



DEVELOPMENT OF AN HIV NATIONAL CLINICAL OBSERVERSHIP PROGRAM FOR PHARMACISTS

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INTRODUCTION

Pharmacists play a significant role in optimizing care for HIV patients, managing challenges of adherence, resistance, comorbidities, polypharmacy and drug interactions.¹ HIV residency programs or electives provide specialized training but may not be ideal for practicing pharmacists who are unable to dedicate a year or several weeks to advance their learning. A national observership program was developed to meet the learning needs of working pharmacists.

DESCRIPTION

The observership program was launched in 2017 by the Canadian HIV and Viral Hepatitis Pharmacists Network (CHAP), a professional organization with a clinical and research focus in HIV and viral hepatitis (<https://hivclinic.ca/chap/>). Pharmacists wishing to gain clinical experience or specialized knowledge through shadowing or teaching with another pharmacist were eligible to apply for an observership of 1-5 days.

The program objectives were to:

- improve confidence in HIV therapy management
- increase awareness of different practice sites and subspecialties
- promote collaboration and professional networking

ACTION

Funding was secured for one year via an unrestricted industry educational grant to provide 4-6 observerships. A working group developed terms of reference and application criteria. Calls for applications were issued, with priority given to new practitioners or those from rural/underserved areas. When possible, observers were paired with a local or regional preceptor to build relationships for future collaboration and networking. This also helped to reduce travel costs so that a greater number of observerships could be offered.

EVALUATION

Successful applicants were asked to complete a pre- and post-observership survey in addition to providing feedback on satisfaction and suggestions for improvement. Preceptors were also asked to complete a feedback questionnaire.

RESULTS

Five applications were received and four observerships were completed in 2017. Three observers were from Ontario, one was from Saskatchewan, with 75% working in small urban centres. (Table 1)

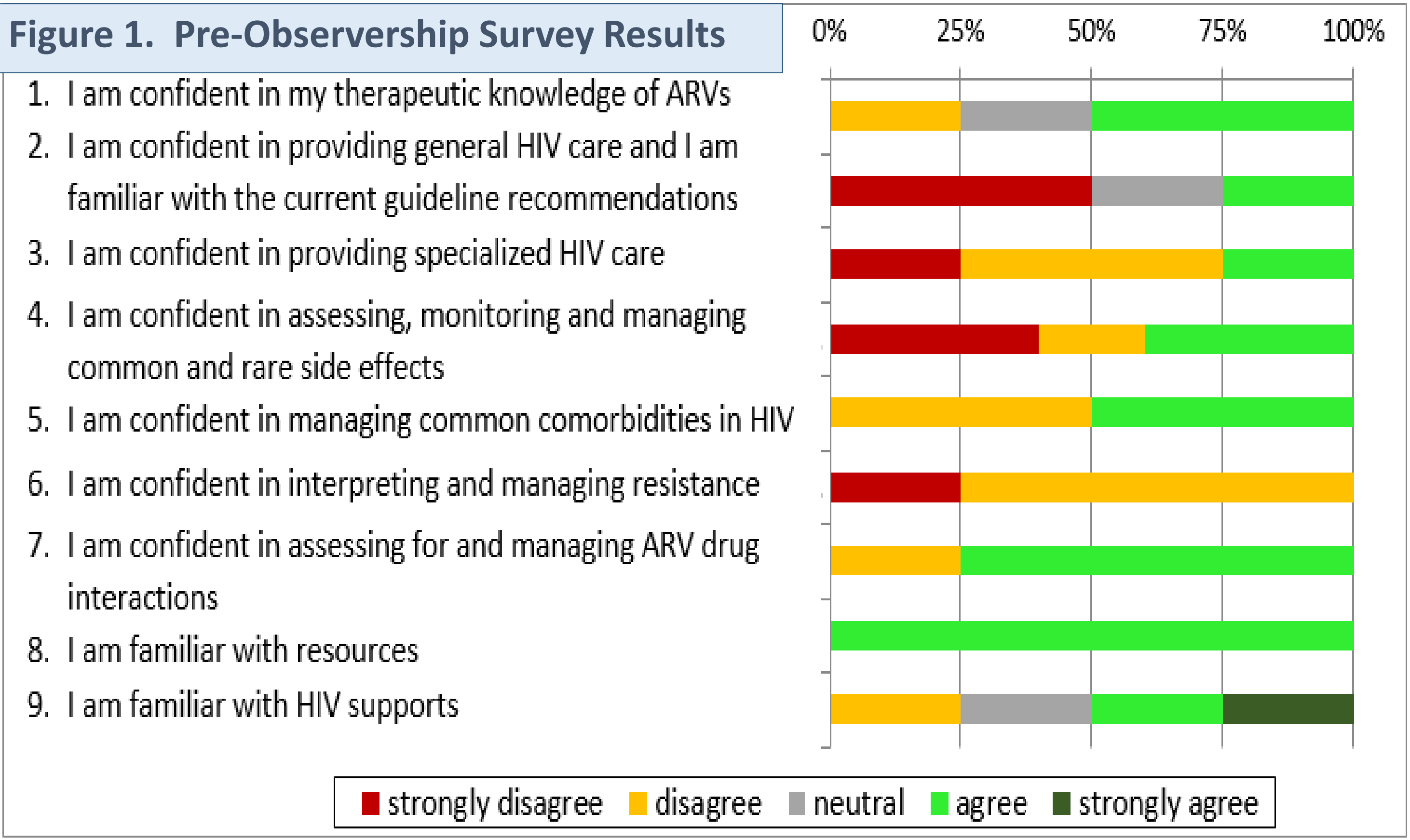
Table 1. Observer Baseline Characteristics (n=4)

