



REQUIRED COMPETENCY AREAS, GOALS, AND OBJECTIVES FOR POSTGRADUATE YEAR TWO (PGY2) PAIN MANAGEMENT AND PALLIATIVE CARE PHARMACY RESIDENCIES

Introduction

The competency areas, goals, and objectives are for use with the *ASHP Accreditation Standard for Postgraduate Year Two (PGY2) Pharmacy Residency Programs*. The first four competency areas described herein are required, and the others are elective.

The required competency areas and all of the goals and objectives they encompass must be included in all programs. Programs may add one or more additional competency areas. Programs selecting an additional competency area are not required to include all of the goals and objectives in that competency area. In addition to the potential additional competency areas described in this document, programs are free to create their own additional competency areas with associated goals and objectives. Each of the goals encompassed by the program's selected program competency areas (required and additional) must be evaluated at least once during the residency year. In addition, elective competency areas may be selected for specific residents only.

Each of the objectives listed in this document has been classified according to educational taxonomy (cognitive, affective, or psychomotor) and level of learning. An explanation of the taxonomies is available elsewhere.¹

Competency areas for PGY1 residencies are available on the ASHP website. PGY2 competency areas, goals, and objectives in pain and palliative care pharmacy are differentiated from those from PGY1 by specialization and the expectation of PGY2 residents for greater work competence and proficiency.

Definitions

Competency Areas: Categories of the residency graduates' capabilities.

Competency areas are classified into one of three categories:

Required: Four competency areas are required (all programs must include them and all their associated goals and objectives).

¹Anderson, L. W. and Krathwohl, D. R., et al (Eds.) (2001) *A Taxonomy for Learning, Teaching, and Assessing: A Revision of Bloom's Taxonomy of Educational Objectives*. Allyn & Bacon. Boston, MA (Pearson Education Group).

Additional (for program): Competency area(s) that residency programs may choose to use (in addition to the four required areas) to meet program-specific program needs.

Elective (for specific residents): Competency area(s) selected optionally for specific resident(s).

Educational Goals (Goal): Broad statement of abilities.

Educational Objectives: Observable, measurable statements describing what residents will be able to do as a result of participating in the residency program.

Criteria: Examples that describe competent performance of educational objectives. Since the criteria are examples, they are not all required but are intended to be used to give feedback to residents on how well they are doing and how they can improve on the skill described in educational objectives while they engage in an activity.

Activities: The Standard requires that learning activities be specified for each educational objective in learning experience descriptions. Activities are what residents will do to learn and practice the skills described in objectives. Activities are the answer to the question, “What can residents do in the context of this learning experience that will provide the kind of experiences necessary to achieve the educational objective?” (compare and contrast activities with criteria by referring to the definition of criteria immediately above). Specified activities should match the Bloom’s Taxonomy learning level stated in parentheses before each objective.

Example:

Objective R1.1.2: (Applying) Interact effectively with patients, family members, and caregivers.

Learning activity: Provide education to patients regarding proper medication use and administration, adherence, and possible adverse drug effects for all new medications initiated during clinic appointments.

Criteria:

- Interactions are respectful and collaborative.
- Uses effective communication skills.
- Shows empathy.
- Empowers patients to take responsibility for their health.
- Demonstrates cultural competence.

Competency Area R1: Patient Care

(See the appendix for additional specific requirements.)

Goal R1.1: In collaboration with the health care team, provide comprehensive medication management to patients requiring pain management and palliative care following a consistent patient care process.

Objective R1.1.1: (Applying) Interact effectively with health care teams to manage medication therapy for patients requiring pain management and palliative care.

Criteria:

- Interactions are cooperative, collaborative, communicative, and respectful.
- Demonstrates skills in consensus building, negotiation, and conflict management.
- Demonstrates advocacy for the patient.
- Effectively contributes pharmacotherapy knowledge and patient care skills as an essential member of the healthcare team.

Objective R1.1.2: (Applying) Interact effectively with patients requiring pain management and palliative care, and their family members, and caregivers.

Criteria:

- Interactions are respectful and collaborative.
- Maintains accuracy and confidentiality of patients' protected health information.
- Uses effective (e.g., clear, concise, accurate) communication skills.
- Empowers patients, family members, and caregivers regarding the patient's well-being and health outcomes.
- Communicates with family members to obtain patient information when patients are unable to provide the information.
- Communicates with patient and family about initiation and changes of patient therapies.
- Demonstrates advocacy for caregivers.
- Demonstrates empathy, cultural sensitivity, and support to patients and loved ones who are coping with terminal disease, disfigurement, chronic pain, opioid addiction, dying, death, and loss.
- Effectively participates in family meetings, and/or goals of care discussions when applicable.

Objective R1.1.3: (Analyzing) Collect information on which to base safe and effective medication therapy for patients requiring pain management and palliative care.

Criteria:

- Collection/organization methods are efficient and effective.
- Collects relevant information about medication therapy, including:
 - Chief complaint.
 - History of present illness.
 - Relevant health data that may include past medical history, health and wellness information, biometric test results, and physical assessment findings.
 - Social history.
 - Medication history, including prescription, non-prescription, illicit, recreational, and non-traditional therapies; other dietary supplements (e.g., herbal, nutraceuticals); immunizations; and allergies.
 - Prescription drug monitoring program data when available.

- Patient assessment (examples include, but are not limited to, physiologic monitoring, laboratory values, microbiology results, diagnostic imaging, procedural results, and scoring systems (e.g., RASS, CAM-ICU, Mini-Mental State Exam, Unidimensional and Multidimensional pain assessment scales, palliative performance scale).
- Pharmacogenomics and pharmacogenetic information, if available.
- Adverse drug reactions.
- Medication adherence and persistence.
- Patient lifestyle habits, preferences and beliefs, health and functional goals, and socioeconomic factors that affect access to medications and other aspects of care.
- Sources of information are the most reliable sources available, including electronic, face-to-face, and others.
- Patient information is comprehensive, organized, and integrated for subsequent problem solving and decision making.
- Clarifies information as needed.
- Displays understanding of limitations of information in health records.
- Poses appropriate questions as needed.

Objective R1.1.4: (Analyzing) Analyze and assess information on which to base safe and effective medication therapy for patients requiring pain management and palliative care.

