

HIV ADVANCED (YEAR 2) PHARMACY RESIDENCY

Casey House HIV Inpatient Services Rotation

Site:

Casey House
119 Isabella Street
Toronto, ON M4Y 1P2
(416) 962-7600
<https://www.caseyhouse.com/>

Description:

Casey House's Inpatient Program provides specialized, interprofessional HIV/AIDS care for people living at the advanced stages of HIV/AIDS. Most of the people admitted to Casey House are able to return home with their health stabilized in a matter of weeks or days, and with ongoing support through our community nursing program.

Duration of Rotation:

Total time 5 weeks.

Preceptors:

Dr. Jonathan Smith
Pharmacist, Casey House
jsmith@caseyhouse.ca

Dr. Edward Kucharski
Medical Director, Casey House
ekucharski@caseyhouse.ca

Goals:

1. To acquire an appropriate degree of knowledge of various HIV-related topics in order to adequately and efficiently identify, resolve and prevent drug-related problems in hospital inpatients with HIV/AIDS.
2. To allow the resident to develop and apply critical thinking skills, in order to analyze and integrate pertinent disease, drug and patient data for the purposes of being able to provide pharmaceutical care.

HIV ADVANCED (YEAR 2) PHARMACY RESIDENCY

3. To develop an understanding and appreciation of the role of the pharmacist in providing direct patient care to hospital inpatients with HIV/AIDS.

Objectives:

1. The resident will acquire, via an evidence based approach, knowledge of the principles and strategies for preventing and treating HIV infection and opportunistic infections, including but not limited to:

Pneumocystis jiroveci pneumonia (PJP)
Toxoplasmosis
Tuberculosis
Mycobacterium avium complex (MAC)
Cryptococcal meningitis
Candidiasis
Cytomegalovirus infections
Herpes Simplex virus infections

2. The resident will acquire, via an evidence based approach, knowledge of the principles and strategies for treating other medical conditions commonly encountered in inpatients with HIV/AIDS, including but not limited to:

Mental Health	Chronic Kidney Disease
Weight loss/wasting	Cardiovascular disease
Peripheral neuropathy	Thromboembolic disease
Community acquired pneumonia	Diabetes Mellitus
Fluid/Electrolyte Abnormalities	Anemia
Hepatitis	Malignancy (e.g. sarcoma, lymphoma)
Pain (Acute and Chronic)	Palliative Care
Opioid and other addictions	

3. The resident will acquire an understanding of drug-related issues commonly encountered in the management of patients with HIV/AIDS, including:

Medication adherence issues	Drug induced symptoms
Drug interactions	Medication cost/acquisition
Management of multi-resistant HIV virus	

HIV ADVANCED (YEAR 2) PHARMACY RESIDENCY

4. The resident will develop and practice the skills necessary to anticipate and prevent, and/or identify and resolve individual patients' drug related problems, including but not limited to.

Patient interview

Critical appraisal of pertinent literature

Formulation and justification of pharmacy care plans

Identification of pertinent monitoring parameters

Verbal communication of plans to patient, family members and health care team

Documentation in patient's chart

5. The resident will develop the skills necessary to become an independent practitioner capable of life long learning.

Other Activities (Please refer to Appendix A for further details).

In addition to direct patient care, the resident will/may be expected to:

1. Attend Inter-professional Rounds
 - Thursday's 8:30am (4th floor conference room)
 - Save DTPs for MD's after rounds
 - MD's : Casey House physicians, HIV specialist, Psychiatrist, residents
2. Nursing Visits
 - to be determined
3. Provide drug information to other members of the HIV team upon request.
4. Present on a topic of interest/controversy to the HIV team.
5. Develop drug administration protocols for high risk medications, or working on other projects of need/interest to the HIV team.
6. Participate in patient and/or staff education in the Casey House Day Program



HIV ADVANCED (YEAR 2) PHARMACY RESIDENCY

Assessment and Evaluation

- The resident will complete a written self-assessment at midpoint (2.5 weeks) and at the end of the rotation (5 weeks).
- The primary preceptor, in collaboration with the secondary preceptors if needed, will complete a mid-point assessment (verbal or written) at 2.5 weeks and a written final assessment at 5 weeks.
- Verbal feedback will be given throughout the rotation.
- The clinical rotation assessment form will be used for these assessments.
- At the end of the rotation, the resident will also complete an evaluation of the rotation and of the preceptor(s).

