**PREPARING FOR YOUR SURVEY VISIT**

**PLEASE READ THE FOLLOWING INSTRUCTIONS IN THEIR ENTIRETY BEFORE BEGINNING TO PREPARE YOUR PRE-SURVEY PACKET AND ON-SITE DOCUMENTS.**

A complete and well-organized pre-survey packet will enable surveyors to become familiar with your program and

pharmacy services and maximize the effectiveness of the survey visit. The survey process is intended to be thorough in its evaluation, consultative in nature, and educational for all involved.

To assist in understanding the accreditation standards, ASHP has developed Guidance Documents for PGY1 Pharmacy, PGY1 Community-Based Pharmacy, PGY1 Managed Care Pharmacy, and PGY2 residency standards. These documents describe how individual standards are interpreted and how they will be surveyed. We strongly encourage you to consult the Guidance document as you compile your pre-survey materials and prepare for the survey visit itself. Please visit <https://www.ashp.org/Professional-Development/Residency-Information/Residency-Program-Directors> and click on the link to the accreditation standard specific to your program type to access the most current Guidance Document.

**ITINERARY**

The lead surveyor assigned to review your program will be in contact to discuss the itinerary for the survey visit. Single program surveys are typically 1.5 days in length; multiple program surveys vary in length based on the number of programs to be reviewed and will be determined by the lead surveyor.

**REQUIRED DOCUMENTS**

In preparation for a survey visit, residency program directors are required to submit pre-survey documents; prepare other documents for on-site review; and, ensure all required documents uploaded to PharmAcademic™ are current. These documents represent required components of all residency programs and provide invaluable information to surveyors as they prepare for the survey visit. (*Note: The lead and practitioner surveyor(s) will have access to PharmAcademic™ prior to the survey visit.)*

**Required Pre-Survey Documents:** To be submitted 45 days in advance of the survey visit. A list of these documents can be found in **TABLE 1.**

**On-Site Documents:** To be made available on-site in either hard copy or electronic format. A list of these documents can be found in **TABLE 2**.Additional documents may be requested during the visit as determined by the survey team.

**PharmAcademic**™ **Documents:** These documents will be reviewed via access to PharmAcademic™ prior to surveyors’ arrival on-site: learning experience descriptions, completed TE grid, resident(s) development plans, and graduate tracking. A list of these documents can be found in **TABLE 3.**

*Please note: Any changes to documents in in PharmAcademic™ must be finalized no later than 30 days prior to the survey. Changes made after this time will NOT be considered during the on-site visit, as the surveyors will have already reviewed the materials.*

**SUBMISSION PROCESS**

1. Follow the instructions in [Electronic Submission Guidelines and Tutorial](#ElecSubGuid) to compile the Required Pre-Survey Documents listed in **TABLE 1.**
2. Once all Required Pre-Survey Documents have been converted to pdf format, combined, and Bookmarked, the files must be emailed to: **asd@ashp.org AND the ASHP Lead Surveyor 45 days prior to the on-site survey visit.**

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| --- | --- | --- | --- | --- | --- |
| **TABLE 1: REQUIRED PRE-SURVEY DOCUMENTS** | | | | | |
| **Bookmark Name** | **Required documentS AND INSTRUCTIONS** | | | | |
| **Document Checklist** | Please submit the completed Document Checklist. This should be used as your guide to ensure you have compiled all required pre-survey documents. For items that do not apply to your program, mark the item as N/A on the Checklist. [Document Checklist](#ReqDocListPGY1) | | | | |
| **Residency Manual** | Please submit your residency manual. You may use bookmarks to identify/link to the required documents listed below that are included in the residency manual. | | | | |
| **Pre-survey Questionnaire** | Please submit your completed Pre-Survey Questionnaire [Pre-Survey Questionnaire](#PreQ) | | | | |
| **Reaccreditation Application** | Please submit your [application for reaccreditation](https://www.ashp.org/Professional-Development/Residency-Information/Residency-Program-Directors/Residency-Accreditation/Applying-for-Accreditation) (NOT required for new programs). | | | | |
|  | **Standard 1: Requirements and Selection of Residents** | | | | |
| **Applicant Selection Procedures** | Please submit your applicant selection procedure including rubrics used for screening of applicants for interview and interview evaluation forms. This section should also include Early Commit policies if applicable. | | | | Standard 1.1 |
| **Resident Roster** | Please submit the completed Resident Roster to include the current and the previous years’ residents as applicable. | [Resident Roster](#ResRosterPGY1) | | | Standard 1.3 |
| **Licensure Policy** | Please submit your program’s licensure policy and any information about how extenuating circumstances may impact the date by which residents must be licensed. | | | | Standard 1.5 |
| **Information for Interviewees** | Please submit all documents provided to candidates invited to interview. If you provide your residency manual, please note this on the Document Checklist form. Please also provide an example of a typical interview schedule. | | | | Standards 1.6 and 1.6a |
| **Successful Completion Requirements** | Please submit a list of the successful completion requirements needed for a resident to graduate and receive a certificate | | | | Standards 1.6 |
| **Leave Policies** | Please submit your program’s Professional, Family, and Sick Leave policies. | | | | Standards 1.6 and 1.6a |
| **Dismissal Policy** | Please submit your program’s dismissal policy to include dismissal for cause and dismissal for failure to meet program expectations. Should also include any remediation policies. | | | | Standards 1.6 and 1.6a |
|  | **Standard 2: Responsibilities of the Program to the Resident** | | | | |
| **Non-traditional Program** | If yours is a non-traditional residency, please submit a description of the program’s design and length used to meet the required educational competency areas, goals, and objectives. If this doesn’t apply to your program, please mark this as N/A in the Document Checklist. | | | | Standard 2.1a |
| **Duty-Hour Policy** | Please submit your Duty-hour policy including a description of how duty-hours are tracked. Please also submit an example of a completed tracking form if used. | | | | Standard 2.2 |
| **Signed Offer Letter(s)** | Please submit at least one example of a current resident(s)’ signed offer letter including any attachments supplied with the letter. | | | | Standards 2.4, 2.4a, and 2.4b |
| **Documentation of Completion** | Please submit documentation of resident(s)’ completion of program requirements for the last 3 residency years. For programs who have not yet graduated a resident, please mark this item as N/A on the Document Checklist. | | | | Standard 2.7a |
| **List of Resident Projects/Final Manuscripts** | Please submit a list of residents’ research projects and copies of the corresponding final manuscripts for the last 4 years. For new programs, a list of projects and corresponding final manuscripts for the current year’s resident(s). | | | | Standard 2.7a |
| **Certificate** | Please submit at least one example of the signed certificate awarded to a resident in your most recent graduating class. For programs who have not yet graduated a resident, submit draft copies of the certificates that will be awarded to graduates (i.e., Candidate and Accredited versions). | | | | Standard 2.8 and 2.8a |
| **Resident Binders/Portfolios** | Residents’ binders/portfolios for the current and 3 previous years’ residents. Binders/portfolios should include all deliverables specific to your program (e.g. research project manuscript, MUEs, projects, presentations). | | | | Standard 2.9 |
|  | **Standard 3: Design and Conduct of the Residency Program** | | | | |
| **Promotional Materials** | Please submit copies of all of your program’s promotional materials (e.g., recruiting materials/brochures, website address) documenting the program’s Purpose Statement. | | | | Standard 3.1 |
| **Program Structure** | Please submit the documented description of your program’s structure to include a list of the program’s required and elective learning experiences; the type (e.g., rotation, longitudinal, concentrated) and duration of each; and, an example schedule outlining the typical sequencing of learning experiences. | | | | Standards 3.3a(1), 3.3a(1)(a), 3.3a(1)(b), 3.3a(2), 3.3a(3) |
| **Evaluation Strategy** | Please submit the resident evaluation plan/structure for your program including rating scales and their definitions. | | | | Standard 3.4 |
| **RAC Minutes** | Please submit Residency Advisory Committee (RAC) meeting minutes for the most recently completed residency year. For new programs, please submit all RAC minutes to date. | | | | Standard 3.5 |
| **Program CQI** | Please submit a copy of the most recent formal, annual evaluation of the residency program. For programs that have not yet completed a full residency year, please submit your proposed plan for the annual evaluation including a description of items you plan to evaluate. | | | | Standard 3.5a |
|  | **Standard 4: Requirements of the Residency Program Director and Preceptors** | | | | |
| **RPD’s APR Form** | Please submit the *Preceptor Academic and Professional Record (APR)* form for the residency program director. **Do not submit CV** in lieu of the academic and professional record form. | | | [RPD/Preceptor APR](#PrecAPR) | Standards 4.2 and 4.3 |
| **Committee Representation** | Please submit a list of all practice site/system committees of which the RPD and preceptors are members. | | | | Standards 4.3c and 4.8d |
| **Preceptor Selection** | Please submit the criteria for appointment and reappointment of preceptors. | | | | Standard 4.4c |
| **Preceptor Assessment** | Please submit a description of how preceptor skills are assessed. Include documented examples if available. | | | | Standard 4.4d |
| **Preceptor Development** | Please submit the current year’s preceptor development plan including a schedule of development activities and evidence of preceptor participation. | | | | Standard 4.4e |
| **Preceptor Roster** | Please submit the completed *Preceptor Roster and Requirements* form. Preceptors should be listed in **alphabetical order by last name** | | [Preceptor Roster](#Roster) | | Standards 4.6 and 4.8 |
| **Preceptors’ APR Forms** | Please submit *Preceptor Academic and Professional Record* (APR) forms for all pharmacist preceptors in **alphabetical order by last name** for all learning experiences. **Do not submit CV** in lieu of the academic and professional record form. | | [RPD/Preceptor APR](#PrecAPR) | | Standards 4.6 and 4.8 |
| **Privileging/Credentialing** | Please submit policies which outline the criteria for pharmacist privileging/credentialing at your institution including one example of a protocol/collaborative/scope of practice agreement. If this doesn’t apply to your program, please mark this item as N/A on the Document Checklist. | | | | Standard 4.8c |
| **Preceptor-in Training Development Plans** | Please submit development plans for all preceptors-in-training, as applicable. If this doesn’t apply to your program, please mark this item as N/A on the Document Checklist. | | | | Standard 4.9a(2) |
|  | **Standard 5: Minimum Requirements of the Site Conducting the Training Program** | | | | |
| **External Appraisal** | Please submit only the segment of the last Joint Commission or other appropriate external accrediting agency report that pertains to pharmacy services, P&T Committee, and drug‐related policies. Do not provide the entire report. | | | | Standard 5.1 |
| **Sponsorship/**  **Cooperation Agreement** | If your program is sponsored by, or conducted in cooperation with another organization (e.g., college of pharmacy, health system) please submit the signed cooperation/sponsorship agreement and/or a description of the relationship between the entities. **Do not provide affiliation agreements or contracts for pharmacy student rotations**. If this doesn’t apply to your program, please mark this item as N/A on the Document Checklist | | | | Standard 5.3 |
| **Multiple-site Program Description** | If your program is a multiple-site\* residency program, please submit a description of the relationship between the sites and the written responsibilities of the RPD as agreed upon by representatives of each organization. If this doesn’t apply to your program, please mark this item as N/A on the Document Checklist. | | | | Standard 5.4 |
|  | **Standard 6: Pharmacy Services** | | | | |
| **Service Grids** | Please complete and submit the Ambulatory and Acute Care Grids which describe pharmacy services provided for acute care and for ambulatory care patients. Complete one or both grids, as applicable, for your site. 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. | | | [**Acute Care Grid Instructions**](#InstAcute)  [**Acute Care Grid**](#AcuteGrid)  [**Ambulatory Care Grid Instructions**](#AmCareInstr)  [**Ambulatory Care Grid**](#AmCareGrid) | Standard 6.2 |
| **Scope of Services** | Please submit a description of the scope of services provided by the pharmacy department. | | | | Standard 6.2a |
| **Strategic Plan** | Please submit thestrategic plan for the Pharmacy Department that includes both short-term (1-3 years) and long‐term (3-5 years and beyond) goals. **Do not provide organization’s strategic plan in lieu of or in addition to the pharmacy strategic plan.** | | | | Standard 6.3 |
| **Mission Statement** | Please submit the Pharmacy mission statement. | | | | Standard 6.4a |
| **Organizational Charts** | Please submit the organizational chart(s), as applicable (e.g., for the pharmacy department, health‐system). | | | | Standard 6.4b |
| **Resident Position Description** | Please submit the resident position description. | | | | Standard 6.4d |
| **Compliance Reporting** | Please submit the most recent reports for adverse events, error reporting, bar code medication administration (BCMA) compliance, and smart IV pump compliance as available. | | | | Standard 6.4f |
| **Medication Safety** | Please submit the minutes from the committee that reviews adverse drug events/reactions and medication errors. | | | | Standard 6.4f |
| **Quality Reports** | Please submit dashboard or reports utilized to document quality of operational and clinical services of the pharmacy department including patient outcome and service effectiveness data. | | | | Standards 6.4e, 6.4g, and 6.9a |
| **ISMP Checklist** | Please submit the completed ISMP checklist for Targeted Medication Safety Best Practices for Hospitals (as applicable). Please download the [ISMP Checklist](https://www.ashp.org/Professional-Development/Residency-Information/Residency-Program-Directors/Residency-Accreditation/Residency-Accreditation-Survey-Readiness) from ASHP’s website and complete the self-assessment. | | | | Standard 6.5b |
| **Hazardous Drug Policy and Med List** | Please submit your hazardous medications policies (chemotherapeutic and non-chemotherapeutic) including handling procedures and list of included medications. | | | | Standard 6.6f |
| **High- Alert, Look-Alike/Sound-Alike Policies and Med Lists** | Please submit your high-alert, look-alike/sound alike drug policy/policies including your high-alert and look-alike medication lists. | | | | Standard 6.6g |
| **Override Policies/Med List** | Please submit the policies governing the override of medications and the override lists for 3 separate service areas (i.e., emergency department, ICU, internal medicine). | | | | Standard 6.6i |
| **P&T Committee Minutes** | P&T Committee meeting minutes for the 4 most recent meetings. | | | | Standard 6.7f |
| **Medication Reconciliation** | Please submit the medication reconciliation and patient education policies. | | | | Standard 6.7l |
| **Organizational Data** | Please submit the completed *General Organizational Data Collection Form* | | | [General Organizational Data Collection Form](#OrgDataPGY1) | Standard 6.8 |
| **Services CQI** | Please submit the Pharmacy quality improvement plan and list of current and planned initiatives with timelines if available. | | | | Standard 6.9 |
|  |  | | | | |

