



THE UNIVERSITY OF KANSAS HEALTH SYSTEM

Department of Pharmacy Services

**PGY2 Infectious Diseases
Supplemental Residency Manual
2025-2026**

**THE UNIVERSITY OF KANSAS HEALTH SYSTEM
DEPARTMENT OF PHARMACY SERVICES
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Residency Program Overview and Leadership

Program Purpose

Residents at The University of Kansas Health System (TUKHS) contribute to the health system's vision to lead the nation in caring, healing, teaching, and discovering. The postgraduate year 2 (PGY2) infectious diseases (ID) pharmacy residency program builds 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. Specific to the PGY2 ID pharmacy residency program at TUKHS, these include clinical infectious diseases pharmacy practice and antimicrobial stewardship program (ASP) management. Residents who successfully complete the residency program are prepared for advanced patient care or other specialized positions and board certification.

Developing the skills, knowledge, and attitudes leading to proficiency in all domains of clinical competency requires residents to assume personal responsibility for the care of patients. An essential learning activity is to provide medication management for patients under the guidance and supervision of preceptors 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 and promoting 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 Description

The PGY2 ID residency at TUKHS is a 12-month program designed to provide residents with robust learning experiences in the management of clinical infectious diseases and ASP practices. Longitudinal responsibilities include participation in the antimicrobial stewardship program, research, and inpatient pharmacy staffing.

As a member of the ID/ASP pharmacist team, the PGY2 ID resident works closely with the ID physicians and fellows, particularly the ASP medical directors. Additionally, the ID/ASP pharmacist team rotates coverage of 10 general and specialty consult services which manage a diverse patient population, including general services for patients with complex conditions and infections such as cystic fibrosis, human immunodeficiency virus, and mycobacterial infections. Specialty consult services care for patients with hematologic malignancies and cellular therapeutics, blood and marrow transplants, and solid organ transplants.

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 appropriate for presentation and publication. A final manuscript suitable 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 resident will obtain further training in a required longitudinal learning experience known as inpatient pharmacy departmental service, commonly referred to as staffing. Equivalent to approximately every fourth weekend, the resident will gain expertise while supporting the pharmacy department through service in an assigned area.

Upon completion of the 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.

Program Leadership

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

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 and, if applicable, the resident's coach.

Preceptors

Preceptors are responsible for reviewing the learning experience description with the resident at the beginning of each learning experience. They provide guidance and assistance to the resident and ensure that the goals set forth by the resident and the program are met. Frequent evaluation of the resident's progress is discussed with the resident, including a written evaluation after the learning experience.

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.

Residency Advisory Committee

The committee serves to maintain the quality and consistency of the PGY2 infectious diseases pharmacy residency program with the input of the programs' preceptors. Members of the committee impact the development of the resident's progress through contribution to the customized development plan. Members identify opportunities for ongoing quality improvement to contribute to the development of the residency program.

Standard 1: Recruitment and Selection of Residents

See the PGY1 & PGY2 Programs Residency Manual.

Standard 2: Program Requirements and Policies

See the PGY1 & PGY2 Programs Residency Manual and/or pharmacy department policies for information regarding the select ASHP Accreditation Standards below.

- 2.2 Time allowed away from the program
- 2.3 Duty hour requirements
- 2.4 Requirements for licensure
- 2.6 Residency remediation/disciplinary/dismissal policies
- 2.7 PGY2 program verification of completion of PGY1 program
- 2.8 Residency information and policies provided to residency candidates at the time of an interview

Additional details specific to the PGY2 infectious diseases program are noted in Appendix A: Requirements for successful completion of residency. These include the items below.

- 2.5.a: Minimum threshold of residency goals marked as "achieved" during the residency
- 2.5.b: List of required deliverables related to educational objectives

Benefits, Scheduling, PTO, and Additional Time Allowed Away from the Program

See the PGY1 & PGY2 Programs Residency Manual and/or pharmacy department policies for information regarding benefits, attendance, paid time off (PTO), Family Medical Leave (FMLA), bereavement, and more.

