MMC Pharmacy Residency
PGY1 Appendix 2023-2024
Revised: 6/26/23

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RAC Membership: All PGY1 preceptors

Program Structure
Required learning experiences/duration:

1.	Adult ICU	5 weeks
2.	Adult Inpatient Medicine	5 weeks
3.	Code Participation – PGY1	45 weeks
4.	Committee Participation	45 weeks
5.	Departmental Planning/Pharmacy Enterprise	2 hours
6.	Formulary Drug Review/Presentation	8 weeks
7.	Infectious Diseases/Antimicrobial Stewardship	5 weeks
8.	Longitudinal Clinic 'Selectives**'	11 weeks (2-3 each)
9.	Medication Event Reporting	4 hours
10.	Medication Utilization Evaluation	11 weeks
11.	Mentorship	45 weeks
12.	Pediatrics	5 weeks
13.	Pharmacy Grand Rounds	11 weeks
14.	Pharmacy Practice	45 weeks
15.	Pharmacy Practice Orientation	6 weeks
16.	-Research Project Reverse Chronological	45 weeks
	-Research Project Part 1	24 weeks
	-Research Project Part 2	11 weeks
17.	Resident-Student Seminar	3 weeks
18.	RPD Orientation to the Residency	4 hours
19.	-Teaching Certificate Seminar Topics - MCP	11 weeks
	-Teaching Certificate Didactic Lecture - MCP	11 weeks
	-Teaching Certificate - MITE CTC	6 weeks

*See Table 1 for Objectives assigned to required learning experiences

**Longitudinal Clinic 'Selectives': *(1/2 day per week, choice of 2 or 3, 11 weeks each [If electing to omit the 3rd longitudinal learning experience: deadline for notification is December 31st])*
- Adult Cystic Fibrosis Clinic
- Oral Oncology Clinic
- Outpatient Anticoagulation Clinic
- Transplant Clinic
- Virology Treatment Center

Elective Learning Experiences
Block Electives (choice of 4, all 5 weeks):
- Adult Inpatient Hematology/Oncology
- Adult Outpatient Hematology/Oncology
- Anticoagulation Inpatient
- Anticoagulation Outpatient

- Cardiology
- Emergency Medicine
- Geriatrics
- Health System Pharmacy
- Medication and Patient Safety
- Nephrology/Transplantation
- Nutrition Support
- Pediatric Critical Care
- Pharmacy Practice Administration
- Primary Care-Block
- Psychiatry and Mental Health
- Specialty Pharmacy-Block

Duty Hours
See ASHP policy: ASHP Residency Duty-Hour Policy 2023 Residents will complete the PharmAcademic duty hour evaluation on the last day of each month.

Moonlighting:
External moonlighting is not permitted.
Internal moonlighting is permitted, but **the RPD must be notified at the time of signing up for extra shifts by email**. All moonlighting hours should be included when figuring duty hours.

Pharmacy Practice
Residents' service commitment is alternating day/evening 8 hour shifts every other weekend for approximately the first half of the residency year (see smartsheet). The second half of the residency year is scheduled to be 12 hour shifts, every 4th weekend. Service-based shifts may be assigned by the pharmacy scheduler, or as per departmental needs. Residents are responsible for reviewing the staffing schedule blocks as soon as they are released.

The process for obtaining a desired weekend off is as follows: 1) swap with a co-resident or 2) swap with any other clinical pharmacist on your assigned weekend. Weekend swaps should be reviewed for compliance with the duty hour policy on a monthly basis. **Shift swaps must be submitted in writing to the Pharmacist Scheduler and RPD 2 weeks in advance of the weekend, and should reflect the training competency of both parties in the assigned staffing area** (e.g., you shouldn't swap into an oncology service based role if you have not been signed off to staff competently in this area). PTO may not be used for assigned weekend shifts.