Criteria:

- Includes accurate assessment of patient's:
 - Health and functional status.
 - Risk factors.
 - Health data.
 - Cultural factors.
 - Health literacy.
 - Access to medications.
 - Immunization status.
 - Need for preventive care and other services, when appropriate.
 - Other aspects of care, as applicable.
- Appropriately identifies medication therapy problems, including:
 - Lack of indication for medication.
 - Medical conditions for which there is no medication prescribed.
 - Medication prescribed or continued inappropriately for a particular medical condition.
 - Suboptimal medication regimen (e.g., dose, dosage form, duration, schedule, route of administration, method of administration).
 - Medication toxicity requiring medication therapy modifications.
 - Abnormal lab values requiring medication therapy modifications.
 - Therapeutic duplication.
 - Adverse drug or device-related events or the potential for such events.
 - Clinically significant drug–drug, drug–disease, drug–nutrient, drug–DNA test interaction, drug–laboratory test interaction, or the potential for such interactions.
 - Use of harmful social, recreational, nonprescription, nontraditional, or other medication therapies.
 - Patient not receiving full benefit of prescribed medication therapy.
 - Problems arising from the financial impact of medication therapy on the patient.
 - Patient lacks understanding of medication therapy.

- Patient not adhering to medication regimen and root cause (e.g., knowledge, recall, motivation, financial, system).
- Patient assessment needed.
- Discrepancy between prescribed medications and established care plan for the patient.
- Prioritize a pain and palliative care patient's health care needs.

Objective R1.1.5: (Creating) Design, or redesign, safe and effective patient-centered therapeutic regimens and monitoring plans (care plans) for patients requiring pain management and palliative care.

Criteria:

- Specify evidence-based, measurable, achievable therapeutic goals that include consideration of:
 - Relevant patient-specific information, including culture and preferences.
 - The goals of other interprofessional team members.
 - The patient's disease state(s).
 - Medication-specific information.
 - Best evidence, including clinical guidelines and the most recent literature.
 - Effectively interprets new literature for application to patient care.
 - Ethical issues involved in the patient's care.
 - Quality-of-life issues specific to the patient.
 - End of life issues.
 - Integration of all the above factors influencing the setting of goals.

- Designs/redesigns regimens that:

- Are appropriate for the disease states being treated.
- Reflect:
 - Clinical experience.
 - The therapeutic goals established for the patient.
 - The patient's and caregiver's specific needs.

Consideration of:

- Any pertinent pharmacogenomic or pharmacogenetic factors.
- Best evidence.
- Pertinent ethical issues.
- Pharmaco-economic components (patient, medical, and systems resources).
- Patient preferences, culture, and/or language differences.
- Patient-specific factors, including physical, mental, emotional, and financial factors that might impact adherence to the regimen.
- Drug shortages.
- Adhere to the health system's medication-use policies.
- Follow applicable ethical standards.
- Address wellness promotion and lifestyle modification.
- Support the organization's or patient's insurance formulary.
- Address medication-related problems and optimize medication therapy.
- Engage the patient through education, empowerment, and promotion of self-management.
- Considers factors unique to geriatric and/or terminal patients when developing palliative care plans (e.g., quality of life, frailty).
- Considers cultural factors.
- Discontinues treatment and/or medications when appropriate.
- Designs/redesigns monitoring plans that:
 - Effectively evaluate achievement of therapeutic goals.

- Ensure adequate, appropriate, and timely follow-up.
- Establish parameters that are appropriate measures of therapeutic goal achievement.
- Reflect consideration of best evidence.
- Select the most reliable source for each parameter measurement.
- Have appropriate value ranges selected for the patient.
- Have parameters that measure efficacy.
- Have parameters that measure potential adverse drug events.
- Have parameters that are cost-effective.
- Have obtainable measurements of the parameters specified.
- Reflects consideration of compliance.
- Anticipates future drug-related problems.
- When applicable, reflects preferences and needs of the patient.
- Plan represents the highest level of patient care.

Objective R1.1.6: (Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) for patients requiring pain management and palliative care by taking appropriate follow-up actions.

Criteria:

- Effectively recommends or communicates patients' regimens and associated monitoring plans to relevant members of the health care team.
 - Poses appropriate questions as needed. Recommendation is persuasive.
 - Presentation of recommendation accords patient's right to refuse treatment.
 - If patient refuses treatment, pharmacist exhibits responsible professional behavior.
 - Creates an atmosphere of collaboration.
 - Skillfully defuses negative reactions.
 - Communication conveys expertise.
 - Communication is assertive but not aggressive.
 - Where the patient has been directly involved in the design of the plans, communication reflects previous collaboration appropriately.
- Ensures recommended plan is implemented effectively for the patient, including ensuring that the:
 - Plan represents the highest level of patient care.
 - Therapy corresponds with the recommended regimen.
 - Regimen is initiated at the appropriate time.
 - Patient receives their medication as directed.
 - Medications in situations requiring immediacy are effectively facilitated.
 - Medication orders are clear and concise.
 - Activity complies with the health system's policies and procedures.
 - Tests correspond with the recommended monitoring plan.
 - Tests are ordered and performed at the appropriate time.
- Takes appropriate action based on analysis of monitoring results (redesign regimen and/or monitoring plan if needed).
- Appropriately initiates, modifies, discontinues, or administers medication therapy as authorized.
- Responds appropriately to notifications and alerts in electronic medical records and other information systems that support medication ordering processes (based on factors such as patient weight, age, gender, comorbid conditions, drug interactions, renal function, and hepatic function).
- Provides thorough and accurate education to patients and caregivers, when appropriate, including information on medication therapy, adverse effects, compliance, appropriate use, handling, and medication administration.

- Addresses medication- and health-related problems and engages in preventive care strategies, including vaccine administration.
- Schedules follow-up care as needed to achieve goals of therapy.

Objective R1.1.7: (Applying) For patients requiring pain management and palliative care, document direct patient care activities appropriately in the medical record, or where appropriate.

Criteria:

- Accurately and concisely communicates drug therapy recommendations to healthcare professionals representing different disciplines.
- Appropriately documents patient/caregiver communication and all relevant direct patient care activities in a timely manner.

Objective R1.1.8: (Applying) Demonstrate responsibility to patients requiring pain management and palliative care for patient outcomes.

Criteria:

- Gives priority to patient care activities.
- Routinely ensures completion of all steps of the medication management and pharmacist patient care process.
- Assumes responsibility for medication therapy outcomes.
- Actively works to identify the potential for significant medication-related problems.
- Actively pursues all significant existing and potential medication-related problems until satisfactory resolution is obtained.
- Ensures appropriate transitions of care.
- Communicates with patients and family members/caregivers about their medication therapy.
- Determines barriers to patient compliance and makes appropriate adjustments.

Goal R1.2: Ensure continuity of care during patient transitions between care settings for patients requiring pain management and palliative care.

Objective R1.2.1: (Applying) Manage transitions of care effectively for patients requiring pain management and palliative care.

Criteria:

- Participates in thorough medication reconciliation when necessary.
- When appropriate, follows up on identified drug-related problems, additional monitoring, and education in a timely and caring manner.
- Provides accurate, pertinent, and timely follow-up information when patients transfer to another facility, level of care, pharmacist, or provider, as appropriate.
- Takes appropriate and effective steps to help avoid unnecessary hospital admissions and/or readmissions.
- Provides appropriate information to other pharmacists in transitions to mitigate medication therapy problems.