female, n (%)	3 (75)
Years in clinical practice (median, range)	3.5 (2-7)
Years providing HIV care:	
• 12 months or less	4 (100%)
Prior HIV education:	
• Lectures in academic curriculum	3 (75%)
• Clinical rotation (residency)	1 (25%)
General knowledge of HIV prior to observership	
• Somewhat familiar	4 (100%)
Type of pharmacy practice*:	
• Community pharmacy	2 (50%)
• Hospital pharmacy	2 (50%)
• Ambulatory clinic	1 (25%)
Size of overall HIV population served by site:	
• 500-1000 patients	1 (25%)
• 100-500 patients	1 (25%)
• <50 patients	2 (50%)

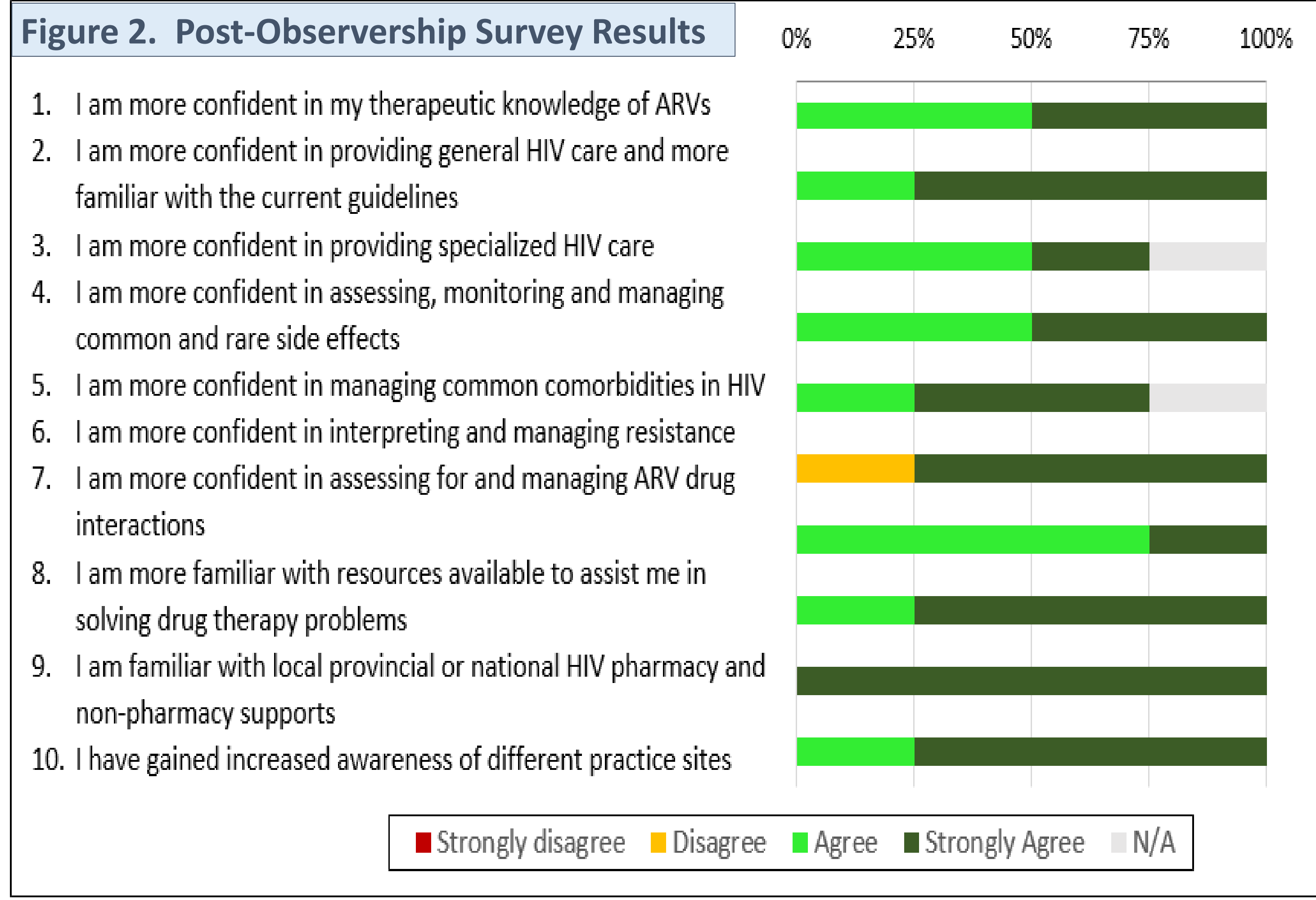
*results may total>100% since some observers have >1 practice site

RESULTS – (con't)

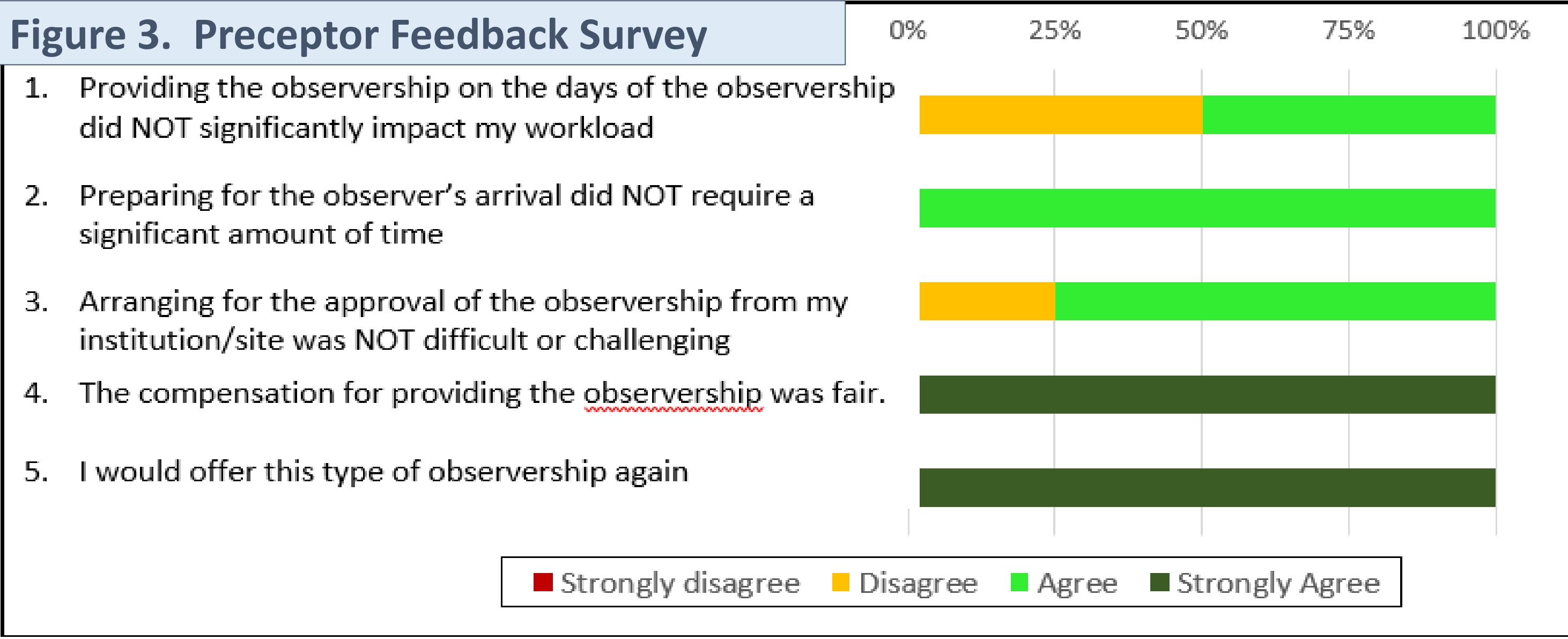
Prior to completing the observership, at least half lacked confidence in their therapeutic knowledge of antiretrovirals and their ability to manage HIV, comorbidities, drug side effects, and drug resistance (Figure 1)



