



PGY-1 Pharmacy Practice Residency Manual

2026-2027

MHMCH PGY1 Pharmacy Residency

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PGY1 preceptors (All members of the Residency Advisory Committee):

Lauren Alderman, PharmD, BCACP – Ambulatory Care

Kelly Bussone, PharmD. – Internal Medicine

Nikki Centanni, PharmD, BCGP, BCPP – Psychiatry/Addiction Medicine & Geriatrics

Leslie Coats, PharmD. – Emergency Medicine

Kevin Dumas, PharmD, BCPS – *Director of Pharmacy*, Medication Safety/Informatics

Aaron Koch, PharmD, BCPS – *Clinical Coordinator*, Critical Care, Teaching Certificate

Samantha Koch, PharmD, BCPS – *Operations Manager*, Pharmacy Practice

Rachel McPherson, PharmD, BCPS - Internal Medicine

Bethany Nash, PharmD, AEMT – Critical Care

Sara Nussbaum, RPh – Information Technology Pharmacist, Medication Safety/Informatics

Lindsey Parmelee, PharmD - Emergency Medicine, Antimicrobial Stewardship

Kassim Sembatya, PharmD, BCPS, BCGP – Geriatrics

Program Structure

Required learning experiences/duration:

- | | |
|--|--|
| 1. Pharmacy Practice Orientation | 6 weeks |
| 2. Adult ICU | 6 weeks |
| 3. Adult Inpatient Medicine | 6 weeks |
| 4. Ambulatory Care | 6 weeks |
| 5. Emergency Medicine | 6 Weeks |
| 6. Informatics / Medication Safety | 6 weeks |
| 7. Longitudinal Antimicrobial Stewardship | 30 weeks
<i>(Clinic every 3rd Friday 8a-1p; Inpatient every 4th Tuesday 8a-4p)</i> |
| 8. Pharmacy Practice | 45 weeks
<i>(Every third Friday 2p-9p; every third weekend (sat/sun) 7a-5p)</i> |
| 9. Research Project | 45 weeks |
| 10. Teaching Certificate - MCP | 22 weeks |

Elective learning experiences/duration (choose 2)*:

- | | |
|---|----------------|
| 1. Geriatrics | 5 weeks |
| 2. Psychiatry and Addiction Medicine | 5 weeks |

****Based on resident interest and preceptor availability, other electives may be offered.***

Introduction to MaineHealth Mid Coast Hospital (MHMCH)

Welcome

The Department of Pharmacy Services welcomes you to MHMCH, our residency program, 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 MHMCH

MaineHealth (MH)/ MCH 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 MHMCH applicable to its employees. These may be found on the MaineHealth 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 MaineHealth Mid Coast Hospital

Mission

MaineHealth is a not-for-profit health system dedicated to improving the health of our patients and communities by providing high-quality affordable care, educating tomorrow's caregivers, and researching better ways to provide care.

Vision

Working together so our communities are the healthiest in America.

Values

Patient Centered: We focus on each individual's unique needs, and partner with the people we care for, their families and care teams to develop a shared plan.

Respect: We embrace diversity and recognize the value of each person.

Integrity: We are honest, transparent and ethical, and maintain a culture of trust and accountability.

Excellence: We set high standards and always strive to exceed expectations.

Ownership: We take responsibility for our actions, follow through on our commitments, and approach challenges with optimism.

Innovation: We welcome diverse perspectives, embrace change, and are committed to lifelong learning.

Overview of Residency Programs

Residency Purpose Statement

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.

Resident Job Description

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 MHMCH.

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

Residents are required to submit to residency program director proof of graduation from 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. 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 MHMCH.

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.

- Conditions where an extension would be granted include but not limited to: Resident signed up for exam(s) promptly, showed initiative, has been meeting all other requirements, or inability to be licensed is due to an extenuating circumstance approved by the RPD and Director of Pharmacy.
 - If the resident demonstrates insufficient progress, through more than 2 NI ratings within the first 90 days, an extension will not be granted.
- 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 of your scheduled test dates to ensure that training is minimally interrupted.

Parking

Residents must park in designated employee parking areas (see Parking Policy on MHMCH intranet). Parking in Patient/Visitor areas is prohibited.

