New Course Outline

- The PharmD Approval Process for New Course Outlines document provides 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 roles and key competencies for Pharmacy Degree Programs.

Course Number: PHM206H1

Course Title: Medication Therapy Management 3 (MTM3)

Outline Version Code:

Course Description:
Medication Therapy Management 3 (MTM3) is the third of a four-part course series that is delivered longitudinally over three years of the undergraduate program. MTM3 builds on the skills developed in MTM1 and MTM2, focusing on comprehensive patient care. MTM is founded on the philosophy of Pharmaceutical Care and involves a partnership between the patient, pharmacist, and other health care providers to promote safe and effective medication use to achieve desirable patient outcomes. MTM3 provides students learning opportunities to apply and integrate material learned from all courses in the curriculum to date, using simulated practice-based interactions to enhance their patient-care skills. Lectures will provide foundational material and skills which will be applied in the simulated interactions. Simulated interactions will focus on developing effective patient-centered management of multidimensional drug-therapy problems anchored in a professional context, in preparation for the student’s second year practice experiential (EPE 2).

Semester: ☒ Winter

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
Intermediate = application of concepts to simple situations
Advanced = application of concepts to more complex situations with ability to synthesize and evaluate

Knowledge
Introductory Level:
Intermediate Level:
During Simulated Practice Sessions students will:
  − Apply their knowledge of relevant topics taught in previous and concurrent courses, specifically Pharmacotherapy Modules, to provide patient-specific disease/condition management
  − Apply their knowledge of relevant topics taught in the lecture component of this course to provide effective patient-centered care within a professional context

Advanced Level:

Skills
Introductory Level:
  − Determine and describe the role of other health care providers in interprofessional team-based care
  − Utilize effective collaborative skills when interacting with other health care providers in practice-based simulations

Intermediate Level:
During Simulated Practice Sessions students will:
  − Demonstrate the pharmacist's responsibilities in ensuring optimal health outcomes for standardized patients as guided by NAPRA Model Standards of Practice for Canadian Pharmacists and OCP Standards of Practice
  − Utilize effective communication skills when interacting with standardized patients to address patient care issues
  − Utilize effective communication skills when interacting with or about a standardized patient with whom they may have already established a relationship (i.e. continuity of care, returning patient)
  − Collect patient and medication information systematically in order to identify, prevent or resolve actual or potential drug therapy problems
  − Prioritize, analyze and resolve drug therapy problems for standardized patients in a patient-centered manner
  − Develop focused (directed) and comprehensive (non-directed) patient interviewing skills
  − Interpret laboratory findings, clinical data and physical assessment to patient-specific disease management, when relevant
  − Apply basic concepts used in the critical appraisal of primary, secondary and tertiary literature to integrate evidence-based medicine into patient-centered pharmacotherapeutic decision-making
Employ rational clinical decision-making skills when accepting responsibility and demonstrating accountability for addressing patient needs when partnering with patients, their advocates, or other health care providers

Advanced Level:

**Attitudes/Values:**

Introductory Level:

Intermediate Level:

- Students will exemplify professionalism, as per the Ontario College of Pharmacists’ Standards of Practice, when actively participating in simulated cases, including those expected when interacting with a patient, a patient advocate or care provider, or health care provider
- Students will undertake all Simulated Practice Session activities in a manner that demonstrates respect and cooperation with peers and facilitators, as guided by faculty expectations on professionalism

Advanced Level:

2. Rationale for Inclusion in the Curriculum:
The Association of Faculties of Pharmacy of Canada (AFPC) has established competences for the first professional degree program with the goal of graduating students as Medication Therapy Experts. This requires graduates meet specific competencies including roles relating to care and services for individual patients as well as roles emphasizing the responsibilities to populations of patients, to communities and to the profession. ([https://www.afpc.info/sites/default/files/AFPC%20Educational%20Outcomes.pdf](https://www.afpc.info/sites/default/files/AFPC%20Educational%20Outcomes.pdf)) This is consistent with the NAPRA Model Standards of Practice for Canadian Pharmacists. MTM3 will allow students to apply knowledge and skills from content previously or concurrently taught within the curriculum, so that they may participate directly in integrated simulated practice-based interactions to develop effective focused and comprehensive patient care skills needed in their experiential learning.
3. Pre-requisites:
PHM 205H1: Medication Therapy Management 2
PHM 201H1: Pharmacotherapy 2: Dermatology and EENT
PHM 202H1: Pharmacotherapy 3: Endocrinology, Nephrology and Urology
PHM 212H1: Research Methods for Pharmacy

4. Co-requisites:
PHM 203H1: Pharmacotherapy 4: Infectious Diseases (Andrea Narducci and Lesley Palmay)
PHM 204H1: Pharmacotherapy 5: Cardiovascular (Heather Kertland and Natalie Crown)
PHM 230H1: Physical Assessment (Andrea Leblanc-Miller)

