



PRE-SURVEY QUESTIONNAIRE AND SELF-ASSESSMENT CHECKLIST FOR ACCREDITATION OF:

POSTGRADUATE YEAR ONE (PGY1) MANAGED CARE PHARMACY RESIDENCY PROGRAMS

American Society of
Health-System Pharmacists®
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Fax: 301-664-8857

PURPOSE

The pre-survey questionnaire serves to maximize the effectiveness and efficiency of the AMCP-ASHP accreditation survey team when conducting the on-site survey. It provides a mechanism for the survey team and the practice site to collaborate more productively in assessing the residency program. Through your completion of the questionnaire before the survey visit the team receives important information in advance that might otherwise take hours to extract during the survey. Additionally, the questionnaire should serve as a valuable self-study guide for identifying areas to improve and alert the program in advance to any areas of possible noncompliance with the residency standard. The survey process is intended to be thorough in its evaluation, consultative in nature, and educational for all involved. Thank you in advance for completing the pre-survey questionnaire.

PROCESS

The presurvey questionnaire is designed to coincide with the *Accreditation Standard for Postgraduate Year One (PGY1) Managed Care Pharmacy Residency Programs*, prepared jointly by the American Society of Health-System Pharmacists and the Academy of Managed Care Pharmacy. Therefore, it is imperative that you complete the questionnaire with the Standard in hand. The questionnaire, like the Standard, comprises seven principles identified as Principles 1 through 7. Within each principle the specific requirements are listed in the same sequence as they appear in the accreditation standard. To the right of each requirement are four blank spaces where you **must** indicate your program's level of compliance with that requirement (i.e., Full Compliance - FC; Partial Compliance - PC; Non-Compliance - NC; or Not Applicable - NA). Any requirement checked Non-Compliance or Partial Compliance must be explained in the "Comments" section.

An important element for completing the pre-survey questionnaire is the "Attachments." Attachments are requested at the end of the questionnaire. Attachments are essential for the survey team to gain a thorough understanding of the program and to provide the best possible feedback for evaluation.

REQUIREMENTS

Three complete sets of the questionnaire, along with the required attachments, **must** be completed and returned to the Director of Accreditation Services at ASHP headquarters no less than **45 days prior** to the scheduled on-site survey. This will allow adequate time for ASHP to process the documents and mail them to the survey team for review.

The questionnaire **does not** require that all information important to the team's evaluation be provided in advance of the survey for one or more of the following reasons:

- Providing certain information in advance may not be practical because of the need for excessive photocopying (e.g., position descriptions, policy and procedures manual, residency program records).
- Other information may be too complex to review without the assistance of someone from the practice site.
- Compliance with some standards, particularly in cases where varied interpretations might arise, would be difficult to evaluate without an on-site review (e.g., maintenance of appropriate controls and records, proper storage, compliance with laws).

A separate list of exhibits that must be available for review during the survey is enclosed.

Pharmacists helping people make the best use of medicines

**PRE-SURVEY QUESTIONNAIRE AND SELF-ASSESSMENT CHECKLIST
FOR THE ACCREDITATION OF A
POSTGRADUATE YEAR ONE (PGY1) MANAGED CARE PHARMACY RESIDENCY PROGRAM**

Name of Program: _____

City, State, Zip Code: _____

Chief of Pharmacy: _____ Telephone Number: _____

E-mail Address: _____

Program Director: _____ Telephone Number: _____

Date Submitted: _____ E-mail Address: _____

Principle 1: Qualifications of the Resident

FC PC NC NA

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| 1.1a Residency applicant qualifications are evaluated by the residency program director (RPD) through an established, formal procedure that includes an assessment of the applicant's ability to achieve the educational goals and objectives selected for the program. | <table border="1" style="width: 100%; height: 40px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> | | | | |
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| 1.1b Criteria used to evaluate applicants are documented and understood by all involved in the evaluation and ranking process. | <table border="1" style="width: 100%; height: 40px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> | | | | |
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| 1.2 Residents are graduates of an Accreditation Council for Pharmacy Education (ACPE)-accredited Doctor of Pharmacy degree program. | <table border="1" style="width: 100%; height: 40px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> | | | | |
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| 1.3 Applicants are licensed, or are eligible for licensure in the state or jurisdiction in which the residency program is conducted. Consequences of failure to obtain appropriate licensure are addressed in policy of the organization. | <table border="1" style="width: 100%; height: 40px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> | | | | |
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| 1.4 Residents have participated in and adhered to the rules of the Resident Matching Program process. | <table border="1" style="width: 100%; height: 40px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> | | | | |
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Comments:

