# New Course Outline

- The [PharmD for Pharmacists Approval Process for Course Changes and New Course Outlines](#) document provides for more information on next steps and approval timelines.
- The [Course Outline Submission Overview](#) document provides more detailed guidelines on course learning objectives, topic outlines/scheduling requirements, and assessment methods.
- The [AFPC Educational Outcomes for Professional Programs](#) document provides complete information on role document provides complete information on roles and key competencies for Pharmacy Degree Programs.

<table>
<thead>
<tr>
<th>Course Number:</th>
<th>PHM201H1</th>
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| Course Title: | Pharmacotherapy 2 Dermatology / EENT |

| Outline Version Code: |

| Course Description: |

Dermatology and Eye, Ear, Nose, and Throat (EENT) Topics in Pharmacotherapy is the second in a series of courses taught over three years which will provide the required knowledge, skills, attitudes and behaviours to effectively manage patients’ drug therapy within this content domain. This course will build on content and skills from General Medicine I and Medication Therapy I. In addition to covering selected therapeutic topics relating to Dermatology and EENT, the course will incorporate relevant schema recognition, pathophysiology, pharmacology, clinical pharmacokinetics, pharmaceutics and evidence-based authoritative sources of best practice pharmacotherapy. Principles of drug therapy in special populations and in practice contexts ranging from self-care to emergency care will be addressed. Knowledge building classroom and online designs and teaching methodologies will vary to address recognized learning styles, including interactive instructive teaching with audience response meters, progressing to in-depth Socratic discussions of integrated evolving cases using small student panels. It will prepare students to apply these principles to patient care in the concurrent Medication Therapy Management Course and the other Pharmacotherapy courses.

| Semester: | Fall |

| Course Type: | Mandatory |
1. Course Learning Objectives:
Upon completion of this course, students will have achieved the following level of learning objectives:

**Introductory** (knowledge and comprehension of concepts, definitions) – weeks one through five
**Intermediate** application of concepts to simple situations progressing to advanced application of concepts to more complex situations with ability to synthesize and evaluate - weeks six through thirteen

**Knowledge**
Introductory Level ⇒ Intermediate Level:

1. Discuss, for the relevant conditions diseases or therapeutic conditions, the etiology, pathophysiology, epidemiology (allergic and non-allergic), clinical presentation (acute and chronic), risk factors and natural history (prognosis, consequences, complications).
2. Identify the appropriate (laboratory, clinical biochemistry, pathology, histology, microbiology, medical imaging findings) as related to the clinical findings and to the diagnosis.
3. Compare and contrast the relevant (available, investigational, complementary and alternative and emerging) classes of agents used for the selected diseases or therapeutic conditions based on the following criteria: indications, mechanism of action, mechanism of resistance, pharmacokinetics, pharmacodynamics, pharmacogenomics, adverse effects, contraindications, drug interactions (drug-drug, drug-food, drug-laboratory), convenience, cost, onset of action, formulations, stability, sterility.
4. Determine current or potential drug therapy problems for an individual patient.
5. Justify the selection of a preferred alternative for a given therapeutic scenario based on assessment of relevant therapeutic alternatives.
6. Develop a care plan with follow up for a given clinical situation.
7. Justify the proposed interventions of the care plan to meet the stated goals of therapy
8. Evaluate the quality, accuracy, and completeness of the care plan.
9. Select relevant data from; review of systems, laboratory tests, microbiology, medical imaging, (individual topics should have appropriate diagnostic and laboratory tests).
10. Apply relevant findings from: ROS, laboratory tests, microbiology, medical imaging (individual topics should have appropriate diagnostic and laboratory tests) to determine actual and potential drug therapy needs.
11. Synthesize relevant information from subjective and objective sources (ROS, medical imaging, diagnostic test, biochemical markers, microbiology; list all the objective findings) to determine drug therapy problems, urgency, and priority for a given clinical situation

