



Maine Medical Center

MaineHealth

**Maine Medical Center  
Ambulatory Care Pharmacy Residency  
PGY2 Appendix 2021-2022**

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ARAC Membership: All PGY2 preceptors of required rotations, multidisciplinary ad hoc

**Program Structure**

The MMC PGY2 Ambulatory Care Pharmacy Residency program is a 12 month, advanced training program that fosters the development of skills in direct patient care, academic teaching, preceptor development, and clinical research. The program builds on Doctor of Pharmacy education and PGY1 pharmacy residency programs to contribute to the development of clinical pharmacists with advanced training in the ambulatory care setting. This specialized program at Maine Medical Center has a focus in Primary Care with unique opportunities in Family Medicine, Internal Medicine, Transitions of Care, Anticoagulation, Transplantation, Neurology, Virology, Academia and more. Upon completion of the program, residents should possess skills that qualify them for clinical pharmacist or faculty positions and position them to be eligible for Board Certification in Ambulatory Care Pharmacy.

**Required Rotations**

Descriptions of the required learning experiences can be found in PharmAcademic. Required rotations in core areas (e.g. Primary Care, Anticoagulation) will be assigned in the first half of the year. The PGY2 resident will gain the skills necessary to function as an independent clinical pharmacist during their required learning experiences with the expectation that the resident displays ownership of all aspects of the medication-use process. The resident will build relationships across the ambulatory interprofessional team and will facilitate safe and high-quality direct patient care.

**Elective Rotations**

Descriptions of elective learning experiences can be found in PharmAcademic. Elective rotations may be tailored to the resident's interest and recognized areas for development. The rotations may be customized to the duration necessary for the resident, but typically range from 4 – 8 weeks. The elective learning experiences may be scheduled in the second half of the residency year. New experiences may be created on a case-by-case basis if the

resident has interest in a practice area not covered by the elective learning experiences in the table.

The program structure for required (core), elective, and longitudinal learning experiences is outlined in the table below. An orientation period of 4 weeks will begin the residency, and will be tailored to the resident's prior experience.

<b>Rotations</b>	<b>Preceptor(s)</b>	<b>Duration</b>
<b><i>Core Learning Experiences – Block</i></b>		
Orientation	Corinn Normandin, PharmD, BCACP, CDOE	4 Weeks
Ambulatory Care Pharmacy Administration	Andrea Lai, PharmD	5 Weeks
Anticoagulation	Wes Zemrak, PharmD, BCPS	6 Weeks
Primary Care I	Linh Gagnon, PharmD, BCACP Julie Lernihan, PharmD, BCACP	6 Weeks
Primary Care II	Corinn Normandin, PharmD, BCACP	6 – 8 Weeks
Specialty Pharmacy	Stefanie DiLoretto, PharmD	6 – 8 Weeks
<b><i>Core Learning Experiences – Longitudinal</i></b>		
Community Pharmacy Practice	Corinn Normandin, PharmD, BCACP	12 Months
Continuity Clinic	Corinn Normandin, PharmD, BCACP	6 Months
Care for the Underserved (MMC Preble Street Learning Collaborative)	<i>TBD</i>	3- 6 Months
Pharmacy Grand Rounds Presentation	<i>*Preceptor selected based upon topic</i>	12 Weeks
Formulary Drug Review	<i>*Preceptor selected based upon topic</i>	8 Weeks
Medication Use Evaluation	<i>*Preceptor selected based upon topic</i>	12 Weeks
Research Project	<i>*Preceptor selected based upon project</i>	12 Months
<b><i>Elective Learning Experiences – Block</i></b>		
Neurology	Amy Thurston, PharmD, BCPS	6 Weeks
Outpatient Oncology	Dorothy Wang, PharmD, BCOP	6 Weeks
Transplant	Marizela Savic, PharmD, BCPS	6 Weeks
Virology	<i>*Transition of Preceptorship</i>	6 Weeks
<b><i>Elective Learning Experiences – Longitudinal</i></b>		
Cystic Fibrosis	Stefanie DiLoretto, PharmD	12 Weeks
Dialysis Clinic	Marizela Savic, PharmD, BCPS	12 Weeks
Precepting & Teaching	Corinn Normandin, PharmD, BCACP	8 Weeks
University Didactic Teaching	Corinn Normandin, PharmD, BCACP	12 Weeks
Telehealth	Sarah Sawyer, PharmD, BCACP	8 Weeks
Transitions of Care	Corinn Normandin, PharmD, BCACP	12 Weeks
Neurology	Amy Thurston, PharmD, BCPS	12 Weeks

Longitudinal experiences are selected based upon the resident's interest and clinical service needs during the orientation learning experience. As a part of the resident's longitudinal experiences, the resident will attend Ambulatory Pharmacy & Therapeutic subcommittee meetings, MMC Formulary Subcommittee meetings, when able, and MMP quality committee meetings that the resident has been assigned to.

The resident's progress in covering disease states listed in the Ambulatory Care Appendix will also be evaluated on a monthly basis during RPD & Resident Check-ins. The resident will be responsible for tracking progress and maintaining the appendix for their residency year within smartsheets.

### **Duty Hours**

Residents should document all duty hours within the PharmAcademic Duty Hour Assessment. This assessment is delivered to the resident every 4 weeks throughout the residency year. Weekends are included. An alert has been generated to remind the resident to complete every 4 weeks.

