

## CONTENT OUTLINE FOR THE PSYCHIATRIC PHARMACY CERTIFICATION EXAMINATION

The following domains, tasks and knowledge statements were delineated by the BPS Specialty Council on Psychiatric Pharmacy practice and validated through a role delineation study. The proportion of examination items allotted to each domain was determined through analysis and discussion of the results of the role delineation study by the Specialty Council.

Each of the major areas/domains of Psychiatric Pharmacy practice noted below will be tested. Questions will not be grouped by domain on the exam. Rather, items testing each domain are distributed throughout the total examination. Please note this examination will **SAMPLE** a candidate's knowledge rather than trying to test all of his/her knowledge. Examination items will address problems and situations reflective of the full range of practice sites (e.g., home care, hospital).

### **Domain 1: Patient Management**

**Provide optimal medication therapy management for patients with psychiatric and co morbid disorders. (62% of the examination)**

#### **Tasks:**

1. Conduct and interpret results of psychiatric assessments (for example, mental status examination, BPRS, HAM-D, BDI, HAM-A).
2. Interpret the results of clinical data (for example, physical examination, laboratory data, pharmacogenetics tests, neurological, psychological testing) obtained by other providers.
3. Interview patient, family, and/or caregiver(s) to identify information necessary to design a treatment plan (for example, medication history, adverse effects, adherence, target symptoms, severity).
4. Identify and assess target symptoms that respond to pharmacotherapy and variables that influence medication effectiveness (for example, time to response, and duration of illness).
5. Assess and manage psychiatric illnesses in the context of medical co morbidities.
6. Identify and assess target symptoms that respond to non-pharmacologic interventions (for example, cognitive-behavior therapy, electroconvulsive therapy, VNS, alternative therapies).
7. Establish measurable therapeutic goals in collaboration with the treatment team, patient, family, and/or the caregiver(s).
8. Recommend, initiate, or modify pharmacotherapy treatment plan.
9. Recommend non-pharmacological treatment plan.
10. Recommend, design, or implement a medication-specific monitoring plan (for example,)
11. Assess outcomes of the medication treatment and monitoring plans relative to therapeutic goals (for example, effectiveness, drug-related problems, adherence) and revise, as required.
12. Anticipate, identify, and manage drug-related problems (for example, drug-drug interactions, sub-therapeutic dose, treatment non-adherence).
13. Document and communicate findings, recommendations, decisions, and outcomes regarding treatment.

#### **Knowledge of:**

1. Psychiatric and related disorders
  - a. diagnostic criteria
  - b. signs and symptoms
  - c. pathophysiology
  - d. etiology (including drug induced, disease induced)
  - e. risk factors
  - f. onset, course, and prognosis
  - g. epidemiology
  - h. common medical co morbidities

2. Treatment of psychiatric and related disorders
  - a. relative role of treatment options (pharmacologic and non-pharmacologic)
  - b. proposed mechanism of action and pharmacologic effects
  - c. pharmacokinetics, pharmacogenetics and pharmacodynamics
  - d. relative potency, dosage, schedule, route of administration, and delivery technology
  - e. relative effectiveness of treatment options, including complementary and alternative therapy
  - f. dosage initiation, titration, and discontinuation
  - g. potential adverse events, toxicities, and management strategies
  - h. relative and absolute contraindications
  - i. pharmacoeconomics
  - j. rationale for drug selection
  - k. drug interactions
  - l. special populations (for example, gender, ethnicity, pregnancy, lactation, co- morbidity, age, partial and non-responders)
  - m. risk factors for non-adherence and strategies to evaluate and improve adherence
3. Disease and medication-specific monitoring parameters for psychiatric and related disorders
  - a. interviewing methods (for example, mental status exam, psychiatric interview)
  - b. laboratory and diagnostic tests (including imaging)
  - c. therapeutic drug monitoring
  - d. physical assessment (for example, vital signs, movement disorders)
  - e. therapeutic end points
  - f. frequency and relative importance of monitoring parameters
  - g. assessment measures (for example, rating scales, inventories, quality of life)

## **Domain 2: Information Management**

**Obtain, generate, interpret, and disseminate knowledge related to psychiatric pharmacy.**  
(25% of the examination)

### **Tasks:**

1. Select and evaluate sources for biomedical information appropriate for psychiatric pharmacy practice.
2. Critically evaluate a study with regard to design and methodology, sources of bias, and significance and applicability of findings.
3. Develop best practices based on evaluation of the primary literature.
4. Provide and assess medication education to patients, families, and caregivers in individual and group sessions.
5. Provide and assess education to students, residents, trainees, pharmacists, and other healthcare professionals.
6. Generate new knowledge (for example, conduct research, publish case reports) to foster the safe, effective, and economical use of pharmacologic agents.
7. Develop and disseminate information to the public regarding mental health issues and medication safety.

### **Knowledge of:**

1. Medical literature related to psychiatric and related disorders
2. Information resources and technologies
3. Study design and methodology (including strengths and limitations of various designs and statistical methods)
4. Applicability and generalizability of research findings
5. Clinical versus statistical significance
6. Education methods for patients and the public
7. Professional education methods and principles
8. Procedures to assess the effectiveness of medication education
9. Regulations and guidelines for dissemination of medication information (for example, REMS, medication guides)
10. Regulatory and ethical issues related to research in patients with psychiatric and related disorders (including competency, confidentiality, informed consent, and patient rights)

**Domain 3: Health Policy and Practice Management**

**Collaborate with healthcare professionals, administrators, and the general public to promote health, safety and welfare of individuals and populations with mental illness. (13% of the examination)**

**Tasks:**

1. Develop and implement systems and policies that optimize the care of patients with psychiatric and comorbid disorders.
2. Evaluate psychiatric services for compliance with standards established by national accrediting and regulatory agencies as related to practice in healthcare settings (for example, mental health, developmental disorders, substance abuse, forensic settings).
3. Advocate for the health, safety and welfare of individuals and populations with mental illness.
4. Assess the appropriateness of prescribing patterns of psychotropic medications in specific patient populations.
5. Develop and implement medication use policies in collaboration with other healthcare providers and/or agencies to optimize patient outcomes.
6. Develop and implement strategies for providing psychiatric pharmacy services appropriate to the needs of patients.
7. Facilitate patient access to medications and healthcare services.
8. Evaluate the quality and effectiveness of mental health care provided to patients.

**Knowledge of:**

1. Clinical practice guidelines for treatment of patients with psychiatric and neurologic disorders
2. National accreditation and regulatory standards (TJC, HIPAA, CMS, CARF, OHRP)
3. Reimbursement policies of federal, state and private agencies related to psychiatric healthcare
4. Performance improvement methods (peer review, adverse event monitoring, medication use evaluation)
5. Organizations that advocate and provide resources for patients with mental illness (National Alliance on Mental Illness, CPNP, American Psychiatric Association)
6. Patient assistance programs and alternative funding sources