



CD 8.5.1 DISCIPLINE CURRICULUM

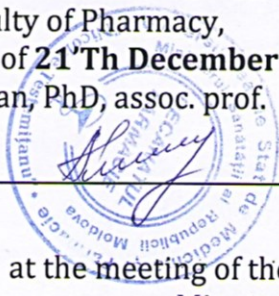
EDITION:	06
DATE:	20.09.2017
Page 1/11	

FACULTY OF PHARMACY
STUDY PROGRAM 0916.1 PHARMACY
CHAIR OF SOCIAL PHARMACY "VASILE PROCOPISIN"

APPROVED

at the meeting of the Commission for Quality Assurance and Evaluation of the Curriculum, Faculty of Pharmacy,
Minutes no. 2 of **21Th December 2017**
Chairman, PhD, assoc. prof.

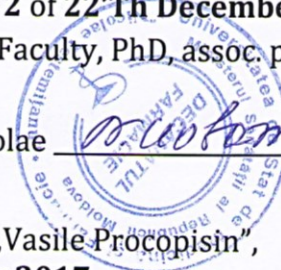
UNCU Livia



APPROVED

at meeting of the Council of the Faculty of Pharmacy,
Minutes no. 2 of **22Th December 2017**
Dean of Faculty, PhD, assoc. prof.

CIOBANU Nicolae



APPROVED

at the meeting of the chair of social pharmacy „Vasile Procopisin”,
Minutes no. 3 of **01Th November 2017**
Head of chair, PhD, assoc. prof.

BRUMAREL Mihail

SYLLABUS

DISCIPLINE: SOCIAL PHARMACY

Integrated studies

Type of the course: **Compulsory discipline**

Chişinău, 2017



CD 8.5.1 DISCIPLINE CURRICULUM

EDITION:	06
DATE:	20.09.2017
Page 2/11	

I. INTRODUCTION

- **General presentation of the discipline: place and role of the discipline in the formation of specific competences of the professional/specialty training program**

"Social Pharmacy" is the most appropriate term in terms of the purpose of pharmacy and pharmacist in contemporary society.

Social pharmacy is an interdisciplinary science that study social and ethical-moral aspects of pharmaceutical care in the context of healthcare system development, having regard to the extended role of pharmacists in public health.

Discipline has the role of training skills to provide pharmaceutical assistance through the provision of professional pharmaceutical services based on the concept of pharmaceutical care to help improve the health of each patient, thus contributing to improving the quality and cost-effectiveness of the health system. Pharmaceutical services and their role in patient-oriented healthcare are associated with improved health and economic outcomes, quality of life, and lower morbidity and mortality. These results arise from the expansion of traditional roles and the creation of pharmacotherapy management programs, for which future pharmacist should be trained in this field. The social orientation of community pharmacy is dictated by the important role that medicine plays in the prevention of illness, the maintenance and improvement of public health.

- **Mission of the curriculum (aim) in professional training**

Social pharmacy has a goal to integrate the knowledge gained by pharmacy students during organization and management disciplines with the knowledge about medicines to ensure the qualitative, efficient, safe, accessible and affordable pharmaceutical assistance.

As a part of the health system, the community pharmacy orientates its ultimate goal of improving the quality of life of every citizen and community as a whole. Achieving the ultimate goal is through the multiple functions of pharmaceutical care of the population: receiving prescriptions and dispensing medicines, providing information about the purchased medicine, consulting in the field of medicines, tackling harmful habits and promoting healthy lifestyles, monitoring the medication process, and so on.

- **Languages of teaching the discipline:** Romanian, English
- **Beneficiaries:** students of the 5th year, faculty of Pharmacy, specialty Pharmacy.



CD 8.5.1 DISCIPLINE CURRICULUM

EDITION: 06
DATE: 20.09.2017
Page 3/11

II. MANAGEMENT OF THE DISCIPLINE

Code of discipline		S.09.0.087	
Name of discipline		Social pharmacy	
Responsible for the discipline		Stela Adauji, PhD., associate professor	
Year	V	Semester	IX
Total number of hours, including:			90
Course	14	Practical/laboratory hours	42
Seminars	-	Self-training	34
Form of assessment	E	Number of credits	3

III. TRAINING AIMS WITHIN THE DISCIPLINE

At the end of the discipline study the student will be able to:

at the level of knowledge and understanding:

- ✓ to know the role of pharmacists in society and the importance of pharmacist and patient education;
- ✓ to define the notion of Social Pharmacy, the object and tasks of social pharmacy;
- ✓ to know conditions for social pharmacy emergence, the future and to argue necessity of social pharmacy;
- ✓ to explain social importance of medicines;
- ✓ to know categories of costs used in the pharmacoconomics and standard pharmacoconomical methods of medication analysis;
- ✓ to know the place and role of pharmacoepidemiology in pharmaceutical and medical scientific system;
- ✓ to know basic stages of pharmacoepidemiological programs;
- ✓ to classify study methods of social pharmacy and methods of sociological research of medicines consumers;
- ✓ to know and to understand the importance of rational use of medicines for the positive outcome of pharmacotherapy;
- ✓ to know the role of the clinician pharmacist in the rational use of medicines;
- ✓ to know the correct prescriptions of medication;
- ✓ to understand the self-medication process, levels, advantages and disadvantages.;
- ✓ to realize the pharmacists' and health care workers responsibility in self-medication;
- ✓ to know the notion of pharmacy communication in pharmacy, model, styles;
- ✓ to appreciate the pharmacy communication importance;
- ✓ to know essential pharmaceutical services provided in the community pharmacy;
- ✓ to know Good pharmacy practice regulations (GPP) and basic elements of GPP;

at the application level:

- ✓ to determine the scope of use of structured and unstructured methods in the social pharmacy;
- ✓ to be able to elaborate the questionnaire, structure it, collect data, and make it more usable;



CD 8.5.1 DISCIPLINE CURRICULUM

EDITION:	06
DATE:	20.09.2017
Page 4/11	

- ✓ to apply standard pharmacoeconomic methods of analysis in practice;
- ✓ to distinguish the problems that arise in the communication process and to solve them;
- ✓ to promote responsible self-medication and to contribute to raising the responsibility of the population in the application of drug therapy;
- ✓ to classify the visitors of the pharmacy with the purpose of individualizing the treatment;
- ✓ to develop the patient consultation algorithm for the delivery of a prescription and OTC drug;
- ✓ to promote the rational use of medicines;
- ✓ to evaluate the medication prescription with assessment of possible errors and objective recommendations for each patient;
- ✓ to be able to provide essential pharmaceutical services;
- ✓ to be able to develop a standard operating procedure;

at the integration level:

- ✓ to appreciate the level of pharmaceutical care;
- ✓ to appreciate the level of patient's satisfaction according different criteria;
- ✓ to store medicines considering their physical, chemical and toxicological properties;
- ✓ to assure compliance with ethics and pharmaceutical deontology in professional relations;
- ✓ to highlight the patient's problem with diagnosis determination and possibility to apply OTC medication;
- ✓ to appreciate a medication prescription and to work together with the physician for a rational pharmacotherapy.

IV. PROVIZIONAL TERMS AND CONDITIONS

Preliminary terms: knowledge and respecting of ethical-moral and professional norms in relation with pharmacy visitors. Knowledge of legal framework regarding publicity and promotion of OTC and Rx medicines. Prescription analysis to identify interactions, allergic reactions, contraindications, polymedication; result of analysis should be communicated to doctor. Knowledge of methods to appreciate the self-medication necessity and symptoms of different diseases. Pharmacological action of medicines. Nomenclature of diseases and use of medicines in their treatment. Knowledge of pharmaceutical and medical information sources, necessary in pharmacist's activity.

V. THEMES AND ESTIMATE ALLOCATION OF HOURS

No	THEME	Number of hours		
		Lec-tures	Prac-tical hours	Self-train-ing
1.	Concept of social pharmacy. Domains and study methods of social pharmacy. Role of pharmacist in society. Importance of pharmacist and patient education. Formation of social pharmacist notion. Object and tasks of social pharmacy. Conditions of its emergence. Notion of pharmaceutical crisis. Future and necessity of social pharmacy. Types of social pharmacy researches. Qualitative and quantitative studies. Study methods in social pharmacy. Gathering and proceeding of primary data. Use of secondary data in social pharmacy research.	2	6	4
2.	Theoretical bases of pharmacoeconomics. Categories of costs used in pharmacoeconomics. Standard pharmacoeconomical analysis of medication: "cost- minimization of costs", "cost - efficiency"; "cost – benefit", "cost – utility", "cost of illness".	1	3	2
3.	Theoretical bases of pharmacoepidemiology. Role and place of pharmacoepidemiology in pharmaceutical system. Principal stages in pharmacoepidemiological programs.	1	3	2



