Requested Attachments to the Pre-survey Questionnaire Checklist

Directions: Please label each attachment with the letter assigned to it in the list below. If a document requested in the attachment is not part of your of your current program materials, please list the document requested for the attachment followed by N/A. If the attachment is a form to be completed, that form is included with this pre-survey packet. Pre-survey material photocopying should be double sided to reduce amount of paper and weight, whenever possible. Programs may consider assembling copies of the pre-survey material without the use of binders to reduce shipping weight and bulk.

If the program utilizes PharmAcademic™, the items in RED do not need to be included in the packet, if in PharmAcademic™.

Please note that numbers in parentheses in the tables below reference the corresponding element of the 2014 ASHP Accreditation Standards for Postgraduate Year One (PGY1) Pharmacy Residency Programs

Standard 1:	Requirements and Selection of Residents
Attachment A	Completed *Pharmacy Resident's Academic and Professional Record* form for each Resident (included) Please do not submit CV in lieu of the record form. (1.3)

Attachment B	1. Residency manual (if residency program has created one). Applicable sections pertaining to attachments listed below may be identified and correlated with the page number in the manual.
	 2. Applicant selection procedure, including any rubrics utilized in the selection process, if not included in residency manual. (1.1)
	 3. Documentation provided to residents invited to interview which includes the following:
	     a. Requirements for successful completion of the residency. (1.6)
	     b. Policies for professional, family, and sick leaves and the consequences of any such leave on residents' ability to complete the residency program. (1.6)
	     c. Policies on dismissal from the residency program. (1.6)
	     d. Policy on pharmacy licensure and consequences of failure to obtain licensure within 90 days of start date of residency program. (1.4 and 1.5)

Standard 2:	Responsibilities of the Program to the Resident
Attachment C	1. If a non-traditional residency, a description of the program's design and length used to meet the required educational competency areas, goals, and objectives. (2.1a) 2. Duty- hour policy, if not included in residency manual. (2.2) 3. Current residents' offer letter with terms and conditions which contains information on the pre-employment requirements for their organization and other relevant information. (2.4a) 4. Documentation of acceptance of the terms and conditions of employment. (2.4b) 5. Documentation of completion of program requirements. (2.7a) 6. Sample copy of the certificate awarded to residents upon the completion of the residency program. (2.8)
Standard 3:	Design and Conduct of the Residency Program
Attachment D	Program Design Materials 1. The residency program's promotional materials (e.g., recruiting materials, website address). (3.1)

	2. Program's structure: chart or list that clarifies the program's required and elective learning experiences, the type and duration of each (rotation, longitudinal, concentrated, etc.), and how learning experiences are typically sequenced. (3.2b and 3.2c) 3. A grid or chart indicating in which learning experience(s) each of the program's educational objectives are taught and evaluated. (3.2b) 4. Written learning experience descriptions for **all required learning experiences** indicating how objectives are matched with learning activities.
Attachment E	Two examples of residents' initial development plans and 2nd, 3rd, and final updates to residents' development plans (for current residents as applicable). (3.4a(2) and 3.4d(2))
Attachment F	Five representative samples of **completed** forms used for preceptors' summative evaluations of residents in required learning experiences as follows: (3.4c(1)) • Two direct patient care learning experiences • One practice management learning experience • One service or staffing learning experience • One project learning experience
Attachment G	Representative sampling of residents' evaluations of preceptors and learning experiences. • Provide **1 paired** example of preceptor evaluation and learning experience evaluation for a specific learning experience. (3.4c(5) and 3.4c(6))
Attachment H	Graduate tracking document. (3.5c(1))
Standard 4	**Requirements of the Residency Program Director and Preceptors**
Attachment I	1. Preceptor selection criteria. (4.5b) 2. Preceptor development plan for the residency program. (4.4e)
Attachment J	Completed Preceptor Roster and Requirements form (included). (4.6, 4.7, 4.8)
Attachment K	Completed Preceptor Academic and Professional Record forms for program director and all pharmacist preceptors of all learning experiences (included) (4.2, 4.3, 4.6, 4.8) **Do not submit CV** in lieu of record form and do not attach more information than is required.
Standard 5:	**Minimum Requirements of the Site Conducting the Training Program**
Attachment L	When applicable, only that segment of the last Joint Commission report or other appropriate external accrediting agency report that pertains to pharmacy services, P&T Committee, DUE, and drug-related policies. Do not provide the entire report. (5.1)
Attachment M	If residency training program is associated with a college of pharmacy: • Provide a description of the relationship related to the residency program. (5.3) • Do not provide affiliation agreements or contracts for pharmacy student rotations. • If not applicable, leave attachment section blank. If training site is a multiple-site* residency program: • Provide a description of the relationship between the sites and the written responsibilities of the RPD as agreed upon by representatives of each organization. • If not applicable, leave attachment section blank. (5.4)