Competency Area R2: Advancing Practice and Improving Patient Care

Goal R2.1: Demonstrate ability to manage formulary and medication-use processes for patients requiring pain and palliative care, as applicable to the organization.

Objective R2.1.1: (Creating) Prepare or revise a drug class review, monograph, treatment guideline, order set or protocol related to care of patients requiring pain management and palliative care.

Criteria:

- Displays objectivity.
- Effectively synthesizes information from the available literature.
- Applies evidenced-based principles for advancing pharmacotherapy knowledge.
- Consults relevant sources.
- Considers medication-use safety and resource utilization.
- Uses the appropriate format.
- Effectively communicates any changes in medication formulary, medication usage, or other procedures to appropriate parties.
- Demonstrates appropriate assertiveness and timeliness in presenting pharmacy concerns, solutions, and interests to internal and external stakeholders.
- When appropriate, may include proposals for medication-safety technology improvements.

Objective R2.1.2: (Applying) Participate in the review of medication event reporting and monitoring related to care for patients requiring pain management and palliative care.

Criteria:

- Effectively uses currently available technology and automation that supports a safe medication-use process.
- Appropriately and accurately determines, investigates, reports, tracks, and trends adverse drug events, medication errors, and efficacy concerns using accepted institutional resources and programs.
- Effectively apply pain and opioid stewardship principles to enhance the safe use of medications for the population served.

Goal R2.2: Demonstrate ability to conduct a quality improvement or research project.

Ideally, objectives R2.2.1-R2.2.6 will be addressed through residents working on one quality improvement or research project; however, if this is not possible, all objectives must be addressed by the end of the residency year and can be addressed through work on more than one initiative.

Objective 2.2.1: (Analyzing) Identify and/or demonstrate understanding of specific project topic to improve patient care in a pain management and palliative care pharmacy.

Criteria:

- Appropriately identifies or understands problems and opportunities for improvement or research projects.
- Conducts a comprehensive literature search and draws appropriate conclusions.
- Determines an appropriate research question or topic for a practice-related project of significance to patient care that can realistically be addressed in the desired time frame.
- Uses best practices or evidence-based principles to identify opportunities for improvements.
- Accurately evaluates or assists in the evaluation of data generated by health information technology or automated systems to identify opportunities for improvement.

Objective R2.2.2: (Creating) Develop a plan or research protocol for a pharmacy practice quality improvement or research project in pain management and palliative care.

Criteria:

- Develops specific aims, selects an appropriate study design, and develops study methods to answer the research question(s).
- Applies safety design practices (e.g., standardization, simplification, human factors training, lean principles, FOCUS-PDCA, other process improvement or research methodologies) appropriately and accurately.
- Plan for improvement includes appropriate reviews and approvals required by department or organization and addresses the concerns of all stakeholders.
- Applies evidence-based and/or basic pharmacoeconomic principles, if needed.
- Develops a feasible design for a prospective or retrospective clinical or outcomes analysis project that considers who or what will be affected by the project.
- Identifies and obtains necessary approvals, (e.g., IRB, quality review board, funding) and responds promptly to feedback or reviews for a practice-related project.
- Acts in accordance with the ethics of research on human subjects, if applicable.
- Implements the project as specified in its design.
- Plan design is practical to implement and is expected to remedy or minimize the identified challenge or deficiency.

Objective R2.2.3: (Evaluating) Collect and evaluate data for a pharmacy practice quality improvement or research project related to the care of patients requiring pain management and palliative care.

Criteria:

- Collects the appropriate types of data as required by project design.
- Uses appropriate electronic data and information from internal information databases, external online databases, appropriate Internet resources, and other sources of decision support, as applicable.
- Uses appropriate methods for analyzing data in a prospective and retrospective clinical, humanistic, and/or economic outcomes analysis.
- Develops and follows an appropriate research or project timeline.
- Correctly identifies need for additional modifications or changes to the project.
- Applies results of a prospective or retrospective clinical, humanistic, and/or economic outcomes analysis to internal business decisions and modifications to a customer's formulary or benefit design as appropriate.
- Uses continuous quality improvement (CQI) principles to assess the success of the implemented change, if applicable.
- Considers the impact of the limitations of the project or research design on the interpretation of results.
- Accurately and appropriately develops plan to address opportunities for additional changes.

Objective R2.2.4: (Applying) Implement the project designed to improve patient care related to patients requiring pain management and palliative care.

Criteria:

- Plan is based on appropriate data.
- Effectively presents plan (e.g., accurately recommends or contributes to recommendation for operational change, formulary addition or deletion, implementation of medication guideline or restriction, or treatment protocol implementation) to appropriate audience.

- Demonstrates appropriate assertiveness in presenting pharmacy concerns, solutions, and interests to external stakeholders.
- Gains necessary commitment and approval for implementation.
- Follows established timeline and milestones.
- Effectively communicates any changes in medication formulary, medication usage, or other procedures to appropriate parties.
- Outcome of change is evaluated accurately and fully.

Objective R2.2.5: (Evaluating) Assess changes or the need to make changes to improve patient care, related to the care for patients requiring pain management and palliative care.

Criteria:

- Evaluate data and/or outcome of project accurately and fully.
- Includes operational, clinical, economic, and humanistic outcomes of patient care, if applicable.
- Uses continuous quality improvement (CQI) principles to assess the success of the implemented change, if applicable.
- Correctly identifies need for additional modifications or changes based on outcome.
- Accurately assesses the impact of the project, including its sustainability (if applicable).
- Accurately and appropriately develops plan to address opportunities for additional changes.

Objective R2.2.6: (Creating) Effectively develop and present, orally and in writing, a final project or research report suitable for publication, related to care for patients requiring pain management and palliative care, at a local, regional, or national conference (the presentation may be virtual).

Criteria:

- Outcome of change is reported accurately to appropriate stakeholders(s) and policy-making bodies according to departmental or organizational processes.
- Report includes implications for changes to or improvement in pharmacy practice.
- Report uses an accepted manuscript style suitable for publication in the professional literature.
- Oral presentations to appropriate audiences within the department and organization or to external audiences use effective communication and presentation skills and tools (e.g., handouts, slides) to convey points successfully.

Competency Area R3: Leadership and Management

Goal R3.1: Demonstrate leadership and management skills for successful self-development in the provision of care for pain management and palliative care patients.

Objective R3.1.1: (Applying) Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership and management in the provision of care for pain management and palliative care patients.

Criteria:

- Demonstrates efficient time management.
- Manages conflict effectively.

- Demonstrates effective negotiation skills.
- Demonstrates ability to lead interprofessional teams.
- Uses effective communication skills and styles.
- Demonstrates understanding of perspectives of various health care professionals.
- Effectively expresses benefits of personal profession-wide leadership and advocacy.
- Effectively participates in patient care related services, including interprofessional teams, and family-team planning meetings.