HIV ADVANCED (YEAR 2) PHARMACY RESIDENCY

Appendix A: Outline for PGY2 HIV Pharmacy Resident – Casey House

Day 1 – Introduction over coffee/tea – outline expectations, strengths/areas of improvement on both sides, tour, meet the team, administrative housekeeping, resources available and Med Rec Process @CaseyHouse

Overall:

- Introduction to Bcare software
- Patient Work Ups – M, T, W to be prepare for rounds on Thursday am; we will have individual discussions on each patient beforehand; formulation of care plans, documentation and monitoring parameters
- Medication Reconciliation at admission and discharge – complete follow through; preparation of discharge summary for community pharmacy provider; patient interview on admission
- Day Health Program – participate in a minimum of 2 lunch programs during the 5 weeks (Objective: to observe the role psychosocial factors play in HIV care at Casey House which I feel will probably be on display more than in other settings and will probably be somewhat unique compared to other rotations)
- Day Health Program – if possible/time allows schedule medication reviews with patients where onsite, phone or virtually
- Participate in a plenary session with several different providers in drafting a proposal for a Pharmacist/Nurse led PrEP/STD screening clinic for underserved populations
- 1 to 2 hour Shadowing activities will be arranged with the following providers; PT, Social Work- integral to develop full understanding at Casey House, Mental Health Clinician -if possible, Nursing; physician involvement is ingrained in the process
- Weekly Past Patient Discussions – One on One – what was successful; what could I/team have done better
- Respond to DI Requests - in person, via email with our specialist consultants
- Bimonthly meeting with CMO – Ed – to discuss our projects
- Medication Incident Analysis – to discuss patient safety; along with BCare and P&T Meeting

HIV ADVANCED (YEAR 2) PHARMACY RESIDENCY

3 (4) Projects over the 5 weeks – Time will be allotted on Friday to work on these assignments

- 1) 3 Parts - In conjunction with our Advance Practice Nurse during Week 1 develop a questionnaire/feedback on staff interests (mainly nurses) around education; distribute and analyze results by end of Week 2; prepare 15-30 min presentations for both inpatient and day-health nurses - may be 2 different topics since 2 very different areas of practice (Week 3)
- 2) TDM of ARV's – the basics; more detail to follow (Week 4)
- 3) Resident's Topic of Choice (Week 5)
- 4) ***Deprescribing – Joint project we will work on together with PT if time permits; mainly focusing on HIV, Aging, Frailty and Fall Risk -step 1 will be to formulate list (ie PPI's etc. can be based on Beers, START/STOPP criteria, calculate anticholinergic burden etc. – step 2 – developing tools to implement in clinical practice – this is a stretch goal project that may not need reinvention of the wheel but just time and effort for implementation to our workflow; we may just begin exploring this together

One on One Discussion Topics (with preceptor and others where possible)

Week 1- Antiretroviral Therapy, Adverse Effects, Drug Interactions, Switching Regimens, Virologic Failure

Week 2- Opportunistic Infections – Prevention and Treatment (Resources), TB, STD's, Co-infection with Hep B and/or C

Week 3- HIV Populations – Women & Children, Incarceration, Older Adults, Younger Adults, Racial and Ethnic Minorities, Sexual and Gender Minority Populations

Week 4- HIV Prevention in the context of Disease Treatment, Diagnostic Testing, Cutaneous and Oral Manifestations of HIV, Retention in Care

Week 5 – Harm Reduction, Substance Use, Supervised Consumption, Safe Supply Treatment Protocols, MAID, Palliative Care, Stigma

Midpoint Evaluation – will be on the 3rd Wednesday of the 5 weeks in the afternoon

Endpoint Evaluation – will be on December 18, 2020