BOARD OF PHARMACY SPECIALTIES
PSYCHIATRIC PHARMACY SPECIALIST CERTIFICATION
CONTENT OUTLINE/CLASSIFICATION SYSTEM
FINALIZED FEBRUARY 2017/FOR USE ON FALL 2017 EXAMINATION AND FORWARD

UNDERSTANDING THE CONTENT OUTLINE/CLASSIFICATION SYSTEM

The following domains, tasks, and knowledge statements were identified by the BPS Specialty Council on Psychiatric Pharmacy and validated through a role delineation study, most recently updated in 2017. 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. Items testing each domain are distributed throughout the total examination. Please note that this examination will SAMPLE a candidate's knowledge rather than trying to test all of his/her knowledge.

Here is a brief primer to understand the structure of the content outline/classification system.

Domains: A domain is a major responsibility or duty. You can think of a domain as a major heading in an outline format. You will see the domains displayed as black bars on the outline. Three domains are included in the content outline and are noted below.

1. Person-Centered Care (55 percent of examination)
2. Translation of Evidence into Practice and Education (30 percent of examination)
3. Healthcare Policy, Advocacy, and Practice Management (15 percent of examination)

Tasks: A task statement defines an activity that elaborates on the domain or subdomain. The set of task statements in a domain offer a comprehensive and detailed description of the domain. You will see the tasks are light gray bars on the outline.

Knowledge Statement: For each task, it is valuable to understand what knowledge and skills are essential to competent performance. The set of knowledge statements clarifies the expectations for newly certified pharmacists. You will find the knowledge statements under each task statement.

DESCRIPTION

Domain I. Person-Centered Care: Provide comprehensive medication management (i.e., appropriate, effective, safe, convenient) for persons with psychiatric and related disorders (i.e., neurological, medical).

Task 1: Establish a therapeutic alliance using motivational interviewing in order to achieve optimal outcomes.

Knowledge of:

1. Motivational interviewing principles (e.g., expressing empathy, exploring ambivalence, supporting autonomy, rolling with resistance)
2. Social and cultural norms that can impact therapeutic outcomes
3. De-escalation techniques

Task 2: Perform assessments by collecting pertinent information, engaging patients and key stakeholders, and using established tools in order to develop treatment and monitoring plans.

Knowledge of:

1. Psychiatric interview (e.g., mental status examination, suicide risk assessment)
2. Screening, diagnostic, and monitoring scales (e.g., AIMS, BPRS, CAGE)
3. Collection of health and medication history (e.g., past psychotropic medications, prescription drug monitoring programs)
4. Physical assessment
5. Diagnostic criteria for psychiatric disorders
6. Clinical signs and symptoms of common neurologic disorders (e.g., seizure disorders, Parkinson's disease, headache disorders)
7. Clinical signs and symptoms of neurodevelopmental disorders
8. Adverse effects of psychotropic medications and other drug-related problems (e.g., adherence, drug interactions)
9. Medications, substances, and diseases that can cause or worsen psychiatric symptoms

Task 3: Individualize treatment and monitoring plans by considering the characteristics and needs of the person in order to optimize outcomes.

Knowledge of:

1. Principles of shared decision making
2. Standards of care, landmark studies, and guidelines (e.g., STAR*D, CATIE, STEP-BD)
3. Pharmacologic and non-pharmacologic treatments, including alternative and complementary therapies
4. Pharmacokinetics and pharmacodynamics
5. Precision medicine (e.g., pharmacogenomics, CYP450 metabolism, relevant biomarkers)
6. Special populations (e.g., pediatrics, geriatrics, ethnic groups, pregnancy and lactation)
7. Disease and medication-specific monitoring parameters for psychiatric and related disorders (e.g., toxicity, withdrawal, frequency of follow up)

Task 4: Ensure access to appropriate medications and care by identifying barriers in order to encourage patients' participation in treatment.

Knowledge of:

