

## **Topics and Learning Objectives**

Comprehensive Clinic Observation: Attendees will observe in real-time an adult comprehensive clinic visit.

- Identify discipline-specific comprehensive clinic responsibilities in the multidisciplinary, patient-centered care model utilized at federally recognized hemophilia treatment centers to treat persons with congenital bleeding disorders
- Modify a nursing assessment to include a review of bleeding issues or concerns, identification of emerging concerns, and education regarding bleeding disorder management and bleed prevention
- Describe resources available to assist in comprehensive care and clinical management of bleeding disorders in affected patients and families

<ul> <li>Hemophilia Treatment Centers: The Big Picture</li> <li>Describe the organization of the U.S. Hemophilia Treatment Center (HTC) network</li> <li>Identify significant funding sources for the US HTC network</li> <li>Evaluate important partnerships within the US HTC network</li> </ul>	<ul> <li>Understanding Hemostasis &amp; Hemophilia</li> <li>Define the three components of the coagulation system and the three major processes that contribute to hemostasis</li> <li>Specify the deficits in the coagulation cascade that interfere with stable fibrin clot formation, causing hemophilia A, B, and C</li> <li>Explain the X-linked recessive inheritance pattern of FVIII and FIX deficiencies as derived from a pedigree analysis</li> <li>Identify the appropriate laboratory tests used to assist in the diagnosis of FVIII and FIX deficiencies</li> <li>Distinguish predicted bleeding patterns and clinical presentation of hemophilia based upon a classification of FVIII or FIX deficiency as severe, moderate, or mild</li> <li>Evaluate clinical considerations regarding women with hemophilia and carriers</li> <li>Discuss introductory information regarding factor XI deficiency</li> </ul>
<ul> <li>Bleeding Episodes &amp; Treatment</li> <li>Examine bleeding risks in a neonate born to a carrier of hemophilia and in women and girls with hemophilia</li> <li>Differentiate bleeding episodes of hemophilia based on anatomical location and type and severity of bleed</li> <li>Explain principles of treatment for bleeding episodes in hemophilia with standard and extended half-life factor products</li> <li>Evaluate clotting factor concentrates available in the U.S. based on safety, product class, manufacturer, and patient support resources</li> <li>Avoid common errors in administration of clotting factor concentrates</li> <li>Identify treatments in addition to clotting factor concentrates that are available to treat hemophilia</li> <li>Discuss surgical management of hemophilia</li> </ul>	<ul> <li>Prophylaxis in Hemophilia</li> <li>Review the historical foundations and current status of prophylactic management of hemophilia</li> <li>Define the different types of prophylaxis and the value/benefits and long-term goals of these treatment regimens</li> <li>Discuss practical considerations in management of persons with hemophilia utilizing prophylactic regimens</li> <li>Determine a patient's optimal prophylactic clotting factor concentrate dosage using population-based pharmacokinetics</li> <li>Summarize the mechanism of action, dosing options, and study findings for the novel agent emicizumab</li> <li>Describe the mechanism of action and goal of gene therapy for hemophilia</li> </ul>



Topics and Learning Objectives – continued	
<ul> <li>Inhibitors I: Introduction to Inhibitors</li> <li>Differentiate high-responding, low responding, and transient inhibitors as defined by Bethesda unit (BU) measure</li> <li>Discuss the epidemiology of inhibitor development, including prevalence, risk factors, and clinical presentation of persons with hemophilia A and B</li> <li>Describe the potential effects of an inhibitor on the family</li> <li>Summarize the epidemiology and treatment options for acquired hemophilia</li> <li>Report SIPPET study results and the implications for the management of previously untreated patients (PUPs) in the U.S.</li> </ul>	<ul> <li>Inhibitors II: Inhibitor Treatment Strategies</li> <li>Analyze the various treatment modalities, including their advantages and disadvantages, for persons with hemophilia with inhibitors</li> <li>Examine the challenges, considerations, costs, and positive health outcomes of immune tolerance induction (ITI) therapy management</li> <li>Discuss emicizumab prophylaxis as an emerging treatment option for persons with FVIII deficiency with inhibitors</li> </ul>
<ul> <li>Coordination of Bleeding Disorder Care Across the Lifespan</li> <li>Discuss essential concepts in bleeding disorder management of obligate carriers and affected newborns</li> <li>Summarize the need for individualized treatment of bleeding disorders throughout the lifespan</li> <li>Identify educational resources and supportive services to the patient's community of providers and caregivers</li> </ul>	<ul> <li>Musculoskeletal Complications &amp; Physical Therapy Management in Hemophilia</li> <li>Describe the role of the physical therapist on the hemophilia comprehensive care team</li> <li>Discuss musculoskeletal bleeding and associated complications in persons with hemophilia</li> <li>Analyze three imaging techniques including when they are used and how they are scored</li> <li>Assess physical therapy interventions for acute bleeding episodes and chronic hemarthropathy</li> <li>Recommend healthy activity guidelines for prevention of joint disease in persons with hemophilia</li> </ul>
<ul> <li>Helping Patients Flourish: The Role of the IHTC Career Counselor</li> <li>Identify the roles and responsibilities of the Psychosocial Team including the School and Career Counselor at an HTC</li> <li>Discuss the impact of School and Career Counselor services when addressing specific patient needs related to bleeding disorders</li> <li>Recall basic information and resources that can be effectively utilized to improve patient care involving bleeding disorders</li> </ul>	<ul> <li>Psychosocial Issues in Hemophilia: Impact Across the Lifespan</li> <li>Examine the effects of hemophilia on patients and families coping with the stressors and changes of everyday life</li> <li>Identify common transition stages and areas in which persons with hemophilia often need social work assistance</li> <li>Discuss social work interventions in priority areas</li> <li>Locate resources for hemophilia education, mental health and addiction referrals, transition guidance, and aging information</li> </ul>
<ul> <li>von Willebrand Disease</li> <li>Examine the prevalence, common bleeding symptoms, and genetics of von Willebrand disease (VWD)</li> <li>Identify the laboratory tests used to diagnose VWD</li> <li>Evaluate the categorization criteria for different types of VWD</li> <li>Review potential treatment modalities for VWD types 1, 2 and 3</li> <li>Recommend appropriate treatments in routine clinical encounters with persons with VWD</li> </ul>	For additional questions regarding the Basic Partners Program, please email partners@ihtc.org Partners in Bleeding Disorders Education