Inpatient Pharmacist Schedule

A drafted temporary inpatient pharmacist schedule will be regularly released electronically with a deadline on adjustments/changes. Pharmacists, including residents, are responsible for reviewing information on the schedule and will communicate discrepancies to their supervisor prior to the final schedule being released. The final schedule and any changes or trades will be posted electronically.

PTO Requests and Approval

The resident must submit PTO requests to the RPD at least 5 days in advance of the requested PTO date unless otherwise discussed. If approved, the RPD will update the inpatient pharmacist schedule accordingly and the resident will send a PTO calendar reminder to the RPD and learning experience preceptor. Residents must work with preceptors to make up required learning opportunities missed while on PTO. Residents should not make final travel arrangements until final approval for PTO is received. The resident is responsible for arranging coverage of any staffing during their approved PTO time by trading with another pharmacist and in discussion with the RPD and the learning experience preceptor, if applicable.

PTO is not used to attend residency required events. However, if the resident attends such an event for a duration longer than required by the residency program, PTO must be used and approved in advance. If the resident is ill and unable to report to work, the resident must notify the RPD and the learning experience preceptor as soon as possible and at least 1 hour prior to the accepted start time via written communication (i.e., email, text message).

Staffing Compensation Days

The resident will be eligible for one compensation day per learning experience to offset staffing shifts within the inpatient pharmacy departmental service learning experience (excluding the orientation learning experience). This must be approved by the RPD and learning experience preceptor. The calculation of time away from the program does not include staffing days nor are compensation days for staffing shifts counted in the calculation.

Standard 3: Structure, Design, and Conduct of the Residency Program Learning Experiences

Practice-Based Learning and Improvement

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, and 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. The demonstration of proficiency and growing independence are expected as each learning experience progresses.

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 to two weeks 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 meeting, the preceptor and resident should be prepared to discuss the following:

- Associated learning experience description document, activities, expectations, and evaluations found in PharmAcademic
- Clinical service, team, and daily preceptor and resident responsibilities
- Selected resident-specific goals, projects, topic discussions, or other activities for the learning experience
- Resident expectations to be met by the end of the learning experience related to:
 - Clinical and/or transitions of care responsibilities (if applicable)
 - Assisting with other resident/student precepting that the preceptor generally covers on the shift (if applicable)
- Resident schedule or list of meetings and other commitments requiring time away from the learning experience

Additional items that may be discussed at this meeting include but are not limited to learning experience dress code and hours, meeting times, work location, and any additional preceptor expectations of the resident as well as resident expectations of the preceptor.

Example resident-specific goals for a learning experience:

- Identify effective methods for evaluating quality improvement opportunities
- Learn the tools and resources needed to care for patients with a specific infection
- Gain skills to expertly dose patients requiring complex medications

Learning Experiences Offered

Residents are expected to complete 9 required learning experiences, 3 longitudinal learning experiences, and 4 elective learning experiences.

Orientation is a 2-4 week learning experience which orients residents to the health system and departmental policies, procedures, manuals, and more. This learning experience may be customized to each resident based upon whether they completed a PGY1 Pharmacy Practice Residency at TUKHS or completed an equivalent PGY1 residency elsewhere.

During those learning experiences that are scheduled a second time (e.g., General Infectious Diseases 2 and Clinical Antimicrobial Stewardship Program 2), residents are expected to mostly function autonomously with minimal preceptor oversight. The goals of this opportunity are to:

- Broaden clinical knowledge
- Develop rapport with multidisciplinary staff
- Foster time management skills
- Display competency in independent practice

- Practice independently by owning the service and responsibilities of the shift
- Expand teaching and precepting skills (if applicable)

Elective learning experiences will be chosen by the resident based on discussion between the resident, the RPD, RAC, and any other appropriate preceptors.

