



2023-2024

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Introduction to Maine Medical Center (MMC)

Welcome

The Department of Pharmacy Services welcomes you to MMC, our residency programs, and pharmacy family! We are glad you are here. This will be a demanding and educationally diverse year; we hope that you will be open to experiencing it fully.

The information included in this manual is intended to convey the 'nuts and bolts' of the residency process, program, and structure. Please contact your residency program director (RPD) with any questions or comments.

Employment at MMC

MaineHealth (MH)/ MMC has HR Related Policies (visit MaineHealth Intranet site, search Human Resources) concerning the terms and conditions of your employment with the hospital and containing important information about your expected performance, behavior and compensation and benefits while working for MaineHealth. You are expected to read these policies and procedures carefully, and review them as necessary as a guide.

As outlined in the [MaineHealth At-Will Employment Policy](#), all employees of MH are considered and deemed to be "at will" employees. Accordingly, your residency/employment is governed by the institutional, human resources and other policies and procedures of MH/MMC applicable to its employees, which may be found on the MMC Intranet. Your residency/employment is also governed by, as applicable, medical staff bylaws, medical staff rules and regulations, professional standards and applicable rules of professional ethics, standards and requirements of accrediting and licensing agencies, and state and federal legal requirements that apply to, among other things, providing and billing for health care services. At all times during your residency, you will be expected to work collaboratively with and relate in a professional and supportive manner towards all patients, employees, contractors, and other persons with whom you interact in connection with your employment. Furthermore, you will be expected not to discriminate, harass, or retaliate against any patients, co-workers, contractors or other persons with whom you interact based on sex, sexual orientation, gender identity, age, race, color, religion, nationality, physical or mental disability, military or payor status or any other status protected by law.

About Maine Medical Center

Mission

Since its founding, MMC has been dedicated to a three-fold mission. MMC is dedicated to maintaining and improving the health of the communities it serves by:

- **Caring** for our community
- **Educating** tomorrow's caregivers
- **Researching** new ways to provide care

We proudly carry our unique responsibility as Maine's leader in patient care, education and research. We are dedicated to the traditions and ideals of not-for-profit healthcare. Our care is available to all who seek it.

Vision

Through the leadership of MMC, we envision Maine becoming the healthiest state in the nation by putting patients and their families' first, providing access to affordable care, and delivering superior service and outcomes.

Values



Overview of Residency Programs

Residency Purpose Statement(s)

- **PGY1 Program Purpose:** PGY1 residency programs build upon Doctor of Pharmacy (PharmD) education and outcomes to develop pharmacist practitioners with knowledge, skills, and abilities as defined in the educational competency areas, goals, and objectives. Residents who successfully complete PGY1 residency programs will be skilled in diverse patient care, practice management, leadership, and education, and be prepared to provide patient care, seek board certification in pharmacotherapy (i.e., BCPS), and pursue advanced education and training opportunities including postgraduate year two (PGY2) residencies.
- **PGY2 Program Purpose:** PGY2 residency programs build upon Doctor of Pharmacy (PharmD) education and PGY1 pharmacy residency training to develop pharmacist practitioners with knowledge, skills, and abilities as defined in the educational competency areas, goals, and objectives for advanced practice areas. Residents who successfully complete PGY2 residency programs are prepared for advanced patient care or other specialized positions, and board certification in the advanced practice area, if available.

Resident Job Description(s)

As a pharmacy resident, you will be responsible for successfully performing all duties and responsibilities as assigned and as expected for the position including but not limited to all clinical, administrative, educational, and/or other duties and responsibilities. A job description for your position is available in Performance Manager, but is subject to revision and addendum in writing and/or in practice as deemed necessary by MMC.

General Expectations of Residents

Residents are expected to be flexible, open-minded, accountable, and initiative-takers. While residents are encouraged to learn things on their own and take responsibility for their patients, residents should also be cognizant of their limitations, and seek help when necessary. Residents should act as patient advocates through practicing the principles of safe patient and family-centered care, and should seek out opportunities to engage patients and their families while performing medication histories, discharge counseling and medication education, as often as possible.

