

AFPC Educational Outcomes for First Professional Degree Programs in Pharmacy in Canada 2017

USER MANUAL – SECTION D

Glossary of Terms



Association of Faculties
of Pharmacy of Canada

Association des facultés
de pharmacie du Canada

INTRODUCTION

The Association of Faculties of Pharmacy of Canada (AFPC) Educational Outcomes focus on what graduates are able to do at the end of a Baccalaureate or Doctorate program that is the first professional degree in pharmacy (i.e., entry-to-practice pharmacy degree programs). The AFPC Task Force on Educational Outcomes was struck by the AFPC Council of Faculties to revise the 2010 version. The 2017 Educational Outcomes for First Professional Degree Programs in Pharmacy in Canada were approved by the AFPC Board of Directors in June 2017.

The [2017 Educational Outcomes](#) (EO2017) comprises multiple Role Statements: Care Provider, Communicator, Collaborator, Leader-Manager, Health Advocate, Scholar and Professional. The Professional Role is the overarching ethos of the discipline of pharmacy. Key Competencies define what graduates need to achieve by the end of the program. To support the 2017 version, several documents are included in an [AFPC Educational Outcomes 2017 User Manual](#):

- A. Orientation Resource – Conceptual Framework for 2017 Educational Outcomes (July 2017)
- B. Crosswalk to CIHC National Interprofessional Competency Framework (July 2017)
- C. Sample Learning Objectives (July 2017)
- D. Glossary of Terms (July 2017)
- E. User Guide for the Professional Role (June 2018)

This document provides a glossary of terms used in the AFPC Educational Outcomes for First Professional Degree Programs in Pharmacy in Canada 2017. The definitions and supporting references are intended as an introduction to concepts for users of the Educational Outcomes. It is understood that users will seek out other resources over the lifespan of the Educational Outcomes as this resource will not be refreshed at regular intervals.

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GLOSSARY OF TERMS

Term	Definition	Reference(s)
Active listening	Entails listening completely, being aware of body language and using appropriate strategies to confirm understanding.	1. Teamwork and Communications Working Group. <i>Improving patient safety with effective teamwork and communication: Literature review needs assessment, evaluation of training tools and expert consultation</i> . Edmonton, AB: Canadian Patient Safety Institute; 2011. Available: http://www.patientsafetyinstitute.ca/en/olsresources/teamworkcommunication/pages/default.aspx Accessed November 23, 2016.
Advocacy	The act or process of supporting a cause, proposal, idea, policy, or person(s), often with the aim of influencing decisions within political, economic, health and/or social systems and institutions.	1. Boechler L, et al. Advocacy in pharmacy. <i>Can Pharm J</i> 2015;148:138-41. 2. Bzowyckyj AS, Janke KK. A consensus definition and core competencies for being an advocate for pharmacy. <i>Am J Pharm Educ</i> 2013;77(2):Article 24.
Affective domain of learning	The domain of learning that concerns values, attitudes and beliefs (e.g. self-awareness, respect, respond to, commit to, value).	1. Ramia E, et al. Mapping and assessment of personal and professional development skills in a pharmacy curriculum. <i>BMC Medical Education</i> 2016;16:19 doi: 10.1186/s12909-016-0533-4 2. Fjortoft N. The challenge of the Accreditation Council for Pharmacy Education's Standard Four: Identifying, Teaching, Measuring. <i>Am J Pharm Educ</i> 2016;80(5)Article 73. 3. Gable RK, Wolf MB. <i>Instrument development in the affective domain: measuring attitudes and values in corporate and school settings</i> . Norwell, MA: Kluwer Academic; 1993. 4. Krathwohl DR. <i>Taxonomy of educational objectives: handbook II, affective domain</i> . New York: David McKay; 1964.
Allocation of health care resources	Distribution of resources, in times of scarcity and plenty, among competing programs or people by federal or provincial governments, regional health authorities or care systems (e.g. cancer care systems, third party payers), senior health care executives, program managers and individual providers within the health system (e.g. prescribers).	1. Singer JL, Martin DK, Singer PA. Evidence, economics and ethics: resource allocation in health services organizations. <i>Healthcare Quarterly</i> 2005;8:50-59. 2. Amara S, et al. Accountable care organizations: impact on pharmacy. <i>Hosp Pharm</i> 2014;49(3):253-9. Doi: 10.1310/hpj4903-253