CD 8.5.1 DISCIPLINE CURRICULUM

EDITION:	06
DATE:	20.09.2017
Page 5/11	

No	THEME	Number of hours		
		Lec- tures	Prac- tical hours	Self- train- ing
4.	Rational use of medicines (RUM). Notion of rational use of medicines (RUM). Motivation for RUM. Essence and content of RUM. Role of pharmacists in RUM. Aspects of clinical pharmacy and their role in RUM. Rational medication. Rational prescription. Model of good prescription. Analysis of prescription.	1	3	4
5.	Medication errors. Definitions, classification. Essence of medication errors committed by doctors, pharmacists, patients. Causes of medication errors. Recommendations.	1	3	3
6.	Intermediary assessment	-	3	-
7.	The physician-pharmacist relationship for the benefit of patient. The physician-pharmacist relationship at the stage of medicines prescribing, of medicines releasing. The collaboration during the medicines administration. The analysis of prescriptions.	1	3	3
8.	Self-medication and self-care. Definition, regulation aspects, classification. Process of self-medication, levels, advantages and disadvantages. Responsible self-medication, characteristics, population responsibility. Responsibility of pharmacists and healthcare workers in self-medication.	1	3	3
9.	Communication with patient in pharmacy. Notion of pharmacy communication, model, styles. Determination of problems in communication. Appreciation of pharmacy communication importance. Development of patient consultation algorithm during prescription and non-prescription medicine dispensing. Classification of pharmacy visitors.	1	3	2
10.	International Conventions on human rights. Universal Declaration of Human Rights (proclaimed by United Nations General Assembly on 10.12.1948). European Convention for the Protection of Human Rights and Fundamental Freedoms (drafted by Council of Europe on 04.11.1950). Charter of Fundamental Rights of the European Union (proclaimed by the European Parliament, the Council of Ministers and the European Commission on 07.12.2000). Patients' Rights in the lights of human rights and Fundamental Freedoms. Legislative framework for the human rights and freedoms (Constitution of RM no.1 from 29.07.1994): fundamental rights, freedoms, and duties. Patient rights regulations (Law on rights and responsibilities of patient no. 263 from 27.10.2005; Law on health care no. 411 from 28.03.1995): guarantee the patient rights; basic principles in fulfilling patient rights;	2	-	2
11.	Community pharmacy services. Classification of pharmaceutical services. Essential and advanced pharmaceutical services. Importance of pharmaceutical services. Experience of certain countries in the field of pharmaceutical services.	1	3	2
12.	Quality of pharmacy services and Good Pharmacy Practice standards. Notion of quality. Multidimensionality of pharmaceutical services quality. Reliability, responsiveness, assurance, empathy and tangibility. Appreciation of level of population's satisfaction regarding quality of pharmacy services. Measuring of quality indicators and data in pharmaceutical services quality management. Standards of good pharmacy practice. Requirements and basic principles.	2	3	3
13.	Standard operational procedures (SOP). Development and implementation. Notion of standard operation procedure (SOP). Importance of practice implementation. Components of SOP. Practical aspects of elaboration and implementation. Responsibility in SOP.	1	3	4
14.	Intermediary assessment		3	-
Total		14	42	34



