

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 can 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

Please refer to the **UHN/MUHC HIV Advanced (Year 2) Clinical Rotations: Goals and Objectives document** for the overall goals and objectives for this clinical rotation. Specific goals and objectives for this rotation include:

Goals:

1. To acquire an appropriate degree of knowledge of various HIV-related topics to adequately and efficiently identify, resolve, and prevent drug-related problems in hospital inpatients with HIV/AIDS.

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2. To allow the resident to develop and apply critical thinking skills, to analyze and integrate pertinent disease, drug and patient data for the purposes of being able to provide pharmaceutical care.
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	Harm Reduction

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

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Management of multi-resistant HIV virus

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 & Daily Updates
 - Thursday's 8:30am (4th floor conference room)
 - Save DTPs for MDs after rounds
 - MD's: Casey House physicians, ID physician, Psychiatrist, residents
2. Provide drug information to other members of the HIV team and patients upon request.
3. Present on a topic of interest/controversy to the HIV team. This can also be based on assessment of learning needs identified during the rotation.
4. Develop drug administration protocols for high risk medications, or working on other projects of need/interest to the HIV team including suggestions for improving medication use systems.
5. Participate in patient and/or staff education in the Casey House Outpatient Program including involvement with the Cabenuva[®] program or antipsychotic LAI program.
6. Explore and identify HIV prevention strategies implemented at Casey House including Harm Reduction techniques and Supervised Consumption Site (SCS) use.



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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).

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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

-Outpatient Program – active participation in the Cabenuva® and antipsychotic LAI program with nursing and social work which will include responding to questions and lab follow up if necessary

-Outpatient Program – medication reviews with patients where onsite, phone or virtually; speak at an outpatient group during rotation if possible

-Participate in plenary session(s) from a pharmacy perspective with regards to Accreditation Canada (AC) requirements which will focus on policy (will try to focus on ARVSP (Antiretroviral Stewardship Programs of which pharmacy will lead); may be a breadth of topics and we will gauge if the sessions correspond with rotation objectives

- 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, OT and Harm Reduction; 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; unique cases including resistance analysis

-Respond to DI Requests - in person, via email with our specialist consultants

-Medical Resident Teaching and/or Staff Teaching – a short talk to newer PGY 1 or 2 medical residents around resistance and the potential for developing a talk/program for nursing on this topic as well

-Bimonthly meeting with CMO – Ed – to discuss our projects

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-Medication Incident Analysis – to discuss patient safety; along with BCare and P&T Meeting (if one falls during Rotation timeline); perform root cause analysis on an event or past event if time permits

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; interpretation of McGill and BCCoE reports
- 3) HIV Genotype and Resistance Analysis Presentation – nursing and physician residents including introduction and use of Stanford HIVdb; clinical utility of proviral DNA
- 4) Patient Handout of DDI's and HIV medications including recreational substances

One on One Discussion Topics (with preceptor and others where possible) -will include the topics below and others that occur as the rotation progresses

Antiretroviral Therapy, Adverse Effects, Drug Interactions, Switching Regimens, Virologic Failure
Opportunistic Infections – Prevention and Treatment (Resources), TB, STD's, Co-infection with Hep B and/or C

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

HIV Prevention in the context of Disease Treatment, Diagnostic Testing, Cutaneous and Oral Manifestations of HIV, Retention in Care Harm Reduction, Substance Use, Supervised Consumption, Safe Supply Treatment Protocols, MAID, Palliative Care, Stigma