Confirmation of Graduation/ Completion of PGY1 Pharmacy Residency Program (PGY2s only)

All residents are required to submit to residency program director proof of graduation from a graduation of an Accreditation Council for Pharmacy Education (ACPE) accredited degree program (or one in process of pursuing accreditation) or have a Foreign Pharmacy Graduate Equivalency Committee (FPGEC) certificate from the National Association of Boards of Pharmacy (NABP) prior to start date. In addition, all PGY2 residents are required to submit proof of completion of PGY1 Pharmacy residency program (e.g. copy of signed residency graduation certificate) prior to their start date. Failure to submit these documents within 7 days of scheduled start date may result in dismissal from the program.

Licensure

Residents must seek pharmacist licensure within the state of Maine as soon as possible after receiving notification of matching to MMC.

All residents must be fully licensed as a pharmacist with the Maine Board of Pharmacy within 90 days of beginning their residency programs.

If resident has taken, but not successfully passed either the North American Pharmacist Licensure Examination (NAPLEX®) or Multistate Pharmacy Jurisprudence Exam (MPJE®) exam, or both within 90 days of the beginning of the residency program, the RPD and Pharmacy Leadership may consider allowing a 30 day extension, which will allow the resident to complete two-thirds of the residency as a licensed pharmacist.

- If approved, this extension will be noted by RPD in the resident's development plan.
- If this extension is not approved, the resident will be dismissed.

If the resident has not taken both the NAPLEX and MPJE exams within 90 days of the beginning of the program, the resident will be dismissed from the program.

If a 30-day extension has been provided and the resident is still not licensed as a pharmacist at the end of the 30-day extension, the resident will be dismissed.

As soon as a resident receives his/her Authorization to Test (ATT) from the Maine State Board of Pharmacy, both exams should be scheduled as EARLY (e.g., May, June) as possible. It is recommended to consider testing sites outside of the resident's geographical area if local availability is limited. Residents should notify the Residency Program Director and Coordinator of Education and Training at Jillian.Barnes@mainehealth.org of your scheduled test dates to ensure that training is minimally interrupted.

Parking

Residents may pay a small fee for parking payable via payroll deduction, as per MH/MMC benefits.

Drug Free Workplace Expectations

The [MaineHealth Drug Free Workplace Policy](#) outlines expectations to provide a safety and healthy environment for its employees and the patients and families they serve in compliance with the federal Drug-Free Workplace Act.

Appearance

Please refer to [MaineHealth Appearance Policy](#) for acceptable standards of work place appearance. In general, dress should be professional, including lab coats where appropriate and no open toed shoes in patient care areas. MMC is a fragrance free workplace.

MMC Department of Pharmacy Services will provide each resident with a lab coat if desired; see Department Administrative Specialist for more information.

Office and Office Supplies

Residents will have use of a dedicated office space and access to a computer and/or mobile device. Other office supplies (e.g., staplers, sticky notes, pens) may be obtained from the Department's Administrative Specialist as needed.

The Department's Administrative Specialist will assist the residents with ordering business cards. Residents are strongly encouraged to bring their supply of business cards to all conferences.

Use of Company Equipment and Expectations for Use

Residents will be provided with access to, and use of, MMC equipment during their residency, including, but not limited to computer hardware, software and systems, telephones. Residents are required to follow, at all times, MaineHealth/MMC institutional and HR policies related to the use of this equipment and related to expectations regarding use of this equipment. These policies are available on MMC's Intranet. Equipment must be returned to MMC by the end of the residency year.

Telephone

Each resident is assigned a telephone number and voicemail box. To call numbers within the hospital, dial 662-xxxx. To call local numbers outside the hospital, dial 9-xxx-xxxx. To call long distance numbers, dial 9-1-area code-xxxx.

