PRECEPTOR:
Christina M. Madison, Pharm.D., BCACP, AAHIVP
Office Phone (SNHD) – 702 759-1639
Cell Phone – 702 234-4232
Email – cmadison@roesman.edu OR madison@SNHDMail.org

SITE SPECIFIC INFORMATION:
The Southern Nevada Health District (SNHD) has a total of five locations in the Las Vegas Metropolitan area that have Nursing and Clinic services. The clinical pharmacy services that are provided at the Health Department are under the division of Nursing Administration. The services include the Public Health Centers, Family Planning, Disease Investigation, Sexual Health including STI’s and HIV/AIDS, Immunization including workplace vaccinations, Tuberculosis Infection and Control, Nurse Family Partnership (home visitation), and Case Management.

Additional services at the Health Department include community health (chronic disease prevention and health promotion, emergency medicine, epidemiology, public health preparedness, and the state public health lab). The clinical pharmacist and student pharmacist are consulted by these services but do not provide regular clinical interventions.

Secondary Practice Site
University Medical Center of Southern Nevada (UMCSN) is a University Teaching County Hospital that is non-profit with 583 beds. Multiple specialties including Critical Care, Internal Medicine, Infectious Disease, Solid Organ Transplant, Level 1 Trauma Center, Level 3 Neonatal Center, Regional Burn Center. A collaborative practice agreement with the Chief Epidemiologist and Infectious Disease Specialist Dr. Alan Greenberg exists with primary preceptor (Dr. Christina M. Madison). Rounding services are conducted with the Infectious Disease Team on a weekly basis as well as Inter-professional Infectious Disease Focused Topic Discussions with University Nevada Reno, School of Medicine students, residents, and fellows as well as the infection control staff and attending physicians.

Clinic Services that Current Utilize Clinical Pharmacy Services
- Sexual Health Clinic
  - STI’s
  - HIV/AIDS
- Tuberculosis Infection and Control
- Immunization
- Family Planning
- Disaster Preparedness

The student pharmacist is an integral part of the interdisciplinary care team and is encouraged to ask questions. The preceptor will tailor the rotation experience to the individual student’s prior clinical experience to provide a positive and comfortable learning experience.
WHAT IS PUBLIC HEALTH?
- Public health deals with the health and wellness of the population as a whole
- Distinguished from clinic medicine with its emphasis on preventing communicable disease rather than curing disease
- Focus is on the population and community rather than the individual patient

LEARNING OUTCOMES:
- Obtain knowledge and understanding of vaccine preventable disease and provide therapeutic recommendations for decreasing the incidence of disease
- Obtain knowledge and understanding of communicable diseases as identified by the Centers for Disease Control and Prevention (CDC)
- Obtain knowledge and understanding of TB Infection and Control
- Obtain knowledge and understanding of HIV education, prevention, medication adherence and case management
- Provide effective treatment plans and therapeutic recommendations for all pharmacy related clinical services
- Obtain knowledge and understanding of the pharmacist’s role in disaster preparedness

ROTATION HOURS:
- Arrival time at assigned clinic: 9am (unless specified earlier on rotation calendar)
- End of day at assigned clinic: 4:30pm (unless specified later on rotation calendar)
- These hours are subject to very little change; please do not ask the preceptor for variation in rotation hours (four 10 hour days, evening shifts, etc.) the assigned hours are based on the practice site hours of operation as well as preceptor availability.
- The student pharmacist will be expected to spend time outside of regular rotation hours regarding pertinent background information based on disease states information managed at the practice setting, researching drug information questions, and preparing written presentations and topic discussions.