### **Pharmacy Practice Staffing**

The resident's service commitment is two 8-12 hour shifts every 4 weekends. The resident's weekend service commitment will consist of staffing within the outpatient pharmacy of MMC or in another clinic or service need deemed by the RPD. Staffing may evolve based upon resident interest and departmental needs. The resident will be assigned to staff up to four holidays throughout the residency year.

### **Research Project**

The Residency Program Research Coordinator will supply the resident with a list of possible research projects to consider within the Orientation rotation of the residency. Project selection and CITI training should be completed prior to the end of the orientation experience. Research project methods may be presented to the Residency Advisory Committee-Investigational Team (RAC-IT) for feedback and guidance prior to commencement of data collection, if deemed appropriate. Research project timeline will be determined by the Residency Program Research Coordinator, RPD, and resident. Residents will be expected to complete at least one research project each year. The results of the research project will be presented to a local, regional, or national meeting as appropriate. A completed manuscript will be submitted for the research project before graduation with the understanding that articles suitable for publication will require additional work that may occur after residency completion.

## **Teaching and Education**

The resident will have various opportunities throughout the residency year to develop and strengthen their teaching and precepting skills. The resident will have multiple presentation opportunities throughout the residency year, including but not limited to, Pharmacy Grand Rounds, Family Medicine didactic teaching sessions, presentations requested during clinical rotations, and more. The resident may also choose to present a lecture at University of New England College of Pharmacy. Participation in a Teaching Certificate Program is optional and will be discussed on a case-by-case basis. The resident will co-precept an advanced practice pharmacy experience students or medical students, as scheduling allows.

## **Medication Use Evaluation**

Each resident may complete one medication use evaluation (MUE) during the residency year. The resident will be provided with a list of potential MUE topics generated by the RPD and ARAC preceptors. The resident will be able to add to the list of ideas, if it is feasible within the year-long residency program. The resident will conduct the MUE under the guidance of a preceptor. Results from MUE's will be presented to the appropriate stakeholders. If there is a lack of MUE needs during the resident's year, the MUE may be substituted with policy or protocol creation or work for the MMC Ambulatory P&T Subcommittee.

## **Resident Development Plan**

The PGY2 Ambulatory Care Pharmacy Residency Program utilizes the ASHP on-line evaluation tool PharmAcademic. Residents will complete two pre-residency questionnaires that help the RPD design a residency year that is tailored to the specific needs and interests of the resident:

- ASHP Entering Interests Form
- Entering Objective-Based Self-Evaluation Form

The RPD uses the ASHP Entering Interest Form and Entering Objective-Based Self-Evaluation form to create the resident's development plan. The Residency Requirement Checklist and Development Plan will be discussed and modified, as necessary, through a collaborative effort between the RPD and resident. In addition, the resident may request schedule modifications throughout the residency year and the RPD will make all efforts to accommodate these requests. The RPD will share changes to the Development Plan to scheduled preceptors and during associated PGY2 Ambulatory Residency Advisory Council (ARAC) meetings.

## **Evaluation Strategy**

Residents' schedules are entered into PharmAcademic. For each learning experience, the following assessments are completed:

<b>Learning Experience ≤ 12 Weeks</b>				
<b>Resident Evaluation of Learning Experience</b>	<b>Resident Evaluation of Preceptor</b>	<b>Preceptor Verbal Midpoint Evaluation of Resident</b>	<b>Preceptor Summative Evaluation of Resident</b>	<b>Resident Self-Summative Evaluation</b>
End	End	Midpoint	End	End

<b>Learning Experience &gt; 12 Weeks</b>			
<b>Resident Evaluation of Learning Experience</b>	<b>Resident Evaluation of Preceptor</b>	<b>Preceptor Summative Evaluation of Resident</b>	<b>Resident Self-Summative Evaluation</b>
End	End	Quarterly (or midpoint) and End	End

Note: For learning experiences greater than 12 weeks in length, a documented summative evaluation is completed at the 3-, 6-, and 12 month points, if applicable.

## **Summative Evaluations**

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

<b>Score</b>	<b>Description</b>	<b>Value</b>
1	<u>Does not meet expectations:</u> Unable to complete or perform the objective	1.00
2	<u>Occasionally meets expectations:</u> Complete or performs objective inconsistently or requires intervention to complete objective	2.00
3	<u>Meets expectations:</u> Able to complete or perform objective with minimal intervention	3.00
4	<u>Occasionally exceeds expectations:</u> Able to complete or perform objective independently	4.00
5	<u>Frequently exceeds expectations:</u> Able to complete or perform objective consistently and independently at a high level of practice	5.00

- Summative Evaluations will be completed using Criteria Based Feedback statements

- Preceptors and residents should complete their own summative assessments and then meet to discuss and review together prior to submission
  - Any changes to the evaluation should be made in PharmAcademic, then finalized
- Summative evaluations MUST be completed within 7 days of rotation completion.
- Evaluations are cosigned by the rotation preceptor as well as the RPD. The RPD may send an evaluation back for revision for multiple reasons including, but not limited to:
  - Significant misspellings
  - Criteria-based qualitative feedback statements not utilized
- Signing an evaluation (both preceptors AND residents) indicates that the evaluation has been read and discussed.