FC PC NC NA

Principle 2: Obligations of the Program to the Resident

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| 2.1 Program is a minimum of twelve months and is a full-time practice commitment or equivalent. | <table border="1" style="width: 100%; height: 40px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> | | | | |
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| 2.2a RPD assures that the educational outcomes of the program, the welfare of the resident, and the welfare of patients are not compromised by excessive reliance on residents to fulfill service obligations. | <table border="1" style="width: 100%; height: 40px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> | | | | |
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2.2b	RPD assures residency complies with the current duty hour standards of the Accreditation Council for Graduate Medical Education (ACGME).				
2.3	Program adheres to the rules of the Resident Matching Program process.				
2.4a	RPD provides residents who are accepted into the program with a letter outlining their acceptance to the program.				
2.4b	RPD provides information on the terms and conditions of the appointment and information is consistent with that provided to pharmacists within the organization.				
2.4c	Acceptance by residents of these terms and conditions is documented prior to beginning of the residency.				
2.5	Program provides sufficient professional and technical pharmacy staff complement to ensure appropriate supervision and preceptor guidance to all residents.				
2.6	Program provides residents with an area in which to work, access to appropriate technology, access to extramural educational opportunities, and sufficient financial support to fulfill the responsibilities of the program.				
2.7	Policies concerning professional, family, and sick leaves and the effect such leaves would have on the resident's ability to complete the residency program are documented.				
2.8	Program has capability to provide resident with population and individual patient care activities needed to develop required educational outcomes.				
2.9	RPD awards a certificate of residency only to those who complete the program's requirements. Certificate states program is accredited by ASHP in partnership with AMCP; is issued in accordance with the provisions of the ASHP Regulations on Accreditation of Pharmacy Residencies; and is signed by the RPD and the CEO (or designee) of the organization.				
2.10	Program is compliant with the provisions of the current version of the ASHP Regulations on Accreditation of Pharmacy Residencies.				

Comments:

FC PC NC NA

Principle 3: Obligations of the Resident to the Program

3.1	Residents' primary professional commitment is to the residency program.				
3.2	Residents adhere to the values and mission of the training organization.				
3.3	Residents complete the educational goals and objectives established for the program.				
3.4	Residents ask for verbal and written feedback from preceptors.				
3.5	Residents make active use of constructive feedback from preceptors.				

Comments:

FC PC NC NA

Principle 4: Requirements for the Design and Conduct of the Residency Program

4.1 RPD and, when applicable, program preceptors collaborate to design the residency program.

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a. Program design includes documentation of the program's:

- (1) Purpose
- (2) Outcomes that reflect the program's purpose
- (3) Educational goals for each outcome
- (4) Educational objectives for each goal, the sum of which assure goal achievement

b. Program includes all seven outcomes required by the accreditation standard and all of the associated educational goals listed with the required outcomes as follows:

- (1) Manage the drug distribution process for the organization's members.
- (2) Design and implement clinical programs to enhance the efficacy of patient care.
- (3) Ensure the safety and quality of the medication-use system.
- (4) Provide medication and practice-related information, education, and/or training.
- (5) Collaborate with plan sponsors to design effective benefit structures to service a specific population's needs.
- (6) Exercise leadership and practice management skills.
- (7) Demonstrate project management skills.

c. The design of program structure has the following characteristics:

- (1) Facilitates achievement of the program's educational goals and objectives.
- (2) Allows resident experience in diverse patient populations, a variety of disease states, and a range of complexity of patient problems as characterized by a generalist's practice.
- (3) Requires resident experience in development of clinical plans for individuals and patients sufficient to acquire the required patient-centered care objectives.
- (4) No more than four months of the program deals with a specific patient population or practice area.
- (5) Program's educational goals and objectives, including those for the project, are assigned to a single learning experience or a sequence of learning experiences that allows sufficient practice for their achievement.

d. Preceptors have a description of their learning experience and a list of activities to be performed by residents. Learning activities demonstrate adequate opportunity to learn the educational goals and objectives assigned to the learning experience.