Required Learning Experiences (9)	Number of Weeks
Orientation	2-4
General Infectious Diseases Consults 1	3-5
General Infectious Diseases Consults 2	3-5
General Infectious Diseases Consults with Precepting	3-5
Transplant Infectious Diseases Consults	3-5
Clinical Antimicrobial Stewardship Program 1	3-5
Clinical Antimicrobial Stewardship Program 2	3-5
Antimicrobial Stewardship Program Administration	3-5
Clinical Microbiology Laboratory	3-5
Elective Learning Experiences (Choose 4) *	
Clinical Pharmacokinetics/Pharmacodynamics	2-4
Human Immunodeficiency Virus Clinic	2-4
Outpatient Infectious Diseases Clinic	2-4
Allogeneic Blood and Marrow Transplant	2-4
Solid Organ Transplant	2-4
Medical Intensive Care Unit	2-4
Internal Medicine	2-4
Required Longitudinal Learning Experiences	
Longitudinal Antimicrobial Stewardship Program	52
Research	52
Inpatient Pharmacy Departmental Service	52, 8-hour shifts every 4 th weekend
*Other elective learning experiences may be chosen and/or developed based on resident interest and preceptor availability (e.g., Transplant Infectious Diseases Consults 2, General Infectious Diseases Consults 3).	

Longitudinal Learning Experiences

Longitudinal Antimicrobial Stewardship Program

The resident will be expected to attend and participate in various meetings throughout the year. These include ASP subcommittee, ASP planning, and ASP task force meetings. It is the responsibility of the resident to communicate any required meetings with preceptors at the beginning of the learning experience.

Antimicrobial Stewardship Program Subcommittee Meetings

The resident will attend monthly meetings for the antimicrobial stewardship program subcommittee of the pharmacy and therapeutics (P&T) committee. The purpose of this meeting is to discuss antimicrobial-related practice needs, share related metrics, and review and approve 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.

Antimicrobial Stewardship Program Planning and Task Force Meetings

The resident will attend meetings related to planning content for antimicrobial stewardship program subcommittee meetings. These include immediate needs and long-term strategic discussion. The resident will be expected to actively participate in the planning meetings and may record meeting minutes as assigned. The resident may also choose a specific task force

based on clinical interest in which to participate and serve as an active member. This allows the resident to gain additional exposure to various longitudinal initiatives within a health system-wide ASP. Task Forces of the ASP may include but are not limited to Ambulatory ASP, Diagnostics and Infection Prevention & Control, Emerging Pathogens, Pharmacy, Transplant ID ASP, and Vaccines.

Research

Each resident is required to complete a research project directed at enhancing both personal and professional growth. This includes developing the resident's problem-solving skills and exposing the resident to research methods while addressing an issue or area in need of study, development, or evaluation benefiting the department of pharmacy services. This project may be in the form of original research, enhancement, or evaluation of an aspect of pharmacy practice. Final selection of the research project will guide the assignment of the primary research preceptor. This preceptor will serve as the primary co-investigator throughout the year. Additional co-investigators may be solicited as appropriate.

A formal research proposal must be submitted to the primary 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 primary research preceptor must review and approve the proposal prior to IRB submission. Throughout the year, the primary research preceptor shall ensure the resident is completing the research project according to the established objectives, procedures, and timeframe.

The resident and all 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 saved. The resident, in coordination with the primary project preceptor, is responsible for securing required approvals for their project. This includes, but is not limited to, Pharmacy Information Technology (IT), a statistician, Institutional Review Board (IRB)/Human Subjects Committee (HSC) submission and review (if applicable), or other groups as needed.

The resident will prepare their research project for presentation at an appropriate local, regional, and/or national residency or antimicrobial stewardship-related conference. If meeting attendance and financial support are approved and available for the resident to submit their research to a conference, the resident will be required to have at least one practice presentation to the ID/ASP pharmacy team in preparation for this presentation. The resident shall be responsible for coordination of this practice session.

A final manuscript and presentation, approved by the primary research preceptor, should be reviewed for final approval by the RPD. The manuscript should follow the guidelines and requirements for submission established by the targeted peer-reviewed journal. 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 primary research preceptor and RPD. The residency certificate will be withheld until ALL requirements are successfully completed.