Email

Each resident will have a MaineHealth designated email address. Residents are expected to follow MaineHealth/MMC institutional and HR policies concerning using and disclosing patient identifying information in emails, including prohibitions and limitations on such use and disclosures and requirements to use the abbreviation "**confmsg**" when patient identifying information is contained within an email. This designation ensures that the email is not able to be forwarded outside of the organization. In addition, residents are encouraged to use the SBAR method of email communication when applicable.

Attendance, Duty Hours, Moonlighting, Resident Well-Being, Conference/Educational Support

Attendance

Physical attendance at MMC is required and is an essential job function for pharmacy residents. Remote or telework is not permitted without RPD and Director of Clinical Services approval. Residents are expected to report on time and to be prepared and able to work their shifts. To maximize the educational opportunity throughout the 1-year program, residents are encouraged to minimize the use of PTO time. Any absence/tardiness/early leave from work will be handled according to applicable MaineHealth/MMC policies and procedures, including but not limited to the [MaineHealth Attendance Policy](#).

- Residents should not exceed 1 day of Paid Time Off (PTO) per each 5-6 week rotation 'block' (exclusive of MMC designated holidays) or 12 total (holiday + PTO) days/year.
 - Resident will be required to work with RPD and respective preceptors to make up any time that exceeds that outlined above prior to graduation.
- Upon completion of the residency program, a lump sum payout will be issued for any unused accrued PTO.
- Residents must document attendance each week per program specifications for payroll purposes. Any scheduled or unscheduled PTO days must be recorded in order to accurately reflect hours worked.

Planned PTO Procedures

- All planned PTO and conference/educational days should be requested in writing via email 2 weeks prior to the requested date, to both the RPD AND the rotation preceptor.
- Residents are not allowed to take PTO on their "staffing" weekends/holidays.
- Residents receive one day of conference time off for the NAPLEX (if appropriate) and one-half to one (depending on location) day off for the Maine law exam. Residents must notify the RPD and the Coordinator for Education and Training with the dates for the NAPLEX and the Maine law exam.
- Days off for job interviews and/or PGY2 residency positions come from PTO hours.

Unplanned PTO

- In the event of illness, the resident must notify both the RPD and the Rotation Preceptor prior to his/her scheduled shift and/or as early as possible. The charge pharmacist should be notified for unplanned absences on the weekends. Emails do not constitute adequate notification. PTO hours are used to cover unplanned absences from work. All unplanned PTO will be handled per MH Attendance Policy.

Duty Hours

The [ASHP Duty Hour Requirements for Pharmacy Residencies](#) provides a detailed review of expectations for duty hours.

Definitions

- **Duty Hours:** Duty hours are defined as all hours spent on scheduled clinical and academic activities, regardless of setting, related to the pharmacy residency program that are required to meet the educational goals and objectives of the program. This includes inpatient and outpatient patient care (resident providing care within a facility, a patient's home, or from the resident's home when activities are assigned to be completed virtually); staffing/service commitment; in-house call; administrative duties; work from home activities (i.e., taking calls from home and utilizing electronic health record related to at-home call program); and scheduled and assigned activities, such as conferences, committee meetings, classroom time associated with a master's degree for applicable programs or other required teaching activities and health and wellness events that are required to meet the goals and objectives of the residency program.
 - Duty hours do not include: reading, studying, and academic preparation time for presentations and journal clubs; travel time to and from conferences; and hours that are not scheduled by the residency program director or a preceptor.
- **Scheduled duty periods:** Assigned duties, regardless of setting, that are required to meet the educational goals and objectives of the residency program. These duty periods are usually assigned by the residency program director or preceptor and may encompass hours which may be within the normal work day, beyond the normal work day, or a combination of both.
- **Moonlighting:** Any voluntary, compensated, work performed outside the organization (external), or within the organization where the resident is in training (internal), or at any of its related participating sites. These are compensated hours beyond the resident's salary and are not part of the scheduled duty periods of the residency program.
- **Continuous Duty:** Assigned duty periods without breaks for strategic napping or resting to reduce fatigue or sleep deprivation.