Objective R3.1.2: (Applying) Apply a process of ongoing self-evaluation and personal performance improvement in the provision of care for pain management and palliative care patients.

Criteria:

- Accurately summarizes own strengths and areas for improvement (in knowledge, values, qualities, skills, and behaviors).
- Effectively uses a self-evaluation process for developing professional direction, goals, and plans.
- Effectively engages in self-evaluation of progress on specified goals and plans.
- Demonstrates ability to use and incorporate constructive feedback from others.
- Effectively uses principles of continuous professional development (CPD) planning (reflect, plan, act, evaluate, record/review).
- Review and interpret the most recent primary literature.
- Demonstrates pride in and commitment to the profession through appearance, personal conduct, through membership in professional organizations related to pain management and palliative care.
- Evaluate clinical practice activities for potential contributions to scholarship.

Goal R3.2: Demonstrate management skills in the provision of care for pain management and palliative care patients.

Objective R3.2.1: Demonstrates effective self-management of unique emotional challenges associated with dying, death, loss, chronic pain, substance abuse, and implement effective communication skills when interacting with patients, families and caregivers.

Criteria:

- Identifies and articulates the unique and challenging emotions that come with dying, death, loss, chronic pain, mental disorders, and substance use disorder.
- Explains and uses strategies for providing care while experiencing challenging emotions.
- Use effective strategies for breaking bad news and/or leading difficult conversations, etc.

Objective R3.2.2: (Applying) Manage one's own pain management and palliative care practice effectively.

Criteria:

- Accurately assesses successes and areas for improvement (e.g., a need for staffing projects or education) in managing one's own practice.
- Makes accurate, criteria-based assessments of one's own ability to perform practice tasks.
- Regularly integrates new learning into subsequent performances of a task until expectations are met.
- Routinely seeks applicable learning opportunities when performance does not meet expectations.
- Demonstrates effective workload and time-management skills.
- Assumes responsibility for personal work quality and improvement.

- Is well prepared to fulfill responsibilities (e.g., patient care, projects, management, and meetings).
- Sets and meets realistic goals and timelines.
- Demonstrates awareness of own values, motivations, and emotions.
- Demonstrates enthusiasm, self-motivation, and a “can-do” approach.
- Demonstrates effective advocacy for one’s own practice and for pharmacy.
- Demonstrates adaptability to practice needs.

Competency Area R4: Teaching, Education, and Dissemination of Knowledge

Goal R4.1: Provide effective medication and practice-related education to patients requiring pain management and palliative care, caregivers, health care professionals, students, and the public (individuals and groups).

Objective R4.1.1: (Applying) Design effective educational activities related to pain management and palliative care.

Criteria:

- Accurately defines educational needs, including learning styles, with regard to target audience (e.g., individual versus group) and learning level (e.g., health care professional versus patient, student versus PGY1 resident).
- Selects topics of significance to pain and palliative care pharmacy as outlined in the appendix.
- Defines educational objectives that are specific, measurable, at a relevant learning level (e.g., applying, creating, evaluating), and address the audiences’ defined learning needs.
- Plans use of teaching strategies that match learner needs, including active learning (e.g., patient cases, polling).
- Selects content that is relevant, thorough, evidence based (using primary literature where appropriate), timely and reflects best practices.
- Includes accurate citations and relevant references and adheres to applicable copyright laws.

Objective R4.1.2: (Applying) Use effective presentation and teaching skills to deliver education related to pain management and palliative care.

Criteria:

- Demonstrates rapport with learners.
- Captures and maintains learner/audience interest throughout the presentation.
- Implements planned teaching strategies effectively.
- Effectively facilitates audience participation, active learning, and engagement in various settings (e.g., small or large group, distance learning).
- Presents at appropriate rate and volume and without exhibiting poor speaker habits (e.g., excessive use of “um” and other interjections).
- Body language, movement, and expressions enhance presentations.
- Summarizes important points at appropriate times throughout presentations.
- Transitions smoothly between concepts.
- Effectively uses audio-visual aids and handouts to support learning activities.

Objective R4.1.3: (Applying) Use effective written communication to disseminate knowledge related to pain and palliative care.

Criteria:

- Writes in a manner that is easily understandable and free of errors.
- Demonstrates thorough understanding of the topic.
- Notes appropriate citations and references.
- Includes critical evaluation of the literature and knowledge advancements or a summary of what is currently known on the topic.
- Develops and uses tables, graphs, and figures to enhance reader's understanding of the topic when appropriate.
- Writes at a level appropriate for the target readership (e.g., physicians, pharmacists, other health care professionals, patients, the public).
- Creates one's own work and does not engage in plagiarism.

Objective R4.1.4: (Applying) Appropriately assess effectiveness of education related to pain management and palliative care.

Criteria:

- Selects assessment method (e.g., written or verbal assessment or self-assessment questions, case with case-based questions, learner demonstration of new skill) that matches activity.
- Provides timely, constructive, and criteria-based feedback to learner.
- If used, assessment questions are written in a clear, concise format that reflects best practices for test item construction.
- Determines how well learning objectives were met.
- Plans for follow-up educational activities to enhance or support learning and (if applicable) ensure that goals were met.
- Identifies ways to improve education-related skills.
- Obtains, reviews, and applies feedback from learners and others to improve effectiveness as an educator.

Goal R4.2: Effectively employ appropriate preceptor roles when engaged in teaching students, pharmacy technicians, or fellow health care professionals in pain management and palliative care.

Objective R4.2.1: (Analyzing) When engaged in teaching related to pain management and palliative care, select a preceptor role that meets learners' educational needs.

Criteria:

- Identifies which preceptor role is applicable for the situation (direct instruction, modeling, coaching, facilitating).
 - Selects direct instruction when learners need background content.
 - Selects modeling when learners have sufficient background knowledge to understand the skill being modeled.
 - Selects coaching when learners are prepared to perform a skill under supervision.
 - Selects facilitating when learners have performed a skill satisfactorily under supervision.

Objective R4.2.2: (Applying) Effectively employ preceptor roles, as appropriate, when instructing, modeling, coaching, or facilitating skills related to pain management and palliative care.

Criteria:

- Accurately assesses the learner's skill level to determine the appropriate preceptor role for providing practice-based teaching.
- Instructs students, technicians, or others as appropriate.

- Models skills, including “thinking out loud,” so learners can “observe” critical-thinking skills.
- Coaches, including effective use of verbal guidance, feedback, and questioning, as needed.
- Facilitates, when appropriate, by allowing learner independence and using indirect monitoring of performance.