Clinical reasoning	<p>A form of thinking that is refined through experience and that involves gathering and analysing information, pattern recognition, combines analysis and problem-solving in order to decide on therapeutic actions that align with a patient’s circumstances and wishes.</p>	<ol style="list-style-type: none"> Higgs J, Jones MA, Loftus S, Christensen N. <i>Clinical reasoning in the health professions</i>. 3rd Ed. Amsterdam: Elsevier (Butterworth Heinemann); 2008. Delany C, Golding C. Teaching clinical reasoning by making thinking visible: an action research project with allied health clinical educators. <i>BMC Medical Education</i> 2014;14:20. Eva KW. What every teacher needs to know about clinical reasoning. <i>Med Educ</i> 2005;39(1):98–106. doi: 10.1111/j.1365-2929.2004.01972.x.
Clinical sciences	<p>The pharmaceutical and social, administrative and behavioural sciences portions of a professional pharmacy curriculum.</p>	<ol style="list-style-type: none"> Canadian Council for the Accreditation of Pharmacy Programs. <i>Accreditation Standards for the First Professional Degree in Pharmacy Programs</i>. Toronto, ON; CCAPP: 2014. Available: http://ccapp-accredit.ca/wp-content/uploads/2016/01/CCAPP_accred_standards_degree_2014.pdf Accessed October 12, 2016. American College of Clinical Pharmacy. The definition of clinical pharmacy. <i>Pharmacother</i> 2008;28(6):816-817.
Consent	<p>Agreement (e.g. to receive care; to share personal health information). Express, implied and inferred consent describe how consent is given but not necessarily that the consent is informed. Consent is <i>informed</i> when all four of the following conditions are met:</p> <ul style="list-style-type: none"> Consent relates to the specific care/service situation and it is given voluntarily, without duress, fraud or misrepresentation. The person is capable of making a decision about the proposed care/service. The provider gives the information required to understand the care/service that is proposed including risks, benefits and alternatives. The person has a chance to ask questions and receive answers about the care/service that is proposed. <p>Since consent for health services should always be informed, in the Educational Outcomes 2017, where Consent is used, it is understood to mean informed consent even if the word “informed” is not stated.</p>	<ol style="list-style-type: none"> Unger D. Chapter 2: Caring for Patients. In: <i>The Canadian Bioethics Companion: An online textbook for Canadian ethicists and health care workers</i>. Available: http://canadianbioethicscompanion.ca Accessed January 17, 2017 Levine SA. When a check is not enough – what is informed consent? <i>The Tablet</i> 2014 (December):10-13. Available: https://www.bcpharmacy.ca/uploads/Tablet_Dec-Jan%202014_InformedConsent.pdf Accessed January 17, 2017. LeGrand Westfall L. The basics of informed consent. In: <i>Canadian Medical Association (Ed). Medical Law. Chapter 5</i>. Available: https://www.cma.ca/Assets/assets-library/document/en/practice-management-and-wellness/2015-Chapter5_Medical_law-e.pdf Accessed January 17, 2017.

Constructive negotiation	A method of conflict resolution whereby two or more persons work toward an agreeable conclusion through dialogue that is concerned (trusting), collaborative (working with rather than competing against), brisk (keeping things moving at a steady pace), and focused (maintaining rapport while keeping the conversation from drifting away from the intended purpose/goal).	1. Scott B. <i>Negotiating: Constructive and Competitive Negotiation</i> . Oxford, UK: Blackwell Science Ltd; 1988.
Cultural safety (cultural competency)	The skills required by a caregiver to ensure that the patient feels safe; "...a set of congruent behaviors, attitudes and policies that come together in a system, agency or among professionals and enable that system, agency or those professionals to work effectively in cross-cultural situations." ¹	1. National Aboriginal Health Organization. <i>Cultural competency and safety: A guide for health care administrators, providers and educators</i> . Ottawa, ON: Ibid; July 2008. Available: http://www.naho.ca/documents/naho/publications/culturalCompetency.pdf Accessed January 17, 2017. 2. Poirier TI, et al. A cultural competency course for pharmacy students. <i>Am J Pharm Educ</i> 2009;73(5):Article 81.
Culture	Sharing a collective identity, common history and experience, and shared beliefs, values and norms.	1. Smith WT, Roth JJ, Okoro O, Kimberlin C, Odedina FT. Disability in cultural competency pharmacy education. <i>Am J Pharm Educ</i> 2011;75(2):Article 26.
[Established] Decision-making frameworks	The recognized, accepted organizing structure (e.g. clinical, economic, ethical, legal, managerial) within which a pharmacist makes a decision related to a particular topic or issue (e.g. assisted dying, health care risks, allocation of scarce resources, refusal to dispense a fraudulent prescription).	1. Martin LC, Donohoe KL, Holdford DA. Decision-making and problem-solving approaches in pharmacy education. <i>Am J Pharm Educ</i> 2016;80:52. Doi: 10.5688/ajpe80352 2. Cooper RJ, Bissell P, Wingfield J. Ethical decision-making, passivity and pharmacy. <i>J Med Ethics</i> 2008;34:441-5. 3. Cronin MTD, et al. The use of QSARs in international decision-making frameworks to predict health effects of chemical substances. <i>Environ Health Perspect</i> 2003;111:1391-1401.
[Social] Determinants of health	The circumstance in which people are born, grow up, live, work and age that influence the health of populations. "They [social determinants of health] include income and social status; social support networks; education; employment/working conditions; social environments; physical environments; personal health practices and coping skills; healthy child development; gender; and culture." ¹	1. Public Health Agency of Canada. <i>Social Determinants of Health</i> [Website]. Ottawa, ON: Government of Canada. Available: http://cbpp-pcpe.phac-aspc.gc.ca/public-health-topics/social-determinants-of-health/ Accessed January 31, 2017. 2. Association of Faculties of Medicine of Canada. <i>AFMC Primer on Population Health: A virtual textbook on Public Health concepts for clinicians</i> . Ottawa, ON: Ibid, 2013.