Residents have _one-half_ day as project/office time the **week after** working their 8 hour service weekend. The half day can be flexible depending on your 'block' rotation and preceptor, thought generally it is opposite your clinic/longitudinal experience. Residents have _one full_ day off ('comp' day) the week after working a 12 hour weekend shift during the 2nd half of the year.

Chief Resident
One PGY1 resident/6 months should serve as 'Chief Resident' (so no more than 1 at a time or 2 total). The Chief Resident assists the RPD in gaining consensus, coordinating schedules, travel, graduation ceremony assignments and other tasks among the PGY1 and/or PGY2 residents as necessary. The Chief Resident(s) also attend the MMC

Residency Wellness and Traditions Subcommittee meeting, and should communicate information back to their fellow residents the proceedings of this subcommittee.

Community Service
Two volunteer opportunities should be conducted during the residency year. See www.preblestreet.org, www.unitedwaygp.org, www.habitatportlandme.org, www.portlandtrails.org or others as needed. The Chief Resident should coordinate among RPD and PGY1/PGY2 resident group(s). Review with RPD any needed days/partial days off for these events.

Resident-Student Seminar
PGY1 residents lead a student 'seminar' with interesting cases or topic discussions on a quarterly basis. Topics/cases should be identified a minimum of 3 weeks prior to the assigned date. All students who are currently at MMC on rotation should receive the topic/clinical question/case and any assigned readings, and be prepared to discuss the case. Residents to lead/present/facilitate the Seminar. Each resident takes a turn serving as the 'lead' resident and coordinates the preparation, identifies the topic, etc. See LED in PharmAcademic for further details. See smartsheet due date as to when to send email to students with introduction and any assigned readings or preparation required. See sample email format below. Obtain student email addresses from student rotation schedule from Jill or from smartsheet. **Copy Jill and Anne on these emails**.

Example email:
Subject: MMC Resident Student Seminar
Body: You are invited to participate in our quarterly Resident Student Seminar. The Seminar will take place on xx date and xx time in xx room. Your preceptor is already aware and has approved your participation in this seminar. This will be a fun opportunity for learning and connecting with the PGY1 residents at Maine Medical Center, as well as your fellow students on rotation during this time period.

Your assignment is: xxxx

Kayla Garvey, PharmD
MMC PGY1 Resident

Resident Progress Group (RPG) and Resident Mentor
The Resident Progress Group (RPG) consists of the RPD, the project preceptor, the designated RPG mentor, and the resident. This group meets each month. The first 20 minutes to half hour is designated for reviewing the status of the Residency Project(s). The Project Timeline is reviewed at each meeting, as well as any other documents including abstracts, manuscripts, IRB proposals, data collection sheets, etc. The resident should establish a research project notebook/folder/drive, and bring/refer to it at each RPG meeting. The second half of the RPG meeting consists of reviewing all other non-project related resident activities, according to the standing RPG agenda. The Resident's Mentor will complete the Monthly Objective Tracking spreadsheet approximately monthly; this document is reviewed at the RPG meeting as needed. Each resident is responsible for completing the quarterly individual Development Plan (located in smartsheet) for review during the RPG meeting at baseline (July), 10/1, 1/1, and 4/1.

Research Project and Medication Use Evaluation
See Research Project Documents as distributed by RAC-IT chair/member. Additionally, a 2 week period in late November/early December (inclusive of the ASHP Midyear

meeting) is assigned for residency research project work. See residents 2023-2024 schedule for dates. MUE or other related project work can also be completed during this period. The resident is expected to be on site during this period of time, except for Midyear attendance.

Meeting Attendance
Residents may attend the following meetings during the year: Fall MSHP meeting (optional if no conflict with scheduled staffing assignment), ASHP Midyear Clinical Meeting, Spring MSHP Annual Meeting, and the Eastern States Pharmacy Residency Meeting.

