

MaineHealth Maine Medical Center Portland (MHMMCPOR)
Pharmacy Residency PGY1 Appendix 2025-2026

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RAC Membership: All PGY1 Preceptors

Program Structure

- 52 weeks in duration, including 4 project weeks
- 10 rotation blocks consisting of 6 required and 4 elective blocked learning experiences
- Blocks 3, 8, and 10 are 4 weeks in duration. The remainder are 5 weeks.

- **Required Blocked Learning Experiences**
 - Pharmacy Practice Orientation
 - Adult Inpatient Medicine
 - Adult ICU
 - Infectious Diseases
 - Pediatrics
 - Ambulatory Care (selective required) – at least one of the following
 - Adult Outpatient Hematology/Oncology
 - Anticoagulation Outpatient
 - Primary Care
 - Specialty Pharmacy
 - Virology Treatment Center
 - Infectious Diseases and Antimicrobial Stewardship

- **Elective Blocked Learning Experiences**
 - Inpatient Adult Hematology/Oncology
 - Inpatient Anticoagulation
 - Cardiology
 - Emergency Medicine
 - Advanced Emergency Medicine
 - Geriatrics
 - Health System Pharmacy
 - Medication and Patient Safety
 - Nephrology/Transplantation
 - Nutrition Support
 - Pediatric Critical Care
 - Pharmacy Practice Administration
 - Psychiatry and Mental Health

- **Other Required Learning Experiences**

- Departmental Planning and Pharmacy Enterprise – 2 hours
- RPD Orientation to the Residency – 4 hours
- Medication Event Reporting – 15 reports, equivalent to 4 hours
- Resident-Student Seminar – 3 weeks
- MITE CTC Teaching Certificate – 6 weeks
- Formulary Drug Review and Presentation – 8 weeks
- New England Postgraduate Pharmacy Teaching and Learning Seminar (NEPPTLS) – 11 weeks
- Medication Utilization Evaluation – 11 weeks
- Pharmacy Grand Rounds – 11 weeks
- Pharmacy Practice – 45 weeks
- Chronological Research Project – 45 weeks
- Code Blue Participation – 45 weeks
- Committee PGY1 Participation – 45 weeks
- Mentorship – 45 weeks

Pharmacy Practice

- **Residents' Pharmacy Practice Commitment**

- Training Weekends
 - Approximately July 2025 – September 2025
 - One 12-hour shift every other weekend
- Independent Staffing
 - Approximately September 2025 – June 2026
 - Two 12-hour shifts every 4th weekend
- Decentralized Shifts
 - May be assigned starting in January 2026 based on resident competence and departmental need

- **Weekend Shift Adjustments**

- Residents must find their own coverage for adjustments to assigned weekend shifts. This excludes callouts for illness.
- PTO may not be scheduled on assigned weekend shifts
- Weekend swaps should be reviewed for compliance with the duty hour policy monthly
- Shift swaps must be submitted in writing to the Pharmacy Practice Preceptor and RPD 2 weeks in advance of the scheduled weekend shift and should reflect the training competency of both parties in the assigned staffing area
- Residents are encouraged to
 - Swap shifts with a co-resident
 - Swap shifts with another clinical pharmacist on your assigned weekend

- **Post Weekend Shift Compensation Time**

- Residents have an in-office project day on the Monday following their RPD assigned every other week 12-hour weekend shift
- Residents are off the Monday following completion of two consecutive RPD assigned 12-hour weekend shifts
- Please ensure your preceptors and other stakeholders are given advance notice of this compensation time

Chief Resident

- The Chief Resident is a PGY1 Resident who assists the RPD in gaining consensus, coordinating schedules, and other tasks as necessary
- The Chief Resident role must always be occupied
- PGY1 Residents must elect a Chief Resident
- RPD will assign a Chief Resident if PGY1 Residents fail to elect a Chief Resident
- The Chief Resident role must be held by an individual for a minimum of 3 months
- The Chief Resident Role may not be held by an individual for greater than 6 months

Resident Wellness Days

- Residents will be dismissed from all residency-associated duties by 1200 on the 4th Friday of every month, excluding December
- Residents may not stay at the hospital in official capacity after dismissal
- Residents may not engage in any residency-related duties after dismissal
- Wellness Days 2025-2026:

06/27/25	07/25/25	08/22/25	09/26/25	10/24/25	11/28/25
01/23/26	02/27/26	03/27/26	04/24/26	05/22/26	

Talkspace

- Talkspace is a platform to promote wellness and provide employee support.
- See [MaineHealth - Talkspace](#) for more information

Community Service Events

- Two Community Service Events should be conducted during the residency year
- Required Community Service Events should be scheduled by Chief Resident a minimum of 6 weeks in advance and should take place on a Wellness Day
- See www.preblestreet.org, www.unitedwaygp.org, www.habitatportlandme.org, and www.portlandtrails.org for Community Service Event ideas
- Residents will be dismissed from all non-Community Service Event related residency obligations by 1200 or at least one hour prior to the start of any Community Service Events, whichever occurs sooner. Residents may not engage in any residency-related duties after Community Service Events

Resident-Student Seminar (RSS)

- The RSS is a 4-week experience where PGY1 residents develop, design, lead and assign topics for presentation and review to pharmacy students currently on rotation at MHMMCPOR. There are 4 one-hour long seminars over the course of the residency year. Each resident will take a turn selecting a topic and leading a seminar.
- Seminar topics can be any topics relevant to healthcare. Topic ideas should be reviewed with RPD and/or other preceptor(s) within the related practice area. Topics should be identified at least 3 weeks prior to the RSS date. Residents should reserve a room in the Dana Center suitable for at least 15 people between 1400 and 1530 for the date of their RSS. All room reservations must be made 6 weeks prior to the RSS date.
- All students scheduled to be on rotation at MHMMCPOR at the time of each RSS should receive a timely email invitation along with any required pre-RSS assignments. Please use the [standardized email template](#) and copy RPD and Jill Barnes on all communication. Please see the [PGY1 Resident Schedule 2025-2026](#) for communication due dates.

- Student email addresses should be obtained from Jill Barnes or from the student rotation list on the acute care pharmacy clinical dashboard. Students should also be sent a link to the [Resident Student Seminar Feedback Survey](#). See the RSS learning experience description in PharmAcademic for further details.

Resident-Student Mentor Experience

- The RPD will assign each resident a longitudinal student to mentor for the duration of the year. The pivotal role of the Mentor is to establish a relationship of mutual trust with the mentee. The Mentor should familiarize themselves with commonly accepted virtues of trust, such as: capability, competence, care, reliability, sincerity, and transparency.
- The Mentor should seek to build rapport with the mentee by consistently engaging them in candid and genuine conversations related to the experiences of the mentee.
- The duties and expectations of the Mentor must be continuously assessed and adapted to meet the unique needs of the mentee.
- Mentors commonly assist mentees in navigating P4 year, resolving interpersonal conflict, career planning, interview preparation, national conference participation, professional society engagement, and professional engagement.
- The Mentor should schedule formal check-in meetings with the mentee at a minimum of monthly intervals. The frequency of scheduled check-in meetings should be adjusted as needed to meet the needs of the mentee.

Resident Progress Group (RPG)

- The Resident Progress Group (RPG) consists of the RPD, resident, current preceptor, upcoming preceptor, project preceptor, and resident mentor.
- RPG meets monthly for 60 minutes. During the first 30 minutes, the RPD, current preceptor, upcoming preceptor, project preceptor, and resident mentor meet in the presence of the resident to candidly and respectfully discuss resident performance, resident wellbeing, and plans for resident growth.
- During the subsequent 10 minutes, the RPG discusses all project related activities. The project preceptor then leaves. The remaining 20 minutes are dedicated to reviewing all other non-project related resident activities, as per the standing RPG agenda.
- Residents are responsible for completing the quarterly Individual Development Plan for review during the RPG meeting at baseline July 1, October 1, January 1, and April 1st. This is located in PharmAcademic. Refer to the ASHP entering self-assessment document when completing the development plan. Please see the [RPG Agenda Template](#) for more information.