**Skills**
Introductory Level: ⇒ Intermediate Level:

1. Identify, prevent and solve drug-therapy problems related to relevant diseases or therapeutic conditions.
2. Utilize and adapt the patient care process as a systematic approach.
3. Apply problem-based learning techniques to simulated case studies involving role-playing
4. Discuss relevant issues in establishing a therapeutic relationship with a patient.
5. Derive and assess pertinent information in the patient’s history including medical conditions, history of past conditions, family history, psychosocial history, allergies, medications, pregnancy, signs and symptoms
6. Educate the patient regarding prevention and treatment options
7. Develop a monitoring plan to resolve or prevent further drug therapy problems
8. Apply an appropriate plan for follow-up of the patient progress.
9. Document the care plan and monitoring plan
10. Apply special techniques and appropriate communication skills with patients who may have special needs: geriatric, pediatric, hard of hearing, blind, illiterate, embarrassed, shy, talkative, angry, different language, culturally diverse
11. Discuss moral, ethical and legal responsibilities of the practicing pharmacist in addition to social issues associated with these conditions.
12. Demonstrate sensitivity to and appreciation of diverse cultural attitudes and behaviours.
**Attitudes/Values:**

Introductory Level

1. The student will undertake assessment and care plan development activities in a manner respecting patient autonomy and the individual therapeutic goals.
2. The student will use inter-professional patient centered care principles to reach decisions for therapeutic alternatives.
3. The student will demonstrate respect and cooperation in class functioning.

Intermediate Level:

2. *Rationale for Inclusion in the Curriculum:*

The knowledge, skills and behaviours important in optimally managing patients with a variety of dermatologic and EENT conditions, is important for competency as a pharmacist practitioner. These conditions are commonly encountered in a variety of practice contexts. This course will continue to develop the knowledge, skills, and attitudes introduced in General Medicine 1 and will serve as an important foundation for other Pharmacotherapy and Medication Therapy Management courses.

3. **Pre-requisites:**

PHM101H1 (General Medicine One); PHM 115 (Informatics and Clinical Trials); PHM 141 (Pharmaceutics); PHM 145 (Anatomy); PSL 205 (Physiology); PHM 140 (Molecular Pharmacology); PHM 105H1 (Medication Therapy Management)

On-line coursework components: Patient Care Process, Jurisprudence, Calculations, Language of Medicine

4. **Co-requisites:**

PHM 205 H1 MTM II Medication Therapy Management
PHM 242H1 Microbiology of Infectious Diseases
PHM202H1 Pharmacotherapy 3: Endocrinology, Nephrology and Urology
PHM230H1 Physical Assessment / Health Assessment for Pharmacists
PHM241H1 Topics in Pharmaceutical Quality and Clinical Laboratory Medicine.
5. Course Contact Hours and Teaching Methodologies:

<table>
<thead>
<tr>
<th>Didactic (lecture)</th>
<th>Mandatory Attendance</th>
<th>11 Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Large group problem-based/ case-based learning (group size: 20-30)</td>
<td>Class panels – random assignment on the day</td>
<td>Mandatory Attendance</td>
</tr>
<tr>
<td>Laboratory or Simulation</td>
<td></td>
<td>n/a</td>
</tr>
<tr>
<td>Tutorial/Seminar/Workshop/Small Group (group size:)</td>
<td></td>
<td>ad hoc</td>
</tr>
<tr>
<td>Experiential</td>
<td></td>
<td></td>
</tr>
<tr>
<td>On-line</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (please specify):</td>
<td>Would like to use of hand-held audience response meters (eg Top Hat or iClickers) each session</td>
<td>Hours:</td>
</tr>
<tr>
<td>Total Course Contact Hours</td>
<td></td>
<td>Hours: 39</td>
</tr>
</tbody>
</table>

6. Estimate and description of student’s weekly out-of-class preparation time excluding exam preparation:

Review learning objectives + prepared materials (3 –7 hrs/ week), higher during some weeks in relation to topic difficulty

7. Topics Covered and Topic Specific Learning Objectives

**Week 1 Topics:**
- Introduction to PHM 201H1
- Introduction to Dermatology:
  - Definitions
  - Structure / function
  - Lesion Morphology/terms, arrangement, colour; morphological groups
  - Diagnostic tools common to dermatology
  - Identification of important data in dermatologic history

**Learning Objectives:**
- Discuss the normal skin in terms of its layers and important cell types
- Take a dermatologic history
- Use a stepwise approach to the history taking of a dermatology patient
- Use appropriate terminology for describing cutaneous conditions through the use of
  - Primary morphology
  - Secondary morphology
  - Morphological groups
- Recognize and distinguish between
  - Dermatitis disorders
  - Papulosquamous disorders
  - Vesiculobullous disorders
  - Aceniform disorders