**\*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>

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| **TABLE 2: REQUIRED ON-SITE DOCUMENTS** | | |
| **Label** | **REQUIRED DOCUMENTS** | |
| **Pharmacy Department’s Policy and Procedure Manual** | The pharmacy department policy and procedure manual (electronic document access in the conference room is acceptable). | Standard 6.4c |
| **Patient Care Notes** | Six examples of residents documented patient care notes (de-identified) for each of the last 4 years. For new programs, 6 examples for each year of the program. | Standard 6.7i |
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The documents listed in **TABLE 2** may be made available to surveyors on-site in either hard copy or electronic format.Additional documents may be requested during the visit as determined by the survey team.

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| **TABLE 3: PHARMACADEMIC™ DOCUMENTS**  **(*will be reviewed prior to on-site visit*)** | |
|  | |
| Completed Teach and Evaluate (TE) grid | Standard 3.2b |
| All learning experience descriptions (required, elective, required that may be repeated as elective) | Standard 3.3c(1) |
| Resident(s) development plans | Standard 3.4a(2) and 3.4d |
| Summative Evaluations of the Resident(s); Preceptor Evaluations by the Resident(s), Learning Experience Evaluations by the Resident(s) | Standards 3.4c (1-6) |
| Graduate tracking | Standard 3.5c(1) |
|  |  |

**Electronic Submission Guidelines and Tutorial**

**All Required Documents (MS Word and Excel files) should be converted to PDF files. Scanning documents (vs. saving as a PDF) creates file sizes that may be too large to email and cannot be edited or searched. *Exceptions to this requirement are the program application, graduation certificate, and residents’ signed offer letter(s).* These documents may be scanned since signatures are required.**

**Submission Procedure:**

1. Compile the Required Documents listed in **TABLE 1** using the [Document Checklist](#ReqDocListPGY1) to ensure your per-survey materials are complete. Mark N/A on the Document Checklist for items that do not apply to your program. If a document is located within another submitted document (e.g., Duty-Hour Policy within the Residency Manual), you may use bookmarks to link to that document (see [**Thumbnails and Bookmarks**](https://helpx.adobe.com/acrobat/using/page-thumbnails-bookmarks-pdfs.html)).Please also document relevant page numbers on the Document Checklist form.
2. Convert all Required Documents into PDF format. Completed and signed Reaccreditation Application (as applicable), signed Certificates of Completion, and resident(s)’ signed offer letter(s) should be scanned into PDF format.
3. Combine all converted and scanned PDF documents **in the order listed in** **TABLE 1** into a **single PDF file** with individual Bookmarks for each Document (see below for [instructions](#BkmkInstr) on how to combine and bookmark files - note [specific instructions](#SpBkmkAPRMulti) for preceptor APRs and multi-site programs). Subfolders for individual items should be developed for Required Documents that include multiple items (e.g., Service Grids, Quality Reports).
4. Once all Required Documents have been combined and bookmarked, the files must be emailed to **asd@ashp.org AND the ASHP Lead Surveyor 45 days prior to the on-site survey visit.**

The email Subject Line should be formatted as follows:

**Pre-survey docs (your program number) [your organization name] [residency program type]**

For example: Pre-survey docs (12345) ABC Medical Center PGY1 Pharmacy

Some email programs may limit the size of files that may be emailed. If your PDF files are too large, you may need to zip/compress them, prior to submission. Various programs can be used to reduce file size; however, you may also be able to compress a PDF file via the steps below:

1. Locate large PDF file in file viewer
2. Right-click large PDF file

a.) Select ‘Send To…’ -> ‘Compressed (zipped) folder’ (Windows)

b.) Select ‘Compress “file name.pdf”’ (MAC)

If your PDF file size is still too large to email after compression, please separate your Documents into separate zipped/compressed files and email separately per the submission instructions above adding “1 of 2”, “2 of 2” to the Subject Line.

