2014 Ambulatory Care Pharmacy Preparatory Review and Recertification Course

Learning Objectives

Session 1 – Diabetes Mellitus, Endocrine Disorders, and Nephrology

**Diabetes Mellitus**
1. Describe the normal regulation of blood glucose with respect to the actions of insulin, cortisol, growth hormone, glucagon, and incretins in glucose homeostasis.
2. Identify differences between prediabetes, type 1 diabetes mellitus (T1DM), type 2 diabetes mellitus (T2DM), and gestational diabetes mellitus, including differences in diagnostic criteria and clinical presentation.
4. Compare agents used in the treatment of DM, including their mechanisms of action, adverse effects, contraindications, and overall effectiveness.
5. Select appropriate insulin regimens for patients on the basis of desired onset, peak, and duration of insulin effects.
6. Individualize a comprehensive glycemic treatment and monitoring plan for a patient with DM.
7. State appropriate lipid and blood pressure targets for patients with DM.
8. Discuss the acute and chronic complications associated with DM as well as strategies to prevent or slow its progression.

**Endocrine Disorders**
1. Identify the most vulnerable patient populations receiving thyroid hormone replacement and explain the importance of consistent levothyroxine replacement in these patients. In addition, identify appropriate thyroid hormone replacement therapy dosing strategies for all patients with hypothyroidism.
2. Discuss the pharmacotherapy of Graves disease, including the advantages and disadvantages of antithyroid drugs versus radioactive iodine and surgery.
3. Recommend appropriate patient-specific pharmacotherapy for the treatment of polycystic ovary syndrome.
4. Medically manage a patient presenting with hyperprolactinemia. In addition, describe the typical differences in presentation of men versus women with prolactin-secreting tumors.
5. Compare and contrast the available weight-loss medications with respect to efficacy and adverse effects, and design a patient-specific treatment plan for a patient who wishes to lose weight.
6. Compare and contrast the role of drug therapy, transsphenoidal surgery, and radiation therapy for a patient with a diagnosis of acromegaly, and design a patient-specific pharmacologic treatment and monitoring plan.
7. Describe the typical clinical features of patients with growth hormone deficiency, and design an appropriate pharmacologic treatment and monitoring plan based on patient-specific factors.
9. Identify indications when patients with Cushing syndrome would be candidates for pharmacologic treatment.
10. List symptoms of hyperaldosteronism and recommend appropriate drug therapy for its treatment.
11. Compare the safety, efficacy, and routes of administration of available testosterone (T) replacement products.
12. List appropriate monitoring parameters for a man with hypogonadism receiving T-replacement therapy.

**Nephrology**
2. Formulate an evidence-based treatment plan for managing the most common medical problems in patients with chronic kidney disease (CKD), including anemia, CKD mineral and bone disorder, and renal osteodystrophy.
3. Construct a treatment plan to slow the progression of CKD in patients with hypertension and diabetes.
4. Describe the pharmacokinetic effects of peritoneal and hemodialysis on drug disposition.
5. List the most common nephrolithiasis prevention measures and treatment options.
Psychiatric Disorders
1. Describe the DSM-V (Diagnostic and Statistical Manual of Mental Disorders) criteria, etiology, risk factors, and disease course for the anxiety disorders, sleep disorders, major depression, bipolar disorder, attention-deficit/hyperactivity disorder, and schizophrenia.
2. Describe common drug and nondrug therapies for the psychiatric disorders, including drug, dose, frequency, adverse effects, drug interactions, and monitoring parameters.
3. Recommend appropriate initial and maintenance treatment for the psychiatric disorders, including therapy duration.
4. Assess treatment regimens for significant drug interactions and appropriateness of therapy, including use of polytherapy.