Meeting Attendance

- **Residents must attend the following meetings**
 - ASHP Midyear Clinical Meeting
 - New England Residency Conference or Eastern States

MHMMCPOR PGY2 Early Commitment Track

- **If you are considering applying for early commitment to one of MHMMCPOR's PGY2 residencies**
 - [Review the ASHP Early Commitment Process](#)
 - Reach out to the RPD of that program and request a meeting
 - Consider the first 5 months of the residency as a longitudinal interview
 - Request a rotation in the practice area of interest prior to Midyear

- **Application Information**

- CV
- Letter of intent
- Statement of good standing by PGY1 RPD
- PGY1 summative evaluations will be considered part of the application
- Application Deadline of November 1st of the current year

- **General Information**

- A PGY1 resident may only apply to one PGY2 program through Early Commitment Process
- Applications will be reviewed by respective PGY2 RAC committees and scored using the same program-specific standardized scoring tool as external candidates with the following exception:
 - PGY1 summative evaluations may be used in place of letters of recommendation
- Residents participating in the Early Commitment Process selected for interview will be interviewed before the end of November of the year the application was received.
- Early Commitment Interviews will follow the same format and scoring utilized for non-early commitment track candidates with the following exceptions:
 - Tour and/or lunch may be excluded
 - Interviews may be conducted virtually or in person
- PGY2 RPD must provide all residents participating in the early commitment process with a final decision by the third Friday in December of the year the application was received.
- If a resident participating in the Early Commitment Process wishes to proceed with an early commitment offer, the PGY2 RPD will provide the resident with a letter of agreement that outlines all pre-employment requirements, terms, and conditions that constitute 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 current [National Matching Service \(NMS\) Residency Early Commitment 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 reapply following the same procedures as outside candidates. The candidate understands that this option does not guarantee an interview.
- 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.

Resident and Preceptor Evaluation Strategy

- Residents complete learning experience, preceptor, and self-assessment summative evaluations within PharmAcademic
- Residents are also evaluated by preceptors on summative evaluations. Additional evaluations of residents for the Resident Lecture Series will be completed via CloudCME, Microsoft Forms, or analogous and should be used for fulfillment of the NEPPTLS portfolio.
- Additional non-learning evaluations include the MMC Entering Interests Form and the [ASHP Entering Self-Assessment Form](#).
- The resident, RPD, and assigned mentor use 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.

Summative Evaluations and Evaluation Scale

- Summative evaluations assess the residents' mastery of the 31 required ASHP residency objectives. Summative evaluations of these objectives will be completed by both preceptors and residents based on the rating scale located in the Learning Experience Evaluation Strategies section of the [MHMMCPOR 2025-2026 Residency Manual](#).
- Summative evaluations should be completed using Criteria Based Feedback statements where applicable. Please see the PowerPoint on PharmAcademic in the Tips and Tricks section. Preceptors and residents should complete their own summative assessments, then meet to discuss them. Changes to evaluations should be made in PharmAcademic, finalized, and sent for cosign.
- Summative evaluations must be completed within 7 days of the last scheduled day of the rotation or evaluation date.
- 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
 - Significant misspellings
 - Patient names mentioned within document
 - Criteria-based qualitative feedback statements not utilized
- Signing an evaluation indicates that the evaluation has been read and discussed by all parties.

Development Plan and Monthly Objective Tracking

- See Development Plan section of [MHMMCPOR 2025-2026 Residency Manual](#)

Teaching Certificate

- Residents will participate in and complete both the New England Postgraduate Pharmacy Teaching and Learning Seminar (NEPPTLS), and the MITE CTC program
- MITE CTC is an online program that should be completed during orientation

Resident Lecture Series (RLS)

- **Definition**
 - The RLS is a rotation-based, PGY1 resident-led, multi-format, longitudinal lecture series.
- **Objectives**
 - The primary objectives of the RLS are to provide intradepartmental education and foster PGY1 resident development of the following skills:
 - Information synthesis, learning objective design, presentation design, assessment tool design, clear articulation, speech cadence control, active listening, and effective use of body language
- **Requirements**
 - PGY1 residents must complete a minimum of four 30-minute RLS presentations
 - 25-minute of presentation time
 - 5-minutes for questions
 - Residents must utilize each of the following formats at least once
 - Case Presentation
 - Traditional Platform Presentation
 - Journal Club
 - Resident choice of above formats
 - PowerPoint slides or other prepared handouts should be used to facilitate audience participation
 - Each 30-minute RLS must be recorded separately in Teams, uploaded to Teams, and shared with RPD
 - RLS presentations are CME accredited
 - RPD or designee will provide CME codes to residents
 - There is one CME code per hour of presentation time
 - CME code should be verbalized and shown on first and last slides