For example: *Pre-survey docs (12345) ABC Medical Center PGY1 Pharmacy 1 of 2*

**How to Combine and Bookmark PDF Files for Submission**

Prior to combining all required documents into a single PDF file, all MS Word and Excel files should first be saved as Adobe PDF files. The program application, graduation certificate, and resident(s)’ signed offer letter should be scanned into PDF format.

For instructions on how to **combine** and **bookmark** files, select the appropriate link below based upon your current version of Adobe® Acrobat®.

**Combine Files**

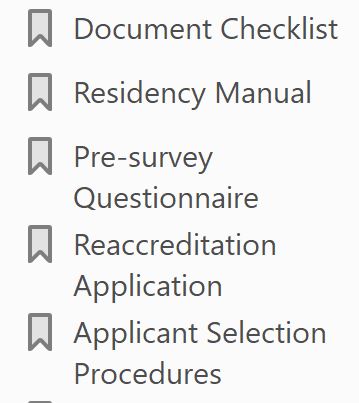
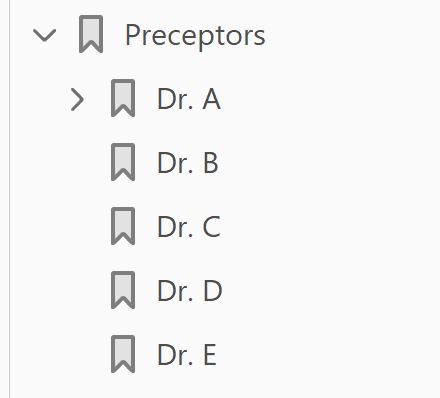
[**Adobe Acrobat XI Tutorial**](https://helpx.adobe.com/acrobat/11/using/merging-files-single-pdf.html)

**[Adobe Acrobat DC Tutorial](https://helpx.adobe.com/acrobat/how-to/combine-files-into-pdf.html?playlist=/ccx/v1/collection/product/acrobat-dc/segment/designer/explevel/beginner/applaunch/basictraining/collection.ccx.js?ref=helpx.adobe.com)**

[**Thumbnails and Bookmarks**](https://helpx.adobe.com/acrobat/using/page-thumbnails-bookmarks-pdfs.html) **– scroll to ‘About Bookmarks’**

When several PDF files are combined into a single document, automatic bookmarks are created. Please review these auto-generated bookmarks to ensure they mirror the document names listed in Document Checklist – if they do not match, PLEASE REVISE THE BOOKMARK names to match the document names in Document Checklist.

Examples of the correct use of bookmarks:

Please note – if a required document is included in your residency manual, you can bookmark the specific section/text. Instructions for this process are included in the [**Thumbnails and Bookmarks**](https://helpx.adobe.com/acrobat/using/page-thumbnails-bookmarks-pdfs.html) link. Alternately, you may include relevant page numbers on the Document Checklist instead of using the Bookmark function.

**Specific Instructions for Bookmarks of Preceptor APRs, Multi-site programs, and Multi-program sites:**

1. For the **Preceptors’ APR** Forms, please create individual subfolders for each preceptor’s APR **organized alphabetically** **by preceptor last name.**
2. For multi-*site* programs†, create subfolders labeled by site name for documents that differ between sites (e.g., service grids).
3. For multi-*program* surveys, each program must submit a separate Pre-survey Questionnaire and bookmarked PDF file.
4. For large multi-program surveys, the lead surveyor may request extra information for select additional documents to better coordinate multiple programs.

†**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. Please see [ASHP Regulations on Accreditation of Pharmacy Residencies](https://www.ashp.org/-/media/assets/professional-development/residencies/docs/accreditation-regulations-residencies.ashx?la=en&hash=AA4A384DE7E2D709F529217011CB33BDA4FF35F4).

**DOCUMENT CHECKLIST**

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| --- | --- |
| **Document** | **Please mark “Submitted” or “N/A” in this column for each listed document. For items that are included in the Residency Manual (e.g., Duty-Hour Policy), please indicate the relevant page numbers.** |
| Document Checklist |  |
| Residency Manual |  |
| Pre-survey Questionnaire |  |
| Reaccreditation Application |  |
| **Standard 1: Requirements and Selection of Residents** |  |
| Applicant Selection Procedures |  |
| Resident Roster |  |
| Licensure Policy |  |
| Information for Interviewees |  |
| Successful Completion Requirements |  |
| Leave Policies |  |
| Dismissal Policy |  |
| **Standard 2: Responsibilities of the Program to the Resident** |  |
| Non-traditional Program |  |
| Duty-Hour Policy |  |
| Signed Offer Letter(s) |  |
| Documentation of Completion |  |
| List of Resident Projects/Final Manuscripts |  |
| Certificate |  |
| Resident Binders/Portfolios |  |
| **Standard 3: Design and Conduct of the Residency Program** |  |
| Promotional Materials |  |
| Program Structure |  |
| Evaluation Strategy |  |
| RAC Minutes |  |
| Program CQI |  |
| **Standard 4: Requirements of the Residency Program Director and Preceptors** |  |
| RPD’s APR Form |  |
| Committee Representation |  |
| Preceptor Selection |  |
| Preceptor Assessment |  |
| Preceptor Development |  |
| Preceptor Roster |  |
| Preceptors’ APR Forms |  |
| Privileging/Credentialing |  |
| Preceptor-in Training Development Plans |  |
| **Standard 5: Minimum Requirements of the Site Conducting the Training Program** |  |
| External Appraisal |  |
| Sponsorship/ Cooperation Agreement |  |
| Multiple-site Program Description |  |
| **Standard 6: Pharmacy Services** |  |
| Scope of Services |  |
| Strategic Plan |  |
| Mission Statement |  |
| Organizational Charts |  |
| Resident Position Description |  |
| Compliance Reporting |  |
| Medication Safety |  |
| Quality Reports |  |
| Organizational Data |  |
| ISMP Checklist |  |
| Service Grids |  |
| Hazardous Drug Policy |  |
| High- Alert, Look-Alike/Sound-Alike Policies and Med Lists |  |
| Override Policies/Lists |  |
| P&T Committee Minutes |  |
| Medication Reconciliation |  |
| Organizational Data |  |
| Services CQI |  |
|  |  |

**Pre-survey Questionnaire Instructions:**

The numbering in the pre-survey questionnaire is designed to correspond with the associated Accreditation Standard. The questionnaire is separated into six sections which correspond to Standards 1 through 6. Completion of the questionnaire requires that you evaluate your program’s compliance with each Standard by indicating whether you are fully compliant (FC), partially compliant (PC), non-compliant (NC), or that the standard does not apply (N/A) to your program.

Fully Compliant*:* This designation should be used if you can always demonstrate 100 % compliance with the Standard and in all areas

Partially Compliant: This designation should be used if you are somewhat or mostly compliant with the standard but not 100% of the time in all areas

Non-compliant: This designation should be used if you are not compliant with the Standard at any time/in any area

N/A: This designation should be used if a standard does not apply to your program (e.g., if you do not have an investigational drug service, Standard 6.6d would be marked N/A)

**Any standard that you self-assess as PC or NC MUST be accompanied by an explanatory comment. Comment areas are included at the end of each Standard section of the pre-survey questionnaire.**

Please take time to consider the answers to your pre-survey questionnaire. An honest assessment of your program’s compliance will enable the surveyors to determine how best to provide information and guidance to help you to progress towards full compliance.