MMC PGY2 Early Commitment Track:
Please review the below if you are considering applying for early commitment to one of MMC's PGY2 residencies:
- If you indicated your interest in early committing to one of our PGY2 programs on your Entering Interest form, you should already be scheduled with the RPD of that program prior to Midyear. Only 'one' desired rotation to help determine your future plans can be guaranteed prior to Midyear.
- Once you have decided on applying for early commitment – consider yourself to be on an 'Early Commitment' Track.
- Reach out to the RPD of that program, request a meeting, ask what things you can do to make yourself an excellent candidate for the program
- Consider the first 5 months of the residency as being one long interview for that program.

General Application Information:
- Application must include:
  - CV
  - Letter of intent
  - Statement of good standing by PGY1 RPD
    - Deadline of November 1st to PGY2 RPD
    - PGY1 summative evaluations will also be reviewed as part of the application packet

Other General Information:
- A PGY1 resident may only apply to one PGY2 program through the Early Commitment Process
- Prior to November 15, an interview will be conducted of the resident(s) following the same format and scoring utilized for non-early commit candidates; tour/lunch may be excluded.
- Application materials will be reviewed by respective PGY2 RAC committee and scored using a program-specific scorecard.
- After the interview, if more than one PGY1 resident has applied for the position, the PGY2 RAC committee/interview team will go through the same selection process as used to rank outside candidates for the match. If only one candidate, the team will decide based on resident's merit and qualifications.
- Prior to Thanksgiving, the RPD will offer position to candidate selected.
  - If no candidates are offered the position, candidates can elect to apply for the program again when the position becomes open to all applicants. The candidate understands that this option does not guarantee an interview.

- In the event that the PGY2 RPD extends an early commitment offer, the selected ***PGY1 candidate must notify the RPD in two business days of their decision via email***.
  - If the position is accepted, the RPD will provide the candidate with a letter of agreement that outlines all pre-employment requirements, terms, and conditions that constitutes acceptance of the position. The accepting resident must sign this document prior to the ASHP Midyear Clinical Meeting. Additionally, the PGY2 RPD and candidate will sign the National Matching Service (NMS) Early Commitment Letter of Agreement and send to NMS.
  - If the position is not accepted, this procedure may be duplicated with the next highest-rated candidate if applicable.
  - Candidates who do not accept the offered position can also re-apply following the same procedures as outside candidates (see below). The candidate understands that this option does not guarantee an interview.

Evaluation Strategy

Residents complete learning experience, preceptor and self-assessment summative evaluations within PharmAcademic according to the schedule in Table 2. Residents are also evaluated by preceptors on summative evaluations. Additional preceptor evaluations of residents for the Resident Lecture Series will be completed via a smartsheet evaluation tool, and should be used for fulfillment of the MCP - Teaching Certificate portfolio.

Additional non-learning evaluations include the MMC Entering Interests Form and the ASHP Entering Self-Assessment Form. The resident/RPD/assigned mentor uses the above documents to create a customized training plan. The plan will be discussed and modified through a collaborative effort between the resident, mentor and RPD. Updates to the customized plan will be shared with residency preceptors.

Evaluation Scale/Summative Evaluations

Summative evaluations assess the residents' mastery of the 33 required ASHP residency objectives. Summative evaluations of these objectives will be completed by both preceptors and residents based on the following scale:

Short Description	Long Description	Value
1	1 Does not meet expectations: Unable to complete or perform the objective	1.00
2	2 Occassionally meets expectations: Completes or performs objective inconsistently or requires intervention to complete objectives	2.00
3	3 Meets expectations: Able to complete or perform objectives with minimal intervention	3.00
4	4 Occasionally exceeds expectations: Able to complete or perform objectives independently	4.00
5	5 Frequently exceeds expectations: Able to complete or perform objectives consistently and independently at a high level of practice	5.00
NA	Not assessed this rotation	

Summative Evaluations should be completed using Criteria Based Feedback statements where applicable; see Power Point on PharmAcademic Tips and Tricks. Preceptors and residents should complete their own summative assessments, save, print a copy, and then meet to discuss/review together. Any changes to the evaluation should be made in PharmAcademic, then finalized and sent for 'Cosign'.

