



THE UNIVERSITY OF KANSAS HEALTH SYSTEM

Department of Pharmacy

**PGY2 Infectious Diseases Pharmacy
Practice Residency Training
Supplemental Manual
2023-2024**

**THE UNIVERSITY OF KANSAS HEALTH SYSTEM
DEPARTMENT OF PHARMACY SERVICES
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Introduction:

Residency is an essential dimension of the transformation of the pharmacy student to the independent practitioner along the continuum of education. It is physically, emotionally, and intellectually demanding, and requires a concentrated effort on the part of the resident.

Developing the skills, knowledge, and attitudes leading to proficiency in all the domains of clinical competency requires residents to assume personal responsibility for the care of patients. The essential learning activity to providing medication management for patients under the guidance and supervision of preceptors and faculty members who give value, context, and meaning to those interactions. As residents gain experience and demonstrate growth, they assume roles that permit them to exercise those skills with greater independence.

Supervision in the setting of post-graduate pharmacy education has the goals of assuring the provision of safe and effective patient care; assuring each resident's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of pharmacy while establishing a foundation for continued professional growth.

Program Purpose and Overview:

The Post Graduate Year Two (PGY2) pharmacy residency programs build on Doctor of Pharmacy (PharmD) education and PGY1 pharmacy residency programs to contribute to the development of clinical pharmacists in specialized areas of practice. PGY2 residencies provide residents with opportunities to function independently as practitioners by conceptualizing and integrating accumulated experience and knowledge and incorporating both into the provision of patient care that improves medication therapy. Residents who successfully complete an accredited PGY2 pharmacy residency should possess competencies that qualify them for clinical pharmacist and/or faculty positions and position them to be eligible for attainment of board certification in the specialized practice area.

The PGY2 Infectious Diseases Pharmacy Practice Residency at The University of Kansas Health System (TUKHS) provides residents with the skills and knowledge to practice as a competent pharmacy practitioner in infectious diseases clinical practice; Antimicrobial stewardship is a secondary focus of the residency, with an emphasis on population management strategies throughout a large health system

The purpose of the residency is to provide educational and training experiences for pharmacists in the fundamentals of exemplary contemporary infectious diseases pharmacy practice in an integrated health care system. Through various clinical, practice management and pharmaceutical practice training segments, the residency instills a philosophy of practice that embraces the concept that pharmacists must be accountable for optimal drug therapy outcomes and act as leaders in advancing care of patients.

The specific program will be modified for each resident based upon the resident's goals, interests, and previous experience. However, all residents are required to complete learning experiences in core subject areas considered essential for the infectious diseases pharmacy practitioner. This includes time spent on various infectious diseases consultation services

Additional learning experiences aimed at producing a well-rounded pharmacist include the development and completion of a major research project, development of oral and written communication skills, participation in the system antimicrobial stewardship committee and development of associated policies, procedures, guidelines, or protocols. Upon successful completion of the program, trainees are awarded a residency certificate. See Appendix A for requirements for successful completion of residency.

The PGY2 Infectious Diseases Pharmacy Practice Residency is based upon American Society of Health-System Pharmacists (ASHP) standards for specialized pharmacy residencies and the ASHP Required Competency Areas, Goals, and Objectives for Postgraduate Year Two (PGY2) Infectious Diseases Pharmacy Residencies. The TUKHS PGY2 Infectious Diseases Pharmacy Residency Program centers on the development of the knowledge, attitudes and skills needed to become a well-rounded pharmacy practitioner in infectious diseases and antimicrobial stewardship with the ability to successfully practice in many different settings. It is assumed that the resident has already achieved a basic level of competence in institutional and clinical pharmacy practice, commensurate with that of a PGY1 Pharmacy Practice Residency. The PGY2 program for each resident may vary in structure and area of emphasis based upon the resident's entering level of knowledge, skills, and interests. In addition to meeting the requirements set forth in the "ASHP Accreditation Standard for Specialized Pharmacy Residency Training" the resident *must* have previously completed an ASHP-Accredited Pharmacy Practice Residency.