**PRE-SURVEY QUESTIONNAIRE AND SELF-ASSESSMENT CHECKLIST**

**FOR THE ACCREDITATION OF A**

**POSTGRADUATE YEAR ONE (PGY1) 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| --- | --- | --- | --- | --- | --- |
|  | | **FC** | **PC** | **NC** | **NA** |
| **Standard 1: Requirements and Selection of Residents** | | | | | |
|  |  |  |  |  |  |
| 1.1 | The residency program director or designee evaluates the qualifications of applicants to pharmacy residencies through a documented, formal, procedure based on predetermined criteria. |  |  |  |  |
| 1.2 | The predetermined criteria and procedure used to evaluate applicants’ qualifications are used by all involved in the evaluation and ranking of applicants. |  |  |  |  |
| 1.3 | Applicants to pharmacy residencies are graduates or candidates for graduation of an Accreditation Council for Pharmacy Education (ACPE) accredited degree program (or one in process of pursuing accreditation) or have a Foreign Pharmacy Graduate Equivalency Committee (FPGEC) certificate from the National Association of Boards of Pharmacy (NABP). |  |  |  |  |
| 1.4 | Applicants to pharmacy residencies are licensed or eligible for licensure in the state or jurisdiction in which the program is conducted. |  |  |  |  |
|  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | | **FC** | **PC** | **NC** | **NA** |
| **1.5** | **Consequences of residents’ failure to obtain appropriate licensure either prior to or within 90 days of the start date of the residency are addressed in written policy of the residency program.** | | |  |  |  |  |
| 1.6 | Requirements for successful completion and expectations of the residency program are documented and provided to applicants invited to interview, including policies for professional, family, and sick leaves and the consequences of any such leave on residents’ ability to complete the residency program and for dismissal from the residency program. | | |  |  |  |  |
|  | 1.6.a. | These policies are reviewed with residents and are consistent with the organization’s human resources policies. | |  |  |  |  |
|  |  | | |  |  |  |  |
| **Comments**: | | | | | | | |
|  |  | | |  |  |  |  |
| **Standard 2: Responsibilities of the Program to the Resident** | | | | | | | |
|  |  | | |  |  |  |  |
| 2.1 | The program is a minimum of twelve months and a full-time practice commitment or equivalent. | | |  |  |  |  |
|  | 2.1.a. | | Non-traditional residency programs have a description of the program’s design and length used to meet the required educational competency areas, goals, and objectives. |  |  |  |  |
| 2.2 | The program complies with the ASHP *Duty-Hour Requirements for Pharmacy Residencies*1. (<http://www.ashp.org/DocLibrary/Accreditation/Regulations-Standards/Duty-Hours.aspx> ) | | |  |  |  |  |
| 2.3 | The program adheres to the *Rules for the ASHP Pharmacy Resident Matching Program*2. | | |  |  |  |  |
| 2.4 | The residency program director (RPD) provides residents who are accepted into the program with a letter outlining their acceptance to the program. | | |  |  |  |  |
|  | 2.4.a. | | The RPD provides residents accepted to the program with information on the pre-employment requirements for the organization (e.g., licensure and human resources requirements, such as drug testing, criminal record check) and other relevant information (e.g., benefits, stipend). |  |  |  |  |
|  | 2.4.b. | | Residents’ acceptance of these terms and conditions, requirements for successful completion, and expectations of the residency program is documented prior to the beginning of the residency. |  |  |  |  |
| **2.5** | **The residency program provides qualified preceptors to ensure appropriate training, supervision, and guidance to all residents to fulfill the requirements of the accreditation standards.** | | |  |  |  |  |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  | | | | | | | | | | | | | **FC** | **PC** | **NC** | **NA** |
| 2.6 | | The residency program provides residents an area in which to work, references, an appropriate level of relevant technology (e.g., clinical information systems, workstations, databases), access to extramural educational opportunities (e.g., a pharmacy association meeting, a regional residency conference), and sufficient financial support to fulfill the responsibilities of the program. | | | | | | | | | | | | |  |  |  |  |
| **2.7** | | **The RPD awards a certificate of residency only to those who complete the program’s requirements.** | | | | | | | | | | | | |  |  |  |  |
|  | | **2.7.a** | | **The RPD documents residents’ completion of the program’s requirements.** | | | | | | | | | | |  |  |  |  |
| 2.8 | | The certificate provided to residents who complete the program’s requirements is issued in accordance with the provisions of the *ASHP Regulations on Accreditation of Pharmacy Residencies*3 and is signed by the RPD and the chief executive officer of the organization or an appropriate executive with ultimate authority over the residency. | | | | | | | | | | | | |  |  |  |  |
|  | | 2.8.a. | | | Reference is made in the certificate of the residency that the program is accredited by ASHP. | | | | | | | | | |  |  |  |  |
| **2.9** | | **The RPD maintains the program’s compliance with the provisions of the current version of the *ASHP Regulations on Accreditation of Pharmacy Residencies*3 throughout the accreditation cycle.** | | | | | | | | | | | | |  |  |  |  |
|  | |  | | | | | | | | | | | | |  |  |  |  |
| **Comments:** | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | |  |  |  |  |
| **Standard 3: Design and Conduct of the Residency Program** | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | |  |  |  |  |
| 3.1 | | Residency Purpose and Description  The residency program is designed and conducted in a manner that supports residents in achieving the following purpose and the required educational competency areas, goals, and objectives described in the remainder of the accreditation standards.  PGY1 Program Purpose: PGY1 pharmacy residency programs build on Doctor of Pharmacy (Pharm.D.) education and outcomes to contribute to the development of clinical pharmacists responsible for medication-related care of patients with a wide range of conditions, eligible for board certification, and eligible for postgraduate year two (PGY2) pharmacy residency training. | | | | | | | | | | | | |  |  |  |  |
|  | | 3.2.a. | | | The program’s educational goals and objectives support achievement of the residency’s purpose. | | | | | | | | | |  |  |  |  |
|  | | **3.2.b.** | | | **The following competency areas and all associated educational goals and objectives4 required by the accreditation standard are included in the program’s design:** | | | | | | | | | |  |  |  |  |
|  | |  | | | **(1)** | | | | **patient care;** | | | | | |  |  |  |  |
|  | |  | | | **(2)** | | | | **advancing practice and improving patient care;** | | | | | |  |  |  |  |
|  | |  | | | **(3)** | | | | **leadership and management; and,** | | | | | |  |  |  |  |
|  | |  | | | **(4)** | | | | **teaching, education, and dissemination of knowledge.** | | | | | |  |  |  |  |
|  | | 3.2.c. | | | If the program has elected to select additional competency areas that are required for their program, these competency areas are required for all residents in that program. | | | | | | | | | |  |  |  |  |
| 3.3 | | Resident Learning | | | | | | | | | | | | |  |  |  |  |
|  | | 3.3.a. | | | Program Structure | | | | | | | | | |  |  |  |  |
|  | |  | | | 3.3.a.(1) | | | | | A written description of the structure of the program is documented formally. | | | | |  |  |  |  |
|  | |  | | |  | | | | | 3.3.a.(1)(a) | | | The program’s description of the structure of the program includes required learning experiences and the length of time for each experience. | |  |  |  |  |
|  | |  | | |  | | | | | 3.3.a.(1)(b) | | | Elective learning experiences are listed in the program’s design. | |  |  |  |  |
|  | |  | | | **3.3.a.(2)** | | | | | **The program’s structure facilitates achievement of the program’s educational goals and objectives.** | | | | |  |  |  |  |
|  | |  | | | **3.3.a.(3)** | | | | | **The program’s structure permits residents to gain experience and sufficient practice with diverse patient populations, a variety of disease states, and a range of patient problems.** | | | | |  |  |  |  |
|  | |  | | | **3.3.a.(4)** | | | | | **Residency programs based in certain practice settings (e.g., long-term care, acute care, ambulatory care, hospice, pediatric hospital, home care) must ensure that the program’s learning experiences meet the above requirements for diversity, variety, and complexity.** | | | | |  |  |  |  |
|  | |  | | | 3.3.a.(5) | | | | | No more than one-third of the twelve-month PGY1 pharmacy residency program deals with a specific patient disease state and population (e.g., critical care, oncology, cardiology). | | | | |  |  |  |  |
|  | |  | | | 3.3.a.(6) | | | | | Residents spend two thirds or more of the program in direct patient care activities. | | | | |  |  |  |  |
|  | | 3.3.b. | | | Orientation  Residency program director orients residents to the residency program. | | | | | | | | | |  |  |  |  |
|  | | 3.3.c. | | | Learning Experiences | | | | | | | | | |  |  |  |  |
|  | |  | | | 3.3.c.(1) | | | | | Learning experience descriptions are documented and include: | | | | |  |  |  |  |
|  | |  | | |  | | | | | 3.3.c.(1)(a) | | | a general description, including the practice area and the roles of pharmacists in the practice area; | |  |  |  |  |
|  | |  | | |  | | | | | 3.3.c.(1)(b) | | | expectations of residents; | |  |  |  |  |
|  | |  | | |  | | | | | **3.3.c.(1)(c)** | | | **educational goals and objectives assigned to the learning experience;** | |  |  |  |  |
|  | |  | | |  | | | | | **3.3.c.(1)(d)** | | | **for each objective, a list of learning activities that will facilitate its achievement; and,** | |  |  |  |  |
|  | |  | | |  | | | | | 3.3.c.(1)(e) | | | a description of evaluations that must be completed by preceptors and residents. | |  |  |  |  |
|  | |  | | | 3.3.c.(2) | | | | | Preceptors orient residents to their learning experiences using learning experience descriptions. | | | | |  |  |  |  |
|  | |  | | |  | | | | |  | | | | |  |  |  |  |
|  | |  | | |  | | | | |  | | | | |  |  |  |  |
|  | |  | | |  | | | | |  | | | | | **FC** | **PC** | **NC** | **NA** |
|  | |  | | | 3.3.c.(3) | | | | | During learning experiences, preceptors use the four preceptor roles as needed based on residents’ needs. | | | | |  |  |  |  |
|  | |  | | | 3.3.c.(4) | | | | | Residents progress over the course of the residency to be more efficient, effective, and able to work independently in providing direct patient care. | | | | |  |  |  |  |
| 3.4 | | Evaluation  The extent of residents’ progression toward achievement of the program’s required educational goals and objectives is evaluated. | | | | | | | | | | | | |  |  |  |  |
|  | | 3.4.a. | | | Initial assessment | | | | | | | | | |  |  |  |  |
|  | |  | | | 3.4.a.(1) | | | | | At the beginning of the residency, the RPD in conjunction with preceptors, assesses each resident’s entering knowledge and skills related to the educational goals and objectives. | | | | |  |  |  |  |
|  | |  | | | **3.4.a.(2)** | | | | | **The results of residents’ initial assessments are documented by the program director or designee in each resident’s development plan by the end of the orientation period and are taken into consideration when determining residents’ learning experiences, learning activities, evaluations, and other changes to the program’s overall plan.** | | | | |  |  |  |  |
|  | | 3.4.b. | | | Formative (on-going, regular) assessment | | | | | | | | | |  |  |  |  |
|  | |  | | | **3.4.b.(1)** | | | | | **Preceptors provide on-going feedback to residents about how they are progressing and how they can improve that is frequent, immediate, specific, and constructive.** | | | | |  |  |  |  |
|  | |  | | | 3.4.b.(2) | | | | | Preceptors make appropriate adjustments to residents’ learning activities in response to information obtained through day-to-day informal observations, interactions, and assessments. | | | | |  |  |  |  |
|  | | 3.4.c. | | | Summative evaluation | | | | | | | | | |  |  |  |  |
