, The Happiness Course)** **[A]**
   - https://secure.aa.ufl.edu/Approval/reports/20751
   - Comments:
     - ~~We would recommend that the left portion of each page's heading (00/00/20 00:00 pm) be removed as it is distracting.~~ Removed
     - ~~A space has been highlighted in the Course Outline section.~~ Done
     - ~~Many of the links throughout the syllabus didn't work for me. If you copy/paste the URLs they do or if the URL is on a single line they do. But if URLs go over a line-break, the clickable portion of the link is only the part of the URL that's on the first line. Links that are attached to a description where a URL is not written out (e.g. the one to Educational Technology and IT Support Contact Information) do not work.~~ Updated
     - ~~The grading rubrics would be better placed in the Student Evaluation & Grading section, rather than at the end of Appendix B~~. Done
     - The Pharmacy submission for this course indicates it will not be a rotating topic, but the Dentistry form says that it will be. This should be consistent across submissions. Is this a rotating topic?
     - Syllabus – is the section "Respect for Diversity" acceptable under the new state law?
     - ~~Self-Reflection/Final Paper Rubric – may want to flip the content to read vertically, and the ratings (below, meets, exceeds) to read horizontally across the top to align with the other rubrics for students.~~ Done
     - ~~Recommend referencing the rubrics following "Students are expected to complete all assignments satisfactorily and actively engage in class discussions and activities."~~ Done

3. **VEM 5XXX – Intentional Living: Developing a Wellness Mindset** **[A]**
   - https://secure.aa.ufl.edu/Approval/reports/20752
   - Comments:
     - ~~Of note, requests 20753, 20752, and 20751 should align.~~
     - ~~Should the schedule of weekly topics align between the syllabus and DEN submission (#27052)? DEN syllabus matches the PHA syllabus and~~

submission (#20751). Is VEM inconsistent with DEN? The only item noted is a missing reference to the final assessment on VEM in week 6.
- o ~~Self-Reflection/Final Paper Rubric – may want to flip the content to read vertically, and the ratings (below, meets, exceeds) to read horizontally across the top to align with the other rubrics for students.~~ Done
- o ~~Please updated hyperlinks as some don't work.~~ Done
- o ~~Syllabus (pg. 2) may want to add "A" as in "See Appendix A" to align with the appendix.~~ Done
- o ~~Recommend referencing the rubrics as Appendix B or moving to the Methods of Evaluation section of the syllabus.~~ Done
- o ~~Recommend referencing the rubrics following "Students are expected to complete all assignments satisfactorily and actively engage in class discussions and activities."~~ Done
- o Course policies, clarify point deduction is for unexcused late submissions.
- o Syllabus says students need 70% to pass, then with each rubric specifies scores needed (like on DEN syllabus). Confirm these standards are consistent (may want to streamline to eliminate confusion – specify need to score at a certain level per assignment AND overall).

Veterinary Medicine

4. **VEM 5XXX – Small Ruminant Production Medicine**   **[CA]**
   - https://secure.aa.ufl.edu/Approval/reports/20310
   - Comments:
     - o ~~Please provide a copy of the syllabus. We do require a syllabus for this request, so we can review for content and level.~~ Uploaded.

     - o ~~PCC form notes 2 opposed in college to creation of this course. What was their concern?~~ An anonymous survey was done, and I do not know why they apposed. There was no negative comments or feedback provided at the college faculty assembly meeting.
     - o ~~9 weekly topics, is this a 9-week course? Is this an elective?~~ This is an elective course. Typically, in the 3rd year for DVM curriculum the elective courses are held once/day for a 2/3 week time period.
     - o ~~Reading material to be posted on Canvas is listed on PCC form as Recommended; I presume there will be required readings for this course, but please confirm.~~ There will be required readings for the course that will come from the course material and the recommended readings will be supplementary.

Proposed Changes to Courses

Approved	Conditionally Approved	Recycle
	PHA 5787C – Request to Change Grading Scheme	