Residency Program Outcomes:

1. Manage and improve the medication-use process for patients with infectious diseases
2. Serve as the subject matter expert for optimal utilization of antimicrobial therapy in patients with complex infectious diseases
3. Optimize the outcomes of the care of individuals with infectious diseases by providing evidence-based, patient-centered medication therapy as an integral part of an interdisciplinary team.
4. Support the development and ongoing maintenance of an antimicrobial stewardship program.
5. Integrate combined expertise of physicians, nurses, infection preventionists and microbiologists into antimicrobial stewardship initiatives and clinical practice.
6. Contribute to the body of literature related to infectious diseases and antimicrobial stewardship through various scholarly activities.
7. Demonstrate excellence in the provision of training and educational activities for a wide variety of audiences
8. Maintain ongoing development of expertise and professionalism in the practice of infectious diseases.

The PGY2 Infectious Diseases Pharmacy Practice Residency is a twelve-month program. The program consists of learning experiences in infectious diseases consult services, clinical microbiology laboratory, and antimicrobial stewardship. Longitudinal learning experiences include antimicrobial stewardship, research, and teaching. Elective learning experiences permit the resident to expand abilities and skills in area(s) of interest; these will be developed and modified based on the needs of each individual resident.

For residents not completing a PGY1 Pharmacy Practice Residency at TUKHS, an orientation to the Department of Pharmacy Services will be required. The resident is expected to perform independently and demonstrate proficiency in clinical practice.

The resident obtains further training in a pharmacy practice experience (staffing). Equivalent to approximately every fourth weekend (22 days), the resident will gain experience and support the pharmacy department through service in an identified staffing area.

During the program, the resident must complete a self-directed research project to demonstrate proficiency in clinical research. The scope, magnitude and type of project may vary according to individual interests but must be completed in a manner suitable for presentation and publication. A final written paper that will be submitted for publication is required to complete the requirements of the residency program. See Appendix A for a complete list of requirements for successful completion of the residency program.

The teaching component of the program enables the resident to develop skills necessary to provide education to various healthcare providers as well as the general population through a variety of different modalities. This includes formal continuing education accredited programs, facilitation of experiential education and opportunities to educate students through the college of pharmacy. Facilitation of a session in the infectious diseases elective for Doctor of Pharmacy students at the University of Kansas School of Pharmacy is expected. The resident will also participate and lead discussions for other learners on clinical learning experiences. The resident will co-precept one Doctor of Pharmacy student when available.

Upon completion of the specialized residency program, the resident will possess skills and competency to be a specialist in infectious diseases clinical pharmacy practice and a leader in antimicrobial stewardship efforts. Through application of the experiences accumulated during the 12-month period, the resident should be able to develop and implement new and improved clinical pharmacy services to ensure quality care for patients with complicated infectious diseases.

Administration of the Program:

Consistent with the commitment of the hospital and the Department of Pharmacy, several individuals play key roles in the facilitation of the PGY2 residency program.

Infectious Diseases Pharmacy Residency Program Director (RPD)

The Residency Program Director (RPD) has authority and accountability for the operation of the program. The RPD will meet with the resident and create the resident's customized plan for the residency and will also be responsible for updating the plan quarterly with input from the residency advisory committee, resident coach and infectious diseases pharmacists.

Preceptors

The preceptor is responsible for reviewing the learning experience description with the resident at the beginning of each learning experience. The preceptor is expected to provide feedback to the resident in a timely and effective manner throughout the course of the learning experience and complete assigned evaluations.

Preceptors must meet ASHP requirements and demonstrate ongoing contribution to infectious diseases clinical pharmacy practice through development of clinical services, policies, protocols, and institutional service. Ideally, preceptors should demonstrate scholarship by publication of original research, presentations at local, regional, or national professional and scientific meetings.