|  | |  | | | **3.4.c.(1)** | | | | | **At the end of each learning experience, residents receive, and discuss with preceptors, verbal and written assessment on the extent of their progress toward achievement of assigned educational goals and objectives, with reference to specific criteria.** | | | | |  |  |  |  |
|  | |  | | | 3.4.c.(2) | | | | | For learning experiences greater than or equal to 12 weeks in length, a documented summative evaluation is completed at least every three months. | | | | |  |  |  |  |
|  | |  | | | 3.4.c.(3) | | | | | If more than one preceptor is assigned to a learning experience, all preceptors provide input into residents’ evaluations. | | | | |  |  |  |  |
|  | |  | | | 3.4.c.(4) | | | | | For preceptors-in-training, both the preceptor-in-training and the preceptor advisor/coach sign evaluations. | | | | |  |  |  |  |
|  | |  | | | 3.4.c.(5) | | | | | Residents complete and discuss at least one evaluation of each preceptor at the end of the learning experience. | | | | |  |  |  |  |
|  | |  | | | 3.4.c.(6) | | | | | Residents complete and discuss an evaluation of each learning experience at the end of the learning experience. | | | | |  |  |  |  |
|  | |  | | |  | | | | | | | | | | **FC** | **PC** | **NC** | **NA** |
|  | | 3.4.d. | | | Residents’ development plans | | | | | | | | | |  |  |  |  |
|  | |  | | | 3.4.d.(1) | | | | | Each resident has a resident development plan documented by the RPD or designee. | | | | |  |  |  |  |
|  | |  | | | **3.4.d.(2)** | | | | | **On a quarterly basis, the RPD or designee assesses residents’ progress and determines if the development plan needs to be adjusted.** | | | | |  |  |  |  |
|  | |  | | | 3.4.d.(3) | | | | | The development plan and any adjustments are documented and shared with all preceptors. | | | | |  |  |  |  |
| 3.5 | | Continuous Residency Program Improvement | | | | | | | | | | | | |  |  |  |  |
|  | | 3.5.a. | | | The RPD, residency advisory committee (RAC), and pharmacy executive engage in an on-going process of assessment of the residency program including a formal annual program evaluation. | | | | | | | | | |  |  |  |  |
|  | | 3.5.b. | | | The RPD or designee develops and implements program improvement activities to respond to the results of assessments of the residency program. | | | | | | | | | |  |  |  |  |
|  | | 3.5.c. | | | The residency program’s continuous quality improvement process evaluates whether residents fulfill the purpose of a PGY1 pharmacy residency program through graduate tracking. | | | | | | | | | |  |  |  |  |
|  | |  | | | 3.5.c.(1) | | | | | Information tracked includes initial employment, and may include changes in employment, board certification, surveys of past graduates, or other applicable information. | | | | |  |  |  |  |
|  | |  | | | | | | | | | | | | |  |  |  |  |
| **Comments:** | | | | | | | | | | | | | | | | | | |
| **Standard 4: Requirements of the Residency Program Director and Preceptors** | | | | | | | | | | | | | | | | | | |
| 4.1 | | Program Leadership Requirements | | | | | | | | | | | | |  |  |  |  |
|  | | 4.1.a. | | | The residency program has a single residency program director (RPD) who is a pharmacist from a practice site involved in the program or from the sponsoring organization. | | | | | | | | | |  |  |  |  |
|  | | 4.1.b. | | | The RPD has established and chairs a residency advisory committee (RAC) specific to the program. | | | | | | | | | |  |  |  |  |
|  | | 4.1.c. | | | If the RPD has chosen to delegate administrative duties/activities for the conduct of the residency program to one or more individuals (e.g., a residency program coordinator), the RPD maintains appropriate oversight. | | | | | | | | | |  |  |  |  |
|  | | 4.1.d. | | | For residencies conducted by more than one organization (e.g., two organizations in a partnership) or residencies offered by a sponsoring organization (e.g., a college of pharmacy, hospital) in cooperation with one or more practice sites: | | | | | | | | | |  |  |  |  |
|  | |  | | | 4.1.d.(1) | | | | | A single RPD is designated in writing by responsible representatives of each participating organization. | | | | |  |  |  |  |
|  | |  | | | 4.1.d.(2) | | | | | The agreement includes definition of: | | | | |  |  |  |  |
|  | |  | | |  | | | | | 4.1.d.(2)(a) | | | | responsibilities of the RPD; and, |  |  |  |  |
|  | |  | | |  | | | | | 4.1.d.(2)(b) | | | | RPD’s accountability to the organizations and/or practice site(s) |  |  |  |  |
|  | |  | | | | | | | | | | | | | **FC** | **PC** | **NC** | **NA** |
| **4.2** | | **Residency Program Director’s Eligibility** | | | | | | | | | | | | |  |  |  |  |
|  | | **The RPD is a licensed pharmacist who:**   * **has completed an ASHP-accredited PGY1 residency followed by a minimum of three years of pharmacy practice experience; or** * **has completed ASHP-accredited PGY1 and PGY2 residencies with one or more years of pharmacy practice experience; or** * **without completion of an ASHP-accredited residency, has five or more years of pharmacy practice experience.** | | | | | | | | | | | | |  |  |  |  |
| **4.3** | | **Residency Program Director’s Qualifications**  **The RPD serves as role models for pharmacy practice**, as evidenced by: | | | | | | | | | | | | |  |  |  |  |
|  | | 4.3.a. | | | leadership within the pharmacy department or within the organization, through a documented record of improvements in and contributions to pharmacy practice; | | | | | | | | | |  |  |  |  |
|  | | 4.3.b. | | | demonstrating ongoing professionalism and contribution to the profession; | | | | | | | | | |  |  |  |  |
|  | | 4.3.c. | | | representing pharmacy on appropriate drug policy and othercommittees of the pharmacy department or within the organization; and, | | | | | | | | | |  |  |  |  |
| 4.4 | | Residency Program Leadership Responsibilities  The RPD serves as the organizationally authorized leader of the residency program and has responsibility for: | | | | | | | | | | | | |  |  |  |  |
|  | | 4.4.a. | | | organization and leadership of a residency advisory committee that provides guidance for residency program conduct and related issues; | | | | | | | | | |  |  |  |  |
|  | | 4.4.b. | | | oversight of the progression of residents within the program and documentation of completed requirements; | | | | | | | | | |  |  |  |  |
|  | | 4.4.c. | | | implementing use of criteria for appointment and reappointment of preceptors; | | | | | | | | | |  |  |  |  |
|  | | 4.4.d. | | | evaluation, skills assessment, and development of preceptors in the program; | | | | | | | | | |  |  |  |  |
|  | | 4.4.e. | | | creating and implementing a preceptor development plan for the residency program; | | | | | | | | | |  |  |  |  |
|  | | 4.4.f. | | | continuous residency program improvement in conjunction with the residency advisory committee; and, | | | | | | | | | |  |  |  |  |
|  | | 4.4.g. | | | working with pharmacy administration | | | | | | | | | |  |  |  |  |
| 4.5 | | Appointment or Selection of Residency Program Preceptors | | | | | | | | | | | | |  |  |  |  |
|  | | 4.5.a. | | | The organization allows the residency program director to appoint and develop pharmacy staff to become preceptors for the program. | | | | | | | | | |  |  |  |  |
|  | | 4.5.b. | | | The RPD develops and applies criteria for preceptors consistent with those required by the accreditation standard. | | | | | | | | | |  |  |  |  |
|  | | |  | | | | | | | | | | | | **FC** | **PC** | **NC** | **NA** |
| **4.6** | | | **Pharmacist Preceptors’ Eligibility** | | | | | | | | | | | |  |  |  |  |
|  | | | **Pharmacist preceptors are licensed pharmacists who:**   * **have completed an ASHP-accredited PGY1 residency followed by a minimum of one year of pharmacy practice experience; or** * **have completed an ASHP-accredited PGY1 residency followed by an ASHP-accredited PGY2 residency and a minimum of six months of pharmacy practice experience; or** * **without completion of an ASHP-accredited residency, have three or more years of pharmacy practice experience.** | | | | | | | | | | | |  |  |  |  |
| 4.7 | | | Preceptors’ Responsibilities | | | | | | | | | | | |  |  |  |  |
|  | | | Preceptors serve as role models for learning experiences. They: | | | | | | | | | | | |  |  |  |  |
|  | | | 4.7.a. | | | contribute to the success of residents and the program; | | | | | | | | |  |  |  |  |
|  | | | 4.7.b. | | | provide learning experiences in accordance with Standard 3; | | | | | | | | |  |  |  |  |
|  | | | 4.7.c. | | | participate actively in the residency program’s continuous quality improvement processes; | | | | | | | | |  |  |  |  |
|  | | | 4.7.d. | | | demonstrate practice expertise, preceptor skills, and strive to continuously improve; | | | | | | | | |  |  |  |  |
|  | | | 4.7.e. | | | adhere to residency program and department policies pertaining to residents and services; and, | | | | | | | | |  |  |  |  |
|  | | | 4.7.f. | | | demonstrate commitment to advancing the residency program and pharmacy services. | | | | | | | | |  |  |  |  |
| **4.8** | | | **Preceptors’ Qualifications** | | | | | | | | | | | |  |  |  |  |
|  | | | **Preceptors demonstrate the ability to precept residents’ learning experiences by meeting one or more qualifying characteristics in all of the following areas:** | | | | | | | | | | | |  |  |  |  |
|  | | | 4.8.a. | | | demonstrating the ability to precept residents’ learning experiences by use of clinical teaching roles (i.e., instructing, modeling, coaching, facilitating) at the level required by residents; | | | | | | | | |  |  |  |  |
|  | | | 4.8.b. | | | the ability to assess residents’ performance; | | | | | | | | |  |  |  |  |
|  | | | 4.8.c. | | | recognition in the area of pharmacy practice for which they serve as preceptors; | | | | | | | | |  |  |  |  |
|  | | | 4.8.d. | | | an established, active practice in the area for which they serve as preceptor; | | | | | | | | |  |  |  |  |
|  | | | 4.8.e. | | | maintenance of continuity of practice during the time of residents’ learning experiences; and, | | | | | | | | |  |  |  |  |
|  | | | 4.8.f. | | | ongoing professionalism, including a personal commitment to advancing the profession. | | | | | | | | |  |  |  |  |
| 4.9 | | | Preceptors-in-Training | | | | | | | | | | | |  |  |  |  |
|  | | | 4.9.a. | | Pharmacists new to precepting who do not meet the qualifications for residency preceptors in sections 4.6, 4.7, and 4.8 above (also known as preceptors-in-training): | | | | | | | | | |  |  |  |  |
|  | | |  | | 4.9.a.(1) | | | | | are assigned an advisor or coach who is a qualified preceptor; and, | | | | |  |  |  |  |
|  | | |  | | 4.9.a.(2) | | | | | have a documented preceptor development plan to meet the qualifications for becoming a residency preceptor within two years. | | | | |  |  |  |  |
|  | | |  | | | | | | | | | | | |  |  |  |  |
|  | | |  | | | | | | | | | | | | **FC** | **PC** | **NC** | **NA** |
| 4.10 | | | Non-pharmacist preceptors | | | | | | | | | | | |  |  |  |  |
|  | | | When non-pharmacists (e.g., physicians, physician assistants, certified nurse practitioners) are utilized as preceptors: | | | | | | | | | | | |  |  |  |  |
|  | | | 4.10.a. | | | | the learning experience is scheduled after the RPD and preceptors agree that residents are ready for independent practice; and, | | | | | | | |  |  |  |  |
|  | | | 4.10.b. | | | | a pharmacist preceptor works closely with the non-pharmacist preceptor to select the educational goals and objectives for the learning experience. | | | | | | | |  |  |  |  |
|  | | |  | | | | | | | | | | | |  |  |  |  |
| **Comments:** | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | |  |  |  |  |
| **Standard 5: Requirements of the Sponsoring Organization and Practice Site(s) Conducting the Residency Program** | | | | | | | | | | | | | | | | | | |
| **5.1** | | | **As appropriate, the residency program is conducted only in practice settings that have sought and accepted outside appraisal of facilities and patient care practices. The external appraisal is conducted by a recognized organization appropriate to the practice setting.** | | | | | | | | | | | |  |  |  |  |