**Week 2 Topics:**
- Drug Induced Skin Reactions – most common types
  - fixed drug, pigmentation, urticaria, exanthem, lichenoid, erythema multiforme, SJS, TEN, alopecia plus DDx DI acne, photo, contact, etc
- Photosensitivity: Toxic and Allergic; Acute and Chronic; Disease related vs drug induced
- Photoaging and Skin Neoplasms (& related risks)
Learning Objectives:
1. Describe a process for approaching a drug adverse reaction in skin
2. Recognize signs & symptoms of ten common skin reactions due to OTCs
3. Identify top drugs which most commonly cause these reactions; and suspected mechanisms
4. Determine patient management: whether to treat or refer
5. Define Photosensitivity dermatitis
6. Recognize Photosensitivity dermatitis
7. Describe, compare and contrast types of Photosensitivity dermatitis
8. Determine patient management
9. Define photoaging and neoplastic lesions
10. Recognize photoaging and neoplastic lesions
11. Describe, compare and contrast types of photoaging and neoplastic lesions
12. Describe prevention and treatment of photoaging and neoplastic lesions

Week 3
Topics:
- Topicals: Special Topics in Prescribing Topicals

Learning Objectives:
- Recognize and describe the differences between topical vehicles
- Recognize and assess formulation and compounding issues
- Apply a problem-based approach to evaluate issues in typical topical formulations
- Assess formulation for physician’s intent.
- Identify impact of compounding techniques on patient’s outcomes
- Identify importance of record keeping
- Identify importance of vehicle/minor ingredients to patient’s skin condition

Week 4
Topics:
- Fast Facts & Key Features for 10 Panel Derm Topics
Learning outcomes and Learning Objectives for Case Panels:

Panel Case Learning outcomes:

1. Design a monitoring plan for a patient with an appropriate combination of medication.
2. Compare and contrast the literature that supports the use of single agent vs combination agents vs progression to multiple therapies in the maintenance of control.
3. Explain how medications affect resolutions of signs and symptoms.
4. Explain the goals of therapy in the management of varying stages. What medications are drugs of choice to achieve these goals.
5. Develop a care plan for a patient.
6. Be able to manage a patient that has experienced drug-induced reaction or a side effect from medication.

Panel Case learning objectives:

1. Identify diagnostic considerations in the assessment and differential diagnosis.
2. Describe general approaches to treatment. Summarize how various drug and nondrug measures are applied in a general perspective.
3. Discuss desirable outcomes and priorities.
4. Identify appropriate nondrug measures.
5. Discuss pharmacologic treatment. State drug treatments of first choice according to published guidelines or treatment protocols. Compare and contrast general information regarding efficacy and safety about currently accepted approaches to treatment.
6. Analyze drug class information based on interpreting details of pharmacology/mechanism of action with respect to pathophysiology. Interpret pharmacokinetic considerations. Compare and contrast efficacy, adverse effect profile of drug classes or individual agents, drug–drug and drug–food interactions and dosing and administration issues.
7. List the factors that would guide selection of a specific therapy for an individual patient. Select an appropriate treatment regimen for a patient based on patient-specific data.
8. Identify alternate drug treatments and recommend when they would be appropriate for a patient based on patient-specific data.
9. List the factors that would guide selection of therapy for a special population patient when appropriate.
10. Discuss pharmaco-economic considerations of long-term therapy when relevant.
11. Recommend an appropriate duration of therapy based on current symptomatology and historical data.
12. Formulate a monitoring plan for a patient on a given therapy regimen based on patient-specific information and the prescribed regimen.
13. List the factors affecting adherence for a patient on therapy.
14. Formulate appropriate counseling information to be provided a patient on therapy, given patient-specific information and the prescribed regimen.
**Week 5 - Dermatology Panels**

**Topics:**
- Dermatitis: Definitions and Types (including atopic, nummular, stasis, dyshidrotic, exfoliative)
  - Seborrheic Dermatitis
  - Contact Dermatitis: allergic and irritant; acute and chronic (*most common allergens*)

**Learning Objectives:**
1. Define dermatitis
2. Recognize dermatitis
3. Describe, compare and contrast types of seborrheic and contact dermatitis (differential diagnosis)
4. Discuss the diagnosis of types of seborrheic and diaper dermatitis
5. Describe prevention and treatment of types of seborrheic and contact dermatitis