1. Cost effectiveness of treatments (e.g., pharmacoeconomic studies)

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2. Medication access strategies (e.g., formulary, patient assistance programs)
3. Adherence strategies (e.g., dosing, formulation, frequency)
4. Factors associated with treatment non-adherence (e.g., stigma, transportation)
5. Models of care (e.g., mobile treatment teams, telehealth services, peer support)
6. Holistic treatment considerations (e.g., psychological, physical, social, spiritual characteristics)
Task 5: Manage transitions of care within and across settings in order to improve patient outcomes.
Knowledge of:
1. Privacy laws as they pertain to persons
2. Rationale for collecting collateral information
3. Principles of care coordination and transitional care models
4. Medication reconciliation processes
5. Guardianship, commitment, and involuntary treatment
6. Risk factors associated with relapse or decompensation
Domain II. Translation of Evidence into Practice and Education: Obtain, generate, interpret, apply, and disseminate knowledge and education related to psychiatric and related disorders (i.e., neurological, medical).
Task 1: Select the most appropriate evidence for addressing clinical questions by evaluating drug information resources in order to ensure the delivery of optimal care.
Knowledge of:
1. Primary, secondary, and tertiary resources
2. Literature and level of evidence (e.g., case report vs. randomized-controlled trial)
3. Medical literature related to psychiatric and related disorders (e.g., DSM-5, landmark trials, practice guidelines)
Task 2: Evaluate primary literature by analyzing study design, statistical analysis, and results in order to improve practice and provide evidenced-based recommendations and education.
Knowledge of:
1. Study design and methodology
2. Statistical methods in research (e.g., power analysis, determining statistical significance, statistical tests)
3. Applicability and generalizability of research findings (e.g., clinical significance, NNT, NNH, bias)
Task 3: Disseminate knowledge to healthcare professionals and trainees using techniques tailored to the audience in order to optimize person-centered care.
Knowledge of:
1. Principles and methods for educating healthcare professionals
2. Procedures for assessing the effectiveness of education (e.g., teach-back techniques, competency assessments, continuing education, audience response)
3. Regulations and guidelines for appropriate medication use (e.g., REMS, antipsychotic use in the elderly)
Task 4: Deliver appropriate education to patients, families, caregivers, and the public using techniques tailored to the audience in order to optimize person-centered care.
Knowledge of:

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1. Principles and methods for educating patients and the public (e.g., medication education groups, discharge counseling, motivational interviewing)
2. Procedures for assessing the effectiveness of education (e.g., teach-back techniques, survey)
3. Regulations and guidelines for safe medication use (e.g., REMS, medication guides, medication information sheets)
4. Principles of health literacy
Task 5: Contribute to the psychiatric pharmacy knowledge base by conducting quality improvement projects in order to foster the safe, effective, and economical use of medications.
Knowledge of:
1. Regulatory issues related to research in patients with psychiatric and related disorders (e.g., research in vulnerable populations, HIPAA, IRB process)
2. Ethical issues related to research in patients with psychiatric and related disorders (e.g., competency, patient rights)
3. Principles and processes related to MUE and quality improvement projects
Domain III. Healthcare Policy, Advocacy, and Practice Management: Collaborate with healthcare professionals, administrators, and the public to improve outcomes for persons and populations with psychiatric and related disorders (i.e., neurological, medical).
Task 1: Use data to develop, implement, and assess systems and policies in collaboration with the healthcare team in order to optimize outcomes.
Knowledge of:
1. National quality measures (e.g., NQF, PQA, HEDIS)
2. Statistical methods pertaining to systems and policy research
3. Adverse drug event reporting and analysis
Task 2: Develop processes for identifying and adhering to pertinent guidelines, standards of practice, and regulatory and accreditation requirements in order to ensure quality in the delivery of psychiatric pharmacy services.
Knowledge of:
1. Clinical practice guidelines for treatment of patients with psychiatric and related disorders
2. National accreditation and regulatory requirements (e.g., TJC, HIPAA, CMS, CARF, OHRP)
3. Principles and processes for measuring the effectiveness of psychiatric pharmacy services
Task 3: Use population-level data to develop, implement, and assess practices or strategies for addressing health promotion in order to improve public health.
Knowledge of:
1. National organizations and agencies that report on disease surveillance (e.g., SAMHSA, CDC)
2. Methods used for collecting and analyzing surveillance data
3. Health promotion strategies (e.g., wellness screenings, tobacco cessation, suicide prevention)
Task 4: Advocate for persons and populations with mental illness through engagement and leadership in the community in order to improve health, safety, and access to medications and services.
Knowledge of:

DESCRIPTION
1. Organizations that advocate and provide resources for patients with mental illness (e.g., NAMI, CPNP, APA)
2. Patient assistance programs and alternative funding sources
3. Organizations focused on recovery from chronic illness (e.g., 12-step, peer-to-peer)
4. Strategies and tools for addressing behavioral health risk (e.g., harm reduction programs, naloxone and needle exchange programs, medication take-back, wellness screening tools)
Task 5: Assess patterns of psychotropic medication use (e.g., prescribing trends) by analyzing population-level data in order to improve the quality and safety of care.
Knowledge of:
1. Trends in psychotropic medication use in special populations (e.g., foster care, forensic, substance use disorder)
2. Disparities in psychotropic medication use (e.g., inappropriate prescribing patterns, under-utilization)
Task 6: Implement processes for cost-effective care, focusing on continuous quality improvement, patient safety, and outcome measures, in order to advance psychiatric pharmacy services.
Knowledge of:
1. Performance improvement methods (e.g., rapid cycle change, plan-do-study-act model, root cause analysis)
2. Reimbursement policies of federal, state, and private agencies as related to the provision of psychiatric services
3. Roles of health system committees (e.g., Pharmacy and Therapeutics, medication safety)
Task 7: Identify the principles of implementing a collaborative practice in accordance with legal and regulatory requirements in order to address care gaps and inform stakeholders.
Knowledge of:
1. Interprofessional roles and relationships involved in collaborative practice
2. Regulations, strategies, and resources pertaining to collaborative practice agreements
3. Pharmacist practice models to address gaps in care (e.g., medical home, consulting)