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e. Program design for competency-based evaluation includes the following requirements:

- (1) Regarding preceptor evaluation of resident performance:
 - (a) Each preceptor conducts and documents a criteria-based, summative assessment of each resident's performance of each of the respective program-selected educational goals and objectives assigned to the learning experience.
 - (b) Preceptor summative resident evaluations are conducted at the conclusion of the learning experience (or at least quarterly for longitudinal learning experiences) and reflect the resident's performance at that time.
 - (c) Each resident evaluation is discussed by the preceptor with the resident and RPD, and the reviews are documented by each.

- (2) Regarding resident self-evaluations:
 - (a) Each preceptor provides periodic opportunities for the resident to practice and document criteria-based, formative self-evaluation of aspects of their routine performance.
 - (b) Each preceptor provides an opportunity for the resident to document a criteria-based, summative self-assessment of achievement of the educational goals and objectives assigned to the learning experience, completed on the same schedule as required of the preceptor by the assessment strategy.
 - (c) Residents complete end-of-the-year self-assessments.
- (3) Residents complete an evaluation of the preceptor and of the learning experience at the completion of each learning experience (or at least quarterly in longitudinal learning experiences) and provide their evaluations to the RPD.

4.2 Documentation of the program's ongoing attention to fulfillment of both preceptor and resident roles and responsibilities shows that:

- a. Regarding orientation activities:
 - (1) Residents are oriented to the program to include its purpose, applicable accreditation regulations and standards, designated learning experiences, and the evaluation strategy.
 - (2) RPD orients staff to the residency program (when necessary).
 - (3) Preceptors orient their residents to their learning experiences, including reviewing and providing written copies of the learning experience educational goals and objectives, associated learning activities, and evaluation strategies.

- b. Regarding customization of resident training programs:
 - (1) **The RPD and, when applicable, preceptors customize the training program for the resident based upon an assessment of the resident's entering knowledge, skills, attitudes, and abilities and the resident's interests including accounting for discrepancies in assumed entering capabilities.**
 - (2) Residents' customized plans maintain consistency with the program's stated purpose and outcomes.
 - (3) Customization of resident's plans does not interfere with achievement of the program's educational goals and objectives.
 - (4) Customized plans and modifications to them, including the resident schedules, are shared with the resident and all preceptors.

c. **Preceptors provide ongoing, criteria-based verbal and, when needed, written feedback. Written feedback is used if there is limited direct contact with the preceptor or verbal feedback alone is not effective in improving performance.**

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d. **Preceptors complete all aspects of the program’s plan for assessment of:**

- (1) **Resident performance**
- (2) **Preceptor performance**
- (3) **Resident self-evaluation**

e. **Regarding monitoring of resident progress:**

(1) **RPD and, when applicable, preceptors track residents’ overall progress toward achievement of their educational goals and objectives at least quarterly.**

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(2) **Any necessary adjustments to residents’ customized plans, including remedial action(s), are documented and implemented.**

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4.3 **Regarding quality assurance of training program:**

a. **RPD evaluates potential preceptors based on their desire to teach and their aptitude for teaching (as differentiated from formal didactic instruction).**

b. **RPD provides preceptors with opportunities to enhance their teaching skills.**

c. **RPD utilizes a plan for improving the quality of preceptor instruction based on an assessment of residents’ written evaluations of preceptor performance and other sources.**

d. **At least annually RPD and when applicable, preceptors, consider overall program changes based on evaluations, observations, and other information.**

4.4 **RPD evaluates, through employment and other career information of residency graduates, whether the residency produces the type of practitioner described in the program’s purpose statement.**

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Comments:

FC PC NC NA

Principle 5: Qualifications of the Residency Program Director (RPD) and Preceptors

5.1 **RPD is a licensed pharmacist, has completed an ASHP-accredited residency, and has a minimum of three years of pharmacy practice experience. Alternatively, RPD is a licensed pharmacist; has five or more years of practice experience; and has demonstrated mastery of the knowledge, skills, attitudes, and abilities expected of one who has completed a residency.**

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5.2 **RPD has documented evidence of his or her ability to teach effectively in the clinical managed care practice environment.**

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5.3 **The program has a single RPD who is a pharmacist from a practice site involved in the program or from a sponsoring organization.**

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5.4 For multiple site residencies or for a residency offered by a sponsoring organization in cooperation with one or more practice sites:

- a. There is one RPD.
- b. RPD's responsibilities are defined clearly.
- c. RPD designation is agreed to in writing by responsible representatives of each participating organization.