| 5.2 | | | The residency program is conducted in a practice setting where staff are committed to seek excellence in patient care as evidenced by substantial compliance with professionally developed and nationally applied practice and operational standards. | | | | | | | | | | | |  |  |  |  |
| 5.3 | | | If two or more practice sites, or a sponsoring organization working in cooperation with one or more practice sites (e.g., college of pharmacy, health system), offer the pharmacy residency: | | | | | | | | | | | |  |  |  |  |
|  | | | 5.3.a. | | | the sponsoring organization maintains authority and responsibility for the quality of the residency program. | | | | | | | | |  |  |  |  |
|  | | | 5.3.b. | | | the sponsoring organization ensures that the residency program meets accreditation requirements if the sponsoring organization delegates day-to-day responsibility for the residency program to a practice site. | | | | | | | | |  |  |  |  |
|  | | |  | | | 5.3.b.(1) | | | | | A method of evaluation is in place to ensure the purpose of the residency and the terms of the agreement are being met. | | | |  |  |  |  |
|  | | | 5.3.c. | | | a mechanism is documented that designates and empowers an individual to be responsible for directing the residency program and for achieving consensus on the evaluation and ranking of applicants for the residency. | | | | | | | | |  |  |  |  |
|  | | | 5.3.d. | | | the sponsoring organization and practice sites have a signed agreement that defines clearly the responsibilities for all aspects of the residency program. | | | | | | | | |  |  |  |  |
|  | | | 5.3.e. | | | each of the practice sites that provide residency training meets the requirements set forth in Standard 5.2 and the pharmacy’s service requirements in Standard 6. | | | | | | | | |  |  |  |  |
| 5.4 | | | Multiple-site residency programs are in compliance with the *ASHP Accreditation Policy for Multiple-Site Residency Programs5*. | | | | | | | | | | | |  |  |  |  |
|  | | |  | | | | | | | | | | | |  |  |  |  |
|  | | |  | | | | | | | | | | | | **FC** | **PC** | **NC** | **NA** |
| **Comments:** | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | |  |  |  |  |
| **Standard 6: Pharmacy Services** | | | | | | | | | | | | | | | | | | |
| 6.1 | | | Pharmacist Executive  The pharmacy is led and managed by a professional, legally qualified pharmacist. | | | | | | | | | | | |  |  |  |  |
| 6.2 | | | The pharmacy is an integral part of the health-care delivery system at the practice site in which the residency program is offered, as evidenced by the following: | | | | | | | | | | | |  |  |  |  |
|  | | | 6.2.a. | | | the scope and quality of pharmacy services provided to patients at the practice site is based upon the mission of the pharmacy department and an assessment of pharmacy services needed to provide care to patients served by the practice site; | | | | | | | | |  |  |  |  |
|  | | | 6.2.b. | | | the practice site includes pharmacy in the planning of patient care services; | | | | | | | | |  |  |  |  |
|  | | | 6.2.c. | | | the scope of pharmacy services is documented and evidenced in practice and quality measures; | | | | | | | | |  |  |  |  |
|  | | | **6.2.d.** | | | **pharmacy services extend to all areas of the practice site in which medications for patients are prescribed, dispensed, administered, and monitored;** | | | | | | | | |  |  |  |  |
|  | | | 6.2.e. | | | pharmacists are responsible for the procurement, preparation, distribution, and control of all medications used; and, | | | | | | | | |  |  |  |  |
|  | | | 6.2.f. | | | pharmacists are responsible for collaborating with other health professionals to ensure safe medication-use systems and optimal drug therapy. | | | | | | | | |  |  |  |  |
| **6.3** | | | **The pharmacist executive provides effective leadership and management for the achievement of short- and long-term goals of the pharmacy and the organization for medication-use and medication-use policies.** | | | | | | | | | | | |  |  |  |  |
| 6.4 | | | The pharmacist executive ensures that the following elements associated with a well-managed pharmacy are in place (as appropriate to the practice setting): | | | | | | | | | | | |  |  |  |  |
|  | | | 6.4.a. | | | a pharmacy mission statement; | | | | | | | | |  |  |  |  |
|  | | | 6.4.b. | | | a well-defined pharmacy organizational structure; | | | | | | | | |  |  |  |  |
|  | | | 6.4.c. | | | current policies and procedures which are available readily to staff participating in service provision; | | | | | | | | |  |  |  |  |
|  | | | 6.4.d. | | | position descriptions for all categories of pharmacy personnel, including residents; | | | | | | | | |  |  |  |  |
|  | | | 6.4.e. | | | procedures to document patient care outcomes data; | | | | | | | | |  |  |  |  |
|  | | | **6.4.f.** | | | **procedures to ensure medication-use systems (ordering, dispensing, administration, and monitoring) are safe and effective;** | | | | | | | | |  |  |  |  |
|  | | | **6.4.g.** | | | **procedures to ensure clinical pharmacy services are safe and effective; and,** | | | | | | | | |  |  |  |  |
|  | | | 6.4.h. | | | a staff complement that is competent to perform the duties and responsibilities assigned (e.g., clinical and distributive services). | | | | | | | | |  |  |  |  |
|  | | |  | | | | | | | | | | | | **FC** | **PC** | **NC** | **NA** |
| **6.5** | | | **Pharmacy leaders ensure pharmacy’s compliance with:** | | | | | | | | | | | |  |  |  |  |
|  | | | **6.5.a.** | | | **all applicable contemporary federal, state, and local laws, codes, statutes, and regulations governing pharmacy practice unique to the practice site; and,** | | | | | | | | |  |  |  |  |
|  | | | 6.5.b. | | | current national practice standards and guidelines. | | | | | | | | |  |  |  |  |
| 6.6 | | | The medication distribution system includes the following components (as applicable to the practice setting): | | | | | | | | | | | |  |  |  |  |
|  | | | 6.6.a. | | | effective use of personnel (e.g., technicians); | | | | | | | | |  |  |  |  |
|  | | | **6.6.b.** | | | **a unit-dose drug distribution service;** | | | | | | | | |  |  |  |  |
|  | | | **6.6.c.** | | | **an intravenous admixture and sterile product service;** | | | | | | | | |  |  |  |  |
|  | | | 6.6.d. | | | a research pharmacy including an investigational drug service; | | | | | | | | |  |  |  |  |
|  | | | 6.6.e. | | | an extemporaneous compounding service; | | | | | | | | |  |  |  |  |
|  | | | 6.6.f. | | | a system for handling hazardous drugs; | | | | | | | | |  |  |  |  |
|  | | | **6.6.g.** | | | **a system for the safe use of all medications, (e.g., drug samples, high alert, look-alike/sound-alike, emergency preparedness programs, medical emergencies);** | | | | | | | | |  |  |  |  |
|  | | | 6.6.h. | | | a secure system for the use of controlled substances; | | | | | | | | |  |  |  |  |
|  | | | **6.6.i.** | | | **a controlled floor-stock system for medications administered;** | | | | | | | | |  |  |  |  |
|  | | | 6.6.j. | | | an outpatient drug distribution service including a patient assessment and counseling area; and, | | | | | | | | |  |  |  |  |
|  | | | **6.6.k.** | | | **a system ensuring accountability and optimization for the use of safe medication-use system technologies.** | | | | | | | | |  |  |  |  |
| 6.7 | | | The following patient care services and activities are provided by pharmacists in collaboration with other health-care professionals to optimize medication therapy for patients: | | | | | | | | | | | |  |  |  |  |
|  | | | **6.7.a.** | | | **membership on interdisciplinary teams in patient care areas;** | | | | | | | | |  |  |  |  |
|  | | | **6.7.b.** | | | **prospective participation in the development of individualized medication regimens and treatment plans;** | | | | | | | | |  |  |  |  |
|  | | | **6.7.c.** | | | **implementation and monitoring of treatment plans for patients;** | | | | | | | | |  |  |  |  |
|  | | | **6.7.d.** | | | **identification and responsibility for resolution of medication-related problems;** | | | | | | | | |  |  |  |  |
|  | | | **6.7.e.** | | | **review of the appropriateness and safety of medication prescriptions/orders;** | | | | | | | | |  |  |  |  |
|  | | | **6.7.f.** | | | **development of treatment protocols, care bundles, order sets, and other systematic approaches to therapies involving medications for patients;** | | | | | | | | |  |  |  |  |
|  | | | 6.7.g. | | | participation as a provider of individual and population-based patient care services and disease state management, initiating and modifying drug therapy, based on collaborative practice agreements or other treatment protocols; | | | | | | | | |  |  |  |  |
|  | | | 6.7.h. | | | a system to identify appropriately trained and experienced pharmacists and ensure quality care is provided, including when pharmacists are practicing under collaborative practice agreements (e.g., complete credentialing and privileging for pharmacists providing patient care service); | | | | | | | | |  |  |  |  |
|  | | |  | | |  | | | | | | | | |  |  |  |  |
|  | | |  | | |  | | | | | | | | | **FC** | **PC** | **NC** | **NA** |
|  | | | **6.7.i.** | | | **documentation of significant patient care recommendations and resulting actions, treatment plans, and progress notes in the appropriate section of patients’ permanent medical records;** | | | | | | | | |  |  |  |  |
|  | | | 6.7.j. | | | medication administration consistent with laws, regulations, and practice site policy; | | | | | | | | |  |  |  |  |
|  | | | 6.7.k. | | | disease prevention and wellness promotion programs (e.g., smoking cessation, immunization); | | | | | | | | |  |  |  |  |
|  | | | 6.7.l. | | | a system to ensure and support continuity-of-care during patient care transitions; and, | | | | | | | | |  |  |  |  |
|  | | | **6.7.m.** | | | **drug use policy activities including, but not limited to, the following (as applicable to the practice setting):** | | | | | | | | |  |  |  |  |
|  | | |  | | | 6.7.m.(1) | | | | | | developing and maintaining an evidence-based formulary; | | |  |  |  |  |
|  | | |  | | | 6.7.m.(2) | | | | | | educating health care providers on timely medication-related matters and medication policies; | | |  |  |  |  |
|  | | |  | | | **6.7.m.(3)** | | | | | | **development and monitoring of evidence-based medication-use guidelines, policies, and order sets;** | | |  |  |  |  |
|  | | |  | | | 6.7.m.(4) | | | | | | managing adverse drug event monitoring, resolution, reporting, and prevention programs; and, | | |  |  |  |  |
|  | | |  | | | 6.7.m.(5) | | | | | | managing selection, procurement, storage, and dispensing of medications used within the organization. | | |  |  |  |  |
| **6.8** | | | **The pharmacy practice has personnel, facilities, and other resources to carry out a broad scope of pharmacy services (as applicable to the practice setting). The pharmacy’s:** | | | | | | | | | | | |  |  |  |  |
|  | | | **6.8.a.(1)** | | | | | **facilities are designed, constructed, organized, and equipped to promote safe and efficient work;** | | | | | | |  |  |  |  |
|  | | | **6.8.a.(2)** | | | | | **professional, technical, and clerical staff complement is sufficient and diverse enough to ensure that the department can provide the level of service required by all patients served; and,** | | | | | | |  |  |  |  |
|  | | | 6.8.a.(3) | | | | | resources can accommodate the training of the current and future workforce (e.g., residents, students, technicians, and others). | | | | | | |  |  |  |  |
| 6.9 | | | Continuous Quality Improvement | | | | | | | | | | | |  |  |  |  |
|  | | | **6.9.a.** | | | | | **Pharmacy department personnel engage in an on-going process to assess the quality of pharmacy services.** | | | | | | |  |  |  |  |
|  | | | **6.9.b.** | | | | | **Pharmacy department personnel develop and implement pharmacy services improvement initiatives to respond to assessment results.** | | | | | | |  |  |  |  |
|  | | | 6.9.c. | | | | | The pharmacy department’s assessment and improvement process include assessing and developing skills of the of pharmacy department’s staff. | | | | | | |  |  |  |  |
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| **Comments:** | | | | | | | | | | | | | | | | | | |