Infectious Diseases Pharmacy Residency Advisory Committee

The multidisciplinary committee serves to maintain the quality and consistency of the infectious diseases pharmacy residency program with the input of the programs' preceptors. Members of the committee contribute to the development of the resident's development through contribution to the customized development plan. Members identify opportunities for ongoing quality improvement to contribute to the development of the residency program.

Customized Residency Plan:

Consistent with ASHP residency standards, each pharmacy resident completing the training program shall have an individual customized plan for development.

The RPD, preceptors and residency advisory committee infectious diseases pharmacy team assume a role to mentor the resident and assist in the decision process for the resident. Within the framework of ASHP resident standards and the administrative guidelines of the program the resident is encouraged to assume ownership of their training experience.

Residents should perform ongoing self-reflection that is communicated with the RPD through discussion and written evaluations. This information will be used by the RPD to create a customized development plan which may be reviewed by the residency advisory committee. The plan considers each resident's entering knowledge, skills, attitudes, abilities, and interests; the development plan will serve as the resident's roadmap to successfully accomplishing customized goals. Residents' strengths and weaknesses will be accounted for by incorporating specific learning activities to facilitate development. The plan will account for each resident's specific interests while not interfering with the achievement of the program's educational goals and objectives. The RPD will meet with the resident at least quarterly to review and update the development plan.

Required, Elective, and Longitudinal Learning Experiences:

Learning Experience Schedule:

A 12-month schedule of the resident learning experiences provides a framework for structured learning activities. Required and elective learning experiences may be modified based on the resident's interests and previous experience.

Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self – evaluation and life – long learning. Residents are expected to develop skills and habits to be able to meet the following goals:

- Identify strengths, deficiencies, and limits in one's knowledge and expertise
- Set learning and improvement goals
- Identify and perform appropriate learning activities

- Systematically analyze practice using quality improvement methods and implement changes with the goal of practice improvements
- Incorporate formative evaluation feedback into daily practice
- Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems and medication management needs
- Use information technology to optimize learning
- Participate in the education of patients, families, students, residents, and other health care professionals
- Communicate effectively with physicians, other health professionals, patients
- Act in a consultant role to other members of the health care team

Organized learning experiences provide the structure of resident training in specialized areas of pharmacy practice. The resident is expected to consider the goals and objectives for each learning experience as a foundation for their experience.

Residents are expected to perform independently and demonstrate proficiency in their learning experiences. The residency preceptor provides guidance and assistance to the resident and ensures that the goals set forth by the resident and the program goals are met. The preceptor also provides the resident with frequent evaluation of their progress, including a written evaluation after the learning experience.

Frequent, clear communication is the key to a successful resident/preceptor relationship. To maximize the learning experience, the resident is expected to, in a timely manner, personally inform the preceptor of all absences, schedule conflicts, or concerns that might arise during the month. It is at the discretion of the preceptor to allow such conflicts. Residents are also required to prepare for topic discussions, read materials in a timely fashion, and perform all other tasks as assigned by the preceptor.

One week prior to the start of each learning experience, the resident will contact the learning experience preceptor to arrange for a pre- learning experience meeting. At this pre- learning experience meeting, the resident will provide the preceptor with the following:

- Schedule or list of meetings and other commitments the resident has for the month that will require time away from the learning experience. This includes scheduled PTO
- Learning experience-specific goals

Learning Experiences:

Required Learning Experiences (8)
Orientation
Infectious Diseases Consult Service (2)
Transplant Infectious Diseases Consult Service
Advanced Infectious Diseases with Precepting
Clinical Microbiology Laboratory
Antimicrobial Stewardship, Clinical
Antimicrobial Stewardship Program Administration
Electives (4)
Required Longitudinal Learning Experiences
Antimicrobial Stewardship
Research
Inpatient Pharmacy Departmental Service
Elective Learning Experiences (4)*
Medical Intensive Care Unit
Hematology/Oncology
Blood and Marrow Transplantation
Human Immunodeficiency Virus Clinic
Outpatient Infectious Diseases Clinic
Internal Medicine
*Additional learning experiences may be developed in addition to those listed based on the needs and interests of the resident

Inpatient Pharmacy Departmental Service (Staffing):

Consistent with the ASHP residency standards, each resident will complete a pharmacy practice component of the residency program. Although often referred to as “staffing” this practice component represents another learning opportunity within the framework of the residency program. Equivalent to approximately every fourth weekend, the resident will gain experience and support the pharmacy department through clinical service in an identified staffing area.

