



Canadian HIV And Viral Hepatitis Pharmacists Network (CHAP)

Réseau Canadien des Pharmaciens en VIH et Hépatites Virales

CHAP National Clinical Observership Program Terms of Reference

Program Objectives: To enhance HIV clinical knowledge and drug expertise of pharmacists, to increase awareness of different practice sites and clinical program strengths, and to promote professional collaboration between different centres across Canada.

Program Description: New pharmacy practitioners will have the opportunity to enhance their clinical skills and expertise through clinical shadowing/teaching with an experienced HIV pharmacy practitioner at an established practice site. Experienced CHAP members may also apply to the program to gain experience in a new clinical area (e.g., HIV pediatrics, perinatal care, First Nations communities, etc) or to obtain exposure to a new skill/program (e.g., HIV PrEP, therapeutic drug monitoring, community pharmacy point-of-care HIV testing, etc) which could enhance the provision of patient care at their own practice. Pharmacists may also be invited to visit sites to share their expertise. Depending upon the applicant's learning objectives, an observership may take place over 2-4 days.

CHAP will offer 2-3 observerships per year, dependent on interest and available funds. Calls for applications will be issued semi-annually via the CHAP listserv to the general membership.

Principal Target Population. Canadian CHAP members will be eligible to apply. Pharmacists who are not current members of CHAP may apply for membership. Membership is free and open to any pharmacist interested in HIV practice (<https://hivclinic.ca/chap/>). Priority will be given to applicants who are either starting or are newly employed in an HIV practice setting, or who wish to institute a new clinical program/service at their current site of employment. To foster continued collaboration and ongoing professional development, pharmacists who complete observerships are expected to maintain active CHAP membership and are strongly encouraged to participate in CHAP activities, including listserv discussions, group projects and endeavours, including hosting observerships for future new practitioners.

Project Partner Organizations. The Working Group will issue a call for potential sites, preceptors, and/or specialty area within Canada. Applicants may also identify preceptors/sites based on personal interests and learning objectives. Some sites may include but are not limited to:

<u>Area of Practice</u>	<u>Location</u>	<u>Potential Preceptor(s)</u>
HIV and HCV mono and coinfection, complex patients, outreach	UHNBC, Prince George, BC	Jennifer Hawkes
Antiretroviral therapeutic drug monitoring, HCV	McGill University Health Centre, Montreal	Nancy Sheehan, Benoit Lemire



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mono- and co-infection HIV and HCV mono and coinfection, HIV inpatient care (*knowledge of French language is recommended)	UHRESS (Unité hospitalière de recherche et d'enseignement sur le SIDA) Centre hospitalier de l'Université de Montréal (CHUM), Montreal	Dominic Martel
Treatment initiation and optimization, particularly for the inner city population, HIV PEP, PrEP clinic	St. Michael's Hospital, Toronto	Deborah Yoong
HIV and HCV mono and coinfection	The Ottawa Hospital	Pierre Giguère
HIV and HCV mono and coinfection, indigenous and inner city health	Nine Circles Community Health Centre, Winnipeg, Manitoba	Shanna Chan
Indigenous and rural outreach	Reginal General Hospital, Regina, Saskatchewan	Mike Stuber
HIV perinatal care, inner city HIV care, HIV general patient care skills (adult)	Northern Alberta Health Services, Edmonton, Alberta	Michelle Foisy
HIV resistance, interpretation, integrated community practice	Windsor Regional Hospital, Windsor, Ontario	Linda Robinson
Treatment simplification, complex patients (treatment resistance, multimorbidities)	University Health Network, Toronto, Ontario	Alice Tseng

Obtaining institutional approval for hosting observerships will be the responsibility of the preceptor.

Application and Selection Process:

Details on the application process are posted on the CHAP website at:

<https://hivclinic.ca/chap/activities.php>

Criteria for applications include:

- Description of applicant's current practice site, roles and responsibilities, type and size of HIV population served
- Goal and learning objectives (including how the observership will fulfill a learning need/gap)



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in knowledge or practice)

- Desired preceptor/area of practice
- Availability/anticipated time of preceptorship
- Budget (travel, accommodations, institutional costs/preceptor honoraria)

Applications will be reviewed by The CHAP Observership Working Group. Evaluation criteria will include strength of the stated learning objectives, potential benefit on clinical practice and impact on patient care delivery. A history of active participation in CHAP activities and/or intent for future active contribution will be considered. Priority will be given to new practitioners or those from rural or underserved settings. Successful applicants will be notified by email.

Budget. For each observership (2-4 days in duration), the maximum budget allowed is \$3500, to be allocated as follows:

- Up to \$2000 for economy travel, accommodations, local transportation, per diem (\$100/day)
- \$500-1500 institutional costs/preceptor teaching honoraria (amount dependent upon duration of observership)
- Receipts for reimbursement are to be submitted to the Observership Working Group within 30 days of completion of the observership.
- Individuals completing an observership will not receive any honoraria.
- Remaining funds will be carried forward to help continue the program in future years. Funds may also be used towards presentation or publication costs related to the program.

CHAP will provide in-kind support for all email communications, website postings and Working Group teleconferences related to the Observership program. Working Group members will not receive any honoraria or consulting fees for their time on this project.

Program Evaluation. Each applicant will be required to complete a pre- and post-observership survey to assess the impact of the observership on the applicant's knowledge and confidence in providing care. The applicant will be asked to specifically comment on how the experiences gained from the observership have subsequently improved or enhanced their practice. Each applicant and preceptor will also be asked to provide feedback on the program, experience, achieved outcomes and suggestions for improvement. This information will be communicated to the Working Group within 30 days. Modifications to the application process and program guidelines will be made as necessary.

The Working Group will convene via teleconference on a regular basis to reflect on the overall experience, benefits and challenges of the program. The project budget will be reviewed annually and available funding sources will be pursued to maintain the program on an ongoing basis.



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Dissemination of Program Results. Experience/outcomes of the CHAP Clinical Observership program will be presented at the CHAP Annual General Meeting and in the CHAP newsletter (also posted on the CHAP website) on a regular basis. The results may also be submitted for presentation at national pharmacy/HIV meetings such as the Canadian Society of Hospital Pharmacists Professional Practice Conference and the Canadian Association for HIV Research Annual Conference and for publication in a national/international pharmacy journal.

The CHAP National Observership Working Group:

- Alice Tseng, Pharm.D., FCSHP, AAHIVP, University Health Network, Toronto, ON
- Michelle Foisy, Pharm.D., FCSHP, AAHIVP, Northern Alberta Program, Edmonton, AB
- Mike Stuber, BSP, Regina Qu'Appelle Health Region, Regina, SK
- Deborah Yoong, Pharm.D, St. Michael's, Toronto, ON
- Pierre Giguere, B.Pharm., M.Sc. AAHIVP, The Ottawa Hospital, Ottawa, ON
- Linda Robinson, BScPhm., AAHIVP, Windsor Regional Hospital, Windsor, ON

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