Maximum Hours of Work per Week and Duty Free Times

- Duty hours must be limited to no more than **80 hours per week, averaged over a four-week period**, inclusive of internal and external moonlighting.
- Mandatory time free of duty: residents must have a minimum of one day in seven days free of duty (when averaged over four weeks). At-home call cannot be assigned on these free days.
- Residents must have at a minimum of 8 hours between scheduled duty periods.
- Continuous duty periods should not exceed 16 hours.

Duty Hour Tracking/ Reporting

All residents must complete the monthly Duty Hour PharmAcademic Documentation. The RPD will review any instances of non-compliance in duty hours.

If RPD finds duty-hours violations upon review, the RPD will work with resident to identify contributing factors to non-compliance and formulate a plan with the resident to ensure the compliance in the future.

Moonlighting

Moonlighting must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program. External moonlighting is not permitted. Internal moonlighting may be allowed after licensure and as training, research, and patient care responsibilities permit.

- Residents are required to receive permission from the RPD prior to beginning any moonlighting activities. After initial approval, all moonlighting hours must be approved in advance in person or via email by the RPD.
- Moonlighting hours must be counted towards the clinical experience and education work 80-hour maximum weekly hour limit averaged over a four-week period and included in the tracking of hours.
- The maximum moonlighting hours allowed is 16 hours per week.

If a pharmacist believes the resident is exhibiting signs of fatigue (e.g. excessive yawning or sedation), the resident should be relieved of their duty. The pharmacist and resident will notify the RPD and the resident will be prohibited from moonlighting for a minimum of 4 weeks.

Moonlighting will also be prohibited if it appears to be interfering with the resident's judgement or ability to achieve educational goals and objectives of the residency program.

Resident Well-Being and Resilience

Resident well-being and resilience are imperative to providing safe, high-quality patient care. The [ASHP Resource Guide for Well-Being and Resilience in Residency Training](#) and [ASHP Well-being Resources](#) are excellent resources addressing this important topic. Our residencies recognize and support the well-being, burnout prevention, and resilience of our residents. Our Resident Well-Being and Resilience program provides a continuous assessment of resident well-being; fostering a practice environment built upon a foundation of dignity and respect; and program resources that promote spiritual, physical, and mental well-being and development of lifelong resiliency skills. This is accomplished through an orientation to the resources available for resident well-being offered at our institution, monthly well-being sessions with co-residents that involve a combination of didactic lectures and time for resident bonding, and through a quarterly assessment (at minimum) of resident burnout, resilience, and personal well-being surveys. The goal of this experience is for the resident to develop skills that encourage and sustain social connection to build resilience and manage the stress and long hours of training to become pharmacists. This is coupled with the importance of nutrition, activity, and sleep for physical, psychological, and emotional health. The Resident Well-Being and Resilience is a 12-month longitudinal learning experience in Pharmacademic offered to all PGY1 and PGY2 residents.

Project/Office Time

Refer to individual program specific appendix for information on dedicated project time.

Professional Meeting Attendance

Residents are allowed up to 10 conference days for professional meeting attendance. These dates must be submitted via email to the RPD and the rotation preceptor in advance. PTO is not used for these conference days. Any additional conference day attendance will utilize PTO. Time away due to conference attendance should be reflected in the departmental time keeping system.

Financial support for professional meeting attendance will be provided by the pharmacy department. The exact amount of financial support may vary year to year depending on approved budget. RPD will provide resident with approved budget prior to professional meeting attendance.

Travel and Expense Reimbursement

Expenses for lodging, meals, parking, airfare, taxi's, accrued during MMC approved conference time are reimbursable per HR/ Institutional guidelines. Hotel reservations must be pre-approved by the department and airline reservations may be made through the Concur Solutions website (see Administrative Specialist or the RPD for clarifications/questions).

Protected Leaves, Failure to Progress, Corrective Action, Concerns Resolution, and Dismissal **Leave Policy**

The MaineHealth Protected Leaves Policy (visit MaineHealth Intranet Site and search for "protected leave") defines criteria and process for protected leaves. If an emergency situation requiring extended leave arises during a resident's contracted term, the resident must notify their RPD as soon as possible. Extended leave will be considered on a case-by-case basis and must be pre-approved by the RPD and the Director of Clinical Services.