**Week 6 - Dermatology Panels**

**Topics:**
- Dermatitis:
  - Diaper Dermatitis: allergic and irritant and candidiasis
  - Atopic Dermatitis: acute, chronic; pediatric, adolescent, adult; Immune therapy

**Learning Objectives:**
1. Describe, compare and contrast types of diaper and atopic dermatitis (differential diagnosis)
2. Discuss the diagnosis of types of diaper and atopic dermatitis
3. Describe prevention and treatment of types of diaper and atopic dermatitis

**Week 7 - Dermatology Panels**

**Topics:**
- Selected Dermatological Infections:
  - Fungal (Athlete’s Foot); Acute / Chronic; Candidiasis
  - Viral (Plantar Warts): Differentiate from Corns / Calluses

**Learning Objectives:**
- Describe the epidemiology of dermatological infections
- Discuss the etiology of dermatological infections
- Explain the pathophysiologic mechanisms underlying dermatological infections
- Describe the clinical presentation of dermatological infections and differentiate between subjective symptoms and objective signs.
- Discuss the diagnosis, prevention and treatment of types of infections

**Week 8 - Dermatology Panels**

**Topic:** Selected Dermatological Infestations:
- Pediculosis
- Scabies

**Learning Objectives:**
- Describe the epidemiology of dermatological infestations.
- Discuss the etiology of dermatological infestations.
- Explain the pathophysiologic mechanisms underlying dermatological infestations:
- Describe the clinical presentation of dermatological infections and infestations and differentiate between subjective symptoms and objective signs.
- Discuss the diagnosis, prevention and treatment of types of infestations

**Week 9 - Dermatology Panels**

**Topic:**
- Selected Dermatological Infestations
  - Insect Bites and Stings: Non-allergic and Allergic
- First Aid:
Learning Objectives:
- Describe the epidemiology and etiology of insect bites and stings
- Discuss the diagnosis, prevention and treatment of types of insect bites and stings
- Describe the epidemiology of acute and chronic wounds
- Discuss the etiology of acute and chronic wounds.
- Explain the pathophysiologic mechanisms underlying acute and chronic wounds
- Describe the clinical presentation of acute and chronic wounds, and differentiate between subjective symptoms and objective signs
- Discuss the diagnosis, prevention and treatment of acute and chronic wounds

Week 10
Topic:
- Acne
- Psoriasis

Learning Objectives:
- Describe the epidemiology of acne vulgaris / psoriasis
- Discuss the etiology of acne vulgaris / psoriasis and other types of acne / psoriasis variants.
- Explain the pathophysiologic mechanisms underlying acne vulgaris psoriasis and its variant forms.
- Describe the clinical presentation of acne vulgaris / psoriasis and other types of acne / psoriasis, and differentiate between subjective symptoms and objective signs.
- Discuss the diagnosis, prevention and treatment of acne vulgaris / psoriasis

Week 11 - EENT Panels
Topic:
- Otitis Media
- Otitis Externa

Learning Objectives:
- Discuss the etiology of otitis externa and otitis media
- Explain the pathophysiologic mechanisms underlying otitis externa and otitis media
- Describe the clinical presentation of otitis externa and otitis media and differentiate between subjective symptoms and objective signs.
- Discuss the diagnosis, prevention and treatment of otitis externa and otitis media

Week 12
Topic:
- Dry Eyes
- Macular degeneration
- Glaucoma

Learning Objectives:
- Discuss basic concepts relating to dry eyes
- Discuss the etiology of macular degeneration and glaucoma
- Explain the pathophysiologic mechanisms underlying macular degeneration and glaucoma
- Describe the clinical presentation of macular degeneration and glaucoma, and differentiate between subjective symptoms and objective signs.
- Discuss the diagnosis, prevention and treatment of macular degeneration and glaucoma

Week 13- EENT Panels
Topic:
- Allergic Rhinitis and allergic conjunctivitis
- Cough and Cold
Learning Objectives:
• Discuss the etiology of allergic rhinitis, allergic conjunctivitis and cough and cold
• Explain the pathophysiologic mechanisms underlying allergic rhinitis, allergic conjunctivitis and cough and cold
• Describe the clinical presentation of allergic rhinitis, allergic conjunctivitis and cough and cold and differentiate between subjective symptoms and objective signs.
• Discuss the diagnosis, prevention and treatment of allergic rhinitis, allergic conjunctivitis and cough and cold