ELECTIVE COMPETENCY AREAS, GOALS, AND OBJECTIVES FOR PAIN AND PALLIATIVE CARE POSTGRADUATE YEAR TWO (PGY2) PHARMACY RESIDENCIES

Competency Area E1: Academia

Goal E1.1: Demonstrate understanding of key elements of the academic environment and faculty roles within it.

Objective E1.1.1: (Understanding) Demonstrates understanding of key elements of the academic environment and faculty roles within it.

Criteria:

- Accurately describes variations in the expectations of different colleges/schools of pharmacy for teaching, practice, research, and service, including public versus private colleges/schools of pharmacy and relationships between scholarly activity and teaching, practice, research and service.
- Accurately describes the academic environment, including how the decisions by university and college administration impact the faculty and how outside forces (e.g. change in the profession, funding source, accreditation requirements) that impact administrator and faculty roles.
- Accurately described faculty roles and responsibilities.
- Accurately describes the types and ranks of faculty appointments, including the various types of appointments (e.g. non-tenure, tenure-track, and tenured faculty), various ranks of faculty (e.g. instructor, assistant professor, associate professor, full professor), and the role and implications of part-time and adjunct faculty as schools continue to expand and faculty shortages occur, and promotion and tenure process for each type of appointment, including types of activities that are considered in the promotion process and for tenure.
- Accurately explains the role and influence of faculty in the academic environment, including faculty in governance structure (e.g. the faculty senate, committee service) and faculty related to teaching, practice, research, and service roles (e.g. curriculum development and committee service).
- Accurately identifies resources available to help develop academic skills, including the role of academic-related professional organizations (e.g. AACP) and other resources to help develop teaching skills and a teaching philosophy.
- Accurately identifies and describes ways that faculty maintain balance in their roles.
- Accurately describes typical affiliation agreements between a college of pharmacy and a practice site (e.g., health system, hospital, clinic, retail pharmacy).

Goal E1.2: Exercise case-based and other teaching skills essential to pharmacy faculty.

Objective E1.2.1: (Applying) Develop and deliver cases for workshops and exercises for laboratory experiences.

Criteria:

- Identifies the appropriate level of case-based teachings for small group instruction.
- Identifies appropriate exercises for laboratory experiences.
- Provides appropriate and timely feedback to improve performance.

Objective E1.2.2: (Applying) Effectively apply methods to prevent and respond to academic and profession dishonesty and adhere to copyright laws.

Criteria:

- Accurately evaluates physical and attitudinal methods to prevent academic dishonesty.
- Accurately describes methods of responding to incidents of academic dishonesty.
- Accurately explains the role of academic honor committees in cases of academic dishonesty.
- Identifies examples and methods to address unprofessional behavior in learners.
- Accurately describes copyright regulations as related to reproducing materials for teaching purposes.
- Accurately describes copyright regulations as related to linking and citing on-line materials.

Goal E1.3: Develops and practices a philosophy of teaching.

Objective E1.3.1: (Creating) Develop or update a teaching philosophy statement.

Criteria:

- Teaching philosophy includes:
 - Self-reflection on personal beliefs about teaching and learning; If updating, reflect on how one's philosophy has changed.
 - Identification of attitudes, values, and beliefs about teaching and learning; and,
 - Illustrates personal beliefs on practice and how these beliefs and experiences are incorporated in a classroom or experiential setting with trainees.

Objective E1.3.2: (Creating) Prepare a practice-based teaching activity.

Criteria:

- Develops learning objectives using active verbs and measurable outcomes.
- Plans teaching strategies appropriate for the learning objectives.
- Uses materials that are appropriate for the target audience.
- Organizes teaching materials logically.
- Plans relevant assessment techniques.
- When used, develops examination questions that are logical, well-written, and test the learners' knowledge rather than their test-taking abilities.
- Participates in a systematic evaluation of assessment strategies (e.g., post-exam statistical analysis) when appropriate.
- Ensures activity is consistent with learning objectives in course syllabus.

Objective E1.3.3: (Applying) Deliver a practice-based educational activity, including didactic or experiential teaching, or facilitation.

Criteria:

- Incorporates at least one active learning strategy in didactic experiences appropriate for the topic.
- Uses effective skills in facilitating small and large groups.
- For experiential activities:
 - Organizes student activities (e.g., student calendar);
 - Effectively facilitates topic discussions and learning activities within the allotted time;
 - Effectively develops and evaluates learner assignments (e.g., journal clubs, presentations, SOAP notes);
 - Effectively assesses student performance; and,

- Provides constructive feedback.

Objective E1.3.4: (Creating) Effectively document one’s teaching philosophy, skills, and experiences in a teaching portfolio.

Criteria:

- Portfolio includes:
 - A statement describing one’s teaching philosophy;
 - Curriculum vitae;
 - Teaching materials including slides and other handouts for each teaching experience;
 - Documented self-reflections on one’s teaching experiences and skills, including strengths, areas for improvement, and plans for working on the areas for improvement;
 - Peer/faculty evaluations; and,
 - Student/learner evaluations.

Competency Area E2: Initiating a Pain and/or Palliative Care Pharmacy-Related Service

Goal E2.1: Develop a proposal for a new pain and/or palliative care pharmacy-related service.

Objective E2.1.1: (Creating) Write a proposal for an pain and/or palliative care pharmacy-related service.

Criteria:

- Proposal meets a perceived need of the health system and its patients.
- Proposal is clear and persuasive.
- Effectively employs clinical, humanistic, and economic outcome strategies to justify pain and palliative care pharmacy services, as applicable.
- Appropriately documents outcomes of pain and palliative care pharmacy services.

Objective E2.1.2: (Creating) Present a proposal for a new pain and/or palliative care pharmacy-related service.

Criteria:

- Identifies appropriate concerned entities as audience for presentation.
- Uses effective presentation skills.

Objective E2.1.3: (Applying) Implement a new pain and/or palliative care pharmacy-related service.

Criteria:

- Identifies appropriate strategies for implementing the new service.
- Effectively employs selected strategies for implementing the new service.

Objective E2.1.4: (Applying) Appraise a new pain management and/or palliative care pharmacy service.

Criteria:

- Accurately evaluates adequacy of the new service in meeting the stated goals.

Competency Area E3: Provision of Prescribing Medications and the Credentialing Process as the Advanced Practice Pharmacist Practitioner

Goal E3.1: Applies the credentialing process for prescribing medications as the clinical pharmacy practitioner.

Objective E3.1.1: (Understanding) Demonstrates understanding of key elements to obtain the status of the advanced practice pharmacy specialist's scope of practice in pain management and/or palliative care.