Neurology I
1. Identify the seizure type(s), and devise a treatment plan for a patient with new-onset or refractory epilepsy.
2. Describe the mechanisms of action of recommended antiepileptic drugs (AEDs).
3. Select an appropriate AED regimen for a patient with epilepsy.
4. Identify common adverse effects and drug interactions for first- and second-generation AEDs, focusing on the cytochrome P450 system.
5. Formulate a monitoring plan for a given patient on AED therapy.
6. Discuss pertinent patient education counseling points, together with patient assistance programs.
7. Choose an appropriate AED regimen for a special population patient (e.g., pregnant, status epilepticus).
8. Distinguish between the signs and symptoms of headache types.
9. Recommend an appropriate pharmacologic therapy for a patient with an acute migraine headache.
10. Choose an appropriate prophylactic regimen for a patient with a migraine headache.
11. Identify agents that have been implicated in causing medication overuse headache.
12. List common migraine triggers.
13. Provide patient education regarding pharmacologic and lifestyle interventions for migraine headache.
14. Describe the rationale for using urine drug testing, drug monitoring programs, and medication contracts to ensure patient adherence to and prevention of diversion of controlled substances.
15. Recommend an appropriate pharmacologic therapy for a patient with a chronic pain condition.
17. Identify the role of a pharmacist within an interdisciplinary team providing care to patients with chronic pain in an ambulatory care setting.
18. Provide patient education regarding the pharmacologic agents used in the treatment of myasthenia gravis.
20. Discuss the common adverse effects and monitoring parameters associated with the pharmacologic agents used in MS.
21. Discuss the potential role of pharmacists in specialty pharmacies in improving the care of patients with MS.
22. Discuss the common long-term complications associated with spinal cord injuries.

Neurology II
1. Identify signs or symptoms associated with Alzheimer disease (AD) or Parkinson disease (PD) that may be drug induced.
2. Describe reasonable expectations and limitations of available therapies for the treatment of patients with AD, traumatic brain injury (TBI), PD, and essential tremor (ET).
3. Differentiate parkinsonian tremor from ET according to the patient’s response to drug therapy.
4. Recommend an appropriate plan for the initiation, titration, monitoring, and altering of pharmacotherapy for cognitive/functional symptoms in patients with AD, TBI, PD, or ET.
5. Recommend appropriate strategies for the medical management of patients with psychiatric or behavioral symptoms related to AD or PD.
6. Recognize the effect of cognitive and functional impairment on the risk of medication discrepancies during transitions of care.
Developing a Clinical Practice
1. Develop, conduct, and analyze an internal and external environmental scan for planning an ambulatory clinical patient care service.
2. Create a formal service proposal or business plan with the appropriate key elements.
3. Develop and analyze the feasibility of a pro forma statement for your service within a business plan.
4. Describe three key characteristics that differentiate marketing and providing a service from marketing and providing a product from the consumer’s perspective.
5. Incorporate the seven “P’s” of successful marketing into a marketing plan for an ambulatory clinical service.
6. Identify three clinic operational activities to perform before opening a clinic.
7. Develop an optimal workflow process for an ambulatory clinic.
8. Develop and evaluate an effective clinic policy and procedure process for an ambulatory clinic.

Managing a Clinical Practice
1. List three critical functions to complete on an annual basis to sustain a practice.
2. Describe various methods of communication, including the SBAR (situation/background/assessment/recommendation) and the STICC (situation/task/intent/concern/calibrate) process, and evaluate the pros and cons as they apply to your setting.
3. Develop effective communication strategies for your team.
4. Describe the elements of a patient visit for each section of a SOAP (subjective, objective, assessment, plan) note used for health care visit documentation.
5. Develop a documentation template according to the recommended elements for documenting a medication therapy management (MTM) visit in a patient-centered medical home.
6. Develop a robust quality assessment program for your clinical service using the balanced scorecard.
7. List the three domains for quality measurement in health care.
8. List three methods used to improve quality in an organization.
9. Analyze sources of quality measures, and choose measures important to your practice site or patient population.
10. Develop a credentialing and privileging process to ensure the competency of health care providers in a clinic setting.
11. Differentiate pharmacist billing opportunities between a hospital-based clinic, physician office, and community pharmacy.
12. List the requirements for “incident-to” billing.
13. Develop a proposal for pharmacists to participate in wellness visits and transition of care services for Medicare beneficiaries.
14. List the MTM codes and describe how they may be used to bill for a patient visit.