Disclosure (of patient safety incidents)	<p>“The process by which a patient safety incident is communicated to the patient by healthcare providers.”¹</p>	<ol style="list-style-type: none"> 1. Disclosure Working Group. <i>Canadian Disclosure Guidelines: Being Open and Honest with Patients and Families</i>. Edmonton, AB: Canadian Patient Safety Institute; 2011. Available: http://www.patientsafetyinstitute.ca/en/toolsResources/disclosure/Documents/CPSI%20Canadian%20Disclosure%20Guidelines.pdf Accessed January 17, 2017
Duty of care	<p>In tort law, the duty for a person to act toward others with the prudence, caution and attention that a reasonable person would use in the same circumstances; when this standard of care has not been met, the acts are considered negligent.</p>	<ol style="list-style-type: none"> 1. Walker AF. The legal duty of physicians and hospitals to provide emergency care. <i>CMAJ</i> 2002;166:465-9. 2. Ming KLY. A duty to care: pharmacists’ negligence: implications for pharmacists and lessons arising. <i>Allied Health Professions</i> 2003;5:1-9.
[Culminating] Educational outcomes	<p>A means of identifying, defining and communicating the totality of skills and qualities that the authors/communities/society want(s) graduates to have at the end of the program. Outcomes:</p> <ul style="list-style-type: none"> • Reflect the vision and mission of the organization that produces them • Are clear and unambiguous • Are specific and address defined areas of competence • Are manageable in terms of number • Are defined at an acceptable level of generality • Assist with the development of “enabling outcomes” (“enabling outcomes” provide the “key building blocks” upon which the end of program outcomes are developed) • Indicate the relationship between different outcomes 	<ol style="list-style-type: none"> 1. Albanese MA, et al. Defining characteristics of educational competencies. <i>Med Educ</i> 2008;42(3):248-55. 2. Harden RM et al. Outcome-based education, part 5. From competency to meta-competency: a model for the specification of learning outcomes. <i>Med Teach</i> 1999;21(6):546-52.