Drug Free Workplace Expectations

The [MaineHealth Drug Free Workplace Policy](#) outlines expectations to provide a safe 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. MHMCH is a fragrance free workplace.

Office and Office Supplies

The resident 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

The resident will be provided with access to, and use of, MHMCH equipment during their residency, including, but not limited to computer hardware, software and systems, telephones, etc.. Residents are required to follow, at all times, MaineHealth/MHMCH 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 the MHMCH intranet. Equipment must be returned to MHMCH by the end of the residency year.

Telephone

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

Email

Each resident will have a MaineHealth designated email address. Residents are expected to follow MaineHealth/MHMCH 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.

AMS Connect

Contact IT to download AMS Connect 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.

Wellness

MaineHealth has instituted a new platform to promote wellness and provide employee support. See [MaineHealth - Talkspace](#) for more information. Part of the Wellness experience has baseline and quarterly assessments to continue to monitor burnout/wellness. See RPD/PharmAcademic for more information. The last Friday every month that the resident isn't scheduled to staff, there will be a Wellness event, starting at 2 pm, after which the resident is dismissed from residency for the day/weekend. A rotation schedule of activities and meeting places will be planned by the RAC and distributed.

SafetyNet Error Reporting

The resident is required to enter a minimum of 15 SafetyNet reports as a graduation requirement. Log into the program and perform a screen capture once this is achieved. Email this to the RPD.

Espressa Wellness and Recognition

See the app on your desktop to recognize a colleague and explore ways to prioritize your well-being.

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

Attendance

Physical attendance at MHMCH and satellite locations is required and is an essential job function for pharmacy residents. Remote or telework is not permitted without RPD and Director of Pharmacy 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/MHMCH 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 4-6 week rotation 'block' (exclusive of MHMCH designated major holidays).
- Residents are allotted 12 total PTO days per resident year plus the five non-worked major holidays.
 - Per MaineHealth policy, MH MCH observes seven major holidays per year. Residents are required to work a minimum of two (one in the winter months, one in the summer months).
 - Exclusive of the above worked holidays, all other major holidays will be scheduled off and not counted towards 12 total PTO days (i.e. 17 days off per residency year with 5 being non-worked major holidays).
- Residents 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 at least 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 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 Operational 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, 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 residency recognizes and supports the well-being, burnout prevention, and resilience of the resident. A quarterly assessment (at minimum) of resident burnout, resilience, and personal well-being surveys will be conducted.

Project/Office Time

Refer to MHMCH Pharmacy Residency 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. The RPD will provide the resident with the approved budget prior to professional meeting attendance.

Travel and Expense Reimbursement

Expenses for lodging, meals, parking, airfare, taxi's, accrued during MHMCH approved conference time are reimbursable per HR/ Institutional guidelines. Hotel and airfare reservations must be pre-approved by the department. Any clarifications/questions regarding travel reimbursement should be directed to the RPD.

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 the resident's contracted term, the resident must notify the 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 Pharmacy.

- 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 leave.
- Residents must make-up any and all time approved for leave in order to fulfill the requirements of a minimum of twelve months of full-time practice commitment.
 - The time made up will be in the same learning experience and/or practice area(s) the resident was absent from in order to fulfill the residency requirements.
- During the leave, the resident will be paid (if paid time off is available) and continue to be eligible for benefits during the leave in accordance with MaineHealth benefit plans. If no paid time off is available during a leave, the resident will not be paid, but will continue to be eligible for benefits in accordance with MaineHealth benefit plans (paid for by the resident).
- A resident is hired with an annual stipend. Any leave that requires the resident to be employed outside of the year will need RPD and director of pharmacy approval to continue and complete the residency with pay and benefits.

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

- 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 MHMCH's required probationary period.
- Leave: Residents must not exceed leave of absence requirements assigned above.
- The RPD and Director of Pharmacy have the oversight to determine if program completion is not possible and may dismiss the resident from the program and terminate employment.

Program Expectations

Pharmacy Practice

The resident's service commitment is every 3rd weekend (Saturday and Sunday; 10-hour shifts) as well as every 3rd Friday evening shift (approximately 2p-9p). The Friday evening shift occurs 8 days prior to the weekend shift. Friday evening shifts may be omitted or augmented during learning experiences occurring off-site. 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: 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.** PTO may not be used for assigned weekend shifts.