ATTENDANCE POLICY:
- Please email Dr. Darla Zarley, Advanced Experiential Coordinator, (dzarley@roseman.edu), and the preceptor regarding any planned or unplanned absence(s) from the rotational experience prior to the start of the rotation day.
- Student pharmacists will be on time every day and notify the preceptor ahead of time if he/she will be late. The first tardy without notification will result in a verbal warning. The second tardy without notification will result in referral to the APPE coordinator. The third will result in a “No Pass” for the rotational experience.
- The student pharmacist will need to make up any missed hours at preceptor discretion.
- Submission of documentation regarding absences is encouraged and will assist the preceptor in the decision making process regarding makeup time.
ROTATION ASSIGNMENTS:
All assignments and project drafts are due at the beginning of the rotation day (no later than 8:00am). Working on assignments will not take priority over usual patient care activities.

- Disease-State Presentation
- Journal Club
- Medication Audit
- Patient Presentation/Care Plans
- Special Projects (as assigned)
- SOAP Notes
- Topic Discussion (total of 7 – see below for details)
- Vaccination Administration (no less than 10 patients)

TOPIC DISCUSSION STRUCTURE:

List of Topics
1. STI’s – Chlamydia, Gonorrhea, Bacterial Vaginositis, Trichomoniasis, Vulva Vaginal Candidiasis, HPV, HSV
2. Syphilis (including Congenital Syphilis)
3. HIV – Current DHHS Guidelines, Post and Pre-Exposure Prophylaxis, Fetal Maternal Transmission
4. TB Infection and Control
5. Immunizations
6. Family Planning
7. Disaster Preparedness

Note: All information must be appropriately referenced and the source should be provided if asked.

For Each Infectious Disease (Applies to Topics 1-4)

- Disease
- Organism
  - Included
    - Genetic species and morphology
- Epidemiology
  - Included
    - Worldwide, nationwide, and state statistics
- Transmission
- Risk Factors
- Diagnosis/Testing
  - Including
    - Name of the test
    - Sample needed
    - What constitutes a positive result
For Each Infectious Disease (Applies to Topics 1-4) continued....

- Signs/Symptoms
  - In men and women (including pregnant women)
    - What occurs if left untreated
  - Presentation of vertical transmission

- Treatment
  - Place in Therapy (1st line, 2nd line, etc...)
  - Drug name, dose, route, frequency, and duration
  - Mechanism of Action
  - Side effects
  - Contraindications
  - Drug Interactions

- Counseling Points
  - Retest vs. Test of Cure

HIV

Current DHHS Guidelines

- HIV Life Cycle and drug target location
- Know examples of each medication class
- HIV Medication Class side effects (NRTI’s, NNRTI’s, PI, Integerase Inhibitor, and Entry Inhibitors)
  - Combination Agents (Combivir, Trizivir, Truvada, Epizcom, Atripla, Complera, and Striblid)
    - Know components (individual agents and class of each agent)
- Recommended treatment regimen for naïve patients
  - Name of drug in regimen (Nuke base, PI, Integerase Inhibitor, and Entry Regimen)
- Laboratory test for each medication

Post and Pre-Exposure Prophylaxis

- What constitutes an exposure
- What is the time frame for initiation of therapy
- What regimens are recommended
- Monitoring parameters for treatment

Fetal Maternal Transmission

- Pre-conceptive Counseling Care (HIV + women of childbearing age)
- Antepartum Care
- Postpartum Care
- Prophylaxis – Treatment requirements during deliver and for infant
**Immunizations**

1. What is required to be an Immunizing Pharmacist?
2. Types of Immunity
3. Vaccine Schedules
4. What is the VFC program?
5. What is VAERS?
6. Documentation and Record Keeping requirements (VAR and VIS)
7. List of all commercially available vaccines (both Live and Inactivated)
8. Vaccine storage requirements
9. Vaccine route of administration and dosing schedule
10. Vaccine Preventable Diseases – Signs and Symptoms
11. Vaccine Precautions and Contraindications
12. Immunization resources