Longitudinal Research 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 a professional presentation to be delivered at a local, regional, and/or national meeting, if meeting attendance and financial support are approved and available per department of pharmacy services leadership
4. Familiarize residents with the process for submission of original research for publication in a peer-reviewed journal
5. Promote research in infectious diseases, antimicrobial stewardship, and clinical pharmacy practice

Research days

- One week (5 business days) will be allotted specifically for research in the early springtime (e.g., March or April) to help the resident finalize the research project(s) and prepare for submission to approved local, regional, and/or national conferences.
 - These research days will not count toward the maximum of 3 days away from the program per learning experience
- The resident may request one research day per quarter to be used for projects assigned by the residency program. These days must be approved by the RPD and learning experience preceptor.
 - These research days will count toward the maximum of 3 days away from the program per learning experience
- Conference attendance and financial support
 - See the PGY1 & PGY2 Programs Residency Manual

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, monograph, and/or associated order set as part of their longitudinal research learning experience. Additionally, a formal medication use evaluation project is to be completed in the 1st half of the residency program. As the schedule allows, the resident will be responsible for education and implementation of their project(s).

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. This experience is crucial to the development of practice skills. Each resident will staff approximately two 8-hour shifts every 4th weekend as designed by the inpatient pharmacist schedule. The resident will generally work 2-3 holidays. These include working either the Thanksgiving weekend or Christmas day as well as 1-2 additional holidays (see the health system policies for observed holidays). Additional 1-2 compensation days for working either the Thanksgiving or Christmas holiday may be granted upon department needs and discussion with RPD.

The resident will gain proficiency, confidence, and understanding of procedures in the following areas during the inpatient pharmacy departmental service learning experience:

- Clinical (including antimicrobial stewardship) and distributional skills
- Operational competency
- Identify improvement opportunities for medication safety and operational processes
- Personnel management and leadership skills

Evaluation of the Resident

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. See the PGY1 & PGY2 Programs Residency Manual for evaluation definitions.

Resident performance will be evaluated in a timely manner during each learning experience or similar education assignment. An evaluation must be completed in PharmAcademic 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 learning experience preceptor(s) during which each individual's written evaluations are compared and discussed. 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. The evaluations of the resident performance will be accessible for review by the resident, in accordance with policy.

Customized Residency Plan

Consistent with ASHP residency standards, each pharmacy resident completing the PGY2 ID program shall have an individual customized plan for development. The RPD, preceptors, and residency advisory committee 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 accomplish 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, including a final review at the completion of the residency year. Additionally, the resident will be asked to provide programmatic feedback at each customized residency plan meeting.

Exit Survey

Prior to the completion of the residency program, the resident will have the opportunity to express thoughts on ways of improving the program. This exit survey occurs in the last two months of the program and responses are discussed between the RPD, RAC, and the resident, then uploaded to PharmAcademic.

Resident Portfolio

Residents are expected to save all residency-related documents to the MS Teams channel 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 Non-PGY2 Learners

The resident will serve as a primary co-preceptor to an advanced pharmacy practice experience (APPE) student in the second half of the program during the General Infectious Diseases Consults with Precepting learning experience. Additionally, the resident will have the opportunity to interact with and informally co-precept APPE students and/or PGY1 pharmacy residents throughout other learning experiences, particularly if the other learners are simultaneously scheduled for related learning experiences. Primary preceptors may ask the resident to co-precept the other learners for various activities including but not limited to patient care conversations, topic discussions, and assisting with patient case or journal club presentations.

Required Resident Presentations

The resident is required to present a minimum of 7 formal presentations as per the table below. Formal presentations are defined as meeting any of the following criteria:

- ≥ 30 minutes
- Approved for continuing education
- Formal evaluations are included
- Designated preceptor is assigned

Core Presentations (#6 required)	Selective Presentations (#1 required)
1. One pharmacy grand rounds 2. Two ID division journal clubs 3. One ID division pharmacy rounds 4. One University of Kansas School of Pharmacy teaching opportunity 5. One research project-based presentation	Any 1 of the following: 1. One University of Kansas School of Pharmacy teaching opportunity 2. One research project-based presentation 3. Miscellaneous departmental education (pharmacy, microbiology, etc.)

Two of the core presentations must be continuing education programs. General expectations for formal presentations include, but are not limited to, the following:

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

University of Kansas School of Pharmacy

Residents will have the opportunity to teach at the University of Kansas School of Pharmacy in a number of settings; however, only one teaching session is required. Opportunities typically include but may not be limited to a case-based learning session or a more traditional lecture. This experience may be customized depending on the resident's interests and goals.