College of Pharmacy

5. **PHA 5787C – Request to Change Grading Scheme** **[CA]**
   - https://secure.aa.ufl.edu/Approval/reports/20750
   - Comments:
   - ~~**Would you be able to provide a brief presentation or explination on how this specific grading modle works?**~~
     - Course director response: This grading approach follows the principles of a method called specifications grading. In this approach, the faculty set the specifications that need to be achieved for various assignments. Then those assignments are reviewed to identify if the specifications (eg, criteria) have been met. If it has been met then the assignment is considered to have met the specifications and counted as passed. Since this course has numerous assignments in each assignment category, we then tally the number of times the specifications have been met to determine the course grade. In order to receive a specific course grade, all the criteria in the column needs to be met. For example, if a student received the competency score for all 4 course exams, and achieved the competency rating for 2 of the medication list assginments and the capstone, the resulting course grade would be a "B".
     - I would be happy to share more information about the processes we use during the meeting to provide clarity to the committee, as this is challenging to explain without visuals.
   - ~~**Grade improvement seems mixed. Would you be able to provide a clear summary of what the change actually looks like, the rationale, what COP thinks has been the outcome and what changes have been made to the course in response to student feedback. Can the faculty member discuss the impetus for the change and the outcomes?**~~
     - Course director response: I'll start with the reason behind the change in grading and then address the earlier questions. I've served as a faculty

member within a school of pharmacy since 2007 and have served as a course director every year since my initial faculty appointment. I have observed students focus on assignments primarily because they have extrinsic focus of a grade and points associated with them. This results in rather shallow learning that focuses on short-term performance. However, in health professions education our goal is to teach content that results in long-lasting knowledge that will be applied (and adjusted based on new findings) over a long period of time. I have also found that some assignments were not as "important" to students based on the weighting in a traditional grading scale, so effort in these assignments did not demonstrate their full potential. Following COVID, I began exploring alternative approaches to grading that would address the need to confirm students have achieved course outcomes and began to shift students thoughts about assessments in college courses. I read numerous books and articles before I arrived at specifications grading. One of the critical resources that was most impactful was an article published in the American Journal of Pharmaceutical Education titled: "Deficiencies of traditional grading systems and recommendations for the future". This article articulated the issues of grading approaches that have become common place in college courses. In addition, I read the book Specifications Grading by Linda B. Nilson, which provided multiple examples of how specifications grading could be applied in a variety of course/assignment types.

- o **Changes made to the course activities to fit the specifications grading approach:** When the course used a traditional grading system, all the same assignments were in place (except requiring attendance to exam review sessions). When specifications grading was implemented, the only change made was how performance on those items were used to determine the grade in the course. I view the iRAT/tRAT as learning tools, as they assess low levels of Bloom's taxonomy and were the starting point of learning to allow students to progress to application of their knowledge (which is expected on summative assessments). The 2 graded elements that remain in the course include the medication list assignments and course exams. The medication list assignments were designed to have students apply critical thinking and clinical reasoning to patient cases that incorporate diseases and medications in the PC5 course and content from any prior course in the required curriculum. These assignments assess different knowledge and skills than we are able to incorporate on a traditional multiple choice assessment. Prior to implementation of specifications grading the course included 3 exams. Each exam included content from the modules immediately prior to the exam and the last exam included cumulative items and therefore was longer than the prior 2 exams. With specifications grading, we added a fourth exam to the course. In this format, exams 1-3 include content from the modules immediately preceding the exam and the fourth exam is a cumulative exam with content equally weighted from the entire course. The exams in the course were also changed to a pass/fail grading approach with the pass score being determined using a standard setting approach called Bookmarking. This allows for a specific score to be set for each exam, which I felt was important

given that historical data in the course indicated that the exams were not equally challenging. Faculty who are the module leaders in the course (content experts for a given topic) participating in the bookmarking process. Bookmarking is intended to be used in a retroactive manner (eg, pass score is determined after all test takers complete the exam), however, we didn't feel it would be appropriate given students would not be aware of the performance expectation if implemented this way. Therefore, we decided to bookmark the prior year's exams (and follow the same exam blueprint for each year based on number of items included from each content area and the difficulty level of the questions for that area). After students completed the exam, if we determine that the current cohort of students performance was significantly worse than prior years, we would reassess the competency score for the exam. This allowed us to decrease the competency score, if needed, in the students favor. (We needed to implement this once in the first course offering, but not during the second course offering). We assured students that we would never increase the competency score for an exam. At the same time that this transition was occurring in the Patient Care 5 course, the college implemented an exam review process. This allowed any student to review their exam to identify items they did not answer correctly and reflect on why they missed the question and how to improve in the future so similar mistakes are avoided. For all other courses in the curriculum, the exam review is mandatory for students who did not perform well on the exam and optional for all other students. Within the Patient Care 5 course, the exam review is required, unless the student earned 100% on the exam. This allows students to revisit missed items on the exam, identify the reason for missing the question and create SMART goals to assist them in preparing for future exams. One change we made last year at the request of students was to allow them to access all items on the exam during the exam review (proctored, with lock down browser), not just the questions they answered incorrectly. This has allowed students to view questions and rationales for items they were unsure of and happened to select the correct answer.