**CRITICAL FACTORS ARE BOLDED**

**References**

1. Duty-hour requirements for pharmacy residencies; American Society of Health-System Pharmacists; 2012. American Society of Health-System Pharmacists Home Page [resource on World Wide Web]. URL: http://www.ashp.org. Available from Internet. Accessed 2015 March 16.

2. Rules for the ASHP pharmacy resident matching program; American Society of Health-System Pharmacists; 2006. American Society of Health-System Pharmacists Home Page [resource on World Wide Web]. URL: http://www.ashp.org. Available from Internet. Accessed 2014 September 2.

3. ASHP regulations on accreditation of pharmacy residencies; American Society of Health-System Pharmacists; 2010. American Society of Health-System Pharmacists Home Page [resource on World Wide Web]. URL: http://www.ashp.org. Available from Internet. Accessed 2014 September 2.

4. Required and elective educational competency areas, goals, and objectives for the postgraduate year one (PGY1) pharmacy residency standard. American Society of Health-System Pharmacists Home Page [resource on World Wide Web]. URL: <http://www.ashp.org>. Available from Internet. Accessed 2014 September 2.

5. ASHP accreditation policy for multiple-site residency programs. American Society of Health-System Pharmacists Home Page [resource on World Wide Web]. URL: http://www.ashp.org. Available from Internet. Accessed 2014 September 2.

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**Preceptor Roster and requirement Record**

Please complete the information below for all pharmacists who serve as preceptors in the residency program.

Indicate (Yes/No) if the preceptor does or does not meet the required elements of 4.6, 4.7, and 4.8 as defined by the accreditation standard. For preceptors-in-training, please submit their individual development plans.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Preceptor Name** | **Learning Experience(s) Precepted**  **Indicate Required (R) or Elective (E)** | **Area of Day-to-Day Practice** | **4.6: Preceptor Meets Eligibility Requirements** | **4.7: Preceptor Meets Responsibility Requirements** | **4.8: Preceptor Meets Qualifications Requirements** |
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| **Preceptor in Training** |  |  |  |  |  |
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| **Resident**  **(Last name, First name)** | **College of Pharmacy from Which Resident Graduated** | **Degree (if other than Doctor of Pharmacy)** | **Graduation Year** | **Resident Home Site**  **(Multi-site Programs Only)** |
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**PGY1 Resident Roster**

Please complete the information below for all current residents. If no residents for current residency year, please list residents’ information from most recent

residency year.

