ACSAP 2018 Book 1 (Cardiologic Care)
Total Available Hours: 16.5
BCACP test deadline: 11:59 p.m. (Central) on May 15, 2018.
ACPE test deadline: 11:59 p.m. (Central) on January 14, 2021.

Cardiologic Care I (Module 1) – Credit Hours: 3.5

Chapter: Primary Prevention of Cardiovascular Disease
Learning Objectives

1. Assess cardiovascular risk in the patient without previously diagnosed atherosclerotic cardiovascular disease (ASCVD).
2. Evaluate novel risk markers and cardiovascular screening tools in determining ASCVD risk.
3. Construct an evidence-based plan for therapeutic lifestyle change that incorporates nutrition, physical activity, and individual patient characteristics.
4. Assess the appropriateness of aspirin and statin therapy to lower ASCVD risk based on individual patient characteristics.
5. Justify the role of the pharmacist in primary prevention of cardiovascular disease.

Chapter: Obesity in Patients with Cardiovascular Disease
Learning Objectives

1. Account for the role of energy balance, appetite regulation, and concomitant drug use in development of obesity.
2. Assess the role of weight loss in the treatment of obesity and cardiovascular outcomes.
3. Classify patient weight and develop patient-specific weight loss goals.
4. Devise treatment strategies for weight loss using pharmacologic or nonpharmacologic therapy.
5. Evaluate postoperative management of surgical interventions.

Cardiologic Care II (Module 2) – Credit Hours: 3.5

Chapter: Pharmacogenomics in the Chronic Management of Cardiovascular Disease
Learning Objectives

1. Apply the results of genetic testing in designing optimal warfarin treatment of cardiovascular diseases and in selecting antiplatelet agents for patients with ischemic heart disease and stroke.
2. Apply results from genetic testing to minimize simvastatin-induced myopathy.
3. Account for practical issues associated with the use of genetic testing in the chronic management of cardiovascular diseases.

Chapter: Transitions of Care in ACS and HF
Learning Objectives

1. Demonstrate the value of appropriate transitions of care (TOC) in patients with acute coronary syndrome (ACS) or heart failure (HF).

2. Develop a pharmacist TOC process for ACS and HF patients being discharged from the hospital to the community.
3. Justify the benefit of pharmacists in care transitions of ACS and HF patients.
4. Demonstrate the value of a pharmacist-directed TOC program for ACS and HF patients.

Cardiologic Care III (Module 3) – Credit Hours: 5.0

Chapter: Chronic Management of Heart Failure
Learning Objectives

1. Apply subjective and objective information obtained from a patient with heart failure (HF) to classify type of HF and appropriate therapies.
2. Design a guideline-directed management and therapy (GDMT) plan for a patient with heart failure with reduced ejection fraction (HFrEF).
3. Apply evidence for newer therapies (sacubitril/valsartan, ivabradine, and potassium-removing agents) to optimize a medication regimen for a patient with HFrEF.
4. Evaluate the evidence regarding the role of spironolactone in treatment of heart failure with preserved ejection fraction (HFpEF).
5. Construct an appropriate titration plan for GDMT, with consideration for, and solutions to, potential barriers to dose optimization. 6. Develop an education and monitoring plan for a patient diagnosed with HF based on patient-specific needs.

Chapter: Chronic Cardiovascular Disease in the Older Patient
Learning Objectives

1. Distinguish age-related changes that affect drug pharmacology in older adults.
2. Design pharmacotherapy to optimize outcomes and safety for the patient with hypertension.
3. Account for drug–drug interactions in older patients.
4. Apply current evidence on the role of statins in older patients.
5. Design treatment and monitoring strategies to reduce adverse drug events attributed to heart failure pharmacotherapy.

Cardiologic Care IV (Module 4) – Credit Hours: 4.5

Chapter: Treatment-Resistant Hypertension
Learning Objectives

1. Justify the proper identification and treatment of treatment-resistant hypertension (TRH) in patients.
2. Devise strategies to identify and control factors contributing to the development of TRH.
3. Develop a comprehensive approach to manage patients with TRH.
4. Justify the inclusion of clinical pharmacists into the multidisciplinary hypertension management team.

Chapter: Thromboembolic Disorders
Learning Objectives

1. Design an evidence-based anticoagulation plan for patients with venous thromboembolism or atrial fibrillation.
2. Devise an anticoagulation treatment strategy for patients in special populations.
3. Develop a comprehensive approach to chronic management issues with direct-acting oral anticoagulants (DOACs).
4. Justify the role of the pharmacist in management of DOACs.