**Family Planning**

- Contraceptives
  - Barrier and Hormonal
- Hormonal Contraceptive
  - Dosage forms
  - Available products (Combo/Progestin ONLY)
- ACOG Guideline review for Pap smear testing
- Services offered at the Family Planning Clinic
- Emergency Contraception
- Women’s Health Connection

**Disaster Preparedness (DP)**

- What is a pharmacist role in disaster preparedness?
  - “A Pharmacists Guide to Pandemic Preparedness”
- Disaster Preparedness resources
  - Websites, books, and articles
- Types of Disasters
  - Natural vs. Man made
- What is the National Incident Management System (NIMS)?
  - Structure of organization
- Creating an Emergency Plan
- What comes in a DP kit (for the home)?
- National Terrorism Advisory System
CLINICAL EXPERIENCES

IMMUNIZATION

Goals and Objectives

1. Observe nursing staff provide infant, children, and adult vaccinations
   a. Review appropriate vaccine schedules (based on age)
   b. Determine what vaccines are indicated at time of clinic visit
   c. Forecast what vaccines the patient will need in the future and indicate dates and time the patient should return for indicated vaccinations

2. Review commercially available vaccine products
   a. Determine proper storage requirements for each
   b. Identify vaccinations that require the use of diluents
   c. Identify available dosage forms and route of administration (IM/SQ/oral/intranasal/intradermal)

3. Review requirements for the Vaccine For Children (VFC) program

4. Demonstrate the ability to appropriately screen a patient to determine eligibility for vaccine administration
   a. What vaccine allergies should you be concerned with and why? (Latex, Eggs, Neomycin, Gelatin, Latex)
   b. Contraindications to live vaccines
   c. Recent recipient of blood products
   d. Immunocompromised (by drug or disease)
   e. Pregnancy

5. List when you would be required to use VAERS reporting system
   a. Where is information regarding this program available?
   b. Can adverse effects be reported online?
   c. Who can report an adverse reaction?

6. Review appropriate documentation and record keeping requirements (VAR and VIS) WebIZ (electronic medical record and state registry)

7. Review the differences between a vaccine Precautions vs Contraindications

8. Identify Immunization resources

9. Injection Technique (done in the presence of faculty preceptor)
   a. Participate in the vaccine administration of no less than 10 patients during the rotation experience
SEXUAL HEALTH CLINIC

STI’S

Goals and Outcomes

1. Admission Process and Intake Forms
   • Observe clinic administrative staff during initial clinic interaction
   • Review intake screening forms for each patient
     i. Observe no less than 10 patients through interior clinic visit during the rotational experience including:
     ii. Admission chief compliant (or other reasons for visit)
     iii. Exam or assessment by clinic nursing staff
     iv. Laboratory testing
     v. Treatment (if indicated)

2. Patient Education
   • Review all available methods of STD prevention (based on sexual practices)
     i. Barrier
        1. Condoms (male/female) – latex and non-latex
        2. Dental Dams
        3. Finger cots
     • Post exam counseling should be done for each patient
       i. Review of possible adverse effects and counseling points (If treatment is indicated)
     • Review and identity patient whom are indicated to receive Hep A/B vaccination (Twinrix®)

3. Laboratory Finding
   • Review and observe lab testing completed during the patient appointment
   • Identify possible infectious causes of vaginal abnormalities
   • Recommend appropriate management of infectious diseases based on laboratory findings
     i. Point of Care Testing
        1. Bacterial Vaginosis
        2. Trichomoniasis
     • Identify and observe patients who are indicated for pregnancy testing
4. Observation (Clinical Pharmacist/Nursing staff/Clinic Physician/DIIS)
   - Observe and review all patient counseling during clinic appointment
   - Review information provided during physical exam
   - Identify patient education information necessary to facilitate compliance with indicated treatment option
   - Assist with patient counseling - STD treatment (side effects, possible drug-drug interactions, risk of allergic reaction), prevention, and safe sex practices