University of Kansas School of Medicine Division of Infectious Diseases

The resident will be expected to provide presentations to the infectious diseases division. This includes two of the pharmacy-designated journal clubs and one pharmacy rounds.

Standard 4: Requirements of the RPD and Preceptors

See the PGY1 & PGY2 Programs Residency Manual.

Standard 5: Pharmacy Services

See the PGY1 & PGY2 Programs 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.

- Residents must obtain at least 80% of objectives rated as Achieved for Residency (ACHR) with select objectives required for graduation noted below. All objectives must be rated as Satisfactory Progress or higher by the end of the residency program
- 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 badge, office keys, and laptop

Deliverables

Deliverable	Description	Date Completed
Examples of contributions to antimicrobial stewardship program including evaluation of processes and outcomes	• Meeting agenda and/or meeting minutes	
	• Prepare or revise a drug class review or monograph and treatment guideline or protocol	
	• Documents related to assessment or presentation of antimicrobial stewardship process and outcomes	
Completion of two accredited continuing education programs	• Presentation #1 materials • Evaluations	
	• Presentation #2 materials • Evaluations	
Medication Use Evaluation or equivalent	• Medication-specific use evaluation or ASP-related practice evaluation (e.g., antimicrobial desensitizations)	
Electronic copy of poster presentation(s)	• Poster presented at a local, regional, or national meeting • Slide deck of research project findings presented at a local, regional, or national meeting	
Manuscript	• Research manuscript in final form prepared for submission and approved by the RPD and research project preceptor	

PGY2 Infectious Diseases Pharmacy Residency Program Objectives

PGY2 Infectious Diseases Pharmacy Residency Program Objectives		ACHR Required
Competency Area R1: Patient Care		
Goal R1.1: In collaboration with the health care team, provide comprehensive medication management to patients with infectious diseases following a consistent patient care process.		
R1.1.1	Interact effectively with health care teams, including microbiologists and infection control preventionists, to manage medication therapy for patients with infectious diseases.	X
R1.1.2	Interact effectively with infectious diseases patients, family members, and caregivers.	X
R1.1.3	Collect information on which to base safe and effective medication therapy for infectious diseases patients.	X
R1.1.4	Analyze and assess information on which to base safe and effective medication therapy for infectious diseases patients.	X
R1.1.5	Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans) for infectious diseases patients.	X
R1.1.6	Ensure implementation of therapeutic regimens and monitoring plans (care plans) for infectious diseases patients by taking appropriate follow-up actions.	X
R1.1.7	For infectious diseases patients, document direct patient care activities appropriately in the medical record or where appropriate.	X