CD 8.5.1 DISCIPLINE CURRICULUM

EDITION: 06

DATE: 20.09.2017

Page 6/11

VI. REFERENCE OBJECTIVES AND CONTENTS UNITS

Objectives	Contents Units
Chapter 1. Concept of social pharmacy. Domains and study methods of social pharmacy.	
<ul style="list-style-type: none">✓ to know the role of the pharmacist profession in social life and the importance of pharmacist and patient education;✓ to define the notion of Social Pharmacy, its subject and its tasks;✓ to know the conditions of the emergence of the Social Pharmacy, the future and to justify its necessity;✓ to explain the social importance of the medicine;✓ to classify study methods in the social pharmacy and sociological research methods of drug users;	<p>The role of the pharmacist profession in social life. The importance of pharmacist and patient education. The subject and tasks of Social Pharmacy.</p> <p>The notion of a pharmaceutical crisis. The future and necessity of Social Pharmacy.</p> <p>Types of research in the field of social pharmacy. Qualitative and quantitative studies.</p> <p>Methods of study in the social pharmacy.</p>
Chapter 2. Theoretical bases of pharmacoeconomics and pharmacoepidemiology.	
<ul style="list-style-type: none">✓ to know the cost categories used in the pharmacoeconomics;✓ to use standard pharmacoeconomic methods of drug therapy analysis;✓ to know the place and role of pharmacoepidemiology in the pharmaceutical and medical scientific systems;✓ to know the basic stages in the realization of the pharmacoepidemiological programs;	<p>Categories of costs used in pharmacoeconomics. Standard pharmacoeconomical analysis of medication: "cost-minimization of costs", "cost-efficiency"; "cost-benefit", "cost-utility", "cost of illness".</p> <p>Role and place of pharmacoepidemiology in pharmaceutical system.</p>
Chapter 3. Rational use of medicines (RUM). Medication errors.	
<ul style="list-style-type: none">✓ to know and promote the rational use of medicines;✓ to evaluate medical prescription;✓ to appreciate medication errors and formulate these recommendations;	<p>Notion of rational use of medicines (RUM). Motivation for RUM. Essence and content of RUM. Role of pharmacists in RUM. Aspects of clinical pharmacy and their role in RUM. Rational medication. Rational prescription. Model of good prescription.</p> <p>Medication errors. Definitions, classification. Essence of medication errors committed by doctors, pharmacists, patients. Causes of medication errors. Recommendations.</p>
Chapter 4. The physician-pharmacist relationship for the benefit of patient. Self-medication and self-care. Communication with patient in pharmacy.	
<ul style="list-style-type: none">✓ to understand the importance of self-medication, its levels, its advantages and shortcomings;✓ to realize the responsibility of pharmacists and medical workers in the self-medication process;✓ to know the notion of communication in the pharmacy, its model and styles;✓ to be able to appreciate the importance of communication in the pharmacy;✓ to be able to develop the patient consultation algorithm in the case of drug dispensing (Rx and OTC)	<p>Definition, regulation aspects, classification. Process of self-medication, levels, advantages and disadvantages. Responsible self-medication, characteristics, population responsibility. Responsibility of pharmacists and healthcare workers in self-medication.</p> <p>Communication with the patient in the pharmacy.</p> <p>Determination of problems in communication. Appreciation of pharmacy communication importance. Development of patient consultation algorithm during prescription and non-prescription medicine dispensing. Classification of pharmacy visitors.</p>



CD 8.5.1 DISCIPLINE CURRICULUM

EDITION: 06
DATE: 20.09.2017
Page 7/11

Objectives	Contents Units
International Conventions on human rights. Patients' Rights in the lights of human rights and Fundamental Freedoms.	
<ul style="list-style-type: none">✓ to know requirements of Universal Declaration of Human Rights✓ to know requirements of Universal Declaration of Human Rights✓ to know requirements of Charter of Fundamental Rights of the European Union	Universal Declaration of Human Rights (proclaimed by UN on 10.12.1948). European Convention for the Protection of Human Rights and Fundamental Freedoms (drafted by Council of Europe on 04.11.1950). Charter of Fundamental Rights of the European Union (proclaimed by by the European Parliament, the Council of Ministers, and the European Commission on 07.12.2000).
<ul style="list-style-type: none">✓ to learn legislativ framework of Republic of Moldova for the human rights and freedoms;✓ to know fundamental rights, freedoms, and duties of the citizen of the Republic of Moldova;✓ know and apply rights and duties of patient, as well as basic principle in achieving patient rights.	Constitution of RM no.1 from 29.07.1994. Law on rights and responsibilities of patient no. 263 from 27.10.2005. Law on health care no. 411 from 28.03.1995.
Chapter 5. Community pharmacy services. Quality of pharmacy services and Good Pharmacy Practice standards. Standard operational procedures (SOP). Development and implementation.	
<ul style="list-style-type: none">✓ to know the essential pharmaceutical services provided in the community pharmacy.✓ to know Good Pharmacy Practice Standards and its main elements;✓ to know the importance of SOPs;✓ to be able to develop a standard operating procedure.	Classification of pharmaceutical services. Essential and advanced pharmaceutical services. Notion of quality. Multidimensionality of pharmaceutical services quality. Reliability, responsiveness, assurance, empathy and tangibility. Appreciation of level of population's satisfaction regarding quality of pharmacy services. Measuring of quality indicators and data in pharmaceutical services quality management. Standards of good pharmacy practice and their evolution. Requirements and basic principles. Practical aspects of elaboration and implementation. Notion of standard operation procedure (SOP). Importance of practice implementation. Components of SOP. Practical aspects of elaboration and implementation. Responsibility in SOP.