5.5 RPD has documentation of ability to direct and manage a pharmacy residency.

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5.6 **RPD has a sustained record of contribution and commitment to pharmacy practice that is characterized by a minimum of four of the following. Please check those that apply:**

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- Documented record of improvements in and contributions to pharmacy practice.
- Appointments to appropriate drug policy and other committees of the organization.
- Formal recognition by peers as a model practitioner.
- A sustained record of contributing to the total body of knowledge in pharmacy practice through publications in professional journals and/or presentations at professional meetings.
- Serving regularly as a reviewer of contributed papers or manuscripts submitted for publication.
- Demonstrated leadership in advancing the profession of pharmacy through active service in professional organizations at the local, state, and national levels.
- Demonstrated effectiveness in teaching.

5.7 **Preceptors are licensed pharmacists, have completed an ASHP-accredited residency, and have a minimum of one year of pharmacy practice experience. Alternatively, preceptors who are licensed pharmacists but have not completed an ASHP-accredited PGY1 residency are able to demonstrate mastery of the knowledge, skills, attitudes, and abilities expected of one who has completed a PGY1 residency and have a minimum of three years of pharmacy practice experience.**

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5.8 **Preceptors have training and experience in the area of pharmacy practice for which they serve as preceptors, maintain continuity-of-practice in that area, and practice in that area at the time residents are being trained.**

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5.9 **Each preceptor has a record of contribution and commitment to pharmacy practice characterized by a minimum of four of the following:**

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- Record of improvements in and contributions to the respective area of advanced pharmacy practice.
- Appointments to appropriate drug policy and other committees of the department/organization.
- Formal recognition by peers as a model.
- A sustained record of contributing to the total body of knowledge in pharmacy practice or other area of expertise through publications in professional journals and/or presentations at professional meetings.
- Serves regularly as a reviewer of contributed papers or manuscripts submitted for publication.
- Demonstrated leadership in advancing the profession of pharmacy or other area of expertise through active participation in professional organizations at the local, state,

and national levels.

- Demonstrated effectiveness in teaching.

5.10 Preceptors demonstrate desire and aptitude for teaching that includes all of the following. Please check those that apply:

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- Mastery of the four preceptor roles fulfilled when teaching clinical problem solving (instructing, modeling, coaching, and facilitating).
- The ability to provide criteria-based feedback and evaluation of resident performance.
- Pursuit of continued refinement of their teaching skills.

5.11 If non-pharmacist preceptors are utilized, all of the following conditions are met. Please check those that apply:

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- A pharmacist works closely with the non-pharmacist preceptor to select the educational goals and objectives and participates actively in the criteria-based evaluation of the resident's performance.
- Those clinical learning experiences in which non-pharmacist preceptors are utilized occur in later stages of the residency when evaluations conducted at the end of previous learning experiences reflect readiness to practice independently, the RPD and preceptors agree that the resident is ready for independent practice, and the main role of the preceptor is to facilitate resident learning experiences.

Comments:

FC PC NC NA

Principle 6: Minimum Requirements of the Site Conducting the Residency Program

6.1 The residency program is conducted only in practice settings that have sought and accepted outside appraisal of facilities and patient care practice by a recognized organization appropriate to the practice setting.

- a. A health-system (inclusive of all components of the system that provide patient care) that offers or that participates in offering a pharmacy residency is accredited by applicable organizations [e.g., The Joint Commission, American Osteopathic Association (AOA), National Committee for Quality Assurance (NCQA)]. Please specify which: _____
- b. A college of pharmacy that participates in offering a pharmacy residency is accredited by the Accreditation Council for Pharmacy Education (ACPE). Name of college: _____
- c. Other practice settings that offer a pharmacy residency demonstrate substantial compliance with applicable professionally developed and nationally applied standards.

6.2 The residency program is conducted only in those practice settings where management and professional staff have committed to seek excellence in patient care, have demonstrated substantial compliance with professionally developed and nationally applied practice and operational standards, and have sufficient resources to achieve the educational goals and objectives selected for the residency program.

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6.3 Where two or more practice sites, or a sponsoring organization (e.g., college of pharmacy, health system) and one or more practice sites collaborate to provide a pharmacy residency:

- a. Patient population base and professional practice experience satisfy residency requirements.
- b. Sponsoring organizations maintain authority and responsibility for the quality of residency training.
- c. An individual is designated and empowered to direct program and achieve consensus on evaluation and ranking of residency applicants.
- d. Sponsoring organizations and practice sites contractual arrangement(s) or signed agreement(s) define clearly responsibilities for all program aspects.
- e. Each practice site providing residency training meets Requirement 6.2 and all of Principle 7 of the standard.

