

HIV Ambulatory Care Clinic I & II – PGY1 Rotation

Preceptor:

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Gary Huynh, PharmD, AAHIVP (Preceptor in training)

Duration: 4 weeks

Site Description:

The HIV Clinic is located at the University of Utah Hospital and Clinics as part of the Infectious Diseases Clinic. The HIV Clinic is the largest provider of HIV/AIDS care in the state and provides care to patients in the surrounding intermountain region. The infectious diseases division receives grant funding from the Ryan White Part B, Part C and Part D programs to provide primary care for HIV/AIDS patients. Clinical pharmacy services include drug information, patient education and consultation in HIV. The interprofessional team includes attending HIV physicians, advanced practice clinicians, Infectious Diseases fellows, social workers, case managers, and medical assistants.

Role of the Pharmacist:

The clinical pharmacist involved in the care of HIV-infected patients in Clinic 1A at the University of Utah Hospital and Clinics participates with other members of the health care team in the management of patients for whom medications are a focus of therapy. The clinical pharmacist also serves as a source of information for the providers and the community. Pharmacy services in Clinic 1A are designed to support the different components of the medication-use process (developing treatment plans, ordering, dispensing, administering, monitoring, evaluating adherence, and educating) in order to achieve positive patient outcomes.

Expectation of Residents and Typical Weekly Activities:

The pharmacy resident is expected to review patients' charts in preparation to meet with the patients. After meeting with the patients, the resident will complete medication reconciliation, identify and resolve problems. The resident will review their findings and provide recommendations to the practitioner. The resident will also provide patient education for HIV management and new HIV regimens, evaluate drug therapy regimens, and provide recommendations for optimizing drug therapy, monitoring, and patient adherence. The pharmacy resident will document all patient care activities in the electronic medical record. While in the clinic, the pharmacy resident will respond to any drug information requests from the providers. The pharmacy resident will discuss with the preceptor a variety of HIV/AIDS topics. The pharmacy resident will attend Monday Mornings Infectious Diseases Conference (8am to 9am), ID Fellows Didactic Conferences (2nd, 3rd and 4th Wednesday of every month), Case Management Meeting (Every Thursday 9:30 to 11:30), and Stump the Stars Conference (Every Thursday from 4pm to 5pm). The resident is expected to be available to the clinic Monday through Friday from 8am to 5pm – or until patient care tasks are complete.

Expected Progression:

Day 1: Preceptor will orient resident to Clinic 1A, health care professionals, and workflow. Preceptor will review learning activities and expectations with resident

- Resident should come ready to discuss resident progress to date, areas of excellence and areas of improvement needed, and three goals for rotation
- The resident is expected to be punctual, professional, and prioritize daily activities with a focus on exceptional patient care.

Week 1:

- The expectation is that the resident will display professionalism towards all staff and patients.
- The resident will staff the clinic with the pharmacist on day 1 and 2 then progress to functioning independently during this rotation.
- The resident must prepare adequately for 4-5 patient visits by reviewing pertinent HIV pharmacotherapy. The resident will staff the patients with their preceptor prior to the start of clinic.
- After meeting with the patients, the resident will review their findings with the providers.
- The resident will complete medication reconciliation, identify and resolve problems on assigned patients.
- The resident will review the DHHS guidelines for the Use of Antiretroviral Agents in Adults and Adolescents Living with HIV
- The resident will present to their preceptors 2 antiretroviral regimens
- The resident will present 1 HIV topic journal club with handout

Week 2:

- While in the clinic, the pharmacy resident will respond to any drug information requests from the providers.
- Demonstrate knowledge of current HIV immunization practices and recommendations
- Interact appropriately with each patient and their family members, obtaining sufficient history to make patient-centered recommendations.
- Interact efficiently with the team to make recommendations on assigned patients
- Identify the most common factors affecting adherence to antiretroviral therapy
- Document recommendations in the chart with minimal errors
- The resident will present to their preceptors 2 antiretroviral regimens
- The resident will present 1 HIV topic journal club with handout
- The resident will review the DHHS guidelines for the Prevention and Treatment of Opportunistic Infections in HIV-infected Adults and Adolescents
- The resident will learn about the Ryan White HIV/AIDS Program