- The resident will use their PTO and then the extended leave will begin. The RPD will contact HR once the resident is ready to resume their residency.
- The residency will be extended by the number of days the resident is on extended leave.
- Residents must make-up any and all time approved for extended leave in order to fulfill the requirements of a minimum of twelve months of full-time practice commitment.
- The resident will be paid (if paid time off is available) and continue to be eligible for benefits during the leave in accordance to MaineHealth benefit plans.

A residency requires intensive training that is cumulative in nature and each learning experience builds upon previous experiences. As such, extended or frequent, intermittent absence may render it difficult for a resident to achieve program objectives and requirements. **Therefore, any approval of extended leave will not exceed 90 days. If a longer leave is needed, the resident will be dismissed from the residency.**

Reapplication to the program does not guarantee the resident will again be matched with the program, as they will be evaluated and ranked in light of other candidates.

Failure to Progress

For a resident failing to progress to meet the program's goals and objectives, a Performance Improvement Plan (PIP) may be utilized. The RPD will meet with the resident to outline performance concerns and develop a timeline for resolving.

A PIP is not required prior to beginning Corrective Action. Once an individualized PIP has been initiated, if performance or conduct continues to be below expectations for the predetermined period of time then corrective action may be implemented or advanced.

Corrective Action

The [MaineHealth Corrective Action Policy](#) outlines detailed Corrective Action procedures and provides examples of unacceptable conduct/ performance.

Meeting with staff to provide coaching and counseling is an expected preliminary step prior to corrective action and should ordinarily be conducted when an employee has not adhered to the expected Standards of Conduct, MaineHealth values or when a supervisor deems it necessary in order to bring a staff member's performance to an expected level.

Corrective action generally follows a progressive series of steps prior to separation of employment, however at any time MaineHealth may decide to skip, and has the right and sole discretion to skip, any step in the process as well as to proceed to immediate termination. Numerous factors may play into this decision including, but in no way limited to, the nature and/or severity of the employee's conduct, the nature and/or degree of inadequate job performance, the time period elapsed between corrective action steps, the involvement of and/or impact of the employee's conduct and/or inadequate performance upon other employees, patients or visitors, and/or many other factors arising from the circumstances involved.

The steps in corrective action are outlined below. These 4 steps are inclusive of all types of performance issues including performance and attendance. Corrective action **MUST** be executed in consultation with Human Resources.

1. Documented Verbal Warning
2. Written Warning
3. Final Written Warning
4. Termination of Employment

Corrective Action will be recorded as part of the resident's personnel record.

Notably, plagiarism and unprofessional behavior will not be tolerated and will result in corrective action as described above.

Concerns Resolution

The [MaineHealth Concerns Resolution Policy](#) outlines the process and provides employees with a forum in which they may present issues of concern or dissatisfaction regarding their employment.

Residency Specific Grounds for Dismissal

In addition to MH/MMC's standard requirements/procedures, the following standards and skills must be met by applicable deadlines. Each resident must meet the minimum standards to complete the required elements of the Pharmacy Residency Program at MMC:

- Licensure: Residents must meet licensure requirements as defined above.
- Resident must follow all local, state and federal laws within their scope of practice as a licensed pharmacist.
- Resident must be in good standing within the department.
- Completion of orientation and all accompanying material by the end of the probationary period.
- Demonstrate proficiency in order entry by the end of orientation period.
- Demonstrate proficiency in preparation and distribution of medications by end of the probationary period.
- Demonstrate proficiency in processing and preparing sterile compounding orders by end of the orientation period.
- Advanced Cardiac Life Support (ACLS) certification scheduled by ninety (90) days (if not already certified).
- Meet the requirements defined in MMC's required probationary period
- Leave: Residents must not exceed leave of absence requirements assigned above.
- The RPD and Director of Clinical Services have the oversight to determine if program completion is not possible and may dismiss the resident from the program and terminate employment.