Comments:

FC PC NC NA

Principle 7: Qualifications of the Practice Environment

7.1 The practice environment is led and managed by a professionally competent, legally qualified pharmacist.

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7.2 The pharmacy services are an integral part of the practice site in which the residency program is offered, as evidenced by the following (as appropriate to the practice environment):

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- a. The scope of patient pharmacy services is based upon assessment of pharmacy functions needed to provide care to all patients served.
- b. Services are of a scope and quality commensurate with identified patient needs.
- c. Pharmacy personnel are involved in the overall planning of patient care services for the practice setting.
- d. Pharmacy services extend to all areas of the practice site in which medications are prescribed, dispensed, administered, and monitored
- e. Pharmacists are responsible around-the-clock for procurement, preparation, distribution, and control of all medications used, including investigational drugs.

7.3 The pharmacist who has ultimate responsibility for the residency practice site/pharmacy environment in which the residency program is conducted provides effective leadership and management for the achievement of short- and long-term goals of the practice environment and the organization relating to medication use and medication-use policies by assuring that the following elements associated with a well-managed practice environment are in place (as appropriate to the practice environment):

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- a. A pharmacy mission statement.
- b. A written document describing the scope and depth of pharmacy services.
- c. A well-defined pharmacy organizational structure.
- d. A description of pharmacy services provided.
- e. **Documented short- and long-term pharmacy services goals.**

- f. Current policies and procedures that are readily available to staff participating in service provision.
- g. Position descriptions for all categories of pharmacy personnel.
- h. Systems to document pharmacy:
 - (1) Workload
 - (2) Financial performance
 - (3) Patient care outcomes data
- i. Pharmacy personnel involvement with key committees involving medications and patient care.
- j. A quality improvement plan.

7.4 The practice environment:

- a. **Complies with all applicable federal, state, and local laws, codes, statutes, and regulations governing pharmacy practice.**
- b. Demonstrates substantial compliance with national practice standards and guidelines.
- c. Regularly reviews and develops plans to conform to new practice standards or guidelines (as appropriate to the practice environment).
- d. Has sought and accepted outside appraisals of its facilities and patient care practices.

7.5 The pharmacy provides a safe and effective drug distribution system for all medications used within the practice environment by including the following components in its drug distribution system/service (as applicable to the practice environment):

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- a. **A unit-dose drug distribution service with adequate packaging equipment for unit-dose dispensing and compliance packaging.**
- b. **An intravenous admixture and sterile product service.**
- c. An investigational drug service.
- d. An extemporaneous compounding service.
- e. A system for the safe use of drug samples.
- f. A system for the safe use of emergency medications.
- g. A controlled substance floor-stock system.
- h. **A controlled floor-stock system.**
- i. An outpatient drug distribution service.
- j. A system for the safe handling of vaccines.
- k. A system for the safe handling of emergency-preparedness medications.

7.6 The practice environment provides the necessary population and patient care services in a manner consistent with practice environment capabilities and patient needs.

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- a. The following patient care services are provided in collaboration with other health-care professionals:
 - (1) **Membership on interdisciplinary teams in the healthcare areas associated with the residency program.**
 - (2) **Development of treatment protocols, critical pathways, order sets, and other systems approaches involving medications for patients.**
 - (3) Participation in collaborative practice agreements with other providers and management of patients following collaborative practice agreements, treatment protocols, critical pathways, etc.
 - (4) **Prospective participation in the development of clinical plans for populations and individual patients.**
 - (5) **Identification of medication-related problems.**

- (6) **Mechanisms for review of appropriateness and safety of medication orders or prescriptions.**
- (7) **Design and implementation of medication-therapy monitoring plans.**
- (8) **Documentation of all significant patient care recommendations and resulting actions, treatment plans, and/or progress notes in the appropriate section of the organization’s clinical information system.**
- (9) Written and oral consultations regarding medication-therapy selection and management.
- (10) Patient disease and/or drug therapy management consistent with laws, regulations, and practice site policy.
- (11) Medication administration consistent with laws, regulations, and practice site policy.
- (12) Preventive and wellness programs.
- (13) A system to ensure and support continuity-of-care.

b. Drug information activities provided by pharmacy staff and the residents include, but are not limited to, the following (as applicable to the practice environment):