Criteria:

- Demonstrate understanding of the list of qualifications to apply for an advanced clinical scope of practice applicable to your practice site (such as active license in the state of practice, completion of a residency, possess certification in area of practice, maintain active BLS or ACLS as appropriate for the clinical setting, or 1500 hours of clinical experience under a collaborative practice agreement).
- Describes the process of established procedures to successfully apply for an advanced clinical scope of practice.
- Demonstrates understanding of the practice setting's policy for applying for an advanced clinical scope of practice to attain prescribing privileges.
- Follow established procedures to successfully apply (may be a hypothetical application if not permitted at the site) for credentialing as a pain and/or palliative care pharmacy practitioner.
- Describes the pharmacist process for applying to the Drug Enforcement Agency (DEA) to prescribe controlled substances and identify key states in where this process is allowed.

Objective E3.1.2: (Understanding) Demonstrates understanding of the prescribing process of the advanced practice pharmacy specialist's role in pain and/or palliative care.

Criteria:

- Describes the process of developing, documenting, and executing therapeutic plans utilizing the most effective, safest, clinically indicated pharmacotherapeutic treatments with approved clinical scope of practice (may be a hypothetical application if not permitted at the site).
- Demonstrates understanding of the practice setting's policy for the ordering, reviewing and interpreting appropriate laboratory tests and other diagnostic studies necessary to monitor, support, and modify the patient's drug therapy with approved clinical scope of practice (may be a hypothetical application if not permitted at the site).
- Demonstrate understanding of the practice setting's policy for the prescribing of medications, devices and supplies to include: initiation, continuation, discontinuation, monitoring and altering therapy within approved clinical scope of practice (may be a hypothetical application if not permitted at the site).
- Demonstrate understanding of practice setting's policy for administering drugs and/or biological by injection (may be a hypothetical application if not permitted at the site).
- Participate in professional practice evaluation (PPE) program or peer review program to ensure competent and ethical treatment of patients (may be a hypothetical application if not permitted at the site).
- Demonstrate understanding of practice setting's policy for reimbursement models (may be a hypothetical application if not permitted at the site).
- Describe the pharmacist patient care process.

Competency Area E4: Delivery of Medications

Goal E4.1: Manage and facilitate delivery of medications to support safe and effective drug therapy for pain and palliative care patients.

Objective E4.1.1: (Applying) Facilitate delivery of medications for patients requiring pain and palliative care following best practices and local organization policies and procedures and applicable state and federal laws.

Criteria:

- Ensures correct interpretation of appropriateness of a medication order before they are prepared or permitting the distribution of the first dose, including:
 - Identifying, clarifying, verifying, and correcting any medication order errors.
 - Considering complete patient-specific information.
 - Identifying existing or potential drug therapy problems.
 - Determining an appropriate solution to an identified problem.
 - Securing consensus from the prescriber for modifications to therapy.
 - Ensuring that the solution is implemented.
- Facilitates preparation of medication using appropriate techniques and following the organization's policies and procedures and applicable professional standards, including:
 - When required, accurately calibrating equipment.
 - Adhering to appropriate safety and quality assurance practices.
 - Ensuring preparation of labels that conform to the health system's policies and procedures, as appropriate.
 - Ensuring that medication has all necessary and appropriate ancillary labels.
 - Inspecting the final medication before dispensing for accuracy, as appropriate.
- Ensures that when medication products are dispensed:
 - Follows the organization's policies and procedures.
 - Ensures ability to access prescription drug monitoring program (PDMP) per facilities policies.
 - Ensures the patient receives the medication(s) as ordered.
 - Ensures the integrity of medication dispensed.
 - Provides any necessary written and/or verbal counseling for the patient and support/education for relevant interdisciplinary staff (e.g. nursing, respiratory therapy).
 - Ensures the patient receives medication on time.
- Maintains accuracy and confidentiality of patients' protected health information.
- Obtains agreement on modifications to medication orders when acting in the absence of, or outside, an approved protocol or collaborative agreement.
- Ensures appropriate dosing, preparation, and dispensing the following types of medications:
 - Medications used in emergency response (psychiatric crisis, overdose, neurologic emergency).
- Assesses appropriate stock of automatic dispensing cabinets.
- References appropriate literature resources to ensure use of proper practices regarding compatibility, and concentrations.

Objective E4.1.2: (Applying) Manage aspects of the medication-use process related to formulary management for pain and palliative care.

Criteria:

- Follows appropriate procedures regarding exceptions to the formulary, if applicable, in compliance with policy.
- Ensures non-formulary medications are evaluated, dispensed, administered, and monitored in a manner that ensures patient safety.

Objective E4.1.3: (Applying) Facilitate aspects of the medication-use process for pain and palliative care patients.

Criteria:

- Makes effective use of technology to aid in decision-making and increase safety.
- Demonstrates commitment to medication safety.
- Effectively prioritizes workload and organizes workflow.
 - Checks accuracy of medications dispensed, including correct patient identification, medication, dosage form, label, dose, number of doses, and expiration dates; and proper repackaging and relabeling medications, including compounded medications (sterile and nonsterile).
 - Promotes safe and effective drug use on a day-to-day basis.

Competency Area E5: Medication-Use Evaluations

Goal E5.1: Lead a medication-use evaluation.

Objective E5.1.1: (Evaluating) Lead a medication-use evaluation related to care of pain and palliative care patients.

Criteria:

- Uses evidence-based principles to develop criteria for use.
- Demonstrates a systematic approach to gathering data.
- Identifies problems and opportunities for improvement and analyzes relevant background data.
- Evaluates data generated by health information technology or automated systems to identify opportunities for improvement.
- Utilizes best practices to identify opportunities for improvements.
- When needed, makes medication-use policy recommendations based on a review of practice standards, guidelines, and other evidence (e.g., National Quality Measures, Institute for Safe Medication Practices alerts, Joint Commission sentinel alerts).
- Other examples include performing an MUE, or implementing some metric or measure in the practice setting, evaluating results, and suggesting a plan for improvement.
- Demonstrates appropriate confidence and assertiveness in presenting pharmacy concerns, solutions, and interests to internal and external stakeholders.
- Implements approved changes, as applicable.

Competency Area E6: Management of Pain and Palliative Care Medical Emergencies

Goal E6.1: Participate in the management of medical emergencies in pain and/or palliative care patients.

Objective E6.1.1: (Applying) Exercise skill as a team member in the management of medical emergencies in the pain and/or palliative care patient.

Criteria:

- Demonstrates understanding of organization's protocol for medical emergencies.
- Appropriately prepares and dispenses medications during medical emergencies relating to opioid overdoses.
- Anticipate, recognize and make appropriate recommendations regarding symptom management emergencies (e.g., spinal cord compression, pain crisis).

Objective E6.1.2: (Complex Overt Response) When administration is appropriate, exercise skill in the administration of emergency medications for a patient.

Criteria:

- Uses appropriate techniques when demonstrating use or administering emergency medications for patients relating to opioid overdose.
- Effectively demonstrates use or administers emergency medications for patients relating to opioid overdose.