Program Expectations

Staffing Commitment

All residents will be assigned 4 holidays per residency year to meet staffing commitment. Refer to program specific Appendix for overview of staffing requirements.

Longitudinal Experiences

Refer to program specific Appendix for overview of longitudinal experiences.

Research Project

Residents are expected to complete a project that will benefit pharmacy practice at MMC and beyond. Residency Advisory Committee-Investigational Team (RAC-IT) and the project preceptor(s) will help guide the PGY1 resident through project completion. RAC-IT is also available for guidance of PGY2 resident research projects.

Project selection and CITI training should be completed prior to the end of the orientation experience. All residents are expected to prepare and deliver a methods presentation prior to commencement of study. Research projects will be presented at meetings and/or conferences identified by RPD. Completed manuscript, as deemed by

primary project preceptor and RPD, is expected to be submitted prior to graduation. Resident will not receive certificate if not complete by graduation. Research project progression will be evaluated by the project team. Lack of progression may warrant re-evaluation and possible reassignment.

Grand Rounds Presentation

Residents are assigned one presentation at MMC Pharmacy Grand Rounds. Topics from other presentations may not be re-used for this talk. Ideas for topics can be discussed with your RPD and/or mentor (if applicable) and the Coordinator of Education and Training. Residents must identify a primary preceptor for this experience 12 weeks in advance of scheduled presentation date. Once a primary preceptor is established, deadlines for drafts to be received by the preceptor must be agreed upon in advance, to allow adequate time for the preceptor to provide feedback and for the resident to make any necessary changes. To qualify for ACPE accreditation, learning objectives and title must be provided 6 weeks in advance of presentation date.

Formulary Drug Review/Treatment Guideline or Protocol

Residents will be assigned one drug/topic to review at an applicable Formulary Subcommittee (FSC). Alternatively, a resident may be assigned to create a treatment guideline or protocol, and present to the appropriate service line(s) or committee(s). Residents must identify a content expert to work with in preparation for the Formulary review, guideline, or protocol. A time table for draft completion should be established in advance of the presentation/due date to allow the preceptor enough time to provide feedback. Residents are scheduled for their presentation/due date in advance. Refer to learning experience for detailed review of what should be included in a Formulary Review or treatment guideline/protocol.

Medication Use Evaluation (MUE)

Each resident will complete a Medication Use Evaluation. The RAC-IT committee will provide a list of potential MUE topics for PGY1 residents. Residents will conduct the MUE under the guidance of a preceptor. For PGY2s, refer to program specific Appendix.

Departmental Meetings

Residents are expected to attend Formulary Subcommittee, Pharmacy and Therapeutics Committee and Pharmacy Department Meetings, as appropriate. The resident may be asked to attend other program-specific meetings as needed.

Committee Involvement

Residents will be expected to serve as an active participant in 1 or more committees throughout the year as determined by RPD.

Teaching Certificate Program

PGY1 residents will participate in the designated Teaching Certificate Program during the residency year. See Teaching Certificate syllabus for more information. PGY2 residents may opt to participate in the teaching certificate program if desired.

Accreditation Standards and Evaluation

ASHP Accreditation Documents

Residents are expected to review program specific ASHP Residency accreditation standards and competency areas. Refer to the following link for documents:

<https://www.ashp.org/Professional-Development/Residency-Information/Residency-Program-Resources/Residency-Accreditation>

Learning Experience Evaluation Strategies

Resident evaluations will be completed in PharmAcademic using standardized scale below. See program specific Appendix for more detailed information.

Timely completion of evaluation is critical to ensure progression within the residency program. Residents are required to **complete all PharmAcademic evaluations prior to the end of each block rotation, or, not later than 1 week after the assigned evaluation date** on a longitudinal rotation or concentrated experience. Evaluations are to be completed on time; residents who do not complete assigned evaluations as specified will be subject to corrective action.