- (1) Developing and maintaining a formulary.
- (2) Publishing periodic newsletters or bulletins for health-care providers on timely medication-related matters and medication policies.
- (3) Preparing medication therapy monographs based on an analytical review of pertinent biomedical literature, including a safety assessment and a comparative therapeutic and economic assessment of each new agent for formulary addition or deletion.
- (4) Establishing and maintaining a system for retrieving drug information from the literature.
- (5) Responding to drug information inquiries from health-care providers.
- (6) Conducting educational programs about medications, medication therapy, and other medication-related matters for health-care providers.
- (7) Participating in the development or modification of policies related to:
 - (a) medications
 - (b) medication-use evaluation
 - (c) adverse drug event prevention, monitoring, and reporting
 - (d) appropriate methods to assess ongoing compliance with such policies.

7.7 Pharmacy staff provide leadership and participate with other health professionals in the following systems (as applicable to the practice environment):

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- a. **A system to support and actively participate in decision-making concerning the pharmacy and therapeutics function, including the preparation and presentation of drug-therapy monographs.**
- b. **A system to review medication-use evaluations and to implement new policies or procedures to improve the safe and effective use of medications.**
- c. **A system to review adverse drug event reports and to implement new policies and procedures to improve medication safety.**
- d. **A system to evaluate routinely the quality of pharmacy services provided.**

7.8 The pharmacy environment has personnel, facilities, and other resources to carry out the scope of pharmacy services (as applicable to the practice environment).

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- a. **Facilities are constructed, arranged, and equipped to promote safe and efficient work.**

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- b. **Automated medication systems and software support a safe medication-use system.**
- c. **Computerized systems support a safe medication-use system.**
- d. **Professional and technical staff is sufficient in number and of the diversity to ensure that the department can provide the level of service required by all patients served.**
- e. Professional staff members seek professional enrichment and demonstrate their interest in continuing competence.
- f. Technical and clerical staff complement is sufficient to handle all functions that can be assigned appropriately to them.

Comments:

Requested Attachments to the Pre-survey Questionnaire Checklist

Directions: Please label each attachment with the letter assigned to it in the list below. If the attachment is a form to be completed, that form is included in this pre-survey packet.

Principle 1. Qualifications of the Resident

Attachment A: Completed *Resident Academic and Professional Record* form for each resident. Please do not submit curriculum vitae in lieu of the record form.

Principle 4: Requirements for the Design and Conduct of the Residency Program

Attachment B: Program design materials to include:

- Program's purpose (statement of the type of practice for which the residents are to be prepared)
- Program's educational outcomes with associated goals and objectives (list showing each outcome chosen by the program and under each the goals and then the objectives for that outcome)
- Program's structure (chart or list that clarifies what are the program's learning experiences, what is the type of each learning experience, what is the duration of each, designations of core and elective, and how the learning experiences are sequenced)
- Indication of in which learning experience(s) each of the program's educational goals and objectives are taught and evaluated (suggest a grid that shows by learning experience where each goal and its objectives are formally taught and formally evaluated)
- Descriptions of each learning experience (should include list of activities and their relationship to the assigned educational goals and objectives, specifics of preceptor and self-evaluation)
- Program's three-part assessment strategy (specifics of program-wide requirements for preceptor evaluation of resident performance, resident self-evaluation, and resident evaluation of preceptors and learning experiences)

Attachment C: Representative samples (e.g., one each for an individual patient care, practice management, and drug distribution learning experience) of completed forms used for evaluation of residents and representative samples of completed forms used for residents' self-evaluation

Attachment D: Representative sampling of resident evaluations of preceptors and learning experiences

Attachment E: Representative sampling of initial assessments of current residents

Attachment F: Representative sampling of resident 2nd, 3rd, & 4th quarter customized plans (for current residents when possible)

Attachment G: The residency program's promotional materials (e.g., recruiting materials, on-line information)

Principle 5: Qualifications of the Residency Program Director (RPD) and Preceptors

Attachment H: Completed *Preceptor Roster* form

Attachment I: Completed *Preceptor Academic and Professional Record* forms for program director and preceptors of each specified learning experience. Please do not submit curriculum vitae in lieu of record form.

