|  | **Indicate knowledge level for topics covered (as applicable) in each rotation:**Novice (N): Minimal, or “textbook” knowledge without connection to practiceBeginner (B): Basic working knowledge with connection to some key aspects of practiceCompetent (C): Good working and background understanding of topic and area of practiceProficient (P): Depth of understanding of discipline and area of practiceExpert (E): Authoritative knowledge of discipline and deep tacit understanding across area of practice |
| --- | --- |
| **Pre-defined topics** | **Comm-unity** | **Amb Care 1 (UHN)** | **In Patient (CH)** | **Amb Care 2 (UHN)** | **Amb Care 1 (MUHC)** | **Geriatrics (MUHC)** | **TDM (MUHC)** | **Amb Care 2 (MUHC)** | **Elective** |
| ***HIV:***Viral replication, viral dynamics, reservoirs / sanctuary sites, assays, interpreting results |  |  |  |  |  |  |  |  |  |
| ***Immunology:***Immunosuppression, CD4, CD8, CD4/CD8 ratio, other targeted cells, interpreting results |  |  |  |  |  |  |  |  |  |
| ***Antiretrovirals:***Mechanism of action, pharmacokinetics, side effects, dosing, administration |   |   |   |   |   |   |  |  |  |
| Drug coverage, strategies to resolve accessibility issues |  |  |  |  |  |  |  |  |  |
| Drug resistance (genetic barrier, within-class resistance, transmitted vs. developing resistance, interpreting genotypic and phenotypic data) |   |   |   |   |   |   |  |  |  |
| Therapeutic drug monitoring (clinical trials, indications, how to prescribe TDM, interpreting results, PK/PD parameters (IQ, vIQ, GIQ, IIP), choosing appropriate targets, limitations of TDM) |   |   |   |   |   |   |  |  |  |
| Adverse drug reactions (acute, temporary, chronic, idiosyncratic), drug-induced liver injury; strategies for management of adverse drug reactions |   |   |   |   |   |   |  |  |  |
| Drug interactions (identifying/predicting, managing, monitoring) |   |   |   |   |   |   |  |  |  |
| Adherence (risk factors for non adherence, barriers to adherence, adherence vs resistance) |  |  |  |  |  |  |  |  |  |
| ***HIV treatment:***Regimens for treatment-naïve patients (clinical trials, guidelines, considerations for individualization of therapy) |   |   |   |   |   |   |  |  |  |
| Regimens for treatment-experienced patients (clinical trials, guidelines, considerations for individualization of therapy) |   |   |   |   |   |   |  |  |  |
| Simplification strategies (clinical trials, guidelines, considerations for individualization of therapy) |   |   |   |   |   |   |  |  |  |
| 2 drug vs 3 drug options |   |   |   |   |   |   |  |  |  |
| ***HIV prevention:***Pre-exposure prophylaxis (PrEP) |   |   |   |   |   |   |  |  |  |
| Mother-to-child transmission (MTCT) |   |   |   |   |   |   |  |  |  |
| Post-exposure prophylaxis (PEP) |   |   |   |   |   |   |  |  |  |
| Treatment as prevention (TasP), U=U |  |  |  |  |  |  |  |  |  |
| ***Special populations:***Pediatrics |  |  |  |  |  |  |  |  |  |
| Geriatrics |  |  |  |  |  |  |  |  |  |
| Pregnancy |  |  |  |  |  |  |  |  |  |
| People who inject drugs (PWID) |  |  |  |  |  |  |  |  |  |
| Refugees/new immigrants |  |  |  |  |  |  |  |  |  |
| Transgender  |   |   |   |   |   |   |  |  |  |
| ***Coinfections (treatment and prevention):***Hepatitis B |   |   |   |   |   |   |  |  |  |
| Hepatitis C |  |  |  |  |  |  |  |  |  |
| Tuberculosis |  |  |  |  |  |  |  |  |  |
| Other STBBIs (ex: syphilis, genital herpes, chlamydia / gonorrhea) |  |  |  |  |  |  |  |  |  |
| Vaccinations |  |  |  |  |  |  |  |  |  |
| ***Opportunistic Infections*** *(disease, treatment and prevention as applicable):*Candidiasis |   |   |   |   |   |   |  |  |  |
| Cryptococcal meningitis |  |  |  |  |  |  |  |  |  |
| Cytomegalovirus (CMV) |  |  |  |  |  |  |  |  |  |
| Mycobacterium avium complex (MAC) |  |  |  |  |  |  |  |  |  |
| Pneumocystis jiroveci pneumonia (PJP) |  |  |  |  |  |  |  |  |  |
| Progressive multifocal leukoencephalopathy |  |  |  |  |  |  |  |  |  |
| Toxoplasmosis gondii |  |  |  |  |  |  |  |  |  |
| **Other HIV-associated complications** *(disease, treatment and prevention as applicable):*Cancers (HIV associated, non-HIV associated) |  |  |  |  |  |  |  |  |  |
| HIV associated nephropathy |  |  |  |  |  |  |  |  |  |
| HIV dementia and HIV associated neurocognitive disorder |  |  |  |  |  |  |  |  |  |
| HIV wasting |  |  |  |  |  |  |  |  |  |
| ***Comorbidities:***Diabetes  |   |   |   |   |   |   |  |  |  |
| Cardiovascular disease (hypertension, hyperlipidemia, coronary disease), stroke, venous thromboembolic disease (DVT/PE))  |  |  |  |  |  |  |  |  |  |
| Mental health (depression, anxiety, insomnia, substance use disorder, etc) |   |   |   |   |   |   |  |  |  |
| Gastro-esophageal reflux disease (GERD), peptic ulcer disease (PUD) |   |   |   |   |   |   |  |  |  |
| Epilepsy/seizures |   |   |   |   |   |   |  |  |  |
| Pain management (neuropathic, chronic, acute) |   |   |   |   |   |   |  |  |  |
| Osteopenia/osteoporosis, bone health |  |  |  |  |  |  |  |  |  |
| Smoking cessation |   |   |   |   |   |   |  |  |  |
| Opioid substitution therapy |  |  |  |  |  |  |  |  |  |

*Last updated September 2019*