This experience is crucial to the development of practice skills. The resident will gain proficiency, confidence and understanding of procedures:

- Distribution and clinical skills
- Operational competency
- Identify improvement opportunities for medication safety and operational processes

General

1. Each resident will work approximately every fourth weekend as designed by weekend schedule provided at the beginning of the residency.
2. The resident will adhere to the scheduling policy for the pharmacy department. The most recent version is available with health system policies.
3. Exceptions or modifications may be made to the weekend staffing schedule without requirement of making up missed time. This includes the Kansas Council of Health System Pharmacy Annual Meeting, ASHP Midyear and regional residency conference.

Antimicrobial Stewardship Longitudinal Responsibilities:

The resident will be expected to attend various meetings throughout the year. Such meetings may be longitudinal responsibilities or learning experience specific as assigned by the primary preceptor. It is the responsibility of the resident to communicate any required meetings with preceptors at the beginning of the learning experience.

Antimicrobial Stewardship Planning Meetings

The infectious diseases pharmacy resident will attend monthly meetings related to planning content for antimicrobial stewardship subcommittee meetings. This includes immediate needs and long-term strategic discussion. The resident will be expected to actively participate in the meetings and record meeting minutes as assigned.

Antimicrobial Stewardship Subcommittee Meetings

The infectious diseases pharmacy resident will attend monthly meetings for the antimicrobial stewardship subcommittee of the pharmacy and therapeutics committee. The purpose of this meeting is to discuss antimicrobial related practice needs, share related metrics and review protocols or guidelines related to antimicrobial use. The resident will actively participate in meetings and record minutes as assigned. The resident will be expected to prepare content and co-lead a meeting with the medical director at least once during the year.

Residency Research Project:

Each resident is required to complete a research project directed at enhancing personal and professional growth while benefiting the pharmacy department through innovative changes in the way pharmacy is practiced. This project may be in the form of original research, development, enhancement, or evaluation of some aspect of pharmacy services.

Each resident must develop or select an existing clinical research project. Final selection of research project will guide the assignment of the longitudinal research preceptor. This preceptor will serve as the primary co-investigator throughout the year. Other co-investigators may be solicited if needed, keeping in mind the intent of the project is to develop and strengthen the resident's independent practice and investigation skills.

A formal research proposal must be submitted to the research preceptor for evaluation and approval. Other preceptors, at the discretion of the RPD, may also be asked to evaluate the proposal for feasibility. The resident's primary research preceptor must review and approve the proposal prior to IRB submission. Throughout the year, the primary research preceptor shall ensure that the resident is completing the research project according to the established objectives, procedures, and established timeframe.

All residents, preceptors, and co-investigators are required to complete online IRB training prior to submitting a research protocol. Training is available through the University of Kansas Medical Center. The certificate of completion should be submitted with the protocol and printed and saved.

Each resident, in coordination with their primary project preceptor, is responsible for securing

required approvals for their project. This includes, but is not limited to, Pharmacy Information Technology (IT), review by a statistician, Institutional Review Board (IRB)/Human Subjects Committee (HSC) submission and review (if applicable), or other groups as needed.

All projects shall be directed toward useful outcomes and not merely be an academic exercise for the sole purpose of satisfying this requirement. The purpose of the resident project is to develop the resident's problem-solving skills and to expose the resident to research methods while addressing an issue or area in need of study, development, or evaluation.