Residents have one day as project/office time the **week after** working their service weekend. This day can be flexible depending on your 'block' rotation and preceptor, though generally it is taken the Monday following the weekend shift. This project/office time can be taken from home, so long as the resident is available via phone and virtual meeting within an hour of notice. The RPD has the authority to require on-site attendance

of project/office days if there are performance concerns or the resident regularly misses communication/meetings from their preceptor while working from home.

The resident will be assigned no more than 4 holidays per residency year to meet staffing commitment.

There is no on-call responsibilities for the resident.

Longitudinal Experiences

Refer to MHMCH Pharmacy Residency Appendix for overview of longitudinal experiences.

Research Project

The resident is expected to complete a project that will benefit pharmacy practice at MHMCH and beyond. The Residency Advisory Committee (RAC) and the project preceptor(s) will help guide the PGY1 resident through project completion. 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 the primary project preceptor and RPD, is expected to be submitted prior to graduation. Resident will not receive a certificate if not complete by graduation. Research project progression will be evaluated by the RAC. Lack of progression may warrant re- evaluation and possible reassignment.

Grand Rounds Presentation

The resident is assigned one presentation at MaineHealth 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). 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

The resident 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) and/or committee(s). The resident 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 will provide a list of potential MUE topics for the resident. The resident will conduct the MUE under the guidance of a preceptor.

Departmental Meetings

The resident is 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

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

Teaching Certificate Program

The resident will participate in the designated Teaching Certificate Program during the residency year. See Teaching Certificate syllabus for more information.

Resident Lecture Series

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.

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.

Residents must send out an email reminder to the ‘zz-Pharmacy’ email group no later than the Monday before their scheduled presentation date, with topic, time, room location, virtual meeting link, and resident evaluation form link (obtain this from smartsheet).

Suggested format of email notification:

Resident Name Topic: xxx

Date: Thursday, September 16 Time: 12:00-12:30

RLS Evaluation smartsheet link: xxxx

Virtual link: xxxx

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. ***The resident is responsible for sending out the journal article one week prior to their assigned date via email***, 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). The resident should review the evaluations after the presentation is over, and print them for inclusion into their Teaching Certificate portfolio. The resident 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.

Accreditation Standards and Evaluation

ASHP Accreditation Documents

The resident is 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

The resident completes learning experience, preceptor and self-assessment summative evaluations within PharmAcademic according to the schedule in Table 1. The resident is also evaluated by preceptors on summative evaluations. Additional preceptor evaluations of the resident 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 ASHP Entering Self-Assessment Form. The resident/RPD uses the above documents to create a customized training plan. The plan will be discussed and modified through a collaborative effort between the resident and RPD. Updates to the customized plan will be shared with residency preceptors.

Resident evaluations will be completed in PharmAcademic using the standardized scale below. Timely completion of evaluations is critical to ensure progression within the residency program. Evaluations are to be completed on time; residents who do not complete assigned evaluations as specified will be subject to corrective action.

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:
 - Significant misspellings
 - Patient names mentioned within document
 - Criteria-based qualitative feedback statements not utilized
- Signing an evaluation (both preceptors AND residents) indicates that the evaluation has been read and discussed

Evaluation Scale/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 residents

based on the following scale:

Rating Scale	Definition
Needs Improvement (NI)	<ul style="list-style-type: none"> 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)	<p>Resident is performing and progressing at a level that should eventually lead to mastery of the goal/objective</p> <ul style="list-style-type: none"> 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)	<ul style="list-style-type: none"> 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)*	<p>Resident consistently performs objective independently at the Achieved level, as defined above, across multiple settings/patient populations/acuity levels for the residency program</p>

*On a quarterly basis, the RPD will review all summative and quarterly evaluations completed for learning evaluations and assess the ratings rendered by preceptors for each objective assigned to be taught and evaluated.

Monthly Objective Tracking:

Patient care objectives (e.g., R1.1.1, R1.1.2, R1.1.3) will be evaluated in three or more learning experiences and may be considered for achievement (ACHR) if:

- The resident receives satisfactory progress (SP) on three separate evaluations of that objective.
- The resident receives achieved (ACH) on two separate evaluations of that objective. In this case, that objective will not be taught/evaluated again.

