New Course Outline

- The [PharmD Approval Process for 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 roles and key competencies for Pharmacy Degree Programs.

**Course Number:** PHM354H

**Course Title:** Pharmacotherapy in Paediatrics

**Outline Version Code:**

**Course Description:**
This course builds on general knowledge and skills gained in the first three years of pharmacotherapy courses. It allows students to gain the fundamental pharmacotherapeutic knowledge and practice skills to care for patients from the neonatal period to the adolescent years. In addition to covering evidence-based pharmacotherapy of several pediatric conditions, the course integrates relevant normal development and physiology (fetal, neonatal, infant, child and adolescent), pathophysiology, clinical pharmacokinetics, medication safety, and patient (through the ages) and caregiver education. Each week the course will consist of two hours of lectures and group case discussions primarily presented by pediatric clinicians from The Hospital for Sick Children. The course allows students to effectively manage pediatric patients’ medication therapy in selected pediatric conditions, prepares the student for pediatric direct patient care (DPC) and non-direct patient care (NDPC) rotations, and encourages a career in pediatric pharmacy practice.

**Semester:**
- [ ] Fall
- ☒ Winter
- [ ] Summer

**Course Type:**
- [ ] Elective
- ☒ Selective
- [ ] 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:**
- a) Describe normal biological, physical, cognitive, psychological, and social changes associated with growth and development.
- b) Apply understanding of maturational changes to develop a complete pharmaceutical care plan for a patient.
- c) Describe various laboratory parameters that are relevant to normal physiology, as well as selected medical conditions that are important in the evaluation and monitoring of drug therapy.
d) Explain the impact of age related changes in renal and hepatic function, and body composition.

e) Identify medications that should be avoided or used with caution in neonates, infants, children and adolescents.

f) Assess medication related risks and barriers to safety.

Intermediate Level:

a) Utilize resources for evidence-based drug therapy management of selected medical conditions.

b) Describe the pathophysiology of certain medical conditions of childhood.

c) Apply pharmacokinetic principles, pharmacodynamics, and physiological maturity to evaluate, calculate and recommend appropriate dosing for selected medications.

Advanced Level:

a) Evaluate and interpret pediatric sources of therapeutic information for in order to extrapolate useful drug information to design a therapeutic plan for a patient.

**Skills**

Introductory Level:

a) Develop a pharmaceutical care plan with specified follow-up for a patient.

b) Develop an effective written drug information tool incorporating pediatric considerations.

Intermediate Level:

a) Use a systematic patient (family) centered process to select and justify effective safe and therapeutic options for a patient.

b) Assess pediatric prescriptions for appropriateness, accuracy and safety considering weight and age based dosing.

c) Apply clinical judgment to determine appropriate pharmaceutical care plan in the absence of Level 1 evidence.

Advanced Level:

**Attitudes/Values:**

Introductory Level:

Intermediate Level:
Advanced Level:
   a) The student accepts responsibility for providing quality care to the patient.
   b) The student completes the assessment and care development activities considering and respecting the patient's autonomy and works with the patient and family to achieve therapeutic goals.
   c) The student exemplifies interprofessional and family centered care principles to reach decisions about patients' pharmaceutical care.

2. Rationale for Inclusion in the Curriculum:
The Pharmacotherapy courses will prepare students for direct patient care practice by enabling them to gain the knowledge and skills related to therapeutics primarily focused on the adult population. This is the only course in the curriculum that allows students to build on knowledge and skills learned and focus on pediatric pharmacotherapeutics and practice. Students will integrate knowledge learned in previous courses and incorporate new pharmacotherapeutic information in order to identify and resolve drug therapy problems in pediatric patient cases. Therapeutic topics covered will highlight similarities and differences of various pediatric conditions as compared to adult populations. Principles of drug therapy management will build on topics discussed earlier in the pharmacy curriculum and prepare the student to practice with the pediatric population.

3. Pre-requisites:
   PHM 101 (Foundations of General Medicine-Pharmacotherapy)
   PHM 112 (Pharmacy Informatics and Clinical trials)
   PHM144 (Pharmacokinetics)
   PHM 202 (PCT - Endocrine)
   PHM 203 (PCT – Infectious Diseases)
   PHM 204 (PCT - Cardiology)
   PHM 301 (PCT- Oncology) Carlo De Angelis
   PHM 302 (PCT- Neuropsychiatry) Jamie Kellar

4. Co-requisites:

5. Course Contact Hours and Teaching Methodologies:

<table>
<thead>
<tr>
<th>Didactic (lecture)</th>
<th>Hours: 22.5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Large group problem-based/ case-based learning (group size: 30)</td>
<td>Hours: 3</td>
</tr>
<tr>
<td>Laboratory or Simulation</td>
<td>Hours:</td>
</tr>
<tr>
<td>Tutorial/Seminar/Workshop/Small Group (group size: 6-8)</td>
<td>Hours: 0.5</td>
</tr>
<tr>
<td>Experiential</td>
<td>Hours:</td>
</tr>
<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: 26</strong></td>
</tr>
</tbody>
</table>
6. Estimate and description of student's weekly out-of-class preparation time excluding exam preparation:
The student may be expected to read lesson specific course pre-reading materials (estimated time maximum 3 hours per week). They are also expected to complete a written assignment on their own time (estimate time: 4 hours) which are guided by the Practice Sessions.