- ***Summative evaluations MUST be completed within 7 days of the last scheduled day of the rotation.***
- Evaluations are cosigned by the rotation preceptor as well as the RPD. The RPD may send an evaluation back for revision for the following reasons:
  o Significant misspellings
  o Patient names mentioned within document
  o Criteria-based qualitative feedback statements not utilized
- Signing an evaluation (both preceptors AND residents) indicates that the evaluation has been read and discussed.

Monthly Objective Tracking:

At the RPG meeting, and at least quarterly, the mentor, resident and RPD will review scored objectives and determine their 'Achieved for Residency' (ACHR) status. Objectives that are scheduled for preceptor review of more than 50% of what has been scored as of the date of the review, will be reassessed at a future date. If less than 50% are left to be evaluated, ACHR status can be finalized if the average score is 3 or greater at that point. (Example: on January 1st, objective 2.3 has received the following scores: 4, 3, 3 and 4. Looking ahead, objective 2.3 is scheduled to be evaluated on 5 separate occasions on future learning experiences. Objective 2.3 may not be scored as ACHR at this time, until at least one more score is returned (5/9 = more than 50%).

Teaching Certificate:

Residents will be participating in both the MCP Teaching Certificate Program, and the MMC MITE CTC program. The MCP Teaching Certificate Program may incorporate an assigned didactic lecture to P3 students at MCP Manchester in the Emergency/Toxicology elective. The MITE CTC is an online program that should be completed during orientation.

Resident Lecture Series

Purpose

The purpose of the Resident Lecture Series (RLS) is to provide the resident with a format to practice different types of oral presentation skills: journal article critiques, platform presentations, and patient case presentations. The presentation is rotation based, and is agreed upon by both the rotation preceptor and the resident. A secondary purpose of the Lecture Series is pharmacy department education. The Lecture Series is scheduled during the final 2-3 weeks of a rotation block.

Two residents are assigned to each **one**-hour block. Switches between residents may be made for schedule conflicts. RLS may be a combination of in-person and virtual attendance. Power point slides or other prepared handouts should be used in order to facilitate remote attendance as well as support the in-person audience. Note that the room will be booked for one-half hour prior to the start of the presentation, and for one-half hour after it's completion. All RLS presentations must be recorded and the CME code should be put in the chat section, during the presentation for all attendees, and stated verbally in the room for live attendees. Obtain the CME code from the RPD.

Residents must send out an email reminder to the 'PHARMACY_ALL' email group no later than the Monday before their scheduled presentation date, with topic, time, room location, zoom link, and <u>resident evaluation form link</u> (obtain this from smartsheet).

<u>*Suggested format of email notification:*</u>
Resident 1 Name
Topic: xxx
Date: Thursday, September 16
Time: 12:00-12:30
RLS Evaluation smartsheet link: xxxx (each resident has their own unique link)
Zoom link: xxxx (this will be the same link for both residents)

Resident 2 Name
Topic: xxx
Date: Thursday, September 16
Time: 12:30-1:00
RLS Evaluation smartsheet link: xxxx (each resident has their own unique link)
Zoom link: xxxx (this will be the same link for both residents)

Format
1) Journal Club – minimum of 1 required, not to exceed 2 total
2) Case Presentation – minimum of 1 required
3) 'Traditional' Platform Presentation – minimum of 1 required
4) The type of format for assigned dates in excess of the 3 required above may be selected by the resident and the rotation preceptor

Length
The presentation duration should be between 20-25 minutes in length, allowing at least 5 minutes for questions and/or discussion.

Journal Club presentations:
Articles may be selected by the resident with preceptor approval. Preceptors may also suggest key articles within their practice area. A standard article evaluation technique should be employed: evaluation of methods, statistics, results and discussion, as well as a review of pertinent literature, and practice implications (see Department Residency Dashboard). ***The resident is responsible for sending out the journal article <u>one week prior to their assigned date via email</u>***, as a PDF, to all pharmacy department members. The email should include the date and time of their presentation, as listed in above example.