Enabling competency	<p>A statement that delineates specific sub-components of a competency that graduates need to achieve in order to attain the key competency.</p> <ul style="list-style-type: none"> • Focuses on the essential sub-elements of performance that lead to successful demonstration of a specific competency at the end-product of the program • Reflects specific uses or applications of knowledge for a specific competency • Is expressed as a measurable behaviour • Uses a standard for judging competence that is not dependent upon the performance of other learners • Informs learners as well as other stakeholders about what is expected of them related to a specific competency 	<ol style="list-style-type: none"> 1. Rowe C. Clarifying the use of competence and competency models in recruitment, assessment and staff development. <i>Industrial and Commercial Training</i> 1995;27(11):12–17. 2. Carraccio C, et al. Shifting paradigms: from Flexner to competencies. <i>Acad Med</i> 2002;77:361-7.
Field of pharmacy	<p>The totality of all possible capacities/roles and environments in which a pharmacy graduate serves society (e.g. administration, education, industry, direct patient care in any setting, federal/provincial/territorial policy or health system support, health insurance, owner/operator, regulatory, scholarship, medication use-related quality assurance activities).</p>	<ol style="list-style-type: none"> 1. Pharmacy Examining Board of Canada. Available: http://www.pebc.ca/index.php/ci_id/3100/la_id/1.htm
First professional degree in pharmacy program	<p>Pharmacy programs that do not require entering students to have a prior degree in pharmacy. Also known as entry-level or entry-to-practice programs.</p>	<ol style="list-style-type: none"> 1. Canadian Council for the Accreditation of Pharmacy Programs. <i>Accreditation Standards for the First Professional Degree in Pharmacy Programs</i>. Toronto, ON: CCAPP; 2014. Available: http://ccapp-accredit.ca/wp-content/uploads/2016/01/CCAPP_accred_standards_degree_2014.pdf Accessed October 12, 2016.
Foundational sciences	<p>The biomedical, pharmaceutical, social, behavioural, administrative and clinical sciences that form the foundation of pharmacy education.</p>	<ol style="list-style-type: none"> 1. Canadian Council for the Accreditation of Pharmacy Programs. <i>Accreditation Standards for the First Professional Degree in Pharmacy Programs</i>. Toronto, ON: CCAPP; 2014. Available: http://ccapp-accredit.ca/wp-content/uploads/2016/01/CCAPP_accred_standards_degree_2014.pdf Accessed October 12, 2016.

[Clinical] Handovers	“Clinical handover is the transfer of professional responsibility and accountability for some or all aspects of care for a patient, or group of patients, to another person or professional group on a temporary or permanent basis.” ¹ Transitions in care, with which handovers are associated, are periods of high risk for patient safety. Handovers involve all health professions and are not restricted to acute care settings (e.g. handover between pharmacists or between pharmacists and pharmacy technicians at shift change in a community pharmacy; handover between pharmacists when a patient transitions from hospital to long term care). Also referred to as <i>continuity of care</i> .	<ol style="list-style-type: none"> 1. Australian Commission on Safety and Quality in Health Care. The OSSIE Guide to Clinical Handover Improvement. Sydney, AU: ACSQHC; 2010. 2. Darbyshire D, Gordon M, Baker P. Teaching handover of care to medical students. <i>Clin Teach</i> 2013;10(1):32–7. doi: 10.1111/j.1743-498X.2012.00610.x. 3. Cesta A, Bajcar JM, Ong SW, Fernandes OA. The EMITT study: development and evaluation of a medication information transfer tool. <i>Ann Pharmacother</i> 2006;40(6):1074–81. doi: 10.1345/aph.1G707.
Health equity	An ethical principle that promotes just/fair access to resources by ensuring burdens are not borne disproportionately by any patient, patient group, health sector or institution; not discriminating between patients based on factors not relevant to their clinical situation.	<ol style="list-style-type: none"> 1. Association of Faculties of Medicine of Canada. <i>AFMC Primer on Population Health: A virtual textbook on Public Health concepts for clinicians</i>. Ottawa, ON: Ibid, 2013.
Health informatics	“...the intersection of clinical, information management/information technology and management practices to achieve better health.” ¹	<ol style="list-style-type: none"> 1. Canadian Health Informatics Association. <i>Health informatics professional competencies</i>. Toronto, ON: Ibid; 2012.
Health literacy	One of the social determinants of health that refers to a patient’s ability to understand health information and to follow guidelines for treatment.	<ol style="list-style-type: none"> 1. Association of Faculties of Medicine of Canada. <i>AFMC Primer on Population Health: A virtual textbook on Public Health concepts for clinicians</i>. Ottawa, ON: Ibid, 2013.
Interprofessional	Two or more professions working together collaboratively. Interprofessional is contrasted with the term interdisciplinary, which focuses on when two or more fields within the same profession interact.	<ol style="list-style-type: none"> 1. World Health Organization (WHO). <i>Framework for action on interprofessional education & collaborative practice</i>. Geneva SW: WHO; 2010. Available: http://www.who.int/hrh/resources/framework_action/en/ Accessed: October 12, 2016. 2. Purden M. Cultural considerations in interprofessional education and practice. <i>J Interprof Care</i> 2005;Suppl 1:224 – 234.
Intraprofessional	When two or more fields within the same profession work together collaboratively (e.g. pharmacists and pharmacy technicians). Synonymous with the term interdisciplinary.	<ol style="list-style-type: none"> 1. World Health Organization (WHO). <i>Framework for action on interprofessional education & collaborative practice</i>. Geneva SW: WHO; 2010. Available: http://www.who.int/hrh/resources/framework_action/en/ Accessed: October 12, 2016.