VII. PROFESSIONAL (SPECIFIC) (SC) AND TRANSVERSAL (TC) COMPETENCES AND STUDY OUTCOMES

Professional (specific) (SC) competences:

- **PC1:** knowledge of the theoretical bases of Social Pharmacy, general principles in the development, analysis and registration of drugs; knowledge of the legislative and regulatory framework in the field of pharmacy; knowledge of the pharmacist's rights and obligations.
- **PC2:** knowledge of the drug in terms of action, indications, contraindications, adverse effects, mode of administration and their interactions; the practical implementation of patient counseling and pharmaceutical assistance; promoting the controlled self-medication; assessment of medical prescription.
- **PC3:** designing practical work in the pharmaceutical system according to the diversity of professional roles; use and adaptation of theoretical knowledge in the field of pharmacy to



CD 8.5.1 DISCIPLINE CURRICULUM

EDITION: 06

DATE: 20.09.2017

Page 8/11

practical work situations; making professional work more efficient by introducing innovative pharmaceutical elements; applying the requirements of pharmaceutical legislation in practice; establishing the correlation between the components of the pharmaceutical activity process and the health care system of the population.

- **PC4:** diagnosing the organizational and culture features of the institution in the pharmaceutical system where the specialist is working; the active engagement of the specialist in the process of accomplishing the mission of the pharmaceutical company (community and hospital); demonstrating the capacity to make decisions aimed at improving the pharmaceutical system.
- **PC5:** determining the criteria for assessing the efficacy of the pharmaceutical system and the personal activity according to the actual conditions and in a concrete social context; identifying research issues in the field of pharmacy; knowing the methodology of scientific research in the practical work of a pharmacist or a manager of the pharmaceutical unit.
- **PC6:** adopting messages in various socio-cultural environments, including through multi-lingual communication; using the capacity to solve the problems of the situation in the pharmaceutical activity in collaboration with doctors; promoting the principles of tolerance and compassion towards patients.

Transversal competences (TC):

- **TC1:** Promoting logical reasoning, practical applicability, evaluation and self-assessment in decision-making; compliance with pharmaceutical ethics and deontology rules for dispensing of pharmaceutical and parapharmaceutical products to the population and sanitary institutions.
- **TC2:** Identification of the training needs according to the evolution of the pharmaceutical system; determining the priorities in the continuing professional education of the pharmacist; the appreciation of changes in the pharmaceutical system as a condition of its functionality.
- **TC3:** Performing activities and exercising the roles specific to team work. Promoting the spirit of initiative, dialogue, cooperation, positive attitude and respect for others, empathy, altruism and continuous improvement of the own activity.

Study outcomes:

At the end of the course, the student will be able to:

- know the study methods, the factors that influence the efficiency, harmlessness and accessibility of pharmaceutical assistance;
- have knowledge in the field of complex pharmacy visitors' analysis in order to optimize the pharmaceutical assistance process;
- know the rules of good pharmacy practice;
- have the skills to apply the methods of assessing the level of quality of pharmaceutical care provided in the Community pharmacy;
- know the essence of the interprofessional and ethical-moral relations between the doctor and the pharmacist oriented towards the benefit of the patient;
- possess skills and abilities for the practical application of knowledge gained during university studies for the benefit of drug users;
- have practical skills in standard pharmaco-economic and pharmaco-epidemiological analysis methods;
- be competent in responsible self-medication issues for OTC medicines;
- possess skills and knowledge in assessing medical prescription;
- know how to develop standard operating procedures to ensure compliant pharmaceutical assistance.