Objective E6.1.3: (Applying) Interact effectively with health care teams to manage patients' emergency medication therapy in the pain and/or palliative care setting.

Criteria:

- Interactions are cooperative, collaborative, communicative, and respectful.
- Demonstrates advocacy for the patient.

Competency Area E7: Specialty Pharmacy

Goal E7.1: Effectively fulfill the major functions of a specialty pharmacist, including intake, clinical management, fulfillment, and facilitating optimal outcomes.

Objective E7.1.1: (Applying) Effectively engage in clinical management activities for specialty pharmacy patients.

Criteria:

- Addresses Risk Evaluation and Mitigation Strategies (REMS) with pain and palliative care medications.
- Develops individualized education plan for specialty pharmacy patients to achieve treatment goals.

Objective E7.1.2: (Evaluating) Effectively facilitate optimal treatment outcomes for specialty pharmacy patients.

Criteria:

- Determines clinical, patient-reported, operational, and financial data to be collected based on the parameters of disease state and medication, and how data will be obtained from internal and external sources.
- Obtain, collect, and extract clinical, patient-reported, operational, and financial data.
- Analyzes and interprets clinical and patient-reported data to determine clinical and patient-reported outcomes to improve patient treatment and quality of life.
- Analyzes and interprets operational and financial data to determine operational and financial outcomes to evaluate the pharmacoeconomic impact of service offerings.

Competency Area E8: Writing for Publication

Goal E8.1: Write articles that provide pertinent medication use information on pain management and palliative care related topics for health care professionals and/or the public.

Objective E8.1.1: (Applying) Use knowledge of the purpose of a particular publication to write articles that provide pertinent pain management and palliative care-related topics for health care professionals and/or the public.

Criteria:

- Identifies pain management and palliative care-related topics that would be suitable for a particular audience.
- Submits a suitably formatted article on a pain management and palliative care-related topic for peer-reviewed publication.
- Effectively provides peer review of a pharmacy or pain management and palliative care-related article for publication.

Competency Area E9: Clinical Investigations

Goal E9.1: Participate in the operation of a system that prepares and distributes investigational pain management and palliative care-related medications.

Objective E9.1.1: (Evaluating) Evaluate relevant aspects of a pain management and palliative care-related investigational drug study.

Criteria:

- Demonstrates understanding of factors to consider (e.g., impact on pharmacy budget, personnel) when determining the feasibility of a proposed pain management and palliative care-related investigational drug study.
- Demonstrates understanding of drug procurement, storage, preparation, administration, and accountability considerations for investigational or other research-related drugs.
- Demonstrates understanding of the phases of the investigational drug development process and the objectives for each phase as it applies to approving pain management and palliative care-related drugs.
- Demonstrates understanding of the steps in the investigational drug protocol approval process.

- Demonstrates understanding of the purposes of standard sections of investigational protocols for pain management and palliative care -related therapy.
- Demonstrates understanding of factors to consider when judging the adequacy of the informed consent document.
- Demonstrates understanding of the laws and regulations governing informed consent (and, in pediatric patients, assent) and conduct of clinical research.

Objective E9.1.2: (Applying) Manage the use of pain management and palliative care investigational drugs according to established protocols and the organization's policies and procedures.

Criteria:

- Demonstrates understanding of the organization's policies by following the proper procedures and protocol when managing the use of investigational pain management and palliative care drugs.

Objective E9.1.3: (Understanding) Compares and contrasts record-keeping requirements of various regulatory agencies covering pain management and palliative care-related clinical research studies.

Criteria:

- Explains the process for reporting adverse reactions to drugs used in a pain management and palliative care-related investigational protocol.

Competency Area E10: Added Leadership and Practice Management Skills

Goal E10.1: Exhibits additional skills of a practice leader.

Objective E10.1.1: (Applying) Exhibits additional personal skills of a practice leader.

Criteria:

- Establishes sustained active participation in relevant professional associations.
- Speaks clearly and distinctly in grammatically correct English or the alternate primary language of the practice site.
- Use listening skills effectively.
- Uses effective body language when listening to others.
- Effectively uses verbal techniques to enhance listening to others.
- Uses correct grammar, punctuation, spelling, style, and formatting conventions in preparing written communications.
- Considers recipient's preferences to determine the appropriate type of, and medium and organization of communications.
- Communicates in terms appropriate to one's audience.
- Accurately determines audience's needs.
- Explain the importance of assessing the listener's understanding of the message conveyed.
- Accurately assesses and addresses the level of health literacy of a patient.
- Uses sources of patient information that are appropriately adjusted for various levels of health literacy.
- Effectively uses techniques for persuasive communications.
- Applies guidelines for the preparation of statements to be distributed to the media.

Objective E10.1.2: (Applying) Contribute to pain management and palliative care pharmacy departmental management.

Criteria:

- Participates effectively in implementing changes, using change management and quality improvement best practices and tools, consistent with team, departmental, and organizational goals.
- Participates effectively on committees or informal work groups to complete group projects, tasks, or goals.
- Helps identify and define significant departmental needs.
 - Manpower/staffing.
 - Staff scheduling and contingencies.
 - Staff qualifications.
 - Assesses and develops educational opportunities for critical care service line staff.
- Helps develop plans that address departmental needs.
 - Orientation.
 - Training and supervision.
 - Effectively participate in, or evaluate, strategic plan.
- Works collaboratively within the organization's political and decision-making structure.
- Demonstrates personal commitment to and adheres to organizational and departmental policies and procedures.

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The effective date for implementation of these educational outcomes, goals and objectives is July 1, 2018.

Appendix

PGY2 Pharmacy Residencies in Pain Management and Palliative Care

As indicated in the overview at the beginning of this document, PGY2 pharmacy residencies in pain management and palliative care are designed to transition PGY1 pharmacy residency graduates from generalist practice to specialized practice focused on the pain management and palliative care needs of patients. In this regard, residency graduates should be equipped to participate as essential members of interdisciplinary pain management and palliative care teams and able to make complex therapeutic recommendations in a broad variety of practice settings. Thus, training should focus on developing residents' capabilities to deal with a varied depth and broad range of pain syndromes, including chronic malignant and non-malignant pain, neuropathic pain, and pain related to neurologic, orthopedic and rheumatologic conditions. Palliative care emphasis should be placed on symptom management throughout patients' illnesses and at the end of life.

Core Areas or Types of Patient Care Experiences

The list of topics below represents core areas or diseases that graduates of PGY2 Pain Management and Palliative Care programs are expected to have adequate knowledge of to provide patient care. The primary method for PGY2 Pain Management and Palliative Care programs to help residents achieve patient care competence in providing comprehensive medication management is sufficient experience providing patient care in core areas related to pain management and palliative care. Symptom management can occur throughout the patient care experience. In the table below it is listed in the hospice area.