8. Assessment Methodologies Used:

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Course Learning Objectives</th>
<th>Assessment Method</th>
<th>Percentage of Course Grade</th>
<th>Group Work:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment 1:</td>
<td>All relevant for weeks 1-6</td>
<td>*Multiple Choice Exam</td>
<td>47.5 %</td>
<td>Individualized</td>
</tr>
<tr>
<td>Assessment 2:</td>
<td>All relevant for dermatology case panel topics</td>
<td>Case Participation Online / written documentation Care plans, etc</td>
<td>Mandatory Attendance</td>
<td>Individualized</td>
</tr>
<tr>
<td>Assessment 3:</td>
<td>All relevant for EENT case panel topics</td>
<td>Case Participation Online / written documentation Care plans, etc</td>
<td>Mandatory Attendance</td>
<td>Individualized</td>
</tr>
<tr>
<td>Assessment 4:</td>
<td>All relevant for weeks 7-13</td>
<td>*Multiple Choice Exam</td>
<td>52.5 %</td>
<td></td>
</tr>
</tbody>
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*As per: Medical Council Canada National Assessment Collaboration Test Committee Task Force: Best Practices in Assessment Guidelines

**Missed panel or unsatisfactory performance will result in participation in another panel scheduled at random

Expectation for pass grades for all Pharmacy courses is 60%

9. Policy and procedure regarding late assignments/examinations/laboratories:

Late Assignment Policy:
Assignments will not be accepted for grading after 5 late days.

10. Policy and procedure regarding missed assignments/examinations/laboratories:

Missed Exam/Test Policy
Students who miss an examination or a test and who have a valid petition filed with the Registrar’s office will be eligible to complete a make-up examination or test. Failure to do so will result in a mark of zero. The format of this examination or test will be at the discretion of the course coordinator and may be a written but most likely an oral examination. If a student fails to attend 2 scheduled makeups, the exam will be completed during the supplemental exam period in August.

Missed Small/Large Group (includes class of 240) Session Policy:
Students who miss a scheduled small or large group or panel session and who have a valid petition filed with the Registrar’s office will be eligible to:
   a. Attend a subsequent regularly scheduled large group session (if space is available)
   b. Complete an assignment

Missed Assignment Policy:
Students who fail to submit an assignment by the specified due date, and who have a valid petition filed with the Registrar’s office will be eligible to submit the completed assignment, or an alternative assignment based on course requirements, with no academic penalty.

11. AFPC Education Outcomes addressed (check all those that apply):
- Refer to AFPC Educational Outcomes for Professional Programs for further information about the role and key competencies.

As Care Providers, pharmacy graduates:

**CP1 – Practice within the pharmacist scope of practice and expertise**

- CP1.1 Apply knowledge from the foundational sciences to make decisions relevant to the contemporary and evolving scope of pharmacist practice;
- CP1.2 Integrate AFPC Communicator, Collaborator, Leader-Manager, Health Advocate, Scholar, and Professional roles in their practice of pharmacy;
- CP1.3 Recognize and respond to the complexity, uncertainty and ambiguity inherent in pharmacy practice;
- CP1.4 Explain the benefits, risks and rationale associated with pharmacist-provided care as an important step in obtaining and documenting consent to pharmacist care;
- CP1.5 Recognize and take appropriate action when signs, symptoms and risk factors that relate to medical or health problems that fall into the scope of practice of other health professionals are encountered.