5. Course Contact Hours and Teaching Methodologies:

<table>
<thead>
<tr>
<th>Didactic (lecture)</th>
<th>Hours: 12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Large group problem-based/ case-based learning (group size: 240)</td>
<td>Hours:</td>
</tr>
<tr>
<td>Laboratory or Simulation 8 x 3 hours simulated-practice sessions</td>
<td>Hours: 24</td>
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<tr>
<td>Tutorial/Seminar/Workshop/Small Group (group size: 9-10)</td>
<td>Hours: 3</td>
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<tr>
<td>Experiential</td>
<td>Hours:</td>
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<tr>
<td>On-line</td>
<td>Hours:</td>
</tr>
<tr>
<td>Other (please specify):</td>
<td>Hours:</td>
</tr>
<tr>
<td><strong>Total Course Contact Hours</strong></td>
<td><strong>Hours: 39</strong></td>
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</table>

6. Estimate and description of student’s weekly out-of-class preparation time excluding exam preparation:
Students are expected to assume responsibility for their own learning. It is anticipated that students may spend 3 to 5 hours per week preparing for weekly Simulated-Practice Sessions, including the Final Simulated-Practice Exam.

7. Topics Covered and Lecture Specific Learning Objectives

**Week 1**
Lecture Topic: Course Overview/Motivational Interviewing

Lecture Learning Objectives:
- Review overview of course
- Introduction to motivational interviewing

**Week 2**
Lecture Topic: Course Introduction Lecture/Motivational Interviewing Workshop

Lecture Learning Objectives:
Lecture objectives:
- Describe the structure of the lab
- Review student responsibilities
Review a process for preparing for the lab
Review key differences between MTM2 and MTM3

Workshop:
Discuss and practice motivational interviewing skills for use in MTM3 lab

**Week 3**
**Lecture Topic:** Documentation/Soap Notes Lecture - Lab 1: Diabetes

**Lecture Learning Objectives:**
Lecture:
- Discuss reasons for documentation
- Review essential components of a SOAP documentation note
- Demonstrate understanding of the components of a SOAP note: Subjective, Objective, Assessment, and Plan
- Prepare a documentation note (using the SOAP method) after a clinical interaction

Lab:
- Introductory interaction with SP
- Practice patient friendly communication
- Apply knowledge related to diabetes to a simulated practice encounter with SP
- Document interaction in SOAP note format

**Week 4**
**Lecture Topic:** Lecture: Communication - Lab 2: Erectile dysfunction/contraception/menopause

**Lecture Learning Objectives:**
Lecture:
- List key aspects of communication
- Differentiate between verbal and non verbal communication
- Identify key differences when speaking to patients vs health care providers

Lab:
- Practice communication with sensitive topics/difficult patients
- Apply knowledge related to selected topics in a simulated practice encounter with SP
- Document interaction in SOAP note format
Week 5
Lecture Topic: Introduction to Minor Ailments-Assessment and Treatment - Lab 3: Minor ailments

Lecture Learning Objectives:
- Identify patients who will benefit from minor ailment services
- Apply a standardized approach to assessing patients for minor ailments
- Identify red flags that indicate a patient should be referred to another health care provider
- Apply decision making framework to determine the most appropriate treatment and monitoring for patients with minor ailments
- Utilize appropriate communication methods for given scenario
- Document encounter in SOAP note format

Week 6
Lecture Topic: Safe prescribing session with medical students - Lab 4: Infectious disease topics: Skin/soft tissue infections/pneumonia

Lecture Learning Objectives:
Safe prescribing:
- Describe one’s own role and responsibilities with regards to medication practice
- Understand the roles and responsibilities of collaborating health care professionals involved in medication prescription, dispensing and delivery -Identify ‘best practices’ in medication prescribing and dispensing
- Describe how effective interprofessional collaboration and communication can improve patient safety and care outcomes

Lab:
- Apply knowledge of therapeutic topics to a simulated encounter.
- Utilize appropriate communication skills
- Document encounter in SOAP note format.