Just culture	<p>“A phrase that refers to the principles for achieving a culture in which front line personnel feel comfortable with errors, including their own, while maintaining professional accountability...A just culture recognizes that competent professionals make mistakes and acknowledges that even competent professionals will develop unhealthy norms (shortcuts, "routine rule violations"), but has zero tolerance for reckless behavior.”</p>	<ol style="list-style-type: none"> 1. Wachter RM, et al. (Eds). AHRQ PSNet Patient Safety Network. Glossary. Agency of Healthcare Research and Quality. Available: https://psnet.ahrq.gov/glossary/j 2. Frankel AS, Leonard MW, Denham CR. Fair and just culture, team behavior, and leadership engagement: The tools to achieve high reliability. Health Research and Educational Trust DOI: 10.1111/j.1475-6773.2006.00572.x
Key competency	<p>A statement of what graduates need to achieve the outcomes defined for the end of the program; a statement that:</p> <ul style="list-style-type: none"> • Focuses on performance of the end-product of the program • Reflects expectations that denote use or application of knowledge learned in the program • Is expressed as a measurable behaviour (e.g. in aggregate) • Uses a standard for judging competence that is not dependent upon the performance of other learners • Informs learners as well as other stakeholders about what is expected of them. 	<ol style="list-style-type: none"> 1. Harden RM et al. Outcome-based education, part 5. From competency to meta-competency: a model for the specification of learning outcomes. <i>Med Teach</i> 1999;21(6):546-52. 2. Rowe C. Clarifying the use of competence and competency models in recruitment, assessment and staff development. <i>Industrial and Commercial Training</i> 1995;27(11):12–17.
Leader	<p>A person who influences other people to achieve a goal. In contrast to managers, leaders have people who follow them.</p>	<ol style="list-style-type: none"> 1. Hall KW, McKerrow R. Chapter 9: Leadership and Management. In: Hindmarsh KW (Ed). <i>Pharmacy Management in Canada</i>. Mississauga ON: Canadian Foundation for Pharmacy; 2015.
Learning objective	<p>A narrow, specific statement of student-centred performance (knowledge, skill, behaviour) that contributes to achieving the goal of a course (“by the end of this course, the learner will be able to....”); a statement that defines the Audience (who), Behaviour (what; an action verb with content), Condition (where, how, when) and Degree (how well) to which learning will be achieved in a course; performance described in the statement can be measured using an assessment method that is aligned with the verb used in the statement (e.g. Bloom’s, Krathwohl taxonomies)</p>	<ol style="list-style-type: none"> 1. Mager RF. <i>Preparing instructional objectives</i>. 2nd Ed. Belmont CA: David S. Lake; 1984.
Management	<p>Identifying, implementing and overseeing resources to effectively accomplish specific projects or processes.</p>	<ol style="list-style-type: none"> 1. Fincham JE. Leaders or managers for difficult times. <i>Am J Pharm Educ</i> 2009;73(2):Article 29.

Manager	A person who has the ability to hire and fire people, and who is focused on responding to external forces such as making commitments, expending resources and identifying resources to accomplish specific projects or processes. A manager may or may not participate in the same kind of work as subordinates. In contrast to leaders, managers have people who work for them.	1. Hall KW, McKerrow R. Chapter 9: Leadership and Management. In: Hindmarsh KW (Ed). <i>Pharmacy Management in Canada</i> . Mississauga ON: Canadian Foundation for Pharmacy; 2015.
Medication therapies	Includes prescription as well as non-prescription medications, natural health products, and devices and medication aids.	1. Association of Faculties of Pharmacy (AFPC). <i>Educational Outcomes for First Professional Degree Programs in Pharmacy (Entry-to-Practice Pharmacy Programs) in Canada</i> . Vancouver BC: 2010.
Medication use system	A complex process comprised of recognizing an indication for medication therapy, access to medication, medication prescribing, medication order (prescription) processing including distribution and dispensing medications with appropriate patient advice, medication administration/adherence, effects monitoring, associated documentation and communication, and the evaluation and quality improvement of products and system performance.	1. MacKinnon NJ (Ed). <i>Safe and Effective: The Eight Essential Elements of an Optimal Medication-Use System</i> . Ottawa ON: Canadian Pharmacists Association; 2007
Optimization of the learning environment	Strategies used by teachers/preceptors, learners, teams and the organizations in which learning occurs to maximize opportunities for safe, successful, interesting learning experiences.	1. Jackson LD. Strategies pharmacy students can use to ensure success in an experiential placement. <i>Can Pharm J</i> 2015;148:308-13. 2. Edmondson A. Psychological safety and learning behaviour in work teams. <i>Administrative Science Quarterly</i> 1999;44:350-383. 3. Gooding HC, Mann K, Armstrong E. Twelve tips for applying the science of learning to health professions education. <i>Med Teach</i> 2017;39 (1):26-31.
Patient	Includes the patient and "...all those who are personally significant to the patient and are concerned with his or her care, including, according to the patient's circumstances, family members, partners, caregivers, legal guardians and substitute decision-makers."	1. Frank JR, Snell L, Sherbino J (Eds). <i>CanMEDS 2015 Physician Competency Framework</i> . Ottawa, ON: Royal College of Physicians and Surgeons of Canada, 2015.