**CP2 – Provide patient-centred care**

- CP2.1 Collect, interpret, and assess relevant, necessary information about a patient’s health-related care needs;
- CP2.2 Formulate assessments of actual and potential issues and in collaboration with the patient and other health team members as appropriate, prioritize issues to be addressed in a given patient encounter;
- CP2.3 Create and document plans in collaboration with the patient and other health team members as appropriate, and make recommendations to prevent, improve or resolve issues;
- CP2.4 Implement plans in collaboration with the patient and other health team members as appropriate, including:
  - CP2.4.1 obtaining consent
  - CP2.4.2 making a referral or consulting others
  - CP2.4.3 adapting, initiating, renewing/continuing, discontinuing or administering medication as authorized
  - CP2.4.4a dispensing and/or
  - CP2.4.4b compounding and/or
  - CP2.4.4c delegating/authorizing such tasks to others appropriately
  - CP2.4.5 engaging the patient or care-giver through education, empowerment and selfmanagement, and
  - CP2.4.6 negotiating the role of pharmacy and non-pharmacy team members in continuity and transitions of care.
- CP2.5 Follow-up by monitoring, evaluating progress toward achievement of the patient’s goals of therapy, adjusting plans in collaboration with the patient and health team members across the care continuum.
CP3 – Actively contribute, as an individual and as a member of a team providing care, to the continuous improvement of health care quality and patient safety

CP3.1 Recognize and respond to harm and potential harm from health care delivery, including patient safety incidents;
CP3.2 Adopt strategies that promote patient safety and address human and system factors;

As Communicators, pharmacy graduates:

CM1 – Communicate in a responsible and responsive manner that encourages trust and confidence

CM1.1 Select and use oral, non-verbal and written communication strategies (tools, techniques, technologies, etc.) effectively so that the patient’s best interests are foremost;
CM1.2 Provide timely, clear responses that are tailored to the context and audience;
CM1.3 Express facts, evidence, opinions and positions accurately and effectively, with clarity and confidence;
CM1.4 Listen, actively solicit and respond appropriately to ideas, opinions and feedback from others;
CM1.5 Use language, pace, tone, and non-verbal communication that is suitable for:
  a) the intended outcomes of the communication, and
  b) the complexity, ambiguity, urgency and/or difficulty of a situation, conversation or conflict
CM1.6 Seek and synthesize relevant information from others in a manner that ensures common understanding and where applicable, clarifies and secures agreement and/or consent;
CM1.7 Compose and share oral, written, and electronic information in a manner that optimizes patient safety, dignity, confidentiality, and privacy.

CM2 – Communicate in a manner that supports a team approach to health promotion and health care

CM2.1 Engage in respectful, empathetic, compassionate, non-judgmental, culturally safe, tactful conversations with patients, communities, populations, and health team members;
CM2.2 Demonstrate awareness of the impact of one’s own experience level, professional culture, biases and power and hierarchy within the health team on effective working relationships, communication and conflict resolution with health team members and adapt the approach to the situation appropriately;
CM2.3 Demonstrate accuracy and appropriateness of communication as well as respect for the role of other health team members when disclosing information about harmful or potentially harmful situations;
CM2.4 In word and in action, convey the importance of teamwork in patient-centred care, patient safety, health care quality improvement and health program delivery.

As Collaborators, pharmacy graduates:

CL1 – Work effectively with members of the health team including patients, pharmacy colleagues and individuals from other professions

CL1.1 Establish and maintain positive relationships;
CL1.2 Recognize, respect and negotiate the roles and shared/overlapping responsibilities of team members;
CL1.3 Join with others in respectful, effective shared decision-making.
CL2 – Hand over the care of the patient to other pharmacy team members and non-pharmacy team members to facilitate continuity of safe patient care

CL2.1 Determine when and how care should be handed over to another team member;
CL2.2 Recognize, respect and honour the negotiate shared and overlapping responsibilities of patients, pharmacy team members and other health members when handovers occur;
CL2.3 Demonstrate safe handover of care, using oral, written, and electronic communication, during a patient transition to a different care provider or setting.

As Leader-Managers, pharmacy graduates:

LM1 – Contribute to optimizing health care delivery and pharmacy services

LM1.1 Work with others to apply quality improvement strategies and techniques to optimize pharmacy care;
LM1.2 Contribute to a culture of patient safety;
LM1.3 Confirm the quality, safety, and integrity of products;
LM1.4 Use health informatics to improve the quality of care, manage resources and optimize patient safety.

LM2 – Contribute to the stewardship of resources in health care systems

LM2.1 Apply evidence and management processes to achieve cost appropriate care;
LM2.2 Allocate health care resources for optimal patient care;
LM2.3 Contribute to the management of finances and health human resources in pharmacy practice settings;

LM3 – Demonstrate leadership skills

LM3.1 Demonstrate leadership skills to enhance pharmacy practice and health care.

LM4 – Demonstrate management skills

LM4.1 Work with others to apply the principles of effective management and supervision of health human resources and medication use systems;
LM4.2 Use effective strategies to manage and improve their own practice of pharmacy.

