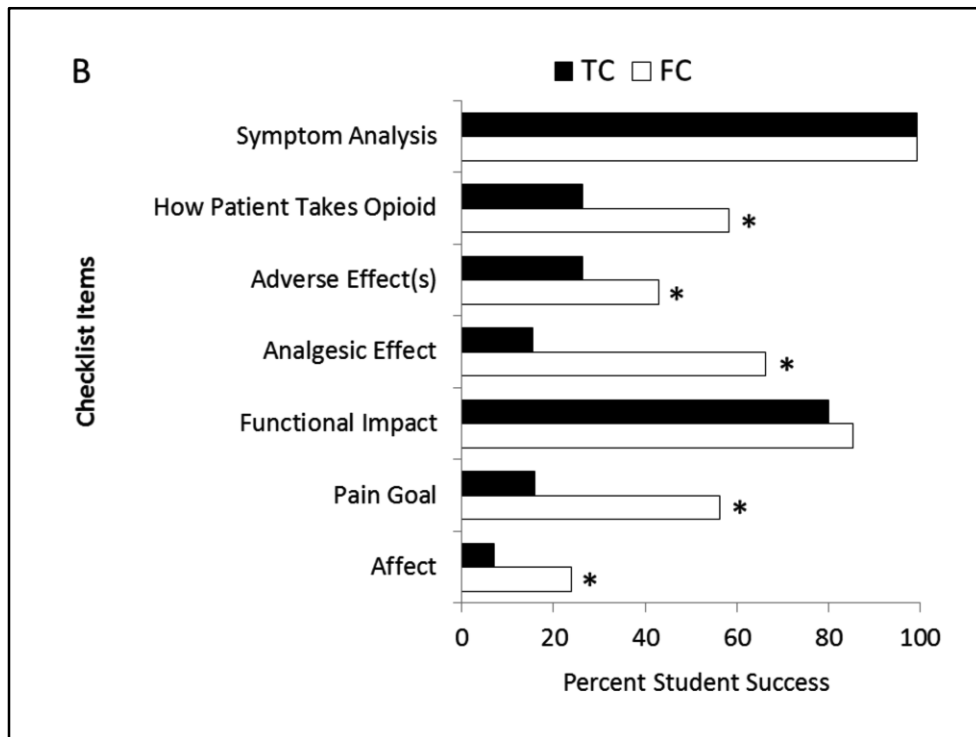
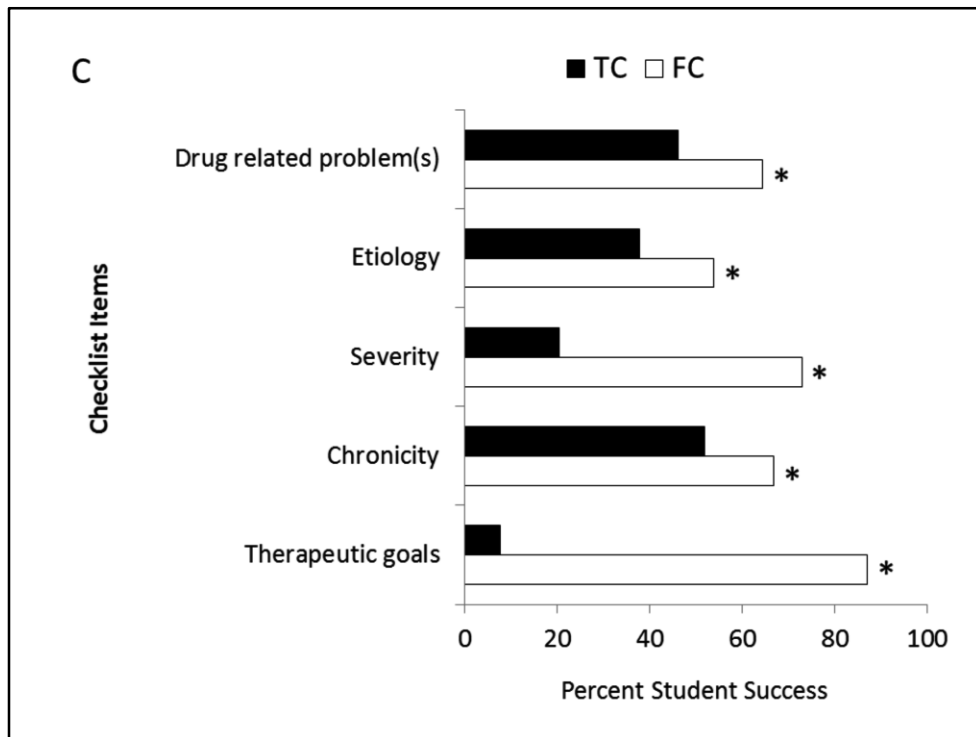