Practices and Processes of Care/Organizational Agreements
1. Explain the requirements of a collaborative drug therapy management agreement.
2. Define a pharmacist’s scope of practice when providing pharmaceutical care or medication therapy management.
3. Discuss policies and procedures for credentialing and/or privileging a pharmacist that are in accordance with legal and regulatory requirements.
4. Collaborate with other health care professionals to provide case management in the form of comprehensive medication management, transitions of care, immunizations, or annual wellness visits.
Pulmonary Disorders and Smoking Cessation
1. Classify patients, assess control, and select and monitor appropriate acute and preventive treatment for pediatric and adult patients with asthma, adult patients with chronic obstructive pulmonary disease (COPD), and adult patients with obstructive sleep apnea (OSA), depending on patient-specific factors.
2. Educate a patient about his or her therapy for asthma, COPD, OSA, and smoking cessation, including proper use of inhalers, holding chambers, positive airway pressure machines, and medications.
3. Select and monitor appropriate pharmacotherapy and provide behavioral counseling to assist a patient in quitting smoking.
4. Discuss public health, practice management, and patient advocacy issues as they pertain to asthma, COPD, OSA, and smoking cessation.

Biostatistics: A Refresher
1. Describe differences between descriptive and inferential statistics.
2. Identify different types of data (nominal, ordinal, continuous [ratio and interval]) to determine an appropriate type of statistical test (parametric vs. nonparametric).
3. Describe strengths and limitations of different types of measures of central tendency (mean, median, and mode) and data spread (standard deviation, standard error of the mean, range, and interquartile range).
4. Describe the concepts of normal distribution and the associated parameters that describe the distribution.
5. State the types of decision errors that can occur when using statistical tests and the conditions under which they can occur.
6. Describe hypothesis testing, and state the meaning of and distinguish between p-values and confidence intervals.
7. Describe areas of misuse or misrepresentation that are associated with various statistical methods.
8. Select appropriate statistical tests on the basis of the sample distribution, data type, and study design.
9. Interpret statistical significance for results from commonly used statistical tests.
10. Describe the similarities and differences between statistical tests; learn how to apply them appropriately.
11. Identify the use of survival analysis and different ways to perform and report it.

Study Designs: Fundamentals of Interpretation
1. Define, compare, and contrast the concepts of internal and external validity, bias, and confounding in clinical study design.
2. Identify potential sources of bias in clinical trials; select strategies to eliminate or control for bias.
3. Outline the hierarchy of evidence generated by various study designs.
4. Compare and contrast the advantages and disadvantages of various study designs (e.g., prospective; retrospective; case-control; cohort; cross-sectional; randomized controlled clinical trials; systematic review; meta-analysis). Delineate the difference between parallel and crossover study designs.
5. Select from various biostatistical measures to appropriately compare groups or their assessments from various study designs and use their findings/output to interpret results.
6. Define and evaluate odds, odds ratio, risk/incidence rate, risk ratio/relative risks (RRs), and other risk estimates. Compute and evaluate number needed to treat and number needed to harm. Define and calculate terms such as point and period prevalence, incidence rate, prevalence rate, absolute risk difference, and RR difference.
7. Define and calculate terms such as true positive, false positive, true negative, false negative, sensitivity, specificity, positive predictive value, negative predictive value, positive likelihood ratio, and negative likelihood ratio.
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Session 5 – Drug Information, Evidenced Based Medicine, Research, and HIPPA, Cardiology I, and Cardiology II

Drug Information, Evidenced Based Medicine, Research, and HIPPA
1. Differentiate between primary, secondary, and tertiary sources of information, and analyze these resources to answer questions related to clinical practice.
2. List the pros and cons associated with primary, secondary, and tertiary sources of information.
3. Identify commonly used primary, secondary, and tertiary literature.
4. Describe the steps involved in a top-down and bottom-up evidence-based medicine (EBM) approach.
5. Critically evaluate EBM resources.
6. Critically evaluate clinical guidelines and clinical study resources used in literature retrieval.
7. Identify strategies available for seeking drug information resources on the Internet.
8. List appropriate questions for evaluating Internet drug information Web sites and electronic applications.
9. Define research and differentiate it from quality improvement activities.
10. Define the composition, functions, and roles of the IRB (institutional review board).
12. Describe the various steps of the professional writing and peer-review processes.