- o **Changes made to specifications grading approach following student feedback:** The first implementation of specifications grading was in the Spring 2023 course offering. During this iteration, students were required to pass both the final exam and the capstone medicaiton list assignment to pass the course. Students reported that this caused anxiety and placed too much emphasis on the final 2 summative assessments in the course. Therefore in the Spring 2024 course offering the specifications for passing the exams was changed to just be based on how many exams they passed. We also added a no-penalty second chance at the capstone medicaiton list assignment. This provided some relief to students that in the event they didn't perform well on the capstone, they would have a second chance to complete a different assignment of similar difficulty level. There was also some clarification added to the course syllabus (grading and evaluation section) to help address common questions we received throught the initial course offering. These

changes resulted in positive feedback from students with no significant adjustments needed for the next course offering.

- o **Observed outcomes:**
  - 1) Exam performance has remained consistent with the transition to specifications grading: There was intial fear that student effort would decline knowing they no longer needed to earn the highest possible score to get a high grade in the course. However, we observed students continuing to strive for excellence with this model with average performance remaining stable compared to tradiational grading.
  - 2) iRAT performance has remained stable with the transition to specifications grading: iRAT and tRATs are included in the course as an element of team-based learning. These are intended to be formative tools to demonstrate knowledge gaps to students and provide opportunity for those gaps to be closed during class (with the tRAT using peer-to-peer learning). Given the tRAT is completed as a team, there is minimal variation in scores, which makes it a poor marker to identify differences with changes to course design. However, the variability in iRAT scores (completed as an individual) can be quite wide across the class. Items on the iRAT are designed to be at the level of remember, understand, and easy application using Blooms taxonomy. This foundational knowledge is needed before application of content can begin. While student performance as a cohort hasn't significantly changed with the implementation of specifications grading, some students comment on the course evaluations that removing the iRAT/tRAT as a component of the course grade calculation decreased their motivation to prepare before class. These students also then proceed to discuss feeling behind in the course and unprepared for exams. Alternatively, there are other students who comment in the course evaluation that removing the iRAT/tRAT score from the grade calculation allows them to use the assessment to truly identify their knowledge gaps and decreases pressure to perform in class, which helps them learn better. So the impact of this adjustment has been met with mixed reactions from students.
  - 3) Student questions realted to medication list assignments have improved: These assignments focus on critical thinking and clinical reasoning. By design, the assignments emulate real patient cases and require students to interpret information and draw conclusions to develop a treatment and monitoring plan. The nature of problems like this tend to make early learners in the health professions uneasy because there isn't a black and white answer and a range of answers are acceptable. When these assignments were graded using a point-based approach, most of the questions I received as the course director were focused on why points were removed from their score, not the reasoning behind the answers themselves. Following the transition to specifications grading student questions have focused towards why some answers were correct and others weren't and the clinical

reasoning used to arrive at their responses. This shift is important for their learning, as the focus is not on the points associated with the assignment, but instead it changed to improving their clinical reasoning skills.

- 4) Student perceptions of the course improved significantly between the first and second iteration of the restructured grading approach: The first iteration of the grading redesign in Spring 2023 was the first time students had encountered a course design like this. While we took steps to introduce the approach to students and provided ample opportunities for questions and clarification, the change did not meet students expectations based on their experiences in other courses. However, in the second course offering, students were anticipating the grading approach and we took time to describe the changes we made compared to the first course offering to help settle some of their fears. This led to significant improvements in student perceptions on course evaluations. We also conducted an additional survey throughout the course that was co-designed by Lisa Merlo, PhD. The survey items focused on a wide variety of topics ranging from stress to engagement in the course to acedemic dishonesty. The survey was administered at the start of the course (marking the end of the prior course in the patient care course series), the middle of the PC5 course and the end of the PC5 course. For the Spring 2024 course offering, the item that stands out to me from this survey is: "How well has the structure of this Patient Care course supported your learning?". Below is a table summarizing the results at the end of the Patient Care 4 vs. Patient Care 5. While the total number of students who completed the survey at each timepoint differed, all students in the course were invited to participate.

