

HIV ADVANCED (YEAR 2) PHARMACY RESIDENCY

MUHC Ambulatory care HIV rotation ROTATION DESCRIPTION

SITE/PRECEPTOR:

Site:

Chronic Viral Illness Service
McGill University Health Centre (MUHC)
1001 boul. Décarie, block D, 2nd floor
Montréal, Québec H4A 3J1
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Preceptors:

Nancy Sheehan, PharmD, MSc
Benoît Lemire, BPharm, MSc
Alison Wong, PharmD, MSc
Katherine Mousseau, BPharm, MSc
Laurence Messier, PharmD, MSc
Sébastien Landry, PharmD, PhD

The primary preceptor for the rotation is determined before the start of the rotation based on the pharmacist schedule.

Correspondence:

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DURATION:

5 weeks x 2 rotations

During the 2nd rotation, the resident is expected to take on a larger patient load and work more independently. The complexity of patient cases will also be increased. The resident must demonstrate expertise in providing evidence-based direct patient care as a member of the CVIS interprofessional team during the 2nd rotation.

OUTCOMES:

The resident will develop the clinical knowledge, skills, and professional values to:

- A. provide evidence-based patient care as a member of the interprofessional team
- B. provide medication- and practice-related education
- C. exhibit ability to manage one's own practice of pharmacy

for patients at the Chronic Viral Illness Service of the MUHC.

Reviewed: June 2023

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GOALS and OBJECTIVES:

Please refer to the **University Health Network/McGill University Health Centre HIV Advanced (Year 2) Pharmacy Residency Program: Clinical Rotation Goals and Objectives** document for the overall goals and objectives for this clinical rotation.

In addition, specific goals and objectives of the rotation are:

Goals: The HIV specialty resident will be asked to apply the pharmaceutical care model to people living with HIV and/or viral hepatitis.

- 1) To increase the resident's knowledge on antiretrovirals and other medications used for the management of HIV / AIDS, viral hepatitis and opportunistic infections.
- 2) To increase the resident's ability to identify, manage and monitor drug-related problems seen in people living with HIV or viral hepatitis and collaborate with other healthcare professionals.
- 3) To increase the residents's awareness of social, psychological, emotional and ethical issues which accompany HIV and/or viral hepatitis.

Objectives: By the end of the rotation, the resident will be able to:

1. Discuss the current recommendations for the management of HIV, HCV and HBV:
 - a. Disease process: epidemiology, transmission risk factors and preventative measures, natural history of infection, interpretation of pertinent laboratory tests, clinical presentation, complications, prognosis;
 - b. Pharmacotherapy: when to start and change therapy, choosing an antiviral treatment in treatment-naïve and treatment-experienced patients;
 - c. Monitoring: monitoring of efficacy, adverse drug reactions and adherence;
2. Discuss the current recommendations for the management of opportunistic infections, concomitant infections and HIV related complications (will vary based on the cases seen):
 - *Pneumocystis jiroveci* pneumonia
 - Toxoplasmosis encephalitis
 - Oral and esophageal candidiasis
 - Herpes virus infections
 - *Mycobacterium avium* complex
 - Cryptococcal meningitis
 - Progressive multifocal leukoencephalopathy
 - Tuberculosis co-infection
 - Syphilis
 - Neurocognitive impairment

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- HIV nephropathy
 - AIDS associated malignancies, etc;
3. Recommend appropriate antiviral regimens to patients and to the treating team based on the patients' medical history, concomitant medications, laboratory results, viral mutations, and preference, and based on the pharmacological characteristics of the available and investigational antivirals;
 4. Counsel patients starting new antiviral regimens and/or new medications for the management of opportunistic infections or other complications;
 5. Anticipate, detect, manage and monitor adverse drug reactions of antivirals and other medications used for the prophylaxis and treatment of opportunistic infections and other HIV-related complications;
 6. Anticipate, detect, manage and monitor drug-drug interactions of antivirals and other medications used for the prophylaxis and treatment of opportunistic infections and other HIV-related complications;
 7. Provide appropriate and concise drug information in a timely manner to patients and health professionals (including the 1-800 line) who have queries on the management of HIV, HCV, HBV and opportunistic infections;
 8. Recognize when to prescribe antiretroviral therapeutic drug monitoring (TDM), participate in the TDM data collection, understand the interpretation report and do the necessary follow-up with the team and patient.