Cardiology I
1. Formulate appropriate oral anticoagulant treatment strategies for patients who develop venous thromboembolism (VTE) (deep venous thrombosis or pulmonary embolism) consistent with available consensus panel guidelines, recent FDA (U.S. Food and Drug Administration) approvals, and randomized clinical trials.
2. Describe key differences in onset of action, dosing, administration, absorption, effects on common coagulation tests, and drug interactions between dabigatran, rivaroxaban, apixaban, and warfarin in the management of nonvalvular atrial fibrillation (AF) and treatment of VTE.
3. Develop a comprehensive education and monitoring plan for patients receiving oral anticoagulants for treatment of VTE, stroke prevention in nonvalvular AF, and stroke prevention associated with mechanical heart valves.
5. Develop patient-specific, guideline-driven treatment, monitoring, and follow-up plans for rate and pharmacologic rhythm control in a patient with AF.
6. Identify patient-specific appropriate antiarrhythmic drugs for rhythm control in AF and ventricular tachycardia (VT).
7. Describe the role of catheter ablation in rhythm control management of AF and VT.
10. Identify treatment goals, common adverse effects, clinically important drug interactions, monitoring, and REMS (Risk Evaluation and Mitigation Strategies) requirements for oral pharmacotherapy of pulmonary arterial hypertension.

Cardiology II
1. Recommend regimens for primary and secondary prevention of coronary heart disease (CHD) events according to current guidelines and performance measures.
2. Calculate a patient’s 10-year risk of CHD events using the 2013 Pooled Cohort Equation.
3. Recommend an appropriate antiplatelet regimen after percutaneous coronary intervention according to current guidelines and P2Y12 inhibitor product labeling.
4. Apply an understanding of the mechanism of action and effects of antihypertensive medications to construct an appropriate pharmacologic and therapeutic monitoring plan for a patient with hypertension (HTN).
5. Design an evidence-based HTN medication regimen according to comorbid conditions (e.g., chronic kidney disease [CKD], diabetes mellitus, CHD).
6. Develop a treatment strategy for patients who require combination antihypertensive therapy to achieve their blood pressure goals.
7. Integrate an understanding of the mechanism of action and effects of lipid medications to select appropriate pharmacologic therapy and develop a monitoring plan.
9. Formulate an appropriate pharmacotherapeutic regimen for patients with dyslipidemia and comorbid conditions (e.g., CKD, potential drug interactions, chronic creatine kinase elevations).
10. Develop a treatment strategy for patients with peripheral arterial disease.

Session 6 – Obstetrics and Gynecology, Oncology, Bone/Joint and Rheumatology, and Gastrointestinal Disorders

Obstetrics and Gynecology
1. Recommend contraceptive products, infertility, menstrual disorders, endometriosis, and postmenopausal therapy on the basis of patient-specific information.
2. Recommend treatment of common acute and chronic conditions in pregnancy and lactation.
3. Formulate a plan to educate patients regarding medication use during pregnancy and lactation, contraception, infertility, menstrual disorders, endometriosis, and postmenopausal therapy.
4. Identify resources for additional information for health care providers and patients for contraception, infertility, pregnancy and lactation, menstrual disorders, endometriosis, and postmenopausal therapy.

Oncology
1. Develop a patient-specific care plan for the treatment and monitoring of a patient with the following conditions: cancer of the breast, lung, prostate, colon, skin, ovary, cervix, or uterus; and leukemias.
2. Develop a patient-specific drug-therapy care plan for the supportive care needs of a patient with cancer, including nausea/vomiting, anemia, myelosuppression, and other adverse effects.
3. Describe the practice management challenges unique to oral anticancer drug therapies, including specialty distribution systems, Risk Evaluation and Mitigation Strategies programs, and adherence and toxicity monitoring.
5. Describe the controversy about appropriate primary end points in cancer treatment clinical trials (e.g., progression-free survival, overall survival, and response rate).
6. Describe the strengths and limitations of resources available to ambulatory care pharmacists to make patient-specific treatment recommendations, including the American Society of Clinical Oncology, American Society of Hematology, Hematology/Oncology Pharmacy Association, National Comprehensive Cancer Network, American Cancer Society, and National Cancer Institute.

Bone/Joint and Rheumatology
1. Systematically identify patients to screen for osteoporosis, and use the screening results to guide the decision on how to treat the patient.
2. Use a STEPS-wise approach for comparing, recommending, and justifying a drug therapy regimen for osteoporosis.
3. Evaluate the severity and prognostic indicators of rheumatoid arthritis to choose the most appropriate initial regimen with disease-modifying antirheumatic drugs (DMARDs).
4. Identify appropriate health maintenance interventions when caring for a patient receiving biologic and nonbiologic DMARD therapy.
5. Select the most appropriate treatment regimen for psoriatic arthritis on the basis of patient limitations because of the disease.
6. Create an algorithm or a stepwise approach to minimize pain and maximize functionality in patients with osteoarthritis.
7. Choose a drug therapy for treating fibromyalgia syndrome based on drug efficacy and a patient’s comorbid conditions.
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8. Select follow-up screenings or laboratory tests at correct intervals for patients with systemic lupus erythematos treated with hydroxychloroquine.
9. Formulate a care plan to help patients decrease their uric acid concentrations, gout symptoms, and gouty attacks using nonpharmacologic and pharmacologic interventions.