7. Topics Covered and Lecture Specific Learning Objectives

**Week 1**
**Lecture Topic:** Introduction to PHM354H Course and Introduction to Pediatric Practice

**Lecture Learning Objectives:**
**Introduction to Course**
1. Justify inclusion of lecture topics
2. State terms used for ages and stages of growth
3. List pharmacist roles in pediatric practice
4. Awareness of functions related to the provision of pharmaceutical care to pediatric patients
5. Cite changes to Ontario’s drug coverage plan for patients under 25 years of age

**Introduction to Pediatric Practice**
1. Describe the normal growth and development from birth to adolescence
2. Discuss how normal growth and development is assessed
3. Explain the recommended frequency with which otherwise healthy children should visit a physician, including any difference in visiting a family physician versus a pediatrician

**Week 2**
**Lecture Topic:** Therapeutic Drug Monitoring - Parts I and II

**Lecture Learning Objectives:**
**TDM Part I**
1. Apply equations to calculate body surface area, creatinine clearance, and ideal body weight from birth to adult
2. Discuss pediatric populations for which standard calculated methods of assessment of renal impairment are not reliable
3. Apply urine output calculation for body weight and refer to the appropriate output for age
4. List methods for assessment of hepatic function in pediatric populations

**TDM Part II**
1. Apply medication dose adjustment for once daily aminoglycosides in pediatric patients with (i) normal organ function, (ii) renal and/or hepatic impairment, (iii) obesity (time permitting)
2. Apply medication dose adjustment for vancomycin (CNS targets, adult vs pediatric targets) in pediatric patients with (i) normal organ function, (ii) renal and/or hepatic impairment, (iii) obesity (time permitting)
3. Develop a thought process for interpreting a drug level
4. Discuss the components of chart documentation when interpreting a drug level
Week 3
Lecture Topic: Neonatology and Infant Nutrition

Lecture Learning Objectives:
Neonatology
1. Describe general considerations in providing pharmaceutical care to neonates
2. Describe pharmacokinetic differences in neonates compared to older children and adults
3. Explain drug therapies for common disease states specific to the neonatal population

Infant Nutrition
1. Justify the recommendation to breastfeed infants and discuss strategies that facilitate breastfeeding
2. Differentiate the various infant formulas that are sold in the community
3. Identify indications for common vitamin and mineral supplementation
4. State the indications for bolus versus continuous enteral feeding and parenteral nutrition in children
5. Explain the principles for transitioning infants from liquid to solid foods

Week 4
Lecture Topic: Pediatric Gastroesophageal Reflux Disease and Practice Session I: TDM Interpretation

Lecture Learning Objectives:
Pediatric GERD
1. Differentiate physiological reflux versus gastroesophageal reflux disease
2. Describe the unique signs and symptoms of gastroesophageal reflux disease in the pediatric population
3. Weigh the benefits versus risks of various pharmacotherapy for the treatment of gastroesophageal reflux disease (include controversies surrounding PPIs in infants and children)
4. Distinguish between various feeding tubes and how it relates to medication administration considerations for pediatric patients with gastroesophageal reflux disease

Practice Session I: TDM Interpretation
1. Perform pharmacokinetic calculations
2. Discuss the clinical relevance of pharmacokinetic parameters
3. Interpret drug concentrations (tobramycin and vancomycin) and lab values to aid in making recommendations for drug dosing in pediatric patients

Week 5
Lecture Topic: Cardiology and Nephrology

Lecture Learning Objectives:
Cardiology
1. Compare and contrast the etiology, pathophysiology, and clinical presentation of heart failure in children versus adults
2. Differentiate between medical management of heart failure in children and in adults
3. Identify key drug therapy problems encountered in children with heart failure

Nephrology
1. Discuss standard calculated methods of assessment of renal impairment for body weight and age
2. List common causes of renal impairment in children (acute and chronic)
3. Review a thought process for drug dosing in renal impairment and identify key differences when caring for pediatric patients (neonate/infant/child/adolescent)
4. Practice applying the thought process to recommend a dose of a renally cleared drug for a pediatric patient

Week 6
Lecture Topic: OTC I and II

Lecture Learning Objectives:
OTC Part I
1. Evaluate selected medication management options for children in an ambulatory setting for the following topics:
   a. Pain/Fever management
   b. Cough and Cold
   c. Seasonal Allergies
2. Identify when specific pharmacological options would not be recommended for the above conditions

OTC Part II
1. Evaluate selected medication management options for children in an ambulatory setting for the following topics:
   a. Constipation
   b. Sun Care
   c. Dental Care
2. Identify when specific pharmacological options would not be recommended for the above conditions

Week 7
Lecture Topic: Pediatric Antimicrobial Stewardship and Midterm Review

Lecture Learning Objectives:
Pediatric Antimicrobial Stewardship
1. Compare and contrast 1-2 key differences in presentation of urinary tract infections between neonates vs. children vs. adults; hospital vs community.
2. Compare and contrast 1-2 key differences in pharmacological treatment of the above between neonates vs. children vs. adults; hospital vs community.
3. Apply Antimicrobial Stewardship principles to determine the most appropriate treatment for urinary tract infections.

