Maine Medical Center – Portland (MHMMCPOR)
Ambulatory Care Pharmacy Residency
PGY2 Appendix 2025-2026

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

Program Structure

The MHMMCPOR PGY2 Ambulatory Care Pharmacy Residency program is a 52-week advanced training program that fosters the development of skills in direct patient care, academic teaching, preceptor development, and clinical research. The program builds upon 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 MHMMCPOR has a focus on Primary Care with unique opportunities in Family Medicine, Internal Medicine, Transitions of Care, Anticoagulation, Transplantation, Virology, Academia and more. Upon completing the program, residents should have the skills necessary to qualify for clinical pharmacist or faculty roles and be prepared to pursue 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 by the end of the orientation period. 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 block

experiences typically range from 4 – 6 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 currently offered by the program.

Rotational Experiences

The program structure for required (core), elective, and longitudinal learning experiences are outlined in the table below. An orientation period of 4-5 weeks will begin the residency and will be tailored to the resident's prior experience.

Rotations	Preceptor(s)	Duration
Core Learning Experiences – Block		
Orientation	Julie Waldroup, PharmD, BCACP	4-5 Weeks
Ambulatory Care Pharmacy Administration	Andrea Lai, PharmD Corinn Normandin, PharmD, BCACP, CDOE	5 Weeks
Cardiology	Stephanie Dodge, PharmD, CACP Kayla Logie, PharmD, CACP	6 Weeks
Primary Care I	Sierra Oliver, PharmD, MPH, BCACP Michael Takach, PharmD, BCACP Julie Waldroup, PharmD, BCACP	6 Weeks
Primary Care II	Linh Gagnon, PharmD, BCACP	6 Weeks
Specialty Pharmacy	Stefanie Donovan, PharmD	6 Weeks
Core Learning Experiences – Longitudinal		
Community Pharmacy Practice & Centralized Refill	Kobi Griffith, PharmD, BCACP	11 Months
Continuity Clinic	Julie Waldroup, PharmD, BCACP	11 Months
Pharmacy Grand Rounds Presentation	**Preceptor selected based upon topic*	12 Weeks
Formulary Drug Review	**Preceptor selected based upon topic*	8 Weeks
Medication Use Evaluation	**Preceptor selected based upon topic*	12 Weeks
Research Project	**Preceptor selected based upon project*	52 Weeks
Elective Learning Experiences – Block		
Ambulatory Informatics	Bethany Arsenault, PharmD, BCPS, MBA	4-6 Weeks
Care for the Underserved	Sierra Oliver, PharmD, MPH, BCACP	4-6 Weeks
Outpatient Oncology	Dorothy Wang, PharmD, BCOP	4-6 Weeks
Telehealth	Cammi Fletcher, PharmD, BCACP Sarah Sawyer, PharmD, BCACP	4-6 Weeks
Transplant	Marizela Savic, PharmD, BCPS	4-6 Weeks
Virology	Carlysle Schenk, PharmD	4-6 Weeks
Elective Learning Experiences – Longitudinal		
Cystic Fibrosis	Stefanie Donovan, PharmD	12 Weeks
Dialysis Clinic	Marizela Savic, PharmD, BCPS	12 Weeks
Precepting & Teaching	Corinn Normandin, PharmD, BCACP	8 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, Clinical Decision Support (CDS) subcommittee meetings, MH Formulary Management Committee meetings, when able, and MaineHealth 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 quarterly during RPD & Resident Check-ins. The resident will be responsible for tracking progress and maintaining the appendix for their residency year.

Rotation Transition Meetings:
The pharmacy resident will be responsible for scheduling a 30-minute rotation transition meeting between all scheduled experiences. The current preceptor, incoming preceptor, and the pharmacy resident should be in attendance at these meetings which ideally would be scheduled within 1-2 weeks of starting a new rotation experience. The resident will fill out a questionnaire provided by the RPD prior to these meetings with the intent to allow for self-reflection of progress and goals for rotational experiences. The resident will be expected to lead the discussion for the initial 15 minutes of the meeting after which they will step away to allow the preceptors to have a 1 on 1 conversation as needed.

Pharmacy Practice Staffing

The resident's service commitment is one 10 hour shift every 4th weekend and 3 hours every 1st and 3rd Thursday afternoon.

- The resident's weekend service commitment will consist of staffing within MaineHealth Pharmacy Maine Medical Center – Portland or within another clinic or service need deemed by the RPD.
- The resident's weekday service commitment will be completed with the Centralized Refill Program Team.
- Staffing may evolve based upon departmental needs.
- Resident will have protected administrative time for meetings and/or projects every 2nd, 4th, and 5th Thursday afternoon.

The resident will be assigned to staff up to two holidays throughout the residency year including at least 1 major holiday. MaineHealth defines holidays as follows:

- Major Holidays: New Years Day, Thanksgiving, and Christmas
- Minor Holidays: Memorial Day, Juneteenth, 4th of July, and Labor Day

Resident Wellness Days

- Residents will be dismissed from all residency-associated duties by 1:00PM on the 4th Friday of every month

- Wellness Days 2025-2026:

7/25/25	8/22/25	9/26/25	10/24/25	11/28/25	12/26/25
1/23/26	2/27/26	3/27/26	4/24/26	5/22/26	6/26/26

Research Project

The program will supply the resident with a list of possible research projects to consider during residency orientation. 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 research project team. 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, medical resident 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 advanced practice pharmacy experience students, medical students, or Post-Graduate Year 1 (PGY1) pharmacy residents 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 Ambulatory P&T Subcommittee.

Medication Safety:

Throughout the residency year, it is required for the resident to submit 15 safety related reports. This can include reports documented within the reporting system (SafetyNet) as well as other pertinent safety events identified and tracked throughout the residency year by other means.

Resident Development Plan

The PGY2 Ambulatory Care Pharmacy Residency Program utilizes the ASHP online 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 AdvisoryCouncil (ARAC) meetings.

Evaluation Strategy

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

Learning Experience ≤ 12 Weeks				
Resident Evaluation of Learning Experience	**Resident Evaluation of Preceptor**	**Preceptor Verbal Midpoint Evaluation of Resident**	**Preceptor Summative Evaluation of Resident**	**Resident Self-Summative Evaluation**
End	End	Midpoint	End	End

Learning Experience > 12 Weeks			
Resident Evaluation of Learning Experience	**Resident Evaluation of Preceptor**	**Preceptor Summative Evaluation of Resident**	**Resident Self-Summative Evaluation**
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 preceptor(s) and the resident based on the following scale:

Rating Scale	**Definition**
Needs Improvement (NI)	• Deficient in knowledge/skills in this area • Often requires assistance to complete the objective • Unable to ask appropriate questions to supplement learning
Satisfactory Progress (SP)	• Resident is performing and progressing at a level that should eventually lead to mastery of the goal/objective • Adequate knowledge/skills in this area • Sometimes requires assistance to complete the objective • Able to ask appropriate questions to supplement learning • Requires skill development over more than one rotation
Achieved (ACH)	• Fully accomplished the ability to perform the objective independently in the learning experience • Rarely requires assistance to complete the objective; minimum supervision required • No further developmental work needed
Achieved for Residency (ACHR)*	• Resident consistently performs objective independently at the achieved level, as defined above, across multiple settings/patient populations/acuity levels for the residency program

- 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.

The resident will complete a PGY2 Ambulatory Care Program Evaluation in the last month of residency. Feedback will be discussed at the PGY2 ARAC meeting and agreed upon changes will be incorporated into the next academic year.