R1.1.8	Demonstrate responsibility to infectious diseases patients.	X
Goal R1.2: Ensure continuity of care during infectious diseases patient transitions between care settings.		
R1.2.1	Manage transitions of care effectively for patients with infectious diseases.	
Goal R1.3: Manage antimicrobial stewardship activities.		
R1.3.1	Demonstrate an understanding of the integral members of the stewardship team, their roles, and the antimicrobial stewardship strategies used by organizations.	X
R1.3.2	Participate in the institution's antimicrobial stewardship program.	X
R1.3.3	Evaluate stewardship program processes and outcomes.	X
Competency Area R2: Advancing Practice and Improving Patient Care		
Goal R2.1: Demonstrate ability to manage formulary and medication-use processes for infectious diseases patients, as applicable to the organization and antimicrobial stewardship program.		
R2.1.1	Prepare or revise a drug class review or monograph, and treatment guideline or protocol related to care of infectious diseases patients.	X
R2.1.2	Participate in the review of medication event reporting and monitoring related to care of infectious diseases patients.	X
R2.1.3	Identify opportunities for improvement of the medication-use system related to care for patients with infectious diseases.	X
Goal R2.2: Demonstrate ability to conduct a quality improvement or research project.		
R2.2.1	Identify and/or demonstrate understanding of specific project topic to improve patient care related to care of patients with infectious diseases or topics related to advancing the pharmacy profession or infectious diseases pharmacy.	X
R2.2.2	Develop a plan or research protocol for a practice quality improvement or research project related to the care of patients with infectious diseases or topics related to advancing the pharmacy profession or infectious diseases pharmacy.	X
R2.2.3	Collect and evaluate data for a practice quality improvement or research project related to the care of patients with infectious diseases or topics related to advancing the pharmacy profession or infectious diseases pharmacy.	X
R2.2.4	Implement quality improvement or research project to improve patient care related to care for patients with infectious diseases or topics related to advancing the pharmacy profession or infectious diseases pharmacy.	
R2.2.5	Assess changes or need to make changes to improve patient care related to care for patients with infectious diseases or topics related to advancing the pharmacy profession or infectious diseases pharmacy.	X
R2.2.6	Effectively develop and present, orally and in writing, a final project report suitable for publication related to care for patients with infectious diseases or topics related to advancing the pharmacy profession or infectious diseases pharmacy at a local, regional, or national conference.	X
Goal R2.3: Manage and improve anti-infective-use processes.		
R2.3.1	Make recommendations for additions or deletions to the organization's anti-infective formulary based on literature and/or comparative reviews.	X
R2.3.2	Contribute to the activities of the P&T committee, specifically the anti-infective subcommittee, when applicable.	X
Competency Area R3: Leadership and Management		
Goal R3.1: Establish oneself as an organizational expert for infectious diseases pharmacy-related information and resources.		
R3.1.1	Implement a successful strategy for earning credibility with the organization to be an authoritative resource on the pharmaceutical care of individuals with an infectious disease.	
Goal R3.2: Demonstrate leadership skills for successful self-development in the provision of care for infectious diseases patients.		
R3.2.1	Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership in the provision of care for infectious diseases patients.	X
R3.2.2	Apply a process of ongoing self-evaluation and personal performance improvement in the provision of care for infectious diseases patients.	X
Goal R3.3: Demonstrate management skills in the provision of care for infectious diseases patients.		
R3.3.1	Contribute to management of infectious diseases-related policies and issues.	
R3.3.2	Manage one's own infectious diseases practice effectively.	X

Competency Area R4: Teaching, Education, and Dissemination of Knowledge		
Goal R4.1: Provide effective medication and practice-related education to infectious diseases patients, caregivers, health care professionals, students, and the public (individuals and groups).		
R4.1.1	Design effective educational activities related to care of patients with infectious diseases.	X
R4.1.2	Use effective presentation and teaching skills to deliver education related to care of patients with infectious diseases.	X
R4.1.3	Use effective written communication to disseminate knowledge related to care of patients with infectious diseases.	X
R4.1.4	Appropriately assess effectiveness of education related to care of patients with infectious diseases.	
Goal R4.2: Effectively employ appropriate preceptor roles when engaged in teaching students, pharmacy technicians, or fellow health care professionals) about care of patients with infectious diseases.		
R4.2.1	When engaged in teaching related to care of patients with infectious diseases, select a preceptor role that meets learners' educational needs.	
R4.2.2	Effectively employ preceptor roles, as appropriate, when instructing, modeling, coaching, or facilitating skills related to care of patients with infectious diseases.	X

PGY2 Infectious Diseases Pharmacy Residency: Core Areas

- For these diseases and conditions, the resident will demonstrate an understanding of signs and symptoms, epidemiology, risk factors and etiology, pathogenesis, pathophysiology, clinical course, and a comprehensive pharmacotherapy treatment plan.

Topic Name	Required (Patient Care)	Required (Non-Patient Care Experience)
Bone and joint infections	X	
Cardiovascular infections	X	
Central nervous system infections	X	
Fever of unknown origin		X
Fungal infections	X	
Gastrointestinal infections	X	
Hepatitis B		X
Hepatitis C		X
HIV-infection and AIDS		X
Intra-abdominal infections	X	
Neutropenic fever	X	
Ophthalmologic infections		X
Opportunistic infections in immunocompromised hosts	X	
Parasitic infections		X
Reproductive organ infections		X
Respiratory infections: upper and lower	X	
Rickettsial infections		X
Sepsis	X	
Sexually transmitted diseases		X
Skin and soft tissue infections	X	
Travel medicine		X
Tuberculosis and other mycobacterial infections		X
Urologic infections	X	
Viral infections	X	

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

Residency Program Director Signature

Date