## University of Maryland School of Pharmacy Teaching Certificate Program Learning Contract

(Reviewed/revised 12/11/20)

## **Background and Goal**

New faculty members and trainees in academic post-professional programs (e.g., residency and fellowship) are asked to assume responsibility for a variety of teaching activities, frequently without instruction regarding educational theories, instructional methods, or teaching experience. The goal of the Teaching Certificate Program (TCP) is to prepare these professionals to plan and execute both didactic and experiential learning activities, using sound principles of instructional design.

## Audience

Faculty, residents, and fellows of the University of Maryland, and residents and fellows from the Greater Baltimore-Maryland and Washington metro region areas. Enrollment is limited to those participants who are currently enrolled in, will enroll during the training year, or who have previously completed the Educational Theory and Practice course. If space permits, pharmacists practicing in other institutions or positions may be eligible for enrollment.

## **Program Coordinators**

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Welcome to the Teaching Certificate Program! We look forward to working with you over the coming weeks. In support of the program requirements, we will need to reach agreement in the following areas to optimize your opportunity for this unique teaching experience:

- Complete the Educational Theory and Practice Course
- Develop and deliver a lecture
- Develop and deliver a small group discussion (case-based teaching activity, case conference, journal club).
- Develop and deliver Pharmacotherapy Rounds
- Precept a PharmD student
- Receive > 80 % "achieved" ratings on Teaching Evaluations
- 12 hours/semester of PharmD Curriculum Teaching at SOP
- Develop and maintain a Teaching Portfolio and Teaching Philosophy Statement
- Attend progress report meetings and complete Fall and Spring semester written progress reports with TCP mentor

As a pharmacy resident/fellow/practitioner assigned to the Teaching Certificate Program, I agree to abide by the program requirements and professionalism expectations. I will apply myself to this program and will demonstrate respect for students, staff, and faculty with whom I may encounter during my participation in the program. I have read and understand the above stated program requirements and expectations. I have had the opportunity to discuss this learning contract with my mentor/program director/supervisor and to have my questions answered.

Resident/Fellow/Practitioner's Printed Name: Click or tap here to enter text.	
Signature:	Date: Click or tap to enter a date.
As the program director/supervisor, I am aware of the requirements and approve of participation in the Teaching Certificate Program.	
Supervisor/Program Director's Printed Name: Click or tap here to enter text.	
Signature:	Date: Click or tap to enter a date.
As your Mentor, I will treat you with respect and will involve you in the experience of teaching and be willing to adapt the experience to your specific goals, within the structure of the program requirements. I will provide regular feedback on your performance, including the mid-point and final progress reports.	
Mentor's Printed Name: Click or tap here to	enter text.
Mentor's Signature:	<b>Date</b> :Click or tap to enter a date.

Please return signed copy to Daniel Costa; Email: dcosta@rx.umaryland.edu