- Duration of the observerships was a median of 2 days (range 2-3).
- 100% of observers felt the program met their learning objectives.
- 100% of observers strongly agreed that completing the observership improved their knowledge and confidence in providing HIV care, and enhanced opportunities for professional networking (Figure 2).
- Although all observers were able to meet their learning objectives in the time allotted, 50% felt the observership was too short while the remainder felt the duration was appropriate.
- The main suggestion for improvement was to increase the duration of the program.



Preceptors had a median of 11.5 years (range 5-22) experience providing HIV care, with practices of 100-500 (50%) and >1000 patients (50%). Although half felt that their workload was significantly impacted during the observership, all felt the program was beneficial and agreed to offer future observerships (Figure 3).



RESULTS – (con't)

Overall, pharmacists found the observership experience to be very valuable, and recommended that the program be continued.

Some direct feedback quotes included:

- *I definitely learned valuable information, particularly about the set-up of an interprofessional clinic for patients with HIV/AIDS. The experience left me excited about this new chapter for our clinic and I am confident I have the tools, or know where to find the resources, to care for these patients. I will be continuing my education as I feel there is still a lot to learn, but this experience was an excellent starting point. I highly recommend this program to other pharmacists wanting to explore this field.*
- *I had a very rewarding experience from the observership program. When I reflect back on my learning experience and achieved outcomes, I was surprised at how much we were able to accomplish in such a short period of time.*
- *Found this to be a fantastic opportunity. Enjoyed meeting a nearby colleague and look forward to future collaboration as well as someone to contact for a second opinion when needed. It was useful to see a different model of practice, especially from someone who is more experienced.*

DISCUSSION

- The observership appears to be valued by pharmacists early in their career, although most suggested a 2-day observership was too short.
- Limitations of the survey include small sample size, lack of anonymity and sampling bias
- Based on positive feedback and survey results, second phase funding was obtained to offer additional observerships in 2018.

CONCLUSIONS

This national clinical observership program has been successful in providing learning and mentorship to practicing pharmacists. Avenues for ongoing funding are being pursued. The program may serve as a model for implementation in other countries or therapeutic areas.

Reference:

1. Tseng A, Foisy M, Hughes CA, et al. on behalf of the Canadian HIV/AIDS Pharmacists Network. The role of the pharmacist in caring for patients with HIV/AIDS: clinical practice guidelines. Can J Health-Syst Pharm 2012;65(2):125-145.

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DISCLOSURE SUMMARY

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