How well has the struture of this Patient Care course supported your learning?		
Rating	Patient Care 4 (traditional grading) n=221	Patient Care 5 (specifications grading) n=69
Extremely well	6.3%	24.6%
Very well	16.7%	21.7%
Moderately well	49.8%	21.7%
A little	20.8%	24.6%
Not at all	6.3%	7.2%

- ~~What has happened with student feedback? (see above changes that have been implemented and shared with students)~~
- ~~Would you be able to provide information on where this model has been successful?~~
  - The model has expanded student autonomy in the course. It allows them to make decisions for themselves regarding the level of effort they want to invest in the course and which assignments they want to complete. For example, if they choose to not complete one of the medication list assignments they receive a rating of developing competence for that assignment. While we encourage students to complete all assignments, this approach allows students to make those decisions for themselves. I view this as an important element of professional development, as upon graduation all professional development they engage in will be self-directed. Observations over the past 2 years have indicated that the majority of students have high motivation to put effort into the course and the vast majority submit all assignments and attend required active learning sessions and exam reviews.
  - The model has also led to more robust questions from students and has eliminated petty questions about points in the course. While there is still an occaisonal question from students who were just under the competency score on an exam inquiring if the score will be adjusted based on our reveiw of the item analysis and student performance, these are much more rare. Instead, the canvas discussion board is full of deeper questions from students who are now reviewing material from a different perspective, which appears to be focused more on using inforamtion for patient care in the future and less about points in the course.
  - The grading model has resulted in more students earning a D or E in the course than the traditional grading approach. When the traditional grading approach was used in 2021 and 2022 there were 2 and 1 student, respectively, who earned a D and no E grades. In 2023 and 2024 those numbers increased to 8 D's, 1 E (2023) and 7 D's, 4 E's (2024). While these are not all a direct result of the new grading approach, it likely does identify more students who are poor performers. Students who earn a D in the course are provided the opportunity to remediate the course in the summer term. All students who have completed remediation the past 2 years have passed. Students who earn an E in the course are required to complete the course again the next time the course is offered.
  - The grading model has resulted in more students earning an A in the course than the traditional grading approach. 2021 – 71 As, 2022 – 97 A's vs. 2023 - 149 A's and 2024 – 153 A's. Some faculty have expressed concern about the number of students earning an A in the course because of the challenge with differentiating students for future job/residency applications. However, there is insufficient evidence to suggest that course grades predict future job performance, so using grades as selection criteria for employment is flawed. In addition, courses that utilize traditional grading structures include a multitude of assessments and have different weighting of assignments that are

used to determine the course grade, resulting in unfair comparision of what needed to be achieved to earn various grades in the course. So comparing gradings between courses should be discouraged.

- o Specifications grading has been used by other colleges of pharmacy in a variety of courses spanning multiple areas of the pharmaceutical sciences (University of Kentucky – social and behavioral science courses; University of Iowa – pharmacotherapy courses; Mercer – skills based courses; Presbyterian – pharmacokinetics, pharmaceutics, biostats, leadership). This is a growing area of interest for the pharmacy academcy and I have partnered with faculty from these institutions to provide national presentations regarding our experiences with specifications grading to others within the pharmacy academy.

- ~~Are students achieving the outcomes?~~
  - o The summative assessments used in this course have been intentionally aligned to allow students to demonstrate achievement of the course learning objectives. The medication list assignments assess critical thinking and clinical reasoning across multiple content areas in this course and prior courses. The exams have detailed blueprints that specify number and difficulty of items to be included on the assessment. Student performance on all of the assessments in the course have been very closely monitored by the course director and college curriculum committee since the implementation of specifications grading. Given the structure of these assessments and student performance over the past 2 years, it's my assessment that the students who earn an A, B or C in the course have met the course outcomes.
  - o We have compared student performance on exams and observed similar mean performance when we used a tradiational grading approach vs. specification grading, which indicates that the majority of students are performing at a similar level on these assessments regardless of grading approach used. The table below summarizes student performance on exams and iRATs from 2021- 2024. The 2021 and 2022 course offerings used a traditional grading approach, while the 2023 and 2024 course offerings used specifications grading.

PC5 iRAT and Exam averages for 2021-2024

	2021	2022	2023	2024
iRAT *(mean, SD; max score 10)*	7.4 (2)	7.9 (1.7)	7.0 (1.2)	7.0 (1.9)
Exam 1 *(mean %, SD)*	83.4 (8)	81.1 (4.8)	80.1%	81.2%
Exam 2 *(mean %, SD)*	88.4 (6.7)	89.5 (3.1)	88.2%	88.4%
Exam 3 *(mean %, SD)*	77.5 (7.5)	77.3 (7)	79.8%	83.4%
Exam 4 *(mean %, SD)*	NA	NA	86.8%	85.2%

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Proposed New Joint Courses

Approved	Conditionally Approved	Recycle

College

- None
  -