Standard 6	Pharmacy Services
Attachment N	Completed Ambulatory and Acute Care Grids (included) • Describe pharmacy services provided for acute care and for ambulatory care patients. Complete one or both of the grids, as applicable, for your site. Additional service areas can be typed in. If training site is a multiple-site* residency program, grids must be completed for all practice sites involved in residency program as applicable to training. (6.6)
Attachment O	Organizational chart(s), as applicable (e.g., for the health-system and pharmacy) (6.4b)
Attachment P	1. Pharmacy mission statement (6.4a) 2. Pharmacy scope of services document (6.2c) 3. **Pharmacy** strategic plan that include both long- and short-term goals. Do not provide organization's strategic plan in lieu of or in addition to the pharmacy strategic plan. (6.3)
Attachment Q	**Pharmacy** quality improvement plan and list of current initiatives (6.9)
Attachment R	Completed General Organizational Data Collection Form (attached)

*Multiple-site residency: a residency site structure in which multiple organizations or practice sites are involved in the residency program. Examples include programs in which: residents spend greater than 25% of the program away from the sponsoring organization/main site at another single site; or there are multiple residents in a program and they are home-based in separate sites.
http://www.ashp.org/DocLibrary/Accreditation/ASD-Accreditation-Regulations-Residencies.aspx

DOCUMENTS REQUESTED 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 must be assembled in the room that is to be used during discussions with the Pharmacy Executive and the Residency Program Director prior to the document review portion of the itinerary on the first day of the on-site survey. As applicable, access to PharmAcademic ™ records should be available.

1. A notebook, binder, or online access to the following documents. Please tab as outlined below for reference.

Tab	Document
A	Learning experience descriptions for all elective learning experiences currently offered by the program.
B	Up to five examples of final report of residents' completed projects for the last two years.
C	A list of residents and corresponding projects for each of the last 5 years or, for new programs, for each year of the program.
D	List of medications approved for override in the institution (by unit, if applicable). (6.6k) List of high-alert medications. (6.6g)
E	Dashboard or reports utilized to document quality of operational and clinical services of the pharmacy department. (6.9a)

2. The pharmacy department policy and procedure manual (electronic document access in the conference room is acceptable). The surveyors may at times request certain policies be produced during the course of the survey. (6.4c)

3. Minutes of the Pharmacy and Therapeutics Committee and other drug policy committee meetings for the past 3 meetings (electronic document access in the conference room is acceptable), which provide documentation of current monographs or medication class reviews; medication-use evaluations; medication safety initiatives (including medication error event reporting, trending and monitoring). (6.7m)

4. Records of current and immediate past residents' training progress if not maintained in PharmAcademic™, including:

   • Preceptors' summative evaluations of residents.
   • Documentation of residents' work-products used to achieve objectives.

   [Other documents may be requested by the surveyors **during** the survey visit to assist them in the evaluation of pharmacy services and/or the conduct of the residency program.]