PEBC STUDY SHEET · AREA 1A

Providing Care: Clinical Care

Pharmacy Examining Board of Canada (PEBC) Pharmacist Qualifying Examination

50% of Part I · 5 competencies · 2026 blueprint

Area 1A, Providing Care: Clinical Care, is about half of Part I (50% of the MCQ in PEBC's 2026 blueprint). It follows the patient care process: gather the information, assess it with the patient, build a plan, put it in place, then monitor and revise. Most questions are patient scenarios or short cases that ask for the best next step, the most appropriate therapy or the right monitoring.

You should be able to: A 78-year-old woman, 50 kg, serum creatinine 100 mcmol/L. What is her estimated creatinine clearance by Cockcroft-Gault?

Every competency: the key point and the trap

1.1 Obtain relevant patient information

A best possible medication history uses at least two sources: the patient or caregiver interview plus a second source such as the pharmacy profile, the provincial drug information system, the medication vials or the prescriber's records.

Trap: Relying on the pharmacy profile alone. It misses products bought elsewhere, samples, natural health products and medications the patient has stopped on their own.

1.2 Assess the patient's health status and unique needs, goals, and preferences, in partnership with the patient

Assessment means deciding whether each medication is indicated, effective, safe and taken as intended, and whether any condition is untreated.

Trap: Treating every symptom with a product. Assessment comes first, and sometimes the best answer is referral or no drug at all.

1.3 Develop a plan for the patient's care in collaboration with the patient and their circle of care

A plan sets goals of therapy that are specific and measurable (for example a blood pressure target, an A1C target, symptom relief by a set day).

Trap: Choosing the newest or strongest drug without checking the patient's other conditions, coverage and preferences.

1.4 Implement a plan for the patient's care in collaboration with the patient and their circle of care

Implementing a plan means dispensing or recommending therapy, educating the patient, arranging coverage and communicating the plan to the circle of care.

Trap: Giving a long list of every possible side effect. Focus on what is common, what is serious and what the patient should do.

1.5 Monitor the patient and collaborate with the patient and their circle of care to revise the plan for the patient's care

Monitoring checks both effectiveness (is the goal being met?) and safety (adverse effects, labs, interactions, adherence).

Trap: Adding a second drug when the first one is not working, without first checking whether the patient is taking the first one as intended.

Key terms

BPMH: Best possible medication history: a complete list of the medications a patient actually takes, from at least two sources.

Medication reconciliation: Comparing medication lists at transitions of care and resolving every discrepancy.

Drug therapy problem: An actual or potential problem with a medication that interferes with the patient's goals of therapy.

CrCl: Creatinine clearance, an estimate of kidney function used to adjust doses of renally cleared drugs.

eGFR: Estimated glomerular filtration rate, reported by labs to stage chronic kidney disease.

INR: International normalized ratio, the test used to monitor warfarin.

A1C: Glycated hemoglobin, a measure of average blood glucose over about three months.

Teach-back: Asking the patient to explain or demonstrate in their own words to confirm understanding.

Red flag: A symptom or sign that calls for referral to another health professional instead of self-care.

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