As Health Advocates, pharmacy graduates:

HA1 – Respond to an individual patient’s health needs by advocating with the patient within and beyond the patient care environment

HA1.1 Work with patients to address determinants of health that affect them and their access to needed health services or resources;
HA1.2 Work with patients to increase opportunities to adopt healthy behaviours;
HA1.3 Incorporate disease prevention, health promotion and health surveillance into interactions with individual patients.
**HA2 – Respond to needs of communities or populations they serve by advocating with them for system-level change in a socially accountable manner**

HA2.1 Work with community or population to identify the determinants of health that affect them; HA2.2 Participate in health promotion and disease prevention programs.

As Scholars, pharmacy graduates:

**SC1 – Apply medication therapy expertise to optimize pharmacy care, pharmacy services and health care delivery**

SC1.1 Use knowledge and problem-solving to arrive at recommendations and decisions that are appropriate, accurate, and practical;
SC1.2 Use professional experience to solve routine, previously encountered problems;
SC1.3 Use established decision-making frameworks and apply learning required to manage new situations and problems.

**SC2 – Integrate best available evidence into pharmacy practice**

SC2.1 Generate focused questions related to needs for information, recommendations and decisions in practice;
SC2.2 Use systematic approaches in the search for best available evidence;
SC2.3 Critically appraise health-related research and literature;
SC2.4 Incorporate best available evidence in the decision-making process.

**SC3 – Contribute to the creation of knowledge or practices in the field of pharmacy**

SC3.1 Apply scientific principles of research and scholarly inquiry;
SC3.2 Apply ethical principles that underlie research and scholarly inquiry.

**SC4 – Teach other pharmacy team members, the public and other health care professionals including students**

SC4.1 Provide effective education to others;
SC4.2 Employ appropriate teaching roles when teaching others;
SC4.3 Deliver effective feedback in teaching and learning situations;
SC4.4 Use appropriate learning assessment and evaluation strategies when working with patients, team members, students and teachers.

As Professionals, pharmacy graduates:

**PR1 – Committed to apply best practices and adhere to high ethical standards in the delivery of pharmacy care**

PR1.1 Exhibit professional behaviour whether face-to-face, in writing, or via technology-enabled communication. Professional; behaviour includes, but is not limited to:
   a) demonstrating honesty, integrity, humility, commitment, altruism, compassion, respect for diversity and patient autonomy;
   b) being accessible, diligent, timely and reliable in service to others;
   c) abiding by the principle of non-abandonment;
   d) maintaining appropriate interpersonal boundaries;
e) maintaining professional composure, demeanor, and language even in difficult situations, and; f) maintaining privacy and confidentiality;

PR1.2 Use ethical frameworks as one component of professional judgment;
PR1.3 Recognize and respond to situations presenting ethical dilemmas, including conflicts of interest; PR1.4 Engage in activities that:
   a) protect the public, and;
   b) advance the practice of pharmacy.

PR2 – Able to recognize and respond to societal expectations of regulated health care professionals

PR2.1 Take responsibility and accountability for actions and inactions;
PR2.2 Demonstrate a commitment to patient safety and quality improvement;
PR2.3 Honour the laws, ethical codes, and regulatory requirements (by-laws, standards, policies) that govern the self-regulated profession of pharmacy;
PR2.4 Demonstrate an understanding of federal, provincial/territorial, and municipal laws, policies and standards that apply to pharmacy workplaces;
PR2.5 Demonstrate an ability to maintain competence to practice through evaluating areas for improvement and planning, undertaking learning activities to address limitations in competence and/or performance and incorporating learning into practice;
PR2.6 Identify and respond to unprofessional, unethical, and illegal behaviours in pharmacists, other pharmacy team members, and other health professionals.

PR3 – Committed to self-awareness in the management of personal and professional well being

PR3.1 Set professional and personal goals, priorities, and manage their time to balance patient care, workflow, and practice requirements;
PR3.2 Examine, reflect upon, and manage personal attributes (knowledge, skills, beliefs, biases, motivations, emotions, etc.) that could influence self-development and professional performance;
PR3.3 Adapt their practice of pharmacy to fulfill evolving professional roles; PR3.4 Recognize and respond to self and colleagues in need.