Week 7
Lecture Topic: Best Possible Medication History (BPMH) & documentation - Lab 5: BPMH

Lecture Learning Objectives:
Lecture:
- State the importance of and rationale for conducting a best possible medication history
- Outline the process for conducting a BPMH
- Outline how to properly document a BPMH using templates available in the lab
- Recognize acceptable and unacceptable abbreviations
- Formulate a strategy for effective communication during a BPMH interview

Lab:
- Demonstrate appropriate communication skills while conducting a BPMH
- Utilize available sources of information effectively to assist with information gathering.
- Accurately document medication list
- Conduct a complete and accurate medication history interview
**Week 8**

**Lecture Topic:** Speaking to health care practitioners/Info gathering Virtual Interactive Cases - Lab 6: VIC: hypertension/dyslipidemia

**Lecture Learning Objectives:**

**Lecture:**
- Overview of VIC lab logistics
- Differences in communication when speaking with health care providers vs patients
- Strategies for success in Lab 6

**Lab:**
- Information gathering from an electronic simulated patient chart
- Presenting recommendation and plan to health care provider in a concise manner
- Documentation of interaction in SOAP note format

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**Week 9**

**Lecture Topic:** Review - Lab 7: Infectious diseases: Urinary tract infections/Influenza

**Lecture Learning Objectives:**

**Lecture:**
- Discuss student and CI feedback from Lab 6
- Review SOAP note format and identify at least one way to improve documentation for upcoming labs
- Discuss format, topic and assessment for lab #7

**Lab:**
- Apply knowledge of therapeutic topics to a simulated encounter.
- Adapt communication skills to given scenario (patient or health care provider)
- Document encounter in SOAP note format.

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**Week 10**

**Lecture Topic:** N/A - March Break (practice and make up labs)

**Lecture Learning Objectives:**

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**Week 11**

**Lecture Topic:** N/A - Pain Week

**Lecture Learning Objectives:**
**Week 12**

**Lecture Topic:** Lecture: Course review - Lab 8: Cardiology topics: Heart failure, venous thromboembolism, primary/secondary prevention of coronary artery disease

**Lecture Learning Objectives:**

**Lecture:**
- Intro to milestone – April 4, 2018
- Review documentation provided in the Lab (how it helps you)
- Discuss management strategies for difficult clients

**Lab:**
- Apply knowledge of therapeutic topics to a simulated encounter.
- Adapt communication skills to given scenario (patient or health care provider)
- Document encounter in SOAP note format.

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**Week 13**

**Lecture Topic:** Preparation for Milestone/Course Wrap Up - Milestone: Final Simulated Practice Exam

**Lecture Learning Objectives:**

**Lecture:**
- Review milestone logistics
- Review strategies for success on milestone

**Lab:**
- Apply knowledge from therapeutic topics covered in Labs 1-8 to a given scenario
- Utilize appropriate communication skills
- Demonstrate focused information gathering skills
- Demonstrate patient counselling skills
- Document encounter in SOAP note format.
- Demonstrate appropriate communication skills while conducting a BPMH
- Utilize available sources of information effectively to assist with information gathering.
- Accurately document medication list
- Conduct a complete and accurate medication history interview
### 8. Assessment Methodologies Used:

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Course Learning Objectives Addressed</th>
<th>Assessment Method Used</th>
<th>Percent of Course Grade</th>
<th>For Group Work: Individualized or same mark for all group members</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ Assignment</td>
<td>Performance-based summative assessments will be used for the weekly Simulated-Practice Sessions (exception: Motivational Interviewing Workshop) and the Final Simulated-Practice Exam. The Motivational Interviewing Workshop is a group/team-based activity and attendance and participation are required (meet or not meet expectation). A validated Global Rating Scale will be used where the student may receive one of the following: (i) Honours; (ii) Pass; (iii) Fail. Documentation tasks and activities will be &quot;graded&quot; as complete or incomplete, and will be submitted each week, to be included in the student's file. The Overall Course mark is based on the Final Simulated-Practice Exam and the Term Work, and will be Honours, Pass or Fail. Weekly Simulated-Practice Session tasks and comments from Clinical Instructors (CIs) are used to determine consistent areas of weakness or strength.</td>
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<tr>
<td>□ Presentation</td>
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<td>□ Participation</td>
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<td>□ Mid-term</td>
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<td>□ Final Exam</td>
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</table>

☐ Assignment
☐ Presentation
☐ Participation
☐ Mid-term
☐ Final Exam

☐ Assignment
☐ Presentation
☐ Participation
☐ Mid-term
☐ Final Exam
Expectation for pass grades for all Pharmacy courses is 60% 

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

10. Policy and procedure regarding missed assignments/examinations/laboratories: 
All students must attend all weekly Simulated-Practice Sessions as per their assigned group. Failure to attend a Simulated-Practice Session requires follow up with the Faculty Registrar within 7 days, and a valid petition must be submitted. Failure to do so will result in an automatic fail for that Simulated-Practice Session. Due to scheduling and resource constraints, a student who misses a Simulated Practice Session and files a valid petition will be invited to a makeup Simulated Practice Session at the end of term.

Simulated-Practice Sessions begin punctually. If a student is late, they may forfeit their scheduled role-play. At the discretion of the Course Co-coordinator, a student who is consistently late will be required to complete supplemental work which may include a role-play or written assignment.

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
  - CP2.4.4 dispensing and/or
  - CP2.4.4a 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 self-management, 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.