Week 3:

- Increase the complexity of antiretroviral medication problems the resident is able to identify using data from the patient and EMR.
- Design (or redesign) HIV therapeutic regimens based on best evidence for each patient assigned.
- Document with few errors.
- Identify the most common factors affecting adherence to antiretroviral therapy and the different interventions available to address these issues

- Document recommendations in the chart with minimal errors
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- The resident will present to their preceptors 2 antiretroviral regimens
- The resident will present 1 HIV topic journal club with handout
- The resident will review the DHHS guidelines for Preexposure Prophylaxis for the Prevention of HIV infection

Week 4:

- The resident will analyze and assess information collected during chart review, patient interviews, and literature review to guide HIV antiretroviral therapy.
- Collaborate effectively with team to ensure recommendations accurate and implemented.
- Be proactive in running the work in clinic.
- Document independently and without errors by the final week.
- The resident will present to their preceptors 2 antiretroviral regimens
- The resident will present 1 HIV topic journal club with handout

Rotation Goals:

Upon completion of the rotation, the resident will have increased knowledge of:

- 1) The pathophysiology, diagnosis, and pharmacological treatment of HIV
- 2) The management of opportunistic infections in the HIV population
- 3) HIV pre-exposure prophylaxis
- 4) HIV post-exposure prophylaxis

Activities Evaluated and Taught:

Goals and Objectives	Teaching Method(s)	Related Rotation Activities
GOAL R1.1: In collaboration with the health care team, provide safe and effective patient care to diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process		
OBJ 1.1.1: Interact effectively with health care teams to manage patients' medication therapy (Am Care I)	Modeling Coaching Facilitating	Learner will effectively collaborate with the HIV health care team to provide patient care
OBJ 1.1.2: Interact effectively with patients, family members, and caregivers (Am Care I and II)	Direct instruction Modeling Coaching Facilitation	Learner will interview 4-8 patients daily to determine current drug therapy and update medication lists Learner will communicate (face-to-face, by phone, or electronic medical record) with patients, providers, health care facilities, and pharmacies as needed to facilitate therapeutic plans

		<p>Learner will educate patients & their care providers on new antiretroviral regimens</p> <p>Learner will recommend an antiretroviral regimen based on patients' specific characteristics</p>
Objective R1.1.3: Collect information on which to base safe and effective medication therapy (Am Care I)	<p>Direct instruction</p> <p>Modeling</p> <p>Coaching</p> <p>Facilitation</p>	<p>Learner will review 5-8 patients' charts prior to visit</p> <p>Chart review will include:</p> <p>Medication reconciliation, adherence, immunizations, appropriate laboratory monitoring for safety and efficacy of antiretroviral therapy</p> <p>Learner will interview 5-8 patients daily to assess adherence to and issues with current medication therapy</p> <p>Learner will review patients' charts and the medical literature as needed to answer medication therapy questions</p>
OBJ 1.1.4: Analyze and assess information on which to base safe and effective medication therapy (Am Care II)	<p>Direct instruction</p> <p>Modeling</p> <p>Coaching</p> <p>Facilitation</p>	<p>Learner will analyze and assess information collected during chart review, patient interviews, and literature review to guide medication therapy</p>
OBJ 1.1.5: Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans). (Am Care I and II)	<p>Direct instruction</p> <p>Modeling</p> <p>Coaching</p> <p>Facilitating</p>	<p>Learner will design therapeutic plans for patients seen in clinic and as needed in response to questions by the patients or providers</p> <p>Learner will discuss plans with the preceptor as needed</p> <p>Learner will document every patient encounter in the electronic medical record</p>
OBJ 1.1.6: Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions. (Am Care II)	<p>Modeling</p> <p>Coaching</p> <p>Facilitating</p>	<p>Learner will communicate (face-to-face, by phone, or EMR) with patients, providers, case managers, social workers, health care facilities, and pharmacies as needed to facilitate the implementation of therapeutic plans</p> <p>If all needs cannot be met for a patient, learner will take initiative to pass along information needed to take care of the patient</p> <p>Learner will document every patient encounter in the electronic medical record</p>
OBJ1.1.7: Document direct patient care activities appropriately in the medical	<p>Direct instruction</p> <p>Modeling</p> <p>Coaching</p> <p>Facilitating</p>	<p>Learner will document every patient encounter in the electronic medical record which may include writing notes, updating patient information, communicating with the other medical team members</p>

