

## HIV ADVANCED (YEAR 2) PHARMACY RESIDENCY

### PEDIATRIC AND OBSTETRIC HIV CARE ROTATION Children's and Women's Health Centre of BC

**SITE/PRECEPTOR:**

Oak Tree Clinic, Children's & Women's Health Centre of BC, Provincial Health Services Authority  
4500 Oak St. Vancouver, BC, V6H 3N1  
Location: 6<sup>th</sup> floor, Shaughnessy Building  
<http://www.bcwomens.ca/our-services/specialized-services/oak-tree-clinic>

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Children's & Women's Health Centre of British Columbia (C&W) consists of B.C.'s Children's Hospital, B.C.'s Women's Hospital and Health Centre, and Sunny Hill Health Centre for Children. C&W a large maternal-fetal-newborn clinical service and is the major referral centre for acutely ill or injured children in B.C. C&W has more than 400 in-patient beds including a pediatric intensive care unit and neonatal intensive care unit.

The Oak Tree Clinic is a unique ambulatory clinic that provides specialized care for women, children and their family members living with HIV and other reproductive and congenital infectious diseases. The multidisciplinary team (infectious disease specialists, nurse practitioners, pharmacists, nurses, dietitians, social workers, counsellor, psychiatrists, outreach workers and research coordinators) work together to provide "woman and child centered care" that strives to meet both the medical and psycho-social needs of each individual. The clinic provides support and education to patients and their families, other health care workers, organizations and institutions and the public regarding the complex issues of living with HIV for women, children and their family members.

The pharmacist is responsible for designing combination antiretroviral therapy, monitoring for efficacy, toxicity and adherence to these regimens, providing medication counseling, coordinating the provincial prevention of perinatal HIV transmission protocol, providing drug information/consultation and coordinating drug distribution between patients, the ambulatory care pharmacy and other community pharmacies. The pharmacist is also responsible for recommending and monitoring hepatitis C treatment for both mono and co-infected patients as well as Pre-Exposure Prophylaxis (PrEP) and Post-Exposure prophylaxis (PEP) for HIV negative patients at high risk of HIV infection. With the recent expansion of the clinic to include reproductive and congenital infectious disease clinics, the pharmacist also develops treatment plans for complex or rare infectious diseases in pregnancy or newborn.

**DURATION:**

4 weeks

**OUTCOMES:**

Reviewed: June 2023

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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 Oak Tree Clinic at Children's & Women's Health Centre of BC

### 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, residents will be expected to be able to:

- 1) Describe the basic pathophysiology of HIV infection in pregnant women and children including pathogenesis, risk factors, clinical presentation (physical, laboratory) and diagnostic criteria
- 2) Discuss the principles, and current recommendations for treating HIV infection and preventing/treating opportunistic infections in pregnant women and children, including approach to therapeutic management, identification of available pharmacologic agents, and identification of factors affecting the selection of an optimal treatment regimen;
- 3) Discuss the principles and current recommendations for preventing perinatal transmission of HIV infection in people living with and at high risk for HIV, including therapeutic approach and selection of antiretroviral therapy for maternal antenatal, perinatal, and postpartum management and for post-exposure prophylaxis of the infant
- 4) Identify and discuss important monitoring parameters of antiretroviral therapy for both efficacy and toxicity including required frequency and duration for a pregnant woman and child;
- 5) Discuss the advantages, disadvantages, indications and contraindications of antiretroviral agents with respect to: efficacy, resistance patterns, toxicity, dosage/dosage regimens, convenience, product availability, and drug interactions specific to a pregnant woman or child;
- 6) Demonstrate proficiency in providing Pharmaceutical Care by being able to:
  - a. Obtain a full and complete medication history utilizing all available resources (e.g., chart, patient, family, Pharmanet, family physician).
  - b. Analyse and integrate data in order to identify and state a potential or actual drug related problem
  - c. Discuss reasonable patient specific therapeutic alternatives
  - d. Recommend and justify a therapeutic plan
  - e. Recommend monitoring parameters for efficacy and toxicity
- 7) Communicate with patients and other health care professional during daily rounds, interpersonal communications, and documentation in the patient health care record;
- 8) Provide clinically useful, timely and concise drug information to the health care team.

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### DESCRIPTION:

During this 4-week rotation, residents will be providing pharmaceutical care to people living with HIV who are followed by the Oak Tree Clinic, an ambulatory clinic located at Children's and Women's Health Centre of BC which serves as the tertiary referral center for all pregnant women and children living with HIV in BC. The main focus will be providing care to pregnant women and children living with HIV.

The resident will also provide care to women and their newborns who are at high risk for HIV through the Prevention of Perinatal HIV Transmission program in BC. Based on resident's interest and available cases, the resident may also provide care for women and their newborns diagnosed with reproductive and congenital infectious diseases (e.g. toxoplasmosis, cytomegalovirus, hepatitis B etc.).

Teaching will be facilitated by a variety of means including self-directed learning, multi-disciplinary patient care, discussions with preceptor, multi-disciplinary teaching rounds (time and schedule permitting), and pharmacy department rounds (clinical sharing sessions, clinical foundations, journal clubs, resident presentations).

Depending on the other learners present on the rotation (entry to practice pharmacy students, year 1 or year 2 pharmacy residents), residents may expect to participate in peer-to-peer or tiered teaching and learning.

### RESIDENT RESPONSIBILITIES:

The resident will:

1. Provide previous rotation assessment, longitudinal knowledge tracking, and rotation specific objectives to preceptor at start of 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 2 to 4 new patients/week.
3. Use an appropriate pharmaceutical care framework to complete work-ups on assigned patients, identify and prioritize drug-therapy problems/issues, develop pharmacy care plans, and document patient's progress and follow-up. The resident will be the primary pharmacy care-giver responsible for providing pharmaceutical care to these patients.
4. Attend/participate in the clinic's weekly paediatric, obstetrics, adult rounds and education sessions
5. Attend all pharmacy department education sessions during rotation (e.g. journal club and other scheduled presentations)
6. Meet daily with preceptor. Specific meetings include:
  - pharmaceutical care patient care work-ups
  - pre-determined therapeutic discussions

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7. Discuss all recommendations for drug therapy with the preceptor prior to discussing the most responsible physician or other health care professional, unless otherwise arranged with the preceptor in advance.
8. Discuss all written health record documentation with the preceptor prior to documentation in the chart, unless otherwise arranged with the preceptor.
9. Develop and present one case or topic presentation to staff pharmacists.
10. Present to nursing, physicians, allied health staff, pharmacy students or technicians depending on need and at the discretion of the preceptor.
11. 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.
12. The resident will be responsible for all assigned tasks while on rotation and will communicate required support from preceptor as needed.
13. 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 the rotation and preceptor at the end of the rotation
  - longitudinal knowledge tracking

### 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)
- Written final rotation assessment completed by preceptor & resident self-assessment (Clinical Rotation Assessment form).
- Presentation, practice-based teaching, and other relevant assessments as applicable

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

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