

Additional Prescribing Authorization Self-assessment form

Key activity

Self-assessment

| Form and maintain | | |
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| professional relationship | | |
| with patient | | |

Indicators being assessed:

- The pharmacist identified the patient's expectations and goals of therapy (Std. 2.1(b)).
- The pharmacist took reasonable steps to provide the patient (and/or patient's agent) with enough information to participate in the decision-making process or why this may not be appropriate (Std.11.12(d)).

| Preparedness | | Action plan |
|---------------------------------|------|-------------|
| Do I have sufficient knowledge | | |
| and skills to perform this | | |
| activity? | Yes | |
| detivity | | |
| | | |
| | No | |
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| Is my practice arranged in a | | |
| way that allows me to perform | Yes | |
| this activity and/or supports | | |
| me in performing this activity? | | |
| | No | |
| | 140 | |
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| Do I perform this activity | | 1 |
| consistently? | | |
| Consistently: | Yes | |
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| | No | |
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| Can I provide evidence that I | | |
| perform this activity | Yes | |
| consistently? | . 50 | |
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| | No | |
| | 140 | |
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| Key activity | Sen-assessment | | |
|---|--|-------------|--|
| Patient assessment | Preparedness | Action plan | |
| Indicators being assessed: | Do I have sufficient knowledge and skills to perform this | ⁄es | |
| The pharmacist gathered sufficient information about the patient to work with the patient to optimize the patient's health and drug therapy (Std. 3.1, 3.4, 3.5). | activity? | No | |
| The pharmacist considered appropriate information to assess the patient's signs and symptoms (Std. 3.1(a), 14.3). | Is my practice arranged in a way that allows me to perform this activity and/or supports | /es | |
| The pharmacist considered appropriate options to respond to drug therapy problems (Std. 5.1, 5.3). | me in performing this activity? | No | |
| The actual and/or potential drug therapy problems were | | | |
| prioritized appropriately by the pharmacist (Std. 4.2). | Do I perform this activity consistently? | ⁄es | |
| | | No | |
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| | Can I provide evidence that I perform this activity consistently? | ⁄es | |
| | | No | |
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| Rey activity | Sell-assessifient | | |
|--|---|-------------|--|
| Develop care plan and follow-up | Preparedness Do I have sufficient knowledge | Action plan | |
| Indicators being assessed: | and skills to perform this activity? | es | |
| The pharmacist took appropriate action to address the actual or potential drug therapy problem(s) as identified (Std. 5.1, 5.3). | dourny. | lo | |
| The pharmacist's follow-up plan identified parameters to be monitored (Std. 14.8(a)). | Is my practice arranged in a way that allows me to perform | | |
| The pharmacist's follow-up plan identified expected outcomes. (Std. 14.8(a)). | this activity and/or supports me in performing this activity? | es lo | |
| The pharmacist's care plan identified who will be responsible for the monitoring (Std. 14.8, 14.9). | | | |
| The pharmacist's follow-up plan identified appropriate timeframes (Std. 14.8(a)). | Do I perform this activity consistently? | es | |
| • The follow-up plan was implemented (Std. 14.8(b), 14.9). | | lo | |
| | | | |
| | Can I provide evidence that I perform this activity consistently? | es | |
| | | lo | |
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| | | | |

| Rey activity | Sell-assessifient | | |
|---|--|-------------|--|
| Collaboration | Preparedness | Action plan | |
| Indicators being assessed: | Do I have sufficient knowledge and skills to perform this | ⁄es | |
| The pharmacist identified or has taken reasonable steps to identify other health professionals who are providing care to the patient (Std. 14.4(a), 3.5(c), 1.4(e)). | activity? | No | |
| The pharmacist obtained diagnostic and other relevant health information from other health professionals with the aim of determining mutual goals of therapy (Std. 14.5, 14.6, 14.7, 1.4(d-e)). | Is my practice arranged in a way that allows me to perform this activity and/or supports me in performing this activity? | r'es No | |
| The pharmacist appropriately involved other health professionals in the care of the patient (Std. 1.7 (d-e), 5.3(e), 14.5). | Do I perform this activity consistently? | ∕es | |
| The pharmacist communicated required information to the health professionals whose care of the patient may be affected by the pharmacist's recommendations/decisions | | No | |
| (Std. 1.4(c),11.13, 14.4(b), 14.10). | Can I provide evidence that I perform this activity consistently? | ⁄es | |
| | | No | |

| | ey activity | Seit-assessment | | |
|-----|--|--|-----|-------------|
| Do | cumentation | Preparedness | | Action plan |
| Ind | icators being assessed: | Do I have sufficient knowledge and skills to perform this | Yes | |
| • | The pharmacist documented information provided by the patient and other reliable sources in the patient record (Std. Appendix A). | activity? | No | |
| • | The drug therapy problems (actual and/or potential) identi ied by the pharmacist were documented in the patient record (Std. 18.2, 18.3(c), Appendix A). | Is my practice arranged in a way that allows me to perform this activity and/or supports me in performing this activity? | Yes | |
| • | The pharmacist's care plan was documented in the patient record (Std. 18.2, 18.3(c) Appendix A). | | No | |
| • | The pharmacist documented the rationale for their recommendations/decisions in the patient record (Std. 11.13(c), 11.15(a), Appendix A). | Do I perform this activity consistently? | Yes | |
| • | The pharmacist's documentation in the patient record was adequate to facilitate ongoing care (Std. 18.7, Appendix A). | | 140 | |
| | то. 7, Аррениіх А). | Can I provide evidence that I perform this activity consistently? | Yes | |
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| Key activity | Seit-assessment | | |
|---|--|-----|------------|
| Judgement | Preparedness | Α | ction plan |
| Indicators being assessed: | Do I have sufficient knowledge and skills to perform this | Vas | |
| The pharmacist responded appropriately based on the results of the monitoring plan (Std. 14.8). | activity? | Yes | |
| The pharmacist based recommendations/decision on evidence and/or best practices (Std. 6.2(a), 11.10). | | | |
| practices (Std. 6.2(a), 11.10). | Is my practice arranged in a way that allows me to perform this activity and/or supports me in performing this activity? | Yes | |
| | | No | |
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| | Do I perform this activity consistently? | Yes | |
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| | Can I provide evidence that I perform this activity consistently? | Yes | |
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