CD 8.5.1 DISCIPLINE CURRICULUM

EDITION: 06

DATE: 20.09.2017

Page 9/11

VIII. THE STUDENT'S SELF-TRAINING

No.	Expected product	Strategies for achieving	Evaluation criteria	Deadline
1.	Working with information sources	Read the lecture or the material in the manual on the subject. Reflection on the topic in the questions. Know and select additional information sources on the topic. Read the text carefully and describe the essential content. Wording of generalizations and conclusions regarding the importance of the theme / subject.	The ability to extract the essentials. Interpretative skills. Analysis capacity.	During the semester
2.	Solving the problems of the situation	Solving problems by arguing the conclusions at the end of each practical work. Verification of the finalities and appreciation of their achievement. Selection of additional information, using electronic addresses and additional bibliography.	The quality of problem solving, the ability to formulate conclusions. Ability to analyze selected information from national and international professional web-sites.	During the semester
3.	Assessing the perception (basic knowledge) of OTC medicines by the consumer For each student group, 2 drugs are selected (one Rx, one OTC), each student should interview 7-10 different patients by age and gender.			
3.1.	Elaboration of the survey plan	Elaboration of the plan and questions included in the questionnaire (7-10 questions).	The quality of the plan. How the essence of the study is reflected in the questions.	September
3.2.	Selection of respondents	Each student must select 7-10 respondents, sign the informed agreement, provide them with the information form and interview them.	Presentation of the informed agreement signed by the respondents.	September – October
3.3.	The interview	Typical interview: KISS (Keep It Short and Simple) principle. Completing the questionnaires.	Submission of completed questionnaires	September – October
3.4.	Analysis of obtained data	After checking the correctness of the questionnaire completion, processing the obtained data and formulating the conclusions.	Quality of data processing (tables, graphs, diagrams, conclusions)	October – November
3.5.	Data interpretation	All the data will be analyzed and the results will be presented at the annual social pharmacy conference.	Presentation in Power Point with final data, conclusions and proposals	November

IX. METHODOLOGICAL SUGGESTIONS FOR TEACHING-LEARNING-ASSESSMENT

- **Teaching and learning methods used**

The teaching of the Social Pharmacy discipline uses different methods and teaching methods, oriented towards the efficient acquisition and achievement of the objectives of the didactic process. The course provides lectures (lectures), practical works and individual work. Courses are held in the



CD 8.5.1 DISCIPLINE CURRICULUM

EDITION:	06
DATE:	20.09.2017
Page 10/11	

IXth semester by the course holder. Students can access the lectures in PDF format on the department's website. The following forms of training are used in the practical work: frontal, individual activity, brainstorming sessions, group discussions, case studies in community pharmacies, case study. As a teaching aid, the book "Social Pharmacy", methodical recommendations to the Social Pharmacy, Pharmacotherapeutic Guides, Tables, Schedules, Drug Instructions for medical use, National Clinical Protocols, National and International Professional Sites, etc. are used. Students receive individual assignments that are presented for group discussions and later are sent by the students via e-mail, based on which the practical skills are subsequently assessed. To acquire teambuilding small groups of 2-3 students during the semester perform a mini-research in the field of social pharmacy, the results of which are presented at the Students' conference on Social Pharmacy, organized in the penultimate week of semester.

Are recommended the following learning methods: *learning* theoretical material based on lecture and book; *observation* - identification of the characteristic features of communication between the pharmacist and the visitor of the pharmacy; *analysis* - using pharmacoeconomic analysis methods and pharmacoepidemiological methods; *function analysis* and role of the pharmacist in the process of assessing medical prescription and providing pharmaceutical services; *comparison* - comparison by analysis of the national and international regulatory framework of the pharmacovigilance system with the appreciation of the differences and the formulation of the conclusions; *elaboration of the algorithm* - selection of the mandatory elements and elaboration of the patient consultation algorithm; *modeling* - identifying and selecting the elements needed to model situations when consulting the patient while dispensing Rx and OTC drugs, formulating conclusions, arguing and making the final decision; *experiment* - to formulate a hypothesis on the studied phenomenon, to develop questionnaires for interviewing pharmacists and patients, to process data, to formulate conclusions, to present the results.

- ***Applied teaching strategies /technologies applied (specific to the discipline)***

Frontal activity, individual activity, brainstorming, group discussions, community pharmacies simulation situations, case study, teambuilding, mini-research, comparative analysis.

- ***Methods of assessment (including the method of final mark calculation)***

Current: Current assessment during practical classes, 2 intermediary assessments and test-control. For the individual work the student is also graded and the mark is calculated based on results of current assessment. If a control assessment is not sustained during a week without a reason, this assessment will be marked with 2. By the end of semester, based on positive marks (≥ 5) for control assessments and individual work an average mark will be calculated. Only those students who presented research project will be admitted to the exam.