HIV PREVENTION AND MEDICATION ADHERENCE (Outcomes)
1. Chart Review “Pharm Facts”
   - Review patients chart for the following (document on forms)
     i. Date of diagnosis (HIV positive)
     ii. Recent Labs
     iii. Current and past medications
     iv. Vaccination history
     v. Therapeutic recommendations
        1. Treatment initiation (treatment naïve and treatment experienced)

2. Patient Education
   - Review HIV Life Cycle
     i. Including targets for drug therapy
   - Review nutritional considerations
     i. Diet and exercise
     ii. Supplementation (vitamin D, Calcium, multi-vitamins)
   - Social history
     i. Address smoking cessation or drugs of abuse and their effect on HIV progression and treatment
   - Possible treatment options
     i. One pill once a day options (unless contraindicated)
   - Medication Adherence
     i. Review tips to be adherent and what the definition of adherence (95%)
     ii. Review how to use a pill box
   - Review recommended routine vaccinations
     i. If unvaccinated discuss why they are necessary
     ii. Indicated vaccines based on HIV positive status (Influenza, Tdap, Pneumococcal, Hepatitis A/B)
     iii. Provide documentation of current vaccination record (if possible)
     iv. Refer to immunization clinic if needed
• STD testing
  i. Verify (CT, GC, Syphilis testing)
     1. If test is positive (verify treatment has been given and retesting performed if indicated
  ii. Should be done at least every 3 months if engaging in unprotected sex
  iii. At least annually if using protection
  iv. Disclosure of HIV status to all sexual partners should be encouraged

• Review all available methods of STD prevention (based on sexual practices)
  i. Barrier
     1. Condoms (male/female) – latex and non-latex
     2. Dental Dams
     3. Finger cots

• Documentation of all patient encounters should be made using the “Pharm Facts” consultation form and place in the medical record.

TUBERCULOSIS INFECTION AND CONTROL (Outcomes)
• Work up all patients for TB clinic on Tuesday (12 to 15 patients)
• Attend Case Conference – pre rounds on all patients scheduled for clinic on Tuesday
• Attend Post Conference – post rounds on all patients scheduled for clinic on Tuesday
• Review patient information in both WebTB and the physical medical record
• Attend clinic on Tuesday and post conference on Wednesday morning
• Patient Presentation to preceptor and to physician for no less than 4 patients by the end of the rotational experience
• SOAP note for the patient being present (due the following Tuesday after presentation)

Ensure all necessary documents are included in the patients chart including
  o Recent bacteriology (Smear and Culture results)
  o Recent medication record (home and anti-tuberculosis medication)
  o Physicians dictation
  o Demographic information (country of origin, entry into the US, language spoken, race, ethnicity)
  o Lab results – HIV Screening, QFT, Liver Function, Chest X-Ray
Observe patient counseling once therapy has been initiated
- Counsel on possible side effects of the medication
- Counsel on potential drug-drug interactions
- Counsel on nutritional needs
- Counsel on management of chronic disease management (other than TB)
- Counsel on what constitutes liver dysfunction

- Determine if patient needs to receive an influenza vaccination or any other vaccinations appropriate for their age and administer (if available)

Medication Room audit (bi-monthly)
- Verify that the patient's medication regimen with the medication packet that is on the drawer
- Verify that the doses in the medication packet matches the doses written on the packet
- If the information on the medication packet DOES NOT MATCH
  - Document the deficiency
  - Notify the nurse assigned to that medication drawer of the error
- Document all adjustments needed on Patient Excel Spreadsheet (to be given to Nursing Supervisor)

Review of Active Cases (once every 3 -4 weeks)
- Review report on all active TB cases
- Verify that patients are receiving adequate therapy based on weight, location of disease, and chronic medical conditions
- Documented weight in the chart should be no less than one month old
  - If not document notify one of the nursing staff to add a note in the patients profile to get a current weight on the patient
- Document all adjustments needed on Patient Excel Spreadsheet

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