Case Presentation:
The resident should identify interesting cases early in an individual rotation block. The rotation preceptor will help residents in selecting interesting cases that illustrate the following: a pharmacotherapeutic dilemma, a challenging dosing scenario, a special drug interaction situation, a rare disease state and/or therapeutic treatment plan, etc… The goal is for the resident to learn about a disease state that may be new to them, and research it, such that they can present it to the group, as well as identify all pharmacotherapeutic problems identified in the case. The resident should become intimately familiar with the chosen case by knowing the chart 'inside out' (labs, EKG's, vital signs, tests, procedures, etc…), as well as interviewing and/or counseling the patient and/or the patients' family (where applicable).

Traditional Platform Presentation:
Residents, with preceptor approval should pick a topic to review for a 'traditional' platform presentation, complete with power point slides. Goals include: familiarizing the resident with a new therapeutic area, educating pharmacy staff about a particular disease state, and their role in the therapeutic plan, or presentation of a new pharmacy procedure for a specific disease state and accompanying therapeutic treatment plan.

Resident Lecture Series Evaluations:
All presentations will be evaluated using an electronic evaluation form built within the Department survey tool (smartsheet). Residents should review the evaluations after the presentation is over, and print them for inclusion into their Teaching Certificate portfolio. Residents should include the evaluation link into their email announcing their talk, as well as load into the 'chat' feature as appropriate for those attending virtually. Evaluators are encouraged to give constructive feedback on the evaluation forms via written comments, suggestions and questions. The rotation preceptor (or designee) should review the evaluation forms with the resident soon after the presentation is concluded. The resident should keep copies of their evaluation sheets for inclusion into the Teaching Certificate portfolio.

<u>Haiku</u>:
Contact IT to download Haiku to your smartphones, secure chat will be used in lieu of pagers. Ensure your outgoing voicemail message refers callers to your Epic Secure Chat to reach you.

<u>Talkspace/Wellness:</u>
MaineHealth has instituted a new platform to promote wellness and provide employee support. See [MaineHealth - Talkspace](#) for more information. Additionally for 2023-2024; we have plans to institute a Wellness Wednesday's, coordinated by our pharmacy department wellness officer, Betty Glisic.

<u>R/L Solutions Error Reporting:</u>
Residents are required to enter a minimum of 15 RL's as a graduation requirement. Log into the program and perform a screen capture once this is achieved. Email this to RPD and Coordinator of Education and Training.

<u>Moment to Shine:</u>
See the app on your desktop to recognize a colleague – reap the rewards at the end of the year with a gift!

<u>Graduation Requirements/Residency Dashboard Required Updates</u>
See the combined MMC Residency Manual for Graduation Requirements/deliverables. All deliverables are required to be uploaded into their respective locations in the Residency Smartsheet Dashboard, including Midyear poster, final written manuscript, all RLS presentations, formulary subcommittee reviews, Grand Rounds, MUE's, screenshot of R/L solutions interventions, as well as any administrative projects, etc..