Midterm Review - purpose is to perform a course recap, review course goals and objective and respond to sample exam questions
**Week 8**  
**Lecture Topic:** Supportive Care in Pediatric Oncology and HIV  

**Lecture Learning Objectives:**  
**Oncology**  
1. Using knowledge of different ages and stages, evaluate some pharmacological and non-pharmacological recommendations to make for a child with mucositis.  
2. Evaluate treatment options for the prevention of Pneumocystis jirovecii pneumonia in children.  
3. Assess the pros and cons of using natural health products in children with cancer.  

**HIV**  
1. State interventions used to prevent vertical HIV transmission  
2. Identify factors that contribute to ongoing vertical HIV transmission  
3. Understand differences in immune function (CD4, CD4%) and natural history in children vs. adults  
4. List common treatment regimens used in pediatric HIV (i.e. classes of drugs, when changes are made)  
5. Identify unique aspect of HIV care in children that impact adherence  

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**Week 9**  
**Lecture Topic:** Drug Allergy in Pediatrics: Myth versus Reality and Practice Session II: Documentation  

**Lecture Learning Objectives:**  
**Drug Allergy in Pediatrics:**  
1. Describe the natural history of medication allergy in the pediatric population.  
2. Describe the work-up for a patient with a suspected allergy to a medication (focus on antibiotics). What can be tested? How do we do it?  
3. Describe the management of a patient with a suspected medication allergy, including indications for desensitization.  
4. Review the signs and symptoms as well as the management of anaphylaxis.  

**Practice Session II: Documentation**  
1. Describe the importance of documentation  
2. List the important components of documentation and the rationale behind each component  
3. Create a documentation note for a pharmacist’s intervention using a common format  

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**Week 10**  
**Lecture Topic:** Vaccines and Pediatric Solid Organ Transplant  

**Lecture Learning Objectives:**  
**Vaccines**  
1. Discuss contraindications and potential adverse reactions to vaccines  
2. Discuss situations when vaccines may need to be delayed  
3. Explain the vaccination requirements for children in Ontario  
4. Recommend a catch-up vaccination schedule  

**Transplant:**  
1. Explain why children may require a solid organ transplant  
2. Describe the trajectory of a solid organ transplant patient’s course (pre- and post-transplant)
3. Recognize common drug therapy problems encountered pre-transplant, during the transplant and post-transplant

**Week 11**

**Lecture Topic:** Sickle Cell Disease and Cystic Fibrosis

**Lecture Learning Objectives:**

**Sickle Cell Disease**

1. Identify key components of the medication reconciliation process relevant to pediatric patients
2. Evaluate the appropriateness of pharmacological therapy for a pediatric patient with sickle cell disease
3. Discuss the vaccination schedule for patients with sickle cell disease

**Cystic Fibrosis**

1. Discuss the epidemiology, pathophysiology, clinical presentation, and diagnosis of cystic fibrosis (CF)
2. Determine the most appropriate therapy for acute and chronic treatment of CF
3. Discuss the cystic fibrosis transmembrane conductance regulator (CFTR) modulator therapies for CF

**Week 12**

**Lecture Topic:** Pediatric Intensive Care - Parts I and II

**Lecture Learning Objectives:**

**PICU Part I**

1. Compare and contrast similarities and differences children vs adult admissions to ICU (e.g. reasons for admission)
2. Using sepsis as an example, describe the differences in presentation
3. Using sepsis as an example, describe the differences in treatment

**PICU Part II**

1. Utilize your understanding of pharmacokinetics, predict what will happen to drug disposition for a critically ill child
2. Discuss factors to consider when assessing drug disposition for children who are supported by technology (ECMO, CRRT, PLEX and IV access)

**Week 13**

**Lecture Topic:** Practice Session III: Drug Information and Course Overview

**Lecture Learning Objectives:**

**Drug Information:**

1. Identify the merits and limitations of select pediatric drug information references.
2. Discuss the rationale for, prevalence of and implications of off-label drug use in children.
3. Analyze the information available in pediatric drug information references to aid in resolving drug therapy problems in children.

**Course Overview**

1. Review course topics and relate to the course goals and objectives
2. Complete course evaluation
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>
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<tbody>
<tr>
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<td>☑ Participation</td>
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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 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;
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;

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;

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**

- Establish and maintain positive relationships;
- Recognize, respect and negotiate the roles and shared/overlapping responsibilities of team members;
- 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**

- Determine when and how care should be handed over to another team member;
- Recognize, respect and honour the negotiate shared and overlapping responsibilities of patients, pharmacy team members and other health members when handovers occur;
- 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**

- Work with others to apply quality improvement strategies and techniques to optimize pharmacy care;
- Contribute to a culture of patient safety;
- Confirm the quality, safety, and integrity of products;
- 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.