- **Precepting**
 - RLS presentations are precepted by the current rotation preceptor
 - Residents should collaborate with rotation preceptors to select RLS topics
- **Scheduling**
 - RLS presentations are scheduled in 1-hour sessions, comprised of two 30-minute presentations delivered by two separate residents
 - Four RLS presentations will be pre-scheduled for each resident
 - Rooms reservations will be made on behalf of the residents and will incorporate 30-minutes of buffer before and after the RLS presentation
 - Additional RLS presentations may be scheduled at RPD discretion
 - Residents may switch RLS dates with RPD and preceptor approval
- **Communication and Feedback**
 - Residents must send out an email reminder to the email distribution group “Pharmacists_MMC” and “PGY1_Pharm_Preceptors” by the Monday before their scheduled presentation date
 - The email should include the presentation format, topic, time, room location, Teams link, and the shared resident evaluation form link.
 - Residents are responsible for reviewing their RLS feedback in Microsoft Forms and forwarding the feedback to their rotation preceptor
 - Please review the [suggested RLS email format](#)
- **Format Details**
 - **Case Presentation**
 - Residents should collaborate with preceptors early in the rotation block to identify interesting cases that illustrate the any of the following:
 - Pharmacotherapeutic dilemma, challenging dosing scenario, drug interaction situation, rare disease state, and/or therapeutic treatment plan, etc.
 - The goal is to facilitate resident progress toward mastery of unfamiliar disease states or treatments while providing a venue for residents to disseminate their knowledge and practice their presentation skills
 - Please reach out to RPD or rotation preceptor for more information
 - **Traditional Platform Presentation**
 - Residents should collaborate with preceptors to select a topic for traditional platform presentations
 - The primary method of delivery should be PowerPoint or similar
 - The goal is to facilitate resident progress toward mastery of unfamiliar disease states or treatments while providing a venue for residents to disseminate their knowledge and practice their presentation skills

- **Journal Club**
 - Articles may be selected by the resident with preceptor approval
 - Preceptors may suggest key articles within their practice area
 - The goal is to facilitate the development of residents' primary literature evaluation and synthesis skills while providing a venue for residents to disseminate their knowledge and practice their presentation skills
 - 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
 - Residents should attach a PDF of the journal article to the RLS reminder emails
- **Resident Lecture Series Evaluations**
 - All presentations will be evaluated using an electronic evaluation form built within CloudCME, Microsoft Forms, or analogous.
 - Residents should review the evaluations after the presentation and save them for inclusion in their NEPPTLS Teaching Certificate portfolio.
 - Residents should include the evaluation link in their email correspondence as above and send the evaluation link to the Teams meeting chat box at the start of the meeting for those attending virtually.
 - Evaluators are encouraged to give constructive feedback
 - The rotation preceptor or designee should review the evaluation forms with the resident soon after the presentation is concluded.

Epic Haiku Access

- Download Haiku to your smartphones
- Haiku secure chat will be used in lieu of pagers
- Instructions can be [found here](#)

SafetyNet Error Reporting

- Residents are required to enter a minimum of 15 error reports prior to graduation
- Residents should provide RPD monthly error reporting updates during RPG
- See the [MaineHealth SafetyNet website](#) for more information

Employee Recognition Program

- Employees are encouraged to recognize one another using the Espresso program
- See the [Espresso website](#) for more information

Graduation Requirements and Deliverables

- PGY1 Residents are encouraged to review the ASHP [Postgraduate Year One Pharmacy Residencies - Competency Areas, Goals, and Objectives \(CAGO\) and Guidance](#)
- All deliverables are required to be uploaded into their respective locations in PharmAcademic, and sent to RPD for storage in the appropriate Teams folder.
- Deliverables include but are not limited to
 - Midyear poster, final written manuscript, RLS presentations, formulary subcommittee reviews, Grand Rounds, MUEs, screenshots of SafetyNet Error Reports, as well as any administrative projects
- See the Graduation Requirements section of the [MHMMCPOR 2025-2026 Residency Manual](#) for more information