MaineHealth

MHMMCP Pharmacy Residency Manual

2026-2027

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Introduction to MaineHealth Maine Medical Center Portland (MHMMCP)

Welcome

The Department of Pharmacy Services welcomes you to MHMMCP, our residency programs, and pharmacy team! 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 MHMMCP

MaineHealth (MH)/MHMMCP 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, 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/MHMMCP applicable to its employees, which may be found on the MHMMCP 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 Maine Medical Center Portland

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.

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 MHMMCP, 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 Infor CloudSuite, but is subject to revision and addendum in writing and/or in practice as deemed necessary by MHMMCP.

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 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

PGY1 pharmacy residents must apply for a Maine pharmacy intern license within 7 days of acceptance of MHMMCP pharmacy residency position. PGY2 pharmacy residents must apply for Maine pharmacy technician license within 7 days of acceptance of MHMMCP pharmacy residency position, unless already licensed as a pharmacist in Maine.

Residents must apply for pharmacist licensure within the state of Maine as soon as possible after receiving notification of passing required examinations. Application for pharmacist licensure must occur after intern or pharmacy technician license has been obtained.

As soon as a resident receives their Authorization to Test (ATT) from the Maine State Board of Pharmacy, both the North American Pharmacist Licensure Examination (NAPLEX) or Multistate Pharmacy Jurisprudence Exam (MPJE) 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 RPD of your scheduled test dates to ensure that training is minimally interrupted.

All residents are expected to 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 NAPLEX, MPJE, or both within 90 days of the beginning of the residency program, the RPD and Pharmacy Leadership may consider extending the residency to 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 an extension has been provided and the resident is still not licensed as a pharmacist at the end of the established extension, the resident will be dismissed. If the extension goes beyond 30 days, the resident may continue beyond their original residency end date provided budget and Director of Pharmacy approval. See Residency Extension section for more details.

Residency Extension

Extensions to the residency timeframe determined in post-match offer letters may be considered by the RPD and/or Director of Pharmacy if the department budget allows and other criteria are met. Extensions may be granted in instances of delayed licensure or prolonged protected leave beyond a cumulative 37 days. To be eligible for extension, residents must have achieved Satisfactory Progress or higher in at least 75% of evaluated objectives and have no documented corrective action. The maximum duration of residency extension would be 90 days.

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 the MaineHealth appearance policy for acceptable standards of workplace appearance. In general, dress should be professional and no open-toed shoes in patient care areas. Confirm dress expectations for rotation-specific activities with preceptor.

Office and Office Supplies

Residents will have use of 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, MHMMCP equipment during their residency, including, but not limited to computer hardware, software and systems, telephones. Residents are required to follow, at all times, MaineHealth/MHMMCP 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 MHMMCP's Intranet. Equipment must be returned to MHMMCP 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/MHMMCP 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 MHMMCP 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 use paid time off (PTO) judiciously. Any absence/tardiness/early leave from work will be handled according to applicable MaineHealth/MHMMCP policies and procedures, including but not limited to the MaineHealth Attendance Policy.

- Each resident is permitted to take up to 18 days of PTO per residency term.
- Upon completion of the residency program, a lump sum payout will be issued for any unused accrued PTO unless employment with MaineHealth continues.
- Any scheduled or unscheduled PTO days must be recorded in order to accurately reflect hours worked.

Scheduled PTO Procedures

- All scheduled 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.

Unscheduled PTO

- In the event of illness, the resident must notify both the RPD and the Rotation Preceptor prior to their scheduled shift and/or as early as possible. For unscheduled absences during weekend or holiday staffing, the charge pharmacist should also be notified. Emails do not constitute adequate notification. PTO hours are used to cover unscheduled absences from work. All unscheduled PTO will be handled per MH Attendance Policy.
- Residents are encouraged to take time off per MaineHealth Bereavement Leave Policy in event of the loss of an immediate family member (as defined in 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 workday, beyond the normal workday, 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.
- **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 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 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 the RPD finds duty hour violations upon review, the RPD will work with resident to identify contributing factors to non-compliance and to formulate a plan with the resident to ensure 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. Moonlighting outside of MaineHealth 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.
- In order to moonlight, residents must be hired into a per diem role at a MaineHealth location.
- 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 24 hours per week.

If a pharmacist believes the resident is exhibiting signs of fatigue (e.g. excessive yawning or sedation) during a moonlighting shift, the resident should be relieved of their duty. The identifying 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 program provides a continuous assessment of resident well-being; fosters a practice environment built upon a foundation of dignity and respect; and provides 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 protected time for resident bonding, and through a quarterly assessment (at minimum) of resident self-reflection and evaluation of well-being and resilience.