Final: Complex examination in 2 stages: test-control and oral answer. Final mark is weighted: average annual mark, calculated at the end of studies - 50%, test control - 20%, oral answer - 30%. The average annual mark and the marks of all final stages of testing (test and oral answer) - are expressed in numbers according to the scoring scale (according to the table) and the obtained final mark is expressed in two decimals, to be entered in the student record book.

Method of marks rounding at the assessment stages

Grille of intermediate marks (annual average mark, examination stages marks)	National scoring system	Equivalent ECTS
1,00-3,00	2	F
3,01-4,99	4	FX
5,00	5	E
5,01-5,50	5,5	
5,51-6,00	6	



CD 8.5.1 DISCIPLINE CURRICULUM

EDITION: 06
DATE: 20.09.2017
Page 11/11

Grille of intermediate marks (annual average mark, examination stages marks)	National scoring system	Equivalent ECTS
6,01-6,50	6,5	D
6,51-7,00	7	
7,01-7,50	7,5	C
7,51-8,00	8	
8,01-8,50	8,5	B
8,51-8,00	9	
9,01-9,50	9,5	A
9,51-10,0	10	

Remark: Unreasonable absence at exam is registered as "absent" and is equivalent with 0 (zero). Student has the right for 2 repeated sustaining of not passed examine.

X. RECOMMENDED LITERATURE:

A. Compulsory:

1. Safta Vladimir, Brumărel Mihail, Aduji Stela, Zinaida Bezverhni – Farmacie socială, - F.E.P. „Tipografia Centrală”, - Chișinău, 2011, 376 p.
2. Bezverhni Zinaida. Sub redacția Brumărel Mihail. Farmacie socială. Indicații metodice. F.E.P. „Tipografia Centrală”, - Chișinău, 2014, 80 p.
3. Aduji Stela, Bezverhni Zinaida, Priscu Vitalie. Sub redacția Brumărel Mihail. Asistență farmaceutică specializată în farmaciile comunitare. Indicații metodice. F.E.P. „Tipografia Centrală”, - Chișinău, 2014, 108 p.
4. Safta Vladimir, Brumărel Mihail, Ciobanu Nadejda, Aduji Stela - Management și legislație farmaceutică. F.E.P. „Tipografia Centrală”, - Chișinău, 2012, 800 p.
5. Universal Declaration of Human Rights (proclaimed by UN on 10.12.1948).
6. European Convention for the Protection of Human Rights and Fundamental Freedoms (drafted by Council of Europe on 04.11.1950).
7. Charter of Fundamental Rights of the European Union (proclaimed by by the European Parliament, the Council of Ministers, and the European Commission on 07.12.2000).
8. Carta Drepturilor Fundamentale a Uniunii Europene (proclamată de către Comisia Europeană, Parlamentul European și Consiliul Uniunii Europene la 07.12.2000).
9. Constitution of RM no.1 from 29.07.1994
10. Law on rights and responsibilities of patient no. 263 from 27.10.2005.
11. Law on health care no. 411 from 28.03.1995

B. Additional

1. Adherence to long-term therapies. World Health Organization, 2003.
(http://www.who.int/chp/knowledge/publications/adherence_introduction.pdf?ua=1)
2. Babbie Earl. Practica cercyării sociale. Iași, Polirom, 2010.
<https://ru.scribd.com/document/349240259/Practica-Cercet%C4%83rii-Sociale-Earl-Babbie>
3. Developing pharmacy practice. A focus on patient care. WHO, 2006.
<https://www.fip.org/files/fip/publications/DevelopingPharmacyPractice/DevelopingPharmacyPracticeEN.pdf>
4. Хабриев Р.У., Куликов А.Ю., Аринина Е.Е. Методологические основы фармакоэкономического анализа. Москва. „Медицина”. 2011, 128 с.
5. Викторова А.П., Мальцева В.И., Белоусова Ю.Б. Безопасность лекарств. Руководство по фармаконадзору. Киев. „Морион”. 2007, 240 с.
6. Зупанец И.А., Черных В.П., Попов С.Б. и др. Фармацевтическая опека. Харьков. „Фармитэк”. 2006. 536 с.
7. Авксентьева М.В., Воробьев П.А., Герасимов В.Б., Горохова С.Г., Кобина С.А. Экономическая оценка эффективности лекарственной терапии (фармакоэкономический анализ). – Москва, «Ньюдиа-мед». – 2000. – 80 с.
8. Заліська О.М. Фармакоэкономика (навчальний посібник). – Львів, Простіт-М. – 2000. – 64 с.