Non-patient care objectives: Practice Advancement (e.g., R2.1.1, 2.1.2), Leadership (e.g., R3.1.1, 3.1.2), and Teaching and Education (e.g., R4.1.1, 4.1.2) objectives may be achieved if the graduation requirements have been fulfilled (e.g., formulary monograph completed) and the resident achieves a satisfactory progress (SP) 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.

Development Plan

Incoming resident interests are identified and incorporated into the customization of

learning experiences. The resident's mastery of objectives will be evaluated monthly and/or quarterly. Development plans will be reviewed on a quarterly basis, at minimum. Objectives evaluated as NI require additional focus, and action items will be implemented to improve performance, which includes objectives being moved to future rotations as necessary.

Graduation Requirements/Residency Dashboard Required Updates

All deliverables are required to be uploaded into their respective locations in PharmAcademic, including Midyear poster, final written manuscript, all SafetyNet presentations, formulary subcommittee reviews, Grand Rounds, MUE's, screenshot of SafetyNet interventions, as well as any administrative projects, etc.

Graduation Requirements

Requirement	Date Achieved			
	Q1 Update	Q2 Update	Q3 Update	Final
Objective Achievement- <i>Minimum of 90% program-required objectives rated as Achieved for Residency, with no objectives marked with a final rating of NI</i>				
Successful completion of all required learning experiences with ≤ 1 objective rated NI				
Complete all assigned evaluations in PharmAcademic				
Complete Medication Use Evaluation and present at an appropriate committee meeting				
Complete at least one Patient Case, one Journal Club, and one Traditional presentation				
Complete formulary drug review and/or develop/revise treatment guideline/protocol and present at an appropriate committee meeting				
Present major research project at residency conference and/or other professional platform (e.g. national meeting, MSHP, Pharmacy Grand Rounds)				
Completion of manuscript of major project in publishable form, signed off by primary project preceptor				
Submit 15 reports in safety reporting system (e.g. safety, adverse drug reports)				
Complete teaching certificate program				
Complete at least 46 (90%) assigned weekend/evening shifts.				
Satisfy all attendance related and duty hour fulfillment and reporting requirements				
Upload all projects, presentations, work products required for graduation to PharmAcademic				
RPD Signature:				
Director of Pharmacy Signature:				

*The decision to award a Graduation Certificate from the MaineHealth Mid Coast Hospital Pharmacy Residency is Achievement of all Graduation Requirements as outlined above. The RPD, in consultation with the Director of Pharmacy, 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 MaineHealth Mid Coast Hospital 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	
MaineHealth/MHMCH Policies and Procedures including MaineHealth HR Related Policies	
MaineHealth Mission, Vision, and Values	
Resident Job Description and General Expectations	
Licensure Requirement	
Attendance, Duty Hour Reporting, and Moonlight Requirements	
Professional Meeting Attendance Reimbursement	
Resident Well-Being Education/Resources	
Protected Leave, Corrective Action, Concerns Resolution, and Resident Grounds for Dismissal	
Program Expectations	
Learning Experience Evaluation Strategies	
Graduation Requirements	
Resident Name:	Date:
Resident Signature:	

Table 1.

Learning Experience Type	Concentrated Experiences - hours <ul style="list-style-type: none"> • RPD Orientation to the Residency Program (4 hours) 			Block Learning Experiences – 5-6 weeks <ul style="list-style-type: none"> • Ambulatory Care • Internal Medicine • Critical Care • Emergency Medicine • Informatics/Medication Safety • Acute Care Electives (MH Maine Medical Center) • Pharmacy Practice Orientation 				Longitudinal Learning Experiences - 11 weeks <ul style="list-style-type: none"> • Medication Use Evaluation • Pharmacy Grand Rounds • Teaching Certificate Didactics - MCP • Teaching Certificate Seminar - MCP Other Longitudinal Experiences <ul style="list-style-type: none"> • Formulary Drug Review/Presentation (8 weeks) 				Longitudinal Learning Experiences - 45 weeks <ul style="list-style-type: none"> • Code Participation • Pharmacy Practice • Research Project • Antimicrobial Stewardship (30 weeks) 				
Which Evaluation	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