The topic should be one of interest to the resident and of value in the provision of pharmaceutical care or to the department in provision of services. Finally, the resident project should be selected with the intent of submitting the written results for publication in an appropriate peer-reviewed professional journal.

Each resident will present his/her research project at the Midwest Residency Conference (or equivalent meeting). Each resident will be required to have at least one practice presentation to the infectious diseases clinical pharmacists in preparation for this presentation. The resident shall be responsible for coordination of this practice session.

The final paper and poster, approved by the primary research preceptor, should be reviewed for final approval by the RPD. The manuscript should follow the guidelines and requirements for the submission of manuscripts established by the American Journal of Health-System Pharmacist or other peer review journal intended for submission. The poster should be completed according to the guidelines of the meeting in which it is to be presented.

The resident should make every effort to complete their project according to the deadlines provided. Failure to meet deadlines for the interim steps should be discussed with the project's primary research preceptor and RPD. The residency certificate will be withheld until ALL requirements are successfully completed.

Research Project Goals:

1. Expose the resident to the mechanics of research methodology
2. Provide experience in directing and conducting an original research project from beginning to end
3. Create and submit a professional poster for presentation at a local or national meeting.
4. Familiarize residents with the process for submission of original research for publication in a peer-reviewed pharmaceutical or medical journal
5. Promote research in infectious diseases, antimicrobial stewardship, and clinical pharmacy practice

Evaluation Methods and Definitions:

Evaluation is an integral part of the residency program. The learning goals and objectives of the various aspects of the residency are taught and evaluated using PharmAcademic.

Resident performance will be evaluated in a timely manner during each learning experience or similar education assignment. An evaluation must be completed in the RLS by the resident and preceptor **within 7 days** of the conclusion of the learning experience. Written evaluations should be submitted only after a verbal feedback session has occurred between the resident and primary preceptor.

The evaluation will include objective assessments of competence in patient care, pharmaceutical knowledge, practice – based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.

Program leaders will then use multiple evaluators to document progressive resident performance and provide the resident with documented semi-annual evaluation of the performance. The evaluations of the resident performance will be accessible for review by the resident, in accordance with policy.

Resident Portfolio:

Residents are expected to save all residency related documents to the pharmacy share drive and resident portfolio in PharmAcademic as outlined in Appendix A: Checklist for residency completion. Inclusion of additional documents or deliverables may be required to be included at the discretion of the RPD.

Teaching Opportunities:

The establishment of a teaching requirement is an effort to ensure that the resident develops competency in teaching and training health care professionals and students. Ideally, the resident should have a significant amount of experience in all areas of education, while at the same time accomplishing this with a minimal amount of time away from learning experience activities. However, it is expected that all residents will complete the residency and core objectives for teaching experiences.

Co – Precepting of Students

The resident will have the opportunity to interact with and co-precept APPE students or PGY1 pharmacy residents throughout various learning experiences. Residents will be encouraged to serve as primary co-preceptor to an APPE pharmacy student in the last half of the year. The resident will also be expected to lead and participate in various topic discussions for other learners.

University of Kansas School of Pharmacy Infectious Diseases Elective

Residents will have the opportunity to facilitate a case-based learning curriculum in the fall semester in conjunction with the school of Pharmacy infectious diseases faculty members. The resident will be expected to present at least one session and be available in person or via teleconference for student case presentations (4 per year). This experience may be customized depending on the resident's interests and goals.

Infectious Diseases Division Educational Opportunities

The resident will be expected to provide presentations during infectious diseases division learning experiences. This includes at least one of the pharmacy designated journal clubs and microbiology teaching rounds.