Table 1

Competency	TE Count	Adult ICU	Adult Inpatient Hematology/Oncology - PGY1	Adult Inpatient Medicine	Adult Outpatient Hematology/Oncology	Anticoagulation Inpatient	Anticoagulation Outpatient - Block	Cardiology	Code Blue Participation - PGY1	Committee PGY1 Participation	Departmental Planning 3.2.1 and Pharmacy Enterprise 3.2.2	Emergency Medicine	Formulary Drug Review/Presentation	Geriatrics	Health System Pharmacy	Infectious Diseases/Antimicrobial Stewardship	Longitudinal - Adult Cystic Fibrosis Clinic	Longitudinal - Oral Oncology Clinic	Longitudinal - Outpatient Anticoagulation Clinic	Longitudinal - Transplant Clinic	Longitudinal - Virology Clinic	Medication and Patient Safety	Medication Event Reporting 2.1.4	Medication Utilization Evaluation	Mentorship	Nephrology / Transplantation	Nutrition Support	Pediatrics	Pharmacy Grand Rounds	Pharmacy Practice	Pharmacy Practice Administration	Pharmacy Practice Orientation	Primary Care - Block	Psychiatry and Mental Health	Research Project Chronological	Research Project Part 1	Research Project Part 2	Resident Student Seminar	RPD Orientation to the Residency	Specialty Pharmacy - Block	Teaching Certificate - MITE CTC	Teaching Certificate Didactic Lecture - MCP	Teaching Certificate Lecture Series - MCP
R1.1.1 Interact effectively with health care	14	TE		TE	TE		TE					TE				TE	TE	TE	TE	TE	TE						TE							TE	TE									
R1.1.2 Interact effectively with patients,	11			TE	TE	TE	TE									TE	TE	TE	TE	TE	TE													TE										
R1.1.3 Collect information on which to base safe and effective medication therapy	3	TE														TE												TE																
R1.1.4 Analyze and assess information on which	10	TE	TE		TE							TE		TE		TE											TE	TE	TE						TE									
R1.1.5 Design or redesign safe and effective patient-centered therapeutic regimens and	12	TE	TE			TE		TE				TE		TE		TE											TE	TE	TE					TE	TE									
R1.1.6 Ensure implementation of therapeutic regimens and monitoring plans (care plans) by	13	TE		TE		TE	TE					TE				TE	TE	TE	TE	TE	TE					TE								TE										
R1.1.7 Document direct patient care activities appropriately in the medical record or where	17		TE	TE	TE	TE	TE	TE				TE		TE		TE	TE	TE	TE	TE	TE					TE								TE	TE									
R1.1.8 Demonstrate responsibility to patients	6		TE		TE	TE																					TE	TE		TE													
R1.2.1 Manage transitions of care effectively	7		TE				TE					TE		TE		TE											TE	TE																
R1.3.1 Prepare and dispense medications following best practices and the organization's	4								TE			TE																	TE	TE														
R1.3.2 Manage aspects of the medication-use process related to formulary management	3												TE		TE													TE																
R1.3.3 Manage aspects of the medication-use process related to oversight of dispensing	2				TE																							TE																
R2.1.1 Prepare a drug class review, monograph, treatment guideline, or protocol	1												TE																															
R2.1.2 Participate in a medication-use evaluation	2																							TE	TE																			
R2.1.3 Identify opportunities for improvement of the medication-use system	1																								TE																			
R2.1.4 Participate in medication event reporting and monitoring	9	TE			TE											TE							TE	TE				TE	TE		TE				TE									
R2.2.1 Identify changes needed to improve patient care and/or the medication-use system	4															TE									TE											TE	TE							
R2.2.2 Develop a plan to improve the patient care and/or the medication-use system	5		TE																					TE	TE											TE	TE							
R2.2.3 Implement changes to improve patient care and/or the medication-use system	4													TE											TE											TE	TE							
R2.2.4 Assess changes made to improve patient care or the medication-use system	2																																			TE	TE							
R2.2.5 Effectively develop and present, orally and in writing, a final project report	2																																			TE	TE							
R3.1.1 Demonstrate personal, interpersonal, and teamwork skills critical for effective	12						TE			TE						TE	TE	TE	TE	TE	TE				TE					TE									TE					
R3.1.2 Apply a process of on-going self-evaluation and personal performance improvement	6	TE	TE													TE									TE						TE								TE					
R3.2.1 Explain factors that influence departmental planning	3											TE													TE						TE													
R3.2.2 Explain the elements of the pharmacy enterprise and their relationship to the health care system	6										TE	TE				TE									TE					TE	TE													
R3.2.3 Contribute to departmental	5								TE							TE									TE					TE	TE													
R3.2.4 Manages one's own practice effectively	6								TE	TE																TE					TE								TE	TE				
R4.1.1 Design effective educational activities	6				TE																											TE							TE			TE	TE	TE
R4.1.2 Use effective presentation and teaching	16	TE	TE		TE		TE					TE				TE									TE				TE	TE	TE			TE	TE				TE			TE	TE	TE
R4.1.3 Use effective written communication to disseminate knowledge	7				TE		TE							TE										TE	TE																		TE	TE
R4.1.4 Appropriately assess effectiveness of education	6				TE																											TE							TE			TE	TE	TE
R4.2.1 When engaged in teaching, select a preceptor role that meets learners' educational needs	13	TE		TE	TE		TE					TE			TE		TE											TE	TE					TE					TE				TE	TE
R4.2.2 Effectively employ preceptor roles, as appropriate	10	TE		TE	TE		TE					TE					TE											TE						TE					TE					TE