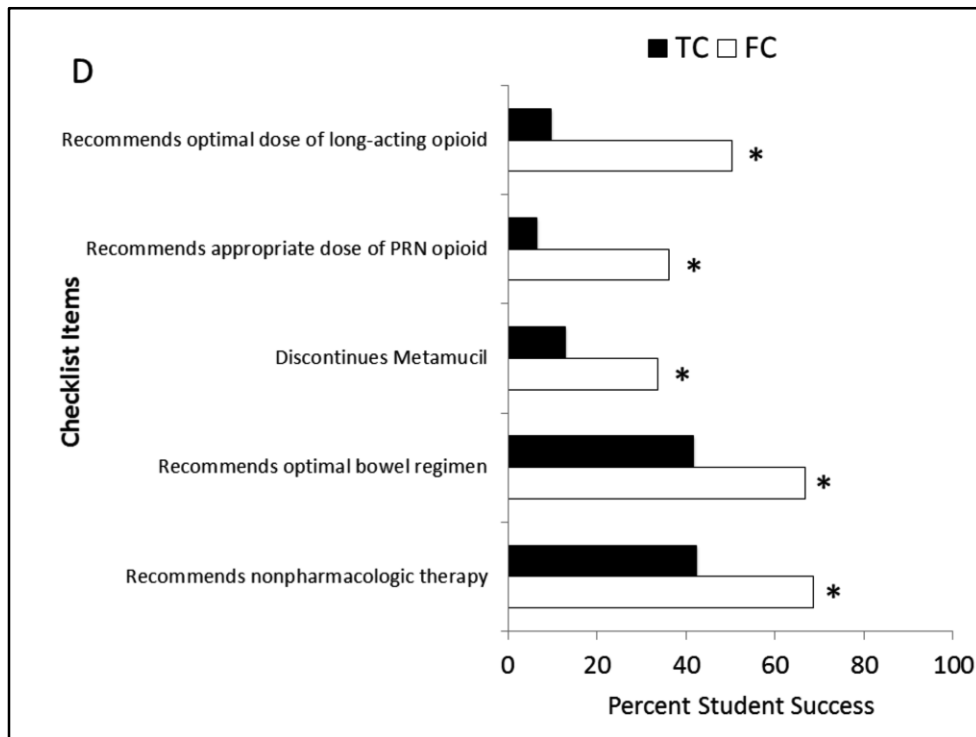
Supplemental Digital Appendix 1A. Performance on OSCE checklist items in the information gathering domain among University of Maryland School of Pharmacy first-year doctor of pharmacy students learning pain therapeutics in a traditional (TC, Class of 2018) versus flipped classroom (FC, Class of 2019). Standardized patients reported whether or not each student asked the standardized patient about each element of symptom analysis. * $P < .05$



Supplemental Digital Appendix 1B. Performance on OSCE checklist items in the documentation domain among University of Maryland School of Pharmacy first-year doctor of pharmacy students learning pain therapeutics in a traditional (TC, Class of 2018) versus flipped classroom (FC, Class of 2019). This section of the assessment evaluated how accurately and completely each student documented the patient's symptom analysis and analgesic medication history in a SOAP note documenting the patient encounter. * $P < .05$



Supplemental Digital Appendix 1C. Performance on OSCE checklist items in the assessment domain among University of Maryland first-year doctor of pharmacy students learning pain therapeutics in a traditional (TC, Class of 2018) versus flipped classroom (FC, Class of 2019). This section of the assessment evaluated how accurately students assessed a standardized patient's pain and any drug-related problems present in the simulated case, as documented in each student's SOAP note documenting the patient encounter. * $P < .05$



Supplemental Digital Appendix 1D. Performance on OSCE checklist items in the management domain among University of Maryland School of Pharmacy first-year doctor of pharmacy students learning pain therapeutics in a traditional (TC, Class of 2018) versus flipped classroom (FC, Class of 2019). This section of the assessment evaluated the efficacy and safety of the student's therapeutic plan for the standardized patient, as documented in each student's SOAP note documenting the patient encounter. The optimal management strategy included giving a long-acting opioid at an appropriate dose, with a rescue opioid for breakthrough pain at an appropriate dose, in addition to at least 1 nonpharmacologic therapy. In addition, laxatives with relative contraindications should have been discontinued. A first line option for bowel regimen should have been initiated. * $P < .05$

Abbreviation: PRN = as needed.