Patient-centered care	“...an approach to the planning, delivery and evaluation of health care that is grounded in mutually beneficial partnerships among health care providers, patients and families. It redefines the relationships in health care by placing an emphasis on collaborating with people of all ages, at all levels of care and in all health care settings. In patient- and family-centered care, patients and families define their “family” and determine how they will participate in care and decision-making. A key goal is to promote the health and well-being of individuals and families and to maintain their control.” Its core concepts are respect and dignity, information sharing, participation and collaboration.	1. Institute for Patient- and Family-Centered Care. What is Patient and Family-Centered Care? Bethesda MD: IPFCC. Available: http://www.ipfcc.org/about/pfcc.html Accessed November 23, 2016.
Patient safety	Pursuit of actions that will ensure a patient’s freedom from the occurrence or risk of injury, danger or loss, including actions that use evidence-based best practices to optimize patient outcomes.	1. Frank JR, Brien S (Eds) on behalf of The Safety Competencies Steering Committee. <i>The Safety Competencies: Enhancing Patient Safety Across the Health Professions</i> . Ottawa, ON: Canadian Patient Safety Institute; 2008.
Pharmaceutical sciences	The integrative sciences that explain drug actions (e.g. pharmaceuticals, pharmacokinetics, pharmacology, toxicology, medicinal chemistry) and that build upon principles introduced in the pre-professional (chemistry, physics, biology) and biomedical (anatomy, physiology, biochemistry) sciences.	1. Canadian Council for the Accreditation of Pharmacy Programs. <i>Accreditation Standards for the First Professional Degree in Pharmacy Programs</i> . Toronto, ON: CCAPP; 2014. Available: http://ccapp-accredit.ca/wp-content/uploads/2016/01/CCAPP_accred_standards_degree_2014.pdf Accessed October 12, 2016.
Pharmacy care	A patient-centred practice in which the pharmacy practitioner assumes the responsibility for a patient’s drug therapy needs.	1. Cipolle RJ, Strand LM, Morley PC. <i>Pharmaceutical Care Practice: The Clinician’s Guide, 2nd Ed.</i> New York, NY: McGraw-Hill;2004.
Pharmacy practice	All actions associated with patient care, which is the core of the discipline of pharmacy, including those that may not directly involve a patient or the tasks that make up pharmacy care/direct patient care (e.g. pharmacy management, health-related research).	1. National Association of Pharmacy Regulatory Authorities (NAPRA/ANORP). <i>Professional competencies for Canadian pharmacists at entry to practice</i> . Ottawa, ON:NAPRA;2014.
Primary care	The component of primary health care that focuses on health care services such as those that promote health, prevent illness and injury, diagnose and care for illness and injury, and manage ongoing health problems.	1. Health Canada. About Primary Health Care. https://www.canada.ca/en/health-canada/services/primary-health-care/about-primary-health-care.html