Table 2 Maine Medical Center Evaluation Strategy by Learning Experience Type

Learning Experience Type

Concentrated Experiences - hours
- Medication Event Reporting (4 hours)
- Departmental Planning and Pharmacy Enterprise (2 hours)
- RPD Orientation to the Residency Program (4 hours)

Block Learning Experiences - 5 weeks
- Adult ICU
- Adult Inpatient Hematology/Oncology
- Adult Inpatient Medicine
- Adult Outpatient Hematology/Oncology
- Anticoagulation Inpatient
- Anticoagulation Outpatient
- Cardiology
- Emergency Medicine
- Geriatrics
- Health System Pharmacy
- Infectious Disease/Antimicrobial Stewardship
- Medication and Patient Safety
- Nephrology/Transplantation
- Nutrition Support
- Pediatric Critical Care
- Pediatrics
- Pharmacy Practice Administration
- Primary Care-Block
- Psychiatry and Mental Health
- Specialty Pharmacy-Block

Other – 6 weeks
- Pharmacy Practice Orientation (Verbal Midpoint not required)

Longitudinal Learning Experiences - 11 weeks
- Adult Cystic Fibrosis Clinic
- Medication Use Evaluation
- Oral Oncology Clinic
- Outpatient Anticoagulation Clinic
- Pharmacy Grand Rounds
- Teaching Certificate Didactics - MCP
- Teaching Certificate Seminar - MCP
- Transplant Clinic
- Virology Treatment Center

Other Longitudinal Experiences
- Formulary Drug Review/Presentation (8 weeks)
- Research Project Part 2 (11 weeks)
- Resident-Student Seminar (3 weeks)
- Teaching Certificate – MITE CTC (6 weeks)

Longitudinal Learning Experiences - 45 weeks
- Code Participation – PGY1
- Committee Participation
- Mentorship
- Pharmacy Practice
- Research Project Chronological
- Research Project Part 1 (24 weeks)

Which Evaluation

	Concentrated Experiences - hours			Block Learning Experiences - 5 weeks					Longitudinal Learning Experiences - 11 weeks				Longitudinal Learning Experiences - 45 weeks			
	Resident Evaluation of Learning Experience	Resident Evaluation of Preceptor	Preceptor Summative Evaluation of Resident	Resident Evaluation of Learning Experience	Resident Evaluation of Preceptor	Preceptor Verbal Midpoint of Resident	Preceptor Summative Evaluation of Resident	Resident Summative Self-Assessment	Resident Evaluation of Learning Experience	Resident Evaluation of Preceptor	Preceptor Summative Evaluation of Resident	Resident Summative Self-Assessment	Resident Evaluation of Learning Experience	Resident Evaluation of Preceptor	Preceptor Summative Evaluation of Resident	Resident Summative Self-Assessment
Timing	End	End	End	End	End	50%	End	End	End	End	End	End	End	End	Quarterly	50% and End