Gastrointestinal Disorders
1. Evaluate and apply national guideline-based treatment strategies for GI disorders.
2. Assess the benefits and risk of drug therapy for patients with GI disorders.
3. Recommend appropriate nonpharmacologic and pharmacologic interventions for the management of GI disorders.
4. Develop and implement a patient-specific comprehensive therapeutic plan for the management of GI disorders.
5. Perform pertinent physical assessments as they pertain to a patient’s current GI disorder and/or drug therapies.
6. Review and understand treatment options for patients who are refractory to conventional therapies, and determine alternative options for the management of GI disorders.
7. Assess the available information to identify non-drug factors and drug-related problems that may affect response to therapies used in the management of GI disorders.
8. Provide drug-related patient education and counseling for pharmacologic therapies used in the management of GI disorders.
9. Make recommendations to manage drug therapy for GI disorders, which may include initiation, modification, or discontinuation of medications as appropriate.
10. Interpret follow-up patient symptoms, laboratory results, and diagnostic results to determine whether and when adjustments to drug therapy for GI disorders are warranted, and modify patient-specific plans according to this assessment.

Session 7 – Infectious Diseases I and Infectious Diseases II

Infectious Diseases I
1. Design appropriate treatment regimens for patients with sexually transmitted diseases (STDs).
2. Explain common routes of transmission of human immunodeficiency virus (HIV) and current screening guidelines.
3. Explain the mechanisms of action of antiretroviral agents and commonly encountered adverse effects.
4. Formulate treatment strategies for the management of HIV and commonly encountered opportunistic infections.
5. Select appropriate ancillary medications and immunizations as needed for the management of HIV infection and its associated morbidities.
6. Explain the epidemiology of influenza and herpesviruses and formulate appropriate treatment strategies for infection.
7. Explain the risk factors for superficial and invasive fungal infections and design corresponding treatment regimens.
8. Identify and manage the drug interactions associated with anti-infective medications.

Infectious Diseases II
1. Design appropriate pharmacologic and nonpharmacologic treatment regimens for various patient populations with urinary tract infections, prostatitis, community-acquired pneumonia, upper respiratory tract infections, otitis media, skin and soft tissue infections, tuberculosis, ophthalmic infections, bone and joint infections, tickborne infections, infective endocarditis, central nervous system infections, antibiotic prophylaxis, intra-abdominal infections and Clostridium difficile infections.
2. Identify risk factors and clinical circumstances in which antimicrobial resistance is a risk, and be able to appropriately design antimicrobial regimens to treat resistant infections and prevent future development.
3. Apply patient and clinical factors to design antimicrobial regimens that are appropriate and cost-effective for the patient.
Session 8 – Special Issues in Pharmacy Practice and Communication Strategies in Pharmacy

Special Issues in Pharmacy Practice
1. Apply tools and resources to detect, classify, report, analyze, and reduce preventable and non-preventable adverse drug events.
2. Compare medication lists provided by patients and health care providers to determine optimal drug therapy for patients undergoing transitions of care or receiving care from multiple providers.
3. Formulate a plan to ensure the availability of appropriate drug therapy to patients with limited financial resources and to patients with prescription drug benefits.
4. Use formulary management activities to improve the prescribing of safe, effective, and affordable treatments in an organization.
5. Describe the regulatory requirements applicable to pharmacy services using point-of-care testing.

Communication Strategies in Pharmacy
1. Use strategies that develop patient rapport, foster trust, and effectively and efficiently obtain accurate, comprehensive histories, despite potential barriers in communication.
2. Use assessments of patients’ knowledge, health literacy and self-management skills, health beliefs, and attitudes toward medications to tailor educational interventions that will improve adherence and self-efficacy.
3. Communicate patient care activities and medication-related information effectively to other health care professionals verbally and in writing through the medical record.
4. Discuss factors and methods used to assess and select appropriate written educational materials intended for the general public.
5. Serve as a patient advocate on medication-related issues within and outside the health care system.