Primary health care	An approach to health that includes health care services as well as other services that contribute to health (e.g. income, housing, education, environment.).	1. Health Canada. About Primary Health Care. https://www.canada.ca/en/health-canada/services/primary-health-care/about-primary-health-care.html
Principle of non-abandonment	An ethical principle that applies when a health care provider's professional judgement or personal moral values are in conflict with the health care needs or desires of his/her patient. The principle holds that health care providers should not be expected or required to provide care that is contrary to their professional judgment or personal moral values and they should declare their inability to provide care in advance. When such situations arise, the health care provider who declines to provide care on the basis of personal moral values or professional judgment is expected to make every effort to ensure that the patient is not placed at risk of harm or abandonment.	1. Boards of Directors of the Canadian Healthcare Association the Canadian Medical Association the Canadian Nurses Association and the Catholic Health Association of Canada. Joint Statement on Preventing and Resolving Ethical Conflicts Involving Health Care Providers and Persons Receiving Care. CMAJ 1999;160 (12):1757.
Priority-setting	The processes that clinicians use to make decisions about the sequence in which clinical care issues will be addressed, given that time available to each patient is limited and each patient's path to best health differs.	1. Dowdy D, Sishai D, Chen AH. Setting clinical priorities: a framework for incorporating individual patient preferences. Patient Education and Counseling 2013;90:141-3. 2. Jorgenson D, et al. Guidelines for pharmacists integrating into primary care teams. Can Pharm J 2013;146:342-52.
Professional boundaries	The edge of appropriate behaviour that is defined morally and/or ethically by society or by a profession in terms of the expected and accepted social and psychological distance between a clinician and his/her patient. When professional boundaries are breached, a clinician who crosses or violates professional boundaries is seen to be acting in his/her own best interest rather than the best (therapeutic) interest of the patient.	1. Baca M. Professional boundaries and dual relationships in clinical practice. J Nurse Practitioners 2011;7:195-200. 2. Van Dusen V, Barnett JR, Pray WS. Sexual misconduct by pharmacists Part 1: background. US Pharmacist 2016;41(6):46-8. 3. Van Dusen V, Barnett JR, Pray WS. Sexual misconduct by pharmacists Part 2: an examination of cases. US Pharmacist 2016;41(8):21-5.
Psychological aspects of illness	The intrapsychic, behavioural and social ways that a patient understands, experiences and copes with his/her illness and the responses others have to his/her complaints.	1. Wittkower E. Psychological aspects of physical illness. Can Med Assoc J 1952;66:220-4. 2. Lipowski ZJ. Psychosocial aspects of disease. Ann Intern Med 1969;71:1197-1206.

Referral	The process of directing or redirecting a patient to an appropriate specialist or agency for advice or definitive treatment.	<ol style="list-style-type: none"> 1. Merriam-Webster Dictionary. Available: https://www.merriam-webster.com/dictionary/referral 2. Keely E, et al. Rational and model for integrating the pharmacist into the outpatient referral-consultation process. <i>Canadian Family Physician</i> 2016;62:111-4.
Relational competence [in interactions]	A set of traits that enables a person to acquire, develop and maintain effective interactions and relationships with others.	<ol style="list-style-type: none"> 1. Browning DM, et al. Difficult conversations in health care: cultivating relational learning to address the hidden curriculum. <i>Acad Med</i> 2007;82:905-13.
Self-awareness	“...awareness of the distinctive characteristics (abilities, skills, values and interests) that define the kind of person one is and the kind of person one wishes to become” ¹ ; knowledge about one’s own thinking processes, and consciously planning, monitoring and evaluating learning.	<ol style="list-style-type: none"> 1. Hawthorn R, Watts AG. <i>Careers Education and the Curriculum in Higher Education</i>. Cambridge: Hobsons Publishing PLC on behalf of CRAC; 1992. 2. Ramia E, et al. Mapping and assessment of personal and professional development skills in a pharmacy curriculum. <i>BMC Med Educ</i> 2016;16:19. doi: 10.1186/s12909-016-0533-4 3. Shaikh BT, Kahloon A, Kazmi M, Khalid H, Mawaz K, Khan N, Khan S. Students, stress, and coping strategies. <i>Educ Health</i> 2004;17(3):346-53.
Shared decision-making	The conversation that happens between a patient and his/her health care provider/team to reach a health care choice together.	<ol style="list-style-type: none"> 1. Godolphin W. Shared decision-making. <i>Healthcare Quarterly</i> 2009; 12 (Sp): e186-90. Doi: 10.12927/hcq.2009.20947 Accessed January 23, 2017. 2. Agency for Healthcare Research and Quality. <i>The SHARE approach: putting shared decision-making into practice – a user’s guide for clinical teams (Shared Decision Making Toolkit - Workshop curriculum Tool 8)</i>. In: AHRQ Programs >Education & Training> Curriculum Tools [The SHARE Approach Web site]. Rockville (MD). Accessed January 25, 2017.
Situational awareness	“The degree to which one’s perception of a situation matches reality.” ¹	<ol style="list-style-type: none"> 1. Frank JR, Brien S (Eds) on behalf of The Safety Competencies Steering Committee. <i>The Safety Competencies: Enhancing Patient Safety Across the Health Professions</i>. Ottawa, ON: Canadian Patient Safety Institute; 2008. 2. Vogt E, et al. Educating for safety in the pharmacy curriculum. <i>Am J Pharm Educ</i> 2011;75:140. Doi: 10.5688/ajpe757140