Principle 6: Minimum Requirements of the Site Conducting the Training Program

Attachment J: When applicable, only that segment of last JCAHO or other appropriate survey report that pertains to pharmacy services, P&T Committee, DUE and drug-related policies

Attachment K: If training site and/or pharmacy is associated with a college of pharmacy, a description of the relationship

Principle 7: Qualifications of the Pharmacy

Attachment L: WHEN APPLICABLE TO THE PRACTICE SETTING (E.G., HOSPITAL, INTEGRATED HEALTH NETWORK), completed *Ambulatory and Acute Care Grids* for recording pharmacy services by patient care area. The grids allow you to describe pharmacy services provided for acute care and for ambulatory care patients. Complete one or both of the grids, as applicable, for your site.

For each of the grids, list patient care areas (acute care) or clinics (ambulatory care) in the columns across the top of the grid by replacing the existing placeholders. Then, provide the information requested in each section of the grid.

Attachment M: Organizational chart(s), **AS APPLICABLE TO THE PRACTICE SETTING.**

Attachment N: Current pharmacy strategic planning documents that include both long and short-term goals

Attachment O: List of current quality improvement initiatives

**Attachment P: Completed *General Organizational Data Collection Form* WITH
THOSE ELEMENTS APPLICABLE TO THE PRACTICE ENVIRONMENT.**

Exhibits for On-site Review

During the on-site survey of your residency program the following exhibits (as applicable) must be available for review by the survey team. The exhibits should be assembled in the room that is to be used during discussions with the Pharmacy Director and Residency Program Director on the first day of the on-site survey. Other documents not identified below may be requested by the surveyors to assist them in evaluation of pharmacy services and/or the conduct of the residency program.

- Copies of resident offer and acceptance letters which include information on the terms and conditions of the appointment.
- A sample copy of the certificate awarded to residents upon completion of the residency
- Manuscripts of residents' completed projects for the last two years
- A list of residents and corresponding projects for each of the last five years
- Documentation of each current resident's project
- Records of current and immediate past previous residents' training progress (each resident's manual/notebook preferred) to include:
 - Initial program plan with schedule
 - Any documented formative evaluations of resident performance
 - Preceptor summative evaluations of resident progress
 - Resident formative and summative self-evaluations
 - Resident program plans for 2nd, 3rd, and 4th quarters with their schedules
- If a multiple site program, written responsibilities of the RPD as agreed upon by representatives of each organization
- Reports that show improvement in patient care outcomes (e.g. medication utilization reviews or quality improvement projects that show improvements in patient outcomes - decreased side effects, decreased readmission rates, faster resolution of diseases, etc.)
- The pharmacy's policy and procedure manual
- One example of a pre-meeting packet for the Pharmacy and Therapeutics Committee
- Minutes of the Pharmacy and Therapeutics Committee and other drug policy committee meetings for the last 12 months

- List of organization's committees and identification of pharmacy involvement
- Examples of pharmacy workload documentation
- Examples of pharmacy financial performance documentation

Revised September 2006



AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS

Pharmacists in health systems helping people make the best use of medications

RESIDENT ACADEMIC AND PROFESSIONAL RECORD*

Duplicate as needed. Please type or print all information.

Date:

Name:

EDUCATION

College or University	Dates	Degree/Major
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

POSTGRADUATE TRAINING (e.g., residency, fellowship)

Specific Type of Postgraduate Training	Institute	Preceptor	Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

***NOTE:** Please provide **only** the information requested. **DO NOT** submit any other materials (e.g., curriculum vitae or copies of publications). Thank you.



AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS

Pharmacists in health systems helping people make the best use of medications

PRECEPTOR ACADEMIC AND PROFESSIONAL RECORD*

Duplicate as needed. *Please type or print all information.*

Date: _____

Full Name and Credentials: _____

Position or Title: _____

Name of Training Site: _____

Phone Number: _____ E-mail Address: _____

EDUCATION

College or University	Dates	Degree/Major
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

POSTGRADUATE TRAINING (e.g., residency, fellowship)

Specific Type of Postgraduate Training	Organization	Program Director	Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

***NOTE:** Please provide **only** the information requested. **DO NOT** submit any other materials (e.g., curriculum vitae or copies of publications) unless asked specifically to do so. Thank you.

PROFESSIONAL EXPERIENCE

List your experience in pharmacy practice for the last ten years, most recent record first.