Session 9 – Dermatology/HEENT and Immunologic Disorders, Genitourinary, Electrolytes, and Nutritional Deficiencies/Supplementation in Older Adults, Health Maintenance and Public Health I and Health Maintenance and Public Health II

Dermatology/HEENT and Immunologic Disorders
1. Evaluate antioxidant and multivitamin supplements for components and doses consistent with the AREDS (Age-Related Eye Disease Study) formulation for preventing the progression of macular degeneration.
2. Formulate an ophthalmologic drug therapy regimen for a patient that will decrease the patient’s elevated intraocular pressures using agents that work synergistically (increased aqueous outflow and decreased production).
3. Create criteria to evaluate dry eye symptom treatment beyond traditional artificial tears.
4. Evaluate a medication profile to determine whether the signs and symptoms of vertigo are medication induced or a component of organic disease.
5. Construct an individualized pharmacy care plan for a patient with allergic rhinitis who has not received relief from intranasal corticosteroids.
6. Discuss the risks and benefits of agents used in addition to nonsedating histamine-1 blockers/antagonists for the treatment of urticaria.
7. Recommend immunizations for patients receiving injectable medications for the treatment and/or prevention of angioedema.
8. Determine how patients with acne should initiate, switch, or modify topical or oral therapeutic agents using a treatment algorithm.
9. Educate a patient using isotretinoin about therapy and the various monitoring parameters that will take place to ensure drug safety and efficacy.
10. Recommend single or multiple topical agents for treating plaque psoriasis given a patient’s disease presentation, severity, and (if applicable) prior therapies.
11. Effectively educate a patient on an infestation and the purpose, proper use, and potential adverse reactions of the first-line treatment options for scabies and/or lice.
12. Create a pain management strategy for a patient with first-degree or superficial second-degree burns.
13. Create a monitoring plan for a patient using becaplermin for the treatment and healing of a decubitus ulcer.

**Genitourinary, Electrolytes, and Nutritional Deficiencies/Supplementation in Older Adults**
1. Describe the pathophysiology and clinical signs/symptoms of benign prostatic hyperplasia (BPH), urinary incontinence, and erectile dysfunction (ED).
2. Identify common electrolyte abnormalities and nutritional deficiencies that occur in ambulatory older adults.
3. Evaluate and manage drug-induced causes of BPH, urinary incontinence, ED, hypokalemia, hyperkalemia, and hyponatremia in ambulatory older adults.
4. Evaluate pharmacologic interventions for BPH, urinary incontinence, ED, hypovitaminosis D, vitamin B12 deficiency, hypokalemia, and calcium supplementation.
6. Evaluate the risk-benefit of multivitamin supplementation and the risk-benefit of antioxidant plus zinc supplementation for macular degeneration.

**Health Maintenance and Public Health I**
1. Describe appropriate initial first-aid therapy for common scenarios, including initial patient positioning, bleeding, asthma, anaphylaxis, seizures, musculoskeletal injuries, chest pain, burns, thermal and heat injuries, and ocular injuries.
2. Develop and execute a plan to deliver appropriate cardiopulmonary resuscitation according to guideline recommendations.
3. Explain patterns of drug poisoning, including implicated drugs, patient characteristics, and the relationship between deaths, treatment, and sales of opioids.
4. Describe the role of the pharmacist in planning and response to public health threats and disasters.
5. Recommend initial drugs to treat category A bioterrorism threats.

**Health Maintenance and Public Health II**
1. Describe the differences between live and inactivated vaccines and the circumstances surrounding their administration.
2. Describe vaccines that are routinely administered, including their route of administration, number of doses, indication, contraindications, and common adverse effects.
3. Assess a patient’s vaccine history and recommend the necessary vaccines.
4. Review the role of pharmacists as immunizers.
5. Comprehend the differences between primary and secondary nonadherence and the impact of nonadherence on the health care system.
6. Identify patient-specific reasons and factors in nonadherence.
7. Develop a process to design and implement interventions for addressing nonadherence, and integrate these interventions into pharmacy practice.
8. Describe the types of complementary and alternative medicine and the importance of obtaining a patient’s complementary medication history.
9. Integrate knowledge of common dietary and non-dietary supplements when educating patients on supplement use.