**Residency Year:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Preceptor Academic and Professional Record\***

|  |
| --- |
|  |
| Full Name and Credentials: |
|  |
| Position or Title: |
|  |
| Are you a Residency Program Director (RPD)?  Yes  No  If yes, for which type of program are you RPD?  PGY1  PGY2 (specialty area(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Organization/Training Site: |
| Title of Learning Experience(s) Precepted: |

**Education**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **College or University** |  | **Dates** |  | **Degree/Major** |
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**Postgraduate Training** (e.g., residency, fellowship)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Specific Type of Postgraduate Training** |  | **Organization** |  | **Program Director** |  | **Dates** |
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**Professional Experience** (List your experience in pharmacy practice for the last ten years, most recent record first.)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Practice Site** |  | **Location** |  | **Position and Title** |  | **Dates** |
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**Briefly describe your contributions/experiences in the following sections, which correspond to Qualifications of the Residency Program Director and Preceptors and can be found in Standard 4 of the *ASHP Accreditation Standard for Postgraduate Year One (PGY1) Pharmacy Residencies* or the *ASHP Accreditation Standard for Postgraduate Year Two (PGY2) Pharmacy Residencies.* Refer to the *Guidance Document for the ASHP Accreditation Standard for Postgraduate Year One or Two (PGY1)/(PGY2) Pharmacy Residency Programs* for additional information on residency program director and preceptor qualifications.**

1. **Recognition in the area of pharmacy practice for which you serve as a preceptor. (A minimum of one example in this section must be addressed. If preceptor recognition is by credentialing/privileging granted by organization, a copy of the organization’s credentialing process policy must be included in the pre-survey packet. Include only examples of active practice after licensure and any residency training (See Guidance 4.8.c).**

* Active BPS Certification(s) (type(s) and expiration date):
* Post-graduate Fellowship in the advanced practice area or advanced degrees related to practice area beyond entry level degree (e.g., MS, MBA, and MHA):
* Fellow Status for a State or National Organization:
* Certificate of completion from a state or nationally available-program that relates to the area of practice precepted (Note: health-system/local residency site-based programs are excluded):
* Pharmacy related certification recognized by the Council on Credentialing in Pharmacy (CCP) (Note: BLS, ACLS, PALS do not meet requirement) (Type(s) and Expiration date):
* Credential/Privileging Granted by Organization (type(s) and expiration date):
* Pharmacist of the Year Recognition at state/city/institutional level (list organization and date):
* Recognition at organization level for patient care, quality, or teaching excellence (please describe type and date of recognition and the approximate number of recipients per year):
* Subject matter expertise as demonstrated by ten or more years of practice experience in the area precepted:

1. **An established, active practice for which you serve as preceptor. (A minimum of one example in this section should have been demonstrated within the past 5 years). Items listed in the below areas must pertain to the learning experiences precepted. Include only examples of active practice after licensure and any residency training and include date of contribution/appointment.**

Contribution to the development of clinical or operational policies/guidelines/protocols (Narrative):

Contribution to the creation/implementation of a new clinical service or service improvement initiative (Narrative):

Appointments to drug policy and other committees of the organization (e.g., practice setting, college of pharmacy):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Committee |  | Activities |  | Chair or participant |
|  |  |  |  |  |
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1. **Ongoing professionalism, including your personal commitment to advancing the profession. (At a minimum one example in three different sections must be demonstrated within the past 5 years – activities older than 5 years will not be considered. Only include examples after licensure and any residency training, except as noted below\* - See Guidance 4.8.f).**

Primary Preceptor for Pharmacy Students (do not include residency preceptorship):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Learning Experience Precepted |  | Number of Student Learning Experiences Precepted Per Year |  | Most Recent Year Served as a Preceptor |
|  |  |  |  |  |
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Routine In-services or Presentations to Pharmacy Staff/Other Health Professionals at Organization:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Inservice |  | Audience |  | Month/Date |
|  |  |  |  |  |
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Service (beyond membership) in National, State, and/or Local Professional Associations:

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| --- | --- | --- | --- | --- |
| Name of Association |  | Office Held, Committee Served, Other Volunteer Work |  | Dates |
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Presentations or Posters at a Local/Regional/National Professional Meeting (co-authored posters with students/residents is acceptable):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title |  | Professional Meeting |  | Month/Year |
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Completion of a Teaching and Learning Program (only if completed within the last 5 years).

\**May be completed during residency.*

Sponsor/Program Name and Date Completed:

Providing Preceptor Development Topics at the site:

|  |  |  |  |
| --- | --- | --- | --- |
| Title |  |  | Month/Year |
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Pharmacy Student/Technician Student/Healthcare Student Classroom/Lab Teaching Experiences:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Audience Members |  | Course/Lecture |  | Date(s) |
|  |  |  |  |  |
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Evaluator at a state/regional residency conference, poster evaluator at a professional meeting, or evaluator at other local/regional/state/national meetings:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Conference/Meeting |  | Description | |  | Date(s) |
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Publications in Peer-Reviewed Journals/Chapters in textbooks:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title |  | Name of Journal/Book |  | Month/Year |
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Reviewer of contributed papers, grants, or manuscripts. Includes reviewing/submitting comments on draft standards/guidelines for professional organizations (do not include review of posters/presentations/publications authored by staff/residents within your organization):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Journal Name/Type |  | Number of Reviews |  | Date(s) |
|  |  |  |  |  |
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Participant in Wellness Programs, Health Fairs, Public Events, Consumer Education Classes, Employee Wellness/ Disease Prevention Programs:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of Program |  | Sponsor or Setting |  | Dates or Frequency |
|  |  |  |  |  |
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Active community service related to professional practice (e.g., Free Clinic, Medical Mission trips):

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| --- | --- | --- | --- |
| Type of Activity |  |  | Dates |
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Professional Consultation to Other Health Care Facilities or Professional Organizations (e.g., invited thought leader for an outside organization, mock surveyor, or practitioner surveyor):

|  |  |  |  |
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| Type of Activity |  |  | Dates |
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Active involvement on committees within enterprise (e.g. work impacts more than one site across a health system):

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| --- | --- | --- | --- |
| Type of Activity |  |  | Dates |
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1. **For Preceptors-in-training only: attach preceptor development plan created for this individual to meet eligibility, responsibility, and qualifications requirements in two years.**

List the qualified preceptor(s) assigned as an advisor or coach:

**INSTRUCTIONS FOR COMPLETING ACUTE CARE PHARMACY SERVICES GRID**

|  |  |
| --- | --- |
| **% of Residency Training Conducted at this site** | If percentage is not 100%, please list all other sites and percentages of residents’ time at each. If multi-site\*, grids must be completed for each site.  (\*Multiple-site residency definition: 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.) |
| **Licensed Beds** | Include the total number of licensed beds, including beds not currently in use. |
| **Occupancy Rate %** | Use the average occupancy rate. |
| **Categories** | The categories listed are **EXAMPLES ONLY**. Please revise, add, or delete areas to customize the grid to reflect the areas of services offered at your facility. |
| **Number of Beds** | Insert the number of beds for each service listed. |
| **Average Patient Volume** | Insert the average number of patients for each service listed. |
| **Unit-based Pharmacists hours/day** | Insert the number of hours per day Unit-based pharmacistsspend in each service area (as applicable to the service). |
| **Unit-based Pharmacists days/week** | Insert the number days per week Unit-based Pharmacists spend in each service area (as applicable to the service). |
| **Clinical Specialists hours/day** | Insert the number of hours per day Clinical Specialists spend in each service area (as applicable to your site). |
| **Clinical Specialists days/week** | Insert the number days per week Clinical Specialists spend in each service area (as applicable to the service). |
| **Dispensing Satellites** | Indicate with an **X** in the appropriate column, as applicable, the presence of a dispensing satellite for each service area. |
| **Multidisciplinary Rounds Participation by Pharmacists** | Indicate with an **X** the services in which pharmacists consistently participate in multidisciplinary rounds |
| **Multidisciplinary Rounds Participation days/week** | Insert the number of days per week pharmacy participates in multi-disciplinary rounds (as applicable to the service). |
| **Profile Reviews** | Indicate with an **X** the areas in which pharmacist are reviewing patient profiles consistently on a daily basis. |
| **Prospective Medication Regimen Design and Treatment Plan Initiation** | Indicate with an **X** the areas in which pharmacists provide prospective medication regimen design and treatment plan initiation. |
| **Multidisciplinary Committees Participation by Pharmacists** | Indicate with an **X** the areas in which pharmacists participate in multidisciplinary committees. |
| **Medical Emergencies Participation by Pharmacists** | Indicate with an **X** the areas in which pharmacists participate in medical emergencies. |
| **Documentation of Recommendations in Patient’s Chart** | Indicate with an **X** the areas in which pharmacists document recommendations in patient’s permanent medical record. |
| **Medication Histories by Pharmacists/Pharmacy Technicians** | Indicate with an **X** the areas in which medication histories are performed. |
| **Medication Reconciliation by Pharmacists** | Indicate with an **X** the areas in which pharmacists perform medication reconciliation. |
| **Discharge Counseling by Pharmacists** | Indicate with an **X** the areas in which pharmacists participate in patient education and discharge counseling. |
| **Resident Learning Experiences** | Indicate the **number** of Resident Learning Experiences offered for each service per year (as applicable). |
| **Pharmacy Student APPE’s** | Indicate the **number** of Pharmacy Student APPE’s offered for each service per year (as applicable). |
| **Comments** | Use the comments box as needed. |

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| --- | --- | --- |
| **Name of Organization:** | | **ASHP Program Code:** |
| **Address:** | | **% of Residency Training Conducted at this