Infectious Diseases Division Educational Opportunities

The infectious diseases division has a variety of educational opportunities. The resident will attend meetings as able or as assigned by the RPD or primary preceptor. Sessions include, but are not limited to:

1. Patient Case Conferences
2. Journal Club
3. Core Lectures
4. Microbiology Rounds

Required Resident Presentations and Formal Educational Programs:

Residents are required to present a minimum of two continuing education programs. General expectations for formal presentations include, but are not limited to, the following:

- Topic selection should be approved by the designated primary preceptor.
- The resident will be required to have a practice session with the RPD and preceptor prior to the presentation.
- The resident will be evaluated by the audience followed by a formal discussion with the RPD and preceptor.
- Residents will be responsible for developing and adhering to a realistic timeline. Residents should communicate this timeline to the primary preceptor.

Formulary Management and Medication Use Evaluations Projects:

The resident will be required to create or update an existing antimicrobial medication or diagnostic test related guideline, protocol, policy, drug class review, and/or monograph. As schedule allows, the resident will be responsible for education and implementation of their project.

Scheduling:

Please refer to the health system manual for details regarding scheduling and utilization of paid time off according to hospital and pharmacy department policies.

Exceptions

Residents may be excused from learning experiences above and beyond the 3-day limit for select professional functions including, but not limited to ASHP Midyear, infectious diseases pharmacy conferences, regional residency conference and pharmacy annual state meeting. Extended paid time off requests in special circumstances may be evaluated by the RPD. Resident progress on assigned projects, performance on current learning experience and status of required objectives (ACHR, ACH or SP) will be objectively considered for extended PTO requests. Residents must arrange for staffing coverage if scheduled weekends conflict with required professional events. Residents may be expected to trade or make up any missed staffing time.

Duty Hours and Moonlighting:

Detailed information regarding duty hours and moonlighting for residents is outlined in the health system pharmacy manual. Residents are expected to adhere to Pharmacy Specific Duty Hours Requirements for the ASHP Accreditation Standard for Pharmacy Residencies.

Residency Benefits:

Residents are expected to abide by the TUKHS policies relating to attendance and timeliness, paid time off (PTO), Family Medical Leave (FMLA), and Bereavement. These policies are available as appendices in the health system manual. Additional information related to residency benefits is available in the health system manual.

Additional benefits for Infectious Diseases PGY2 Residents are discussed below.

- Staffing compensation days
 - ❖ The resident will be eligible for one compensation day per learning experience (excluding orientation and the learning experience that falls over the ASHP Midyear Clinical Meeting) to offset service provided during the staffing learning experience. This must be approved by the RPD and learning experience preceptor. Compensation days will count toward the maximum of 3 days off per learning experience.
- Research days
 - ❖ The resident may request one research day per quarter to be used for projects assigned by the residency program. This must be approved by the RPD and learning experience preceptor. Research days will count toward the maximum of 3 days off per learning experience.

Candidate Selection and Interview Process:

Early Commitment Process

The process for early commitment is outlined in the health system pharmacy residency manual. The deadlines established in the Early Commitment Process are consistent with ASHP guidelines for the residency match process each year.

External Candidates

Application Requirements

- PhorCAS application
- Applicant CV
- Applicant Letter of Intent
- Three (3) letters of recommendation
- Health System Application for Employment

Application Review Process

- Applications must be submitted in their entirety. All components noted above are evaluated and included in the final application score.
 - Candidates with incomplete applications may be contacted to request completion of outstanding application items within 48 hours.
- The RPD and pharmacist preceptors provide objective scores for each candidate
 - The RPD reviews all applications
 - Applications will be evaluated and scored by 2 individual reviewers
- Applicant scores are averaged based on each component reviewed (CV, letter of recommendation and letter of intent) as well as the overall application score. Candidates with the top scores are typically invited to interview. Exceptions include:
 - Applicants that had a particularly positive or negative experience on learning experience or through recruiting events based on preceptor feedback.