Social accountability	<p>The obligation of educational institutions and, in turn, the graduates they prepare, to serve the health of surrounding communities by identifying, prioritizing and responding to health issues in collaboration with governments, health care organizations and the public.</p>	<ol style="list-style-type: none"> 1. Rourke J. Social accountability in theory and practice. <i>Ann Fam Med</i> 2006;4(Suppl 1):S45-8. Doi 10.1370/afm.559 2. Meili R, et al. The CARE model of social accountability: promoting cultural change. <i>Acad Med</i> 2011;86:1114-9 doi: 10.1097/ACM.0b013e318226adf6
Social, behavioural, and administrative sciences	<p>The disciplines and concepts of law and ethics, health care administration, management, and operations, marketing, communications, medication distribution systems, public health, epidemiology, economics, financial management, health behaviour, outcomes, and biostatistics and research methods taught within the professional pharmacy curriculum.</p>	<ol style="list-style-type: none"> 1. Canadian Council for the Accreditation of Pharmacy Programs. <i>Accreditation Standards for the First Professional Degree in Pharmacy Programs</i>. Toronto, ON: CCAPP; 2014. Available: http://ccapp-accredit.ca/wp-content/uploads/2016/01/CCAPP_accred_standards_degree_2014.pdf Accessed October 12, 2016.
Stewardship	<p>Using available health and human resources in a careful and responsible manner by ensuring that resource utilization is consistent with best evidence, prioritizing access to scarce resources based on urgency and severity of need, postponing use of resources that are in scarce supply where possible, and monitoring utilization to facilitate changes in stewardship practice/policy as needed.</p>	<ol style="list-style-type: none"> 1. Lakhani A, Less E, Silverstein W. Less is more: integration of resource stewardship in medical education. Canadian Federation of Medical Students. Available: http://www.cfms.org/files/position-papers/2016_integration%20of%20resource%20stewardship%20in%20medical%20education.pdf Accessed January 27, 2017. 2. Wintemute K. Bye-Bye PPI: A toolkit for deprescribing proton pump inhibitors in EMR-enabled primary care settings. Version 1.0. Choosing Wisely Canada. Available: http://www.choosingwiselycanada.org/in-action/toolkits/bye-bye-ppi/ Accessed January 27, 2017.
Supervisor	<p>A person who organizes a group and sees that it properly performs its mission. Supervisors often perform the same work as subordinates but do not have authority to hire, fire, discipline or authorize significant policy or financial changes.</p>	<ol style="list-style-type: none"> 1. Hall KW, McKerrow R. Leadership and Management. In: Hindmarsh KW (Ed). <i>Pharmacy Management in Canada</i>. Mississauga ON: Canadian Foundation for Pharmacy; 2015.
Transitions of care	<p>The movement of a patient from one care setting to another (e.g. hospital, ambulatory primary care clinic, ambulatory specialty care clinic, long-term care facility, home health, rehabilitation facility) or within a particular care setting (e.g. from one area of a hospital or long term care facility to another area of the same facility).</p>	<ol style="list-style-type: none"> 1. Teamwork and Communications Working Group. <i>Improving patient safety with effective teamwork and communication: Literature review needs assessment, evaluation of training tools and expert consultation</i>. Edmonton, AB: Canadian Patient Safety Institute; 2011. Available: http://www.patientsafetyinstitute.ca/en/tables/resources/teamworkcommunication/pages/default.aspx Accessed November 23, 2016.

<p>Trust [in patient/team member relationships]</p>	<p>Fostering and maintaining confidence in the reliability, truth or ability of someone as a consequence of: communicating in a clear and timely fashion; making decisions in an open, inclusive and transparent way with clear definitions of decision making authority and accountability; and, evaluating lessons learned.</p>	<ol style="list-style-type: none"> 1. Calnan N & Rowe R. <i>Trust in Healthcare. An agenda for future research (discussion paper)</i>. Nuffield Trust Seminar, 17 Nov 2004. 2. Allinson M, Char B. How to build and maintain trust with patients. <i>The Pharmaceutical Journal</i> 2016;297:7895 online URI: 20201862 http://www.pharmaceutical-journal.com/learning/learning-article/how-to-build-and-maintain-trust-with-patients/20201862.article Accessed January 27, 2017
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