
# HIV Rotation

**Children’s & Women’s Health Centre of BC Rotation Manual**

# DESCRIPTION

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 has the largest maternal-fetal-newborn clinical service in Canada 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 infected and affected with HIV and/or Hepatitis C. The multidisciplinary team (infectious disease specialists, nurse practitioners, pharmacists, nurses, dietitian, social workers, 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 HIV and Hepatitis C infection in women, children and their family members.

The pharmacist is responsible for designing combination antiretroviral therapy (cART), monitoring for efficacy, toxicity and adherence to these regimens, providing medication counseling, coordinating the provincial prevention of HIV from mother-to-child protocol (MTCT 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) for HIV negative patients at high risk of HIV infection.

# GOALS

* The Resident will develop organizational and clinical skills required to provide pharmaceutical care in a paediatric/adult ambulatory care setting.
* The Resident should be able to function safely, effectively and independently in the ambulatory care setting.

# LEARNING OBJECTIVES

* Per those listed for all LMPS Direct Patient Care (DPC) Rotations, available on our Evaluation Outcomes page at [http://www.lmpsresidency.com/residents/resident-manual/evaluation-](http://www.lmpsresidency.com/residents/resident-manual/evaluation-outcomes) [outcomes](http://www.lmpsresidency.com/residents/resident-manual/evaluation-outcomes)
* The expected level of resident performance by the completion of this 4-week rotation is outlined in the Direct Patient Care Assessment of the Resident form.

# ROTATION-SPECIFIC OBJECTIVES

Upon completion of this rotation, the student will be able to:

* 1. Understand the basic pathophysiology of HIV infection in adults, pregnant women and children
	2. Demonstrate proficiency in the drug treatment of HIV and opportunistic infections
	3. Develop individualized cART for clinic patients (adults, pregnant women and children) taking into account host factors such as immune status, viral load, HIV genotypic data and concurrent diseases/medications
	4. Educate/counsel patients on antiretroviral medications (dose, administration, adverse effects, drug interactions)
	5. Monitor for efficacy and toxicity of antiretroviral therapy and evaluate adherence
	6. Demonstrate an ability to communicate effectively with patients and other healthcare practitioners

# RESIDENT’S OWN OBJECTIVES

Residents will identify several of their own learning objectives for the rotation. These should be documented in their ePortfolio prior to the start of the rotation, discussed with the preceptor on day 1 of the rotation and assessed at the various evaluation points throughout the rotation.

1.

2.

3.

# REQUIRED ACTIVITIES

The Resident will:

1. Provide pharmaceutical care to patients as per the objectives above. This involves patient evaluation for efficacy and toxicity of existing therapy as well as detecting and solving

potential drug-related problems. Patient load will be determined based on the Resident’s previous experience and proficiency and will be modified at the discretion of the preceptor.

1. Assist in the initiation and continuation of appropriate drug therapy.
2. Provide medication counselling and perform medication histories on all patients under his/her care when appropriate.
3. Provide drug information for patients and/or other healthcare practitioners if applicable during the rotation
4. Document all clinical activities in the patient’s health record as deemed appropriate. Notes to be discussed with the preceptor BEFORE placing them in the chart.
5. Attend/participate in the clinic’s weekly paediatric, obstetrics, adult Rounds and education sessions
6. Attend ALL pharmacy education sessions (e.g., journal club and other scheduled presentations).
7. Prepare and lead one - two topics per week for discussion with preceptor. These may include topics pre-selected by the preceptor as well as specific topics on which the student would particularly like to expand their knowledge base.
8. Meet daily/as needed with preceptor to discuss thepatients being followed, issues of interest, therapeutic controversies, ongoing evaluation, and special topics.
9. Identify, prepare and present one case presentation to the pharmacy department.
10. Other activities as assigned by preceptor.

*Note: Any uncompleted required activities will result in failure of the rotation. All attempts will be made to adhere to the required activities format as outlined above. However, some modifications may be necessary.*

# COMMUNICATION EXPECTATIONS

* 1. The resident will discuss all recommendations with the preceptor prior to implementation, unless otherwise arranged with the preceptor.
	2. The resident will discuss all written chart notes with the preceptor prior to placing them in the chart unless otherwise arranged with the preceptor.
	3. The resident will notify the preceptor in advance (i.e.: prior to the start of the rotation) of all required off-site activities (e.g.: ADS, BC Wide case presentations, etc.) and absences during the rotation.
	4. The resident will be responsible for all assigned tasks while on rotation and will communicate required support from preceptor as needed.
	5. The resident is encouraged to provide on-going, daily feedback to the preceptor to assist in enriching his or her own learning experience throughout the course of the rotation.

# PRECEPTOR RESPONSIBILITIES

1. Introduce the Resident to the other healthcare team members.
2. Provide orientation to clinic, pharmacy department and Ambulatory Care Pharmacy.
3. Take report of all patients.
4. Be available for consultation with Resident whenever possible.
5. Discuss clinical topics with student as scheduled.
6. Provide feedback on patient work up, thought process, patient presentation, notes
7. Schedule dates for presentations.
8. Keep the Resident informed regarding their availability for consultation and meetings.