record or where appropriate (Am Care I)		
OBJ R1.1.8: Demonstrate responsibility to patients (Am Care II)	Modeling Coaching Facilitating	Learner will ensure all activities are performed with patient-centered values If all needs cannot be met for a patient, learner will take initiative to pass along information needed to take care of the patient Learner will document every patient encounter in the electronic medical record
Goal R1.2: Ensure continuity of care during patient transitions between care settings		
OBJ R1.2.1: Manage transitions of care effectively (Am Care I)	Modeling Coaching Facilitating	Learner will make patients with recent transition a priority Learner will contact patients, their care providers, providers, health care facilities, and pharmacies as needed to manage transitions effectively Learner will document every patient encounter in the electronic medical record
Goal R3.1: Demonstrate leadership skills		
OBJ R3.1.2: Apply a process of ongoing self-evaluation and personal performance improvement. (Am Care I and II)	Coaching Facilitating	Learner will self-assess baseline HIV knowledge and ambulatory care experience prior to beginning rotation and communicate gaps to the preceptor Learner will use and incorporate feedback from preceptors to continuously improve patient care interactions and dosing/monitoring decision-making Learner will self-assess progress at the end of the rotation experience
Goal R3.2: Demonstrate management skills.		
OBJ R3.2.4: Manages one's own practice effectively. (Am Care II)	Modeling Coaching Facilitation	Learner will be able to prioritize daily tasks, evaluate patient therapies based on clinical data and patient-specific factors, and make a reasonable therapeutic plan for each assigned patient using best evidence by the last week of rotation.
Goal R4.1: Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public		
OBJ R4.1.2: Use effective presentation and teaching skills to deliver education (Am Care I and II)	Coaching Facilitation	Learner will prepare and present a journal club, topic discussion, or in-service as needed to health care professionals

		Learner will assist in teaching patients starting or switching antiretroviral therapy during the course of the rotation
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Readings and Preparatory Work:

1. Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the use of antiretroviral agents in HIV-1-infected adults and adolescents. Department of Health and Human Services. Available at <http://www.aidsinfo.nih.gov/ContentFiles/AdultandAdolescentGL.pdf>.
2. Panel on Treatment of HIV-Infected Pregnant Women and Prevention of Perinatal Transmission. Recommendations for Use of Antiretroviral Drugs in Pregnant HIV-1-Infected Women for Maternal Health and Interventions to Reduce Perinatal HIV Transmission in the United States. Available at <http://aidsinfo.nih.gov/ContentFiles/PerinatalGL.pdf>.
3. Panel on Opportunistic Infections in HIV-Infected Adults and Adolescents. Guidelines for the prevention and treatment of opportunistic infections in HIV-infected adults and adolescents: recommendations from the Centers for Disease Control and Prevention, the National Institutes of Health, and the HIV Medicine Association of the Infectious Diseases Society of America. Available at http://aidsinfo.nih.gov/contentfiles/lvguidelines/adult_oi.pdf.
4. Kuhar DT et al. Updated US Public Health Service guidelines for the management of occupational exposures to human immunodeficiency virus and recommendations for postexposure prophylaxis. *Infect Control Hosp Epidemiol*. 2013 Sep;34(9):875-92.
5. Updated Guidelines for Antiretroviral Postexposure Prophylaxis After Sexual, Injection Drug Use, or Other Nonoccupational Exposure to HIV—United States, 2016. Available at <https://stacks.cdc.gov/view/cdc/38856>.
6. Preexposure Prophylaxis for The Prevention Of HIV Infection in the United States - 2017 A Clinical Practice Guideline. Available at <https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2017.pdf>.

Evaluations:

The preceptor will have regular discussions and observe the resident with patients and clinicians, especially at the beginning of the rotation. The resident will receive formative feedback orally and then do a snapshot of their progress at the midpoint. At the end of the rotation, a summative evaluation of the resident’s work will be provided and then recorded in PharmAcademic.