For this purpose, residents are required to have direct patient care experience for disease states listed in the first column, "Required – Direct Patient Care Experience". Topics in the second column, "Required- Case-Based Application Acceptable", may be covered by direct patient care or by case-based application through didactic discussion, reading assignments, case presentations, and/or written assignments. Topics in the third column, "Elective", are considered optional topics or diseases states that programs may include if applicable to the program's patient population. Elective areas may be covered by direct patient care or by case-based application through didactic discussion, reading assignments, case presentations, and/or written assignments.

The resident will explain signs and symptoms, epidemiology, risk factors, pathogenesis, natural history of disease, pathophysiology, clinical course, etiology, and treatment of diseases and conditions listed below. The resident will also manage patients in direct patient care experiences with these diseases and conditions.

The resident will explain the mechanism of action, pharmacokinetics, pharmacodynamics, pharmacogenomics, pharmacoconomics, usual regimen (dose, schedule, form, route, and method of administration), indications, contraindications, interactions, adverse reactions, and therapeutics of medications and non-traditional therapies, where relevant, that are applicable to the diseases and conditions listed below.

The resident will explain various forms of non-medication therapy, including life-style modification and the use of devices for disease prevention and treatment, for diseases and conditions listed below.

CONTENT AREAS			
NOTE:	<ul style="list-style-type: none"> ▪ <i>Direct Patient Care experiences can be covered in any content area.</i> ▪ <i>Programs may incorporate as much case-based application and elective experiences through Direct Patient Care at their discretion.</i> 		
	REQUIRED	REQUIRED	ELECTIVE
CONTENT AREAS	Direct Patient Care Experience Required	Case-Based Application Acceptable	
Acute Pain Management	<ul style="list-style-type: none"> • Parenteral Pain management (including PCA and other parenteral modalities) • Use of multimodal analgesics, adjuvants, and co-analgesics • Acute pain management in setting of co-morbid substance abuse • Post-op pain management • Application of opioid stewardship principles 	<ul style="list-style-type: none"> • Regional and neuraxial analgesia • Acute opioid overdose (antidotes and strategies) • Perioperative pain management 	<ul style="list-style-type: none"> • Sickle Cell Crisis • Anesthesia and procedural sedation • Pediatrics • Wound Care • Emergency Room or Urgent Care
Chronic Pain Management	<ul style="list-style-type: none"> • Non-pharmacologic pain management & lifestyle changes • Risk Mitigation strategies (assessment tools, Prescription drug monitoring program (PDMP) review, Urine/Serum drug testing interpretation, & opioid agreements) • Use of multimodal analgesics, adjuvants, and co-analgesics (dosing, conversions, tapers, monitoring, and management of adverse effects) • Chronic low back pain • Osteoarthritis • Pain assessment including use of scales (Multidimensional, Unidimensional, & Special patient populations, including non-verbal patients) • Neuropathy • Pain management in setting of co-morbid substance abuse • Application of opioid stewardship principles 	<ul style="list-style-type: none"> • Chemotherapy-Induced Peripheral Nueropathy • Chronic Regional Pain Syndrome • Headaches • Pain pathophysiology (neuropathic, nociceptive, and central) • Chronic spine disorders (Spinal cord compression, spinal fracture, failed back syndrome) • Pain Self-management strategies • Complexities of pain assessment (barriers and subjectivity thereof) • Fibromyalgia 	<ul style="list-style-type: none"> • Behavioral interventions (e.g., psycho-social) • Pediatrics • Rheumatology • Neurology • Integrative / complementary medicine • Pharmacogenomics

		<ul style="list-style-type: none"> • Post-stroke • Phantom Limb 	
Psychiatric Disorders	<ul style="list-style-type: none"> • Common Depressive Disorders • Neurocognitive Disorders (Delirium and Dementia) • Anxiety disorders • Opioid Use Disorder • Substance-Related & Addictive disorders (ETOH, cannabis, hallucinogens, opioids, sedatives, hypnotics, and tobacco) • Sleep-Wake disorders (Insomnia, OSA, CSA, RLS) 	<ul style="list-style-type: none"> • Laws and regulations related to use of medication assisted treatment (MAT) • Bipolar disorders • Schizophrenia 	<ul style="list-style-type: none"> • Personality disorders • Trauma & Stressor Related disorders, especially PTSD
Palliative Care and Hospice	<p>Assessment, drug therapy decision-making, and monitoring of hospice patients covering a breadth of admitting diagnoses, including one of these settings (home-based patient, LTC, ALF, inpatient - according to availability in region)</p> <ul style="list-style-type: none"> • Managing death and dying process/ Last 40 hours <p>Disease states (75% or more required direct patient care, up to 25% case-based):</p> <ul style="list-style-type: none"> • Advanced Cancer and Survivorship • End-stage cardiac disease • End-stage COPD/Pulmonary • End-stage Neurocognitive Disorder • End-stage multi-morbidity • End-stage liver disease (ESLD) • End-stage neurologic disorders (MS, ALS) • End-stage renal disease (ESRD) <p>Symptom management (75% or more required direct patient care, up to 25% case-based):</p> <ul style="list-style-type: none"> • Anorexia/cachexia • Constipation • Cough • Diarrhea • Dysphagia 	<ul style="list-style-type: none"> • Philosophy of care • Team composition • Transdisciplinary roles and responsibilities • Withdrawing and withholding life-sustaining therapies • Justification of pharmacy services • Psychosocial and Spiritual Care • Hospice eligibility and financial implications • Regulations associated with requests for hastened death • Reimbursement models • Palliative sedation • Respiratory failure and ventilator withdrawal <p>Discussions:</p> <ul style="list-style-type: none"> • Differences 	<ul style="list-style-type: none"> • Pediatrics

	<ul style="list-style-type: none"> • Dyspnea • Fatigue • Malignant bowel obstruction • Nausea/vomiting • Noisy respiration/secretions • Pruritus • Seizures • Spinal cord compression • Skeletal-related events • Pain including the assessment and use of scales (multidimensional, unidimensional, and special patient populations, including non-verbal patients) <p>Communication and Healthcare Decision-making:</p> <ul style="list-style-type: none"> • Family meetings/communication • Goals of care • Motivational interviewing • Recommended communications strategies (SBAR) 	<p>between palliative and hospice care</p> <ul style="list-style-type: none"> • Special issues in hospice care <p>Communication and Healthcare Decision-Making:</p> <ul style="list-style-type: none"> • Advance directives • Medical futility • Cultural sensitivity • Quality of life awareness • Grief and bereavement • Patient and family values • Suffering 	
Interventional & Integrative Medicine		<ul style="list-style-type: none"> • Neuraxial analgesic therapy • Interventional pain management & techniques 	<ul style="list-style-type: none"> • Chiropractic Care • Acupuncture • Massage Therapy • Hypnosis • Mindfulness • Yoga • Physical Therapy