

PSAP-VII • CHRONIC ILLNESSES

MODULE I LEARNING OBJECTIVES

CHRONIC HEART FAILURE

1. Given a patient case, assess the appropriateness of standard and adjunctive therapies for the management of heart failure (HF) including pharmacologic and nonpharmacologic therapies.
2. Given a patient case, construct a pharmacotherapy plan using evidence-based recommendations as outlined in the 2009 American Heart Association/American College of Cardiology and 2010 Heart Failure Society of America guidelines.
3. Apply clinical results from the literature, based on the differences between patients with HF caused by reduced ejection fraction (EF) and those with preserved EF, to achieve optimal outcomes.
4. Evaluate and modify drug therapy regimens in patients with HF with concomitant disease states including diabetes, atrial fibrillation, chronic kidney disease, and chronic obstructive pulmonary disease.
5. Develop a care plan that integrates the pharmacist's role in the medical management of patients with HF.

ANTICOAGULATION IN CHILDREN

1. Distinguish age-specific risk factors for the development of venous thromboembolism (VTE).
2. Analyze the advantages and disadvantages of oral and injectable anticoagulant agents in children.
3. Design a dosing strategy for initial and ongoing treatment of VTE in children.
4. Design a monitoring plan for treatment and/or prevention of VTE in children.
5. Devise strategies for prevention of thrombus formation, taking into account pediatric-specific dosage forms.
6. Analyze risk factors for adverse events related to the use of anticoagulant agents in children.

WARFARIN PHARMACOGENETICS

1. Apply the basic concepts and terminology related to pharmacogenetics/pharmacogenomics to clinical applications of warfarin pharmacogenetics.
2. Given a patient case, assess genotype and racial information to predict warfarin response.
3. Distinguish genetic polymorphisms influencing warfarin pharmacokinetics from those affecting warfarin pharmacodynamics.
4. Given a patient case, predict the effects of a combination of genetic polymorphisms for cytochrome P450 2C9 and vitamin K epoxide reductase complex 1 genes on warfarin dose requirements.
5. Given a patient case, justify pharmacogenetic testing for a patient.
6. Apply a warfarin pharmacogenetic dosing algorithm to estimate a stable warfarin dose for a given patient.
7. Evaluate a warfarin pharmacogenetic test according to analytical validity, clinical validity, clinical utility, and ethical, legal, and social implications criteria.
8. Devise a plan for warfarin dosing and management based on warfarin pharmacogenetic test results in a given patient.