# EVALUATION PROCESSES

Guidance on Evaluation Policies and workflow are available at

<http://www.lmpsresidency.com/residents/resident-manual/evaluation-policies>

* 1. The resident will receive a written, formative evaluation at the midpoint of the rotation.

This evaluation will take into account the rotation-specific objectives and the resident’s own learning objectives.

* 1. The resident will receive a written, summative evaluation at the end of their rotation. This evaluation will take into account the rotation-specific objectives and the resident’s own learning objectives.
	2. The resident will receive continuous feedback throughout the rotation and this will be considered part of the evaluation process.
	3. The resident will provide written evaluations of both the preceptor and the rotation and complete a written self-evaluation prior to the last day of the rotation.
	4. The preceptor and resident will discuss their respective evaluations in person at midpoint and on the last day of the rotation.

# REQUIRED READING & RESOURCES

Prior to starting rotation:

Simon V, Ho DD, Karim QA. HIV/AIDS epidemiology, pathogenesis, prevention and treatment. Lancet 2006; 368:489-504.

Tseng, A, Foisy M, Hughes CA, Kelly D, Chan S, Dayneka N, Giguere P, Higgins N, Hills- Nieminen C, Kapler J, la Porte CJL, Nickel P, Park-Wyllie L, Quaia C, Robinson L, Sheehan N, Stone S, Sulz L and Yoong D. Role of the Pharmacist in Caring for Patients with HIV/AIDS: Clinical Practice Guidelines. CJHP 2012;65(2): 125- 145

During Rotation (Please familiarize yourself prior to starting rotation):

# Adults: [Guidelines for Antiretroviral ARV Treatment of Adult HIV Infection (PDF)](http://cfenet.ubc.ca/sites/default/files/uploads/Guidelines/Therapeutic-Guidelines-for-Antiretroviral-ARV-Treatment-of-Adult-HIV-Infection-%5B07-JUN-2018%5D.pdf)

**Pediatrics:** [BC Guidelines for HIV Infected and HIV exposed children](http://www.bcwomens.ca/Professional-Resources-site/Documents/CFE%20Guidelines%20for%20HIV%20infected%20and%20HIV%20exposed%20children%20Final%2025%20Mar%202014.doc)

**Pregnant Women:** [British Columbia Guidelines for the Care of HIV Positive Pregnant Women &](http://www.bcwomens.ca/Specialized-Services-Site/Documents/HIV_%28Oak_Tree%29/BCHIVinpregnancyguidelinesFINALAug72014.pdf) [Interventions to Reduce Perinatal Transmisson](http://www.bcwomens.ca/Specialized-Services-Site/Documents/HIV_%28Oak_Tree%29/BCHIVinpregnancyguidelinesFINALAug72014.pdf).

# HIV Testing: <https://www.catie.ca/en/fact-sheets/testing/hiv-testing-technologies>

**PrEP:** [Guidance for the use of Pre-Exposure Prophylaxis (PrEP) for the prevention of HIV](http://www.cfenet.ubc.ca/sites/default/files/uploads/publications/centredocs/prep_guidelines-07sep2018.pdf) [acquisition in British Columbia](http://www.cfenet.ubc.ca/sites/default/files/uploads/publications/centredocs/prep_guidelines-07sep2018.pdf)

**Hepatitis C**[:The management of chronic hepatitis C: 2018 guideline update from the Canadian](http://www.cmaj.ca/content/cmaj/190/22/E677.full.pdf) [Association for the Study of the Liver](http://www.cmaj.ca/content/cmaj/190/22/E677.full.pdf)

*Additional readings as assigned by preceptor*

# Helpful Resources While on Rotation

* US HIV Guidelines: [www.aidsinfo.nih.gov/guidelines/](http://www.aidsinfo.nih.gov/guidelines/)
* Oak Tree Website with Guidelines/Order Sets/Protocols: [www.oaktreeclinic.bc.ca](http://www.oaktreeclinic.bc.ca/)
* BC Centre for Excellence in HIV: <http://www.cfenet.ubc.ca/>
* Toronto General Hospital Drug Interactions/Information (available as app):

<http://app.hivclinic.ca/>

* Toronto General Hospital Drug Information: <https://hivclinic.ca/drug-information/>
* CATIE: <https://www.catie.ca/en/home>
* University of Liverpool Drug HIV Drug Interaction Tool: [https://www.hiv-](https://www.hiv-druginteractions.org/) [druginteractions.org/](https://www.hiv-druginteractions.org/)
* University of Liverpool Drug HCV Drug Interaction Tool: [https://www.hep-](https://www.hep-druginteractions.org/) [druginteractions.org/](https://www.hep-druginteractions.org/)