Monthly protected time involves the following:

- Residents will be dismissed from all residency-associated duties by 1400 on the 4th Friday of every month, excluding June and December.
- Residents may not stay at the hospital in official capacity after dismissal.
- Residents may not engage in any residency-related duties after dismissal.

The goal of our well-being and resilience program 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.

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 timekeeping 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, taxis, etc. accrued during MHMMCP approved conference time are reimbursable per Business Travel and Expense Reimbursement Policy. 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 leave policy 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.

- The resident will apply for leave as outlined in the policy.
- If the resident is away from the program beyond a cumulative 37 days, the residency may be extended. See Residency Extension section for more details.
- 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.
- Competencies missed include required learning experiences, required activities, completion requirements, and deliverables missed during a leave that exceeds the allowed time away.
- 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 may 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 along with external applicants.

Failure to Progress

For a resident failing to progress to meet the program's goals and objectives, a Performance Improvement Plan (PIP) as outlined in the MaineHealth Corrective Action Policy, may be utilized. The RPD will meet with the resident to outline performance concerns and develop a timeline for addressing performance.

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.

Examples of failure to progress may include "Needs Improvement" (NI) for the same objective on more than one summative evaluation, multiple NI's for a single summative evaluation, not meeting progression expectations during a learning experience, not meeting deadlines.

Corrective Action

The MaineHealth Corrective Action Policy (referenced above) outlines detailed Corrective Action procedures and provides examples of unacceptable conduct/performance.

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/MHMMCP'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 MHMMCP:

- **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 pharmacy technicians, interns, or pharmacists.
- 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 (if applicable to residency program).
- Advanced Cardiac Life Support (ACLS) certification and/or Basic Life Support (BLS) certification scheduled by ninety (90) days (if not already certified or applicable to residency program).
- Meet the requirements defined in MHMMCP'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 certain holidays per residency year to meet staffing commitment. Refer to program specific Appendix for an overview of staffing requirements.

Longitudinal Experiences

Refer to program specific Appendix for an overview of longitudinal experiences.

Research Project

Residents are expected to complete a project that will benefit pharmacy practice at MHMMCP 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. Resident will complete research deadlines as advised by resident research timeline. 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 completed by graduation. Research project progression will be evaluated by the project team. Lack of progression may warrant re-evaluation and possible reassignment.

Continuing Education Presentation

Residents are assigned one formal continuing education presentation (e.g., Pharmacy Grand Rounds). 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 at least 3 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 committee(s). 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 timetable 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 MHMMC 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(s) 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.

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 7 days 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 may be subject to corrective action.

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

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

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, and will be documented in PharmAcademic. Objectives evaluated as needs improvement (NI) 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 (R1 Objectives) evaluated in three or more evaluations may be considered for achievement if either of the following are met:

- The resident receives satisfactory progress (SP) or higher on three separate evaluations of that objective.
- The resident receives achieved (ACH) 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 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.

Graduation Requirements

Requirement	Date Achieved
Objective Achievement: Minimum of 90% program-required objectives rated as Achieved for Residency	
Complete all required learning experiences	
Complete all assigned evaluations in PharmAcademic	
Complete Medication Use Evaluation and present at an appropriate committee meeting	
Complete all assigned presentations as defined per program specific Appendix	
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 at least 5 reports in safety reporting system (e.g. safety, adverse drug reports) and perform dedicated follow through of at least 1 medication safety event	
Complete teaching certificate program (PGY1 only)	
Complete required patient care topic discussions per program specific Topic Appendix (PGY2 only)	
Complete assigned staffing shifts	
Upload all projects, presentations, and work products required for graduation to designated program folder and PharmAcademic	

*The decision to award a Graduation Certificate from the MaineHealth Maine Medical Center Portland 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.

_____ _____

Residency Program Director Date

_____ _____

Director of Clinical Services Date

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 Maine Medical Center Portland 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.

Manual Section	Initials
MaineHealth Policies and Procedures, including HR Related Policies	
MHMMCP Mission, Vision, and Values	
Resident Job Description and General Expectations	
Licensure Requirement	
Attendance, Duty Hour Reporting, Moonlighting	
Resident Well-Being and Professional Meeting Support	
Protected Leave, Bereavement Leave, Corrective Action, Concerns Resolution, and Grounds for Resident Dismissal	
Program Expectations	
Learning Experience Evaluation Strategies	
Graduation Requirements	

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Resident Name

_____ _____

Resident Signature Date