DESCRIPTION:

The Chronic Viral Illness Service of the McGill University Health Centre serves over 2000 persons living with HIV and/or HCV. It is one of the largest HIV ambulatory care clinics in the province of Québec.

An interdisciplinary team approach is provided to patients. The medical staff includes infectious disease specialists, general practitioners with an expertise in HIV patient care, a psychiatrist, a hepatologist, and a geriatrician. The team also includes 6 pharmacists, clinical and research nurses, a social worker, and a psychologist. Pharmacists offer pharmaceutical care to clinic patients on a full-time basis. Furthermore, since May 2006, the hospital is responsible for the Québec Antiretroviral Therapeutic Drug Monitoring (TDM) Program. Pharmacists do TDM interpretations for patients from across the country.

The Québec division of the Canadian HIV / AIDS Trial Network is located at the McGill University Health Centre. Clinical studies and fundamental research on HIV, viral hepatitis and comorbidities are ongoing. Specific research interests include new HIV and HCV therapies, immunotherapeutics, HIV/HCV co-infection, neurocognitive impairment associated with HIV, pharmacokinetics of antiretrovirals in plasma and reservoirs.

Teaching will be facilitated by a variety of means including self-directed learning, resident-preceptor therapeutic discussions, interdisciplinary academic rounds, and pharmacy department rounds (clinical sharing sessions, clinical foundations, journal clubs, resident presentations).

Residents can expect to participate in peer-to-peer teaching and learning.

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RESIDENT RESPONSIBILITIES:

The resident will:

1. Provide the previous rotation assessment, the longitudinal knowledge tracking form, and their rotation specific personal learning objectives to the primary preceptor at the start of the rotation;
2. Provide evidence-based patient care to patients selected by the resident and preceptor according to the rotation objectives and the resident's experience and interest. The number of patients selected will vary from resident to resident, but an estimate of the expectation is 3 to 6 new patients/week.
3. Meet daily with the preceptor. Specific meetings include:
 - pharmaceutical care patient care work-ups
 - pre-determined therapeutic discussions;
4. Discuss all recommendations for drug therapy with the preceptor prior to discussing with the most responsible physician or other health care professional, unless otherwise arranged with the preceptor in advance.
5. Complete assigned reading and prepare for therapeutic discussion topics with the preceptor. These may include both required topics chosen by preceptor and elective topics selected by the resident.
6. During each 5-week rotation of the MUHC HIV Ambulatory Rotations, present one journal club presentation to the CVIS pharmacy team and/or pharmacy department;
7. During one of the 5-week rotations of the MUHC HIV Ambulatory Rotations, present one case presentation or pharmacotherapy topic review at a CVIS academic round;
8. If the schedule permits, precept a 4th year PharmD student (Faculté de pharmacie, Université de Montréal) or a MSc in Advanced Pharmacotherapy resident (Faculté de pharmacie, Université de Montréal) during one of the MUHC clinical rotations (HIV ambulatory or HIV geriatrics). This includes creating a rotation schedule/teaching plan for the learner, reviewing the rotation-specific and personal learning objectives with the learner at the start of the rotation, demonstrating appropriate selection and performance of practice-based teaching roles (i.e., direct instruction, modelling, coaching and facilitation), participating in the assessment of the learner and providing regular feedback;
9. Participate in weekly CVIS pharmacy team meetings;
10. Participate in weekly CVIS academic rounds;
10. Complete the following assessments:
 - written midpoint and final self-assessment (forward to preceptor prior to meeting to discuss)
 - verbal and written self-assessment after each presentation
 - written assessment of practice-based teaching, if applicable
 - written assessment of the rotation and preceptor at the end of the rotation
 - longitudinal knowledge tracking

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RESIDENT ASSESSMENT:

Residents will be assessed in the following manner:

- verbal formative feedback provided on a daily basis.
- mid-point meeting and review of resident written self-assessment (Clinical Rotation Assessment form). The preceptor may prepare a written midpoint assessment if the resident is experiencing significant difficulties meeting the expected level of performance.
- written final rotation assessment completed by preceptor & resident self-assessment (Clinical Rotation Assessment form).
- Presentation, practice-based teaching, and other relevant assessments, as applicable, by preceptor and resident (self-assessment).

Assessments will be based on patient care work-ups, therapeutic interventions, review of documentation, participation in inter-professional rounds, resident-preceptor therapeutic discussions, case presentations, teaching activities and professional conduct.