Interview Evaluation and Rank Process

- Candidates will participate in two formal interview sessions and 4 multiple mini-interviews (MMIs) with pharmacist preceptors.
 - Each interview group may have between 1 and 4 interviewers
- Interview sessions will have 5 categories on which to assess and score the candidate for a total of 20 points.
 - Scores are averaged among interviewers to create an overall interviewer score.
- Multiple mini-interviews include 4 scenarios led and assessed by a pharmacist preceptor.
 - Each preceptor will score a candidate's MMI on a scale of 1 to 4.
 - Scores for each MMI session will be added to determine a final MMI score (maximum of 16 points)
 - The MMI scores will be added to the averaged interview scores to generate an overall interview score.
- Applicants are reviewed based on their overall score.
 - Discussion among interviewers will take place to determine the final rank order list.
 - This includes discussion candidate characteristics that cannot be scored in the interview session including previous experience with preceptors and interactions outside of the formal interview sessions.
- Preceptors are asked to provide their overall impression of the candidate, and this may be used to determine the final ranking position for candidates with similar interview scores.
- The RPD has final decision over the rank list submitted.

It is the policy of the University of Kansas Hospital to provide equal employment opportunities without regard to race, color, religion, national origin, sex, age, or handicap. This standard will be maintained when recruiting residency candidates.

After match results are released and if a residency position remains open, the program-specific Residency Advisory Committee will meet as needed to assess potential candidates. Application and interview procedures for the second match (Phase II) will be followed similar to Phase I review process and are noted in the Health System Residency Manual.

Appendix A. Requirements for Successful Completion of Residency:

Checklist for Completion of Residency

The following items must be completed by the resident and reviewed with the residency program director or designee prior to issuance of the residency certificate.

- 80% residency goals marked as “achieved” during the residency
- All evaluations completed and submitted
- Checklist of required clinical topics completed in PharmAcademic
- All final draft documents and examples of deliverables below uploaded into PharmAcademic portfolio
- Hospital issued items returned including ID badge, office keys and laptop

Deliverables

- Example of contributions to antimicrobial stewardship program including evaluation of processes and outcomes
 - Meeting agenda and/or meeting minutes
 - Preparation or revision of antimicrobial treatment guideline
 - Documents related to assessment or presentation of antimicrobial stewardship process and outcomes
 - Formulary monograph, drug class review or other evaluation of formulary management
- Completion of two accredited continuing education programs
 - Presentation materials
 - Evaluations, when available
- Medication Use Evaluation or equivalent
- Electronic copy of poster presentation(s)
- Manuscript in final form prepared for submission

By signing this form, I acknowledge that all the above requirements for the completion of the residency program have been met and saved in the appropriate location.

Resident Signature

Date

Program Director Signature

Date

Appendix B. Important Dates and Deadlines:*

Date**	Item
July 13,2023	First day of residency
July 24, 2023	Meet with RPD to create individual customized plan
August 14, 2023	Deadline for residents to choose project (otherwise project is assigned by RPD)
September 15, 2023	Longitudinal Antimicrobial Stewardship Project Selected
September 2023 (Date TBD)	Greater Kansas City Resident Research Day
October 6, 2023	Quarterly Evaluations: -Individual Customized Plan (done by RPD) -Longitudinal Learning Experiences
January 5, 2024	Quarterly Evaluations: -Individual Customized Plan (done by RPD) -Longitudinal Learning Experiences Review of Resident portfolio in PharmAcademic
April 5,2024	Quarterly Evaluations: -Individual Customized Plan (done by RPD) -Longitudinal Learning Experiences
May 2024 (Date TBD)	Regional residency research conference presentation
June 14, 2024	Final manuscript due to project preceptor and RPD
June 2024 (Date TBD)	Residency Banquet
June 30, 2024	Quarterly Evaluations: -Longitudinal Learning Experiences Review of resident portfolio in PharmAcademic Review of completed and outstanding deliverables
July 12, 2024	Last day of residency Complete and sign checklist for completion of residency

*Dates are pending for 2023-2024 year and will be updated as additional information is available

**Dates listed in the table above are subject to change at the discretion of the RPD and associated changes in conference or departmental schedules