Short Description	Long Description	Value	Comments
1	1 Does not meet expectations: Unable to complete or perform the objective	1.00	
2	2 Occasionally 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		

Development Plan

Incoming resident interests are identified and incorporated into the customization of learning experiences. Residents' mastery of objectives will be evaluated monthly and/or quarterly. Development plans will be reviewed on a quarterly basis, at minimum. Objectives evaluated as 1 or 2 require additional focus, and action items will be implemented to improve performance, which includes objectives being moved to future rotations as necessary.

Patient care objectives (e.g., R1.1, R1.2, R1.3) evaluated in three or more evaluations may be considered for achievement if:

- The resident averages a score of 3 (meets expectation) on three separate evaluations of that objective.
- The resident scores a 4 (occasionally exceeds expectations) and/or 5 (frequently exceeds expectations) on two separate evaluations of that objective.

Non-patient care objectives Practice (e.g., R2.1, 2.2), Leadership and management (e.g., R3.1, 3.2), and Teaching (e.g., R4.1, 4.2) objectives may be achieved if the graduation requirements have been fulfilled (e.g., formulary monograph completed) and the resident achieves an average score of 3 or higher in the evaluation.

If a learning experience preceptor has a concern about an objective that has been marked as 'Achieved for Residency', the preceptor should reach out to the RPD to discuss further.

Graduation Requirements

Requirement	Date Achieved
<ul style="list-style-type: none"> Objective Achievement- <i>Minimum of 90% program-required objectives rated as Achieved for Residency</i> 	
<ul style="list-style-type: none"> Complete all required learning experiences 	
<ul style="list-style-type: none"> Complete all assigned evaluations in PharmAcademic 	
<ul style="list-style-type: none"> Complete Medication Use Evaluation and present at an appropriate committee meeting 	
<ul style="list-style-type: none"> Complete all assigned presentations as defined per program specific Appendix 	
<ul style="list-style-type: none"> Complete formulary drug review and/or develop/revise treatment guideline/protocol and present at an appropriate committee meeting 	
<ul style="list-style-type: none"> Present major research project at residency conference and/or other professional platform (e.g. national meeting, MSHP, Pharmacy Grand Rounds) 	
<ul style="list-style-type: none"> Completion of manuscript of major project in publishable form, signed off by primary project preceptor 	
<ul style="list-style-type: none"> Submit 15 reports in safety reporting system (e.g. safety, adverse drug reports) 	
<ul style="list-style-type: none"> Complete teaching certificate program- PGY1 only 	
<ul style="list-style-type: none"> Complete required patient care topic discussions per program specific Topic Appendix- PGY2 only 	
<ul style="list-style-type: none"> Complete all assigned staffing shifts 	
<ul style="list-style-type: none"> Satisfy all attendance related and duty hour fulfillment and reporting requirements 	
<ul style="list-style-type: none"> Upload all projects, presentations, work products to Smartsheet 	
RPD Signature:	
Director of Clinical Services Signature:	

*The decision to award a Graduation Certificate from the Maine Medical Center Pharmacy Residency is Achievement of all Graduation Requirements as outlined above. The RPD, in consultation with the Director of Clinical Services, makes this final decision, and presents the Graduation Certificate once all requirements have been met.

ACKNOWLEDGEMENT AND AGREEMENT BY RESIDENT

I agree that I have fully read, understood and will abide by the terms, conditions, requirements and expectations for my residency and employment as a pharmacy resident with Maine Medical Center as set forth in the Pharmacy Residency Manual. I further agree to refer to this manual throughout the year as questions arise pertaining to items within the manual.

Initials	
MH/MMC Policies and Procedures including but not limited to the following:	
• MaineHealth HR Related Policies	
MMC Mission, Vision, and Values	
Resident Job Description and General Expectations	
Licensure Requirement	
Attendance, Duty Hour Reporting, and Moonlight Requirements	
Professional Meeting Attendance Reimbursement	
Resident Grounds for Dismissal	
Program Expectations	
Learning Experience Evaluation Strategies	
Graduation Requirements	
Resident Name:	Date:
Resident Signature:	