Practice Site	Location	Position and Title	Dates

Briefly describe your contributions/experiences in the following areas, which correspond to Qualifications of the Residency Program Director and Preceptors, and which can be found in Principle 5 of the ASHP Accreditation Standard for Postgraduate Year One (PGY1) Pharmacy Residencies or the ASHP Accreditation Standard for Postgraduate Year Two (PGY2) Pharmacy Residencies, as applicable. Program directors and preceptors must demonstrate they have accomplishments in at least 4/7 areas to be professionally qualified preceptors.

- 1. Improvements in and contributions to pharmacy practice: (e.g., developing, implementing new services.)

- 2. Appointments to drug policy and other committees of the organization:

7. Teaching experience (e.g., precepting residents and/or pharmacy students, inservice lectures, presentations at professional meetings):

8. **For Residency Program Directors only:** ability to direct and manage a pharmacy practice residency (e.g., prior experiences as a program director and/or preceptor):

ACUTE CARE Pharmacy ServiCES: Directions: INDICATE ALL THAT APPLY BY RECORDING THE REQUESTED INFORMATION IN THE BOX CORRESPONDING TO THE PATIENT CARE UNITS AT THE SITE (PLEASE MAKE APPROPRIATE CHANGES AS NEED).	OB-GYN	Medicine	Surgery	MICU	SICU	CCU	Pediatrics	NICU	PICU	Oncology	emergency department	operating room	Pre-op/PACU	Additional	Additional	Additional	additional
PHARMACY PRACTICE MODEL: (PROVIDE % OF PATIENT BEDS COVERED BY THE FOLLOWING SERVICES)																	
Centralized Operations																	
<ul style="list-style-type: none"> Hours/Days (e.g., 24/7 for 24 hours 7 days per week) 	24/7	24/7	24/7	24/7	24/7	24/7	24/7	24/7	24/7	24/7	24/7	24/7	24/7	24/7	24/7	24/7	24/7
<ul style="list-style-type: none"> Medication order entry (Yes/No) 																	
Dispensing Pharmacy Satellites																	
<ul style="list-style-type: none"> Hours/Days (#/day) 																	
<ul style="list-style-type: none"> Average patient load 																	
<ul style="list-style-type: none"> Medication order entry (Yes/No) 																	
Decentralized Clinical Pharmacist																	
<ul style="list-style-type: none"> Hours/Days (#/day) 																	
<ul style="list-style-type: none"> Average patient load 																	
<ul style="list-style-type: none"> Medication order entry (Yes/No) 																	
Clinical Pharmacist/Clinical Pharmacy Specialist																	

General Organizational Data Collection Form

Name of organization: _____

ASHP program number: _____

PATIENT VOLUME

If acute care setting:

# Licensed beds (total)		_____
% Occupancy (average)		_____
# ICU beds		_____
# Emergency dept. visits /day		_____
% ER visits = admissions		_____

If ambulatory clinic setting: # Patient visits/month (for all clinics operated by the organization) _____

If managed care setting: # Covered lives _____

BUDGET

Personnel \$ _____

Drugs \$ _____

Other \$ _____

Total Budget \$ _____

Current/planned capital expenditures/leases in next three years (e.g., automated medication dispensing machines, CPOE, robotics, facility renovations related to pharmacy)

\$ _____

Please list:

PHARMACY PERSONNEL COMPLEMENT

Manager/administrative pharmacists	_____	FTEs	
Acute care centralized pharmacists	_____	FTEs	
Acute care decentralized pharmacists	_____	FTEs	
Acute care specialized pharmacists	_____	FTEs	
Ambulatory outpatient pharmacists	_____	FTEs	
Ambulatory pharmacists in clinics	_____	FTEs	
Managed care pharmacists	_____	FTEs	
PGY1 residents	_____	FTEs	
PGY2 residents	_____	FTEs	
College of pharmacy faculty (separate from those above)	_____	FTEs	
Other:	_____	FTEs	
Total Pharmacists:			_____ FTEs
Technicians	_____	FTEs	
Clerks	_____	FTEs	
Other	_____	FTEs	
Total Non-Pharmacists:			_____ FTEs
 Total Pharmacy Personnel Complement: (Budgeted, includes vacancies)			 _____ FTEs
 Vacant pharmacist positions	_____	FTEs	
Vacant non-pharmacist positions	_____	FTEs	

PHARMACY STUDENTS

# Pharmacy student introductory pharmacy practice experiences offered/year		_____
# Pharmacy student advanced pharmacy practice experiences offered/year		_____

RESIDENCY PROGRAM FUNDING SOURCES

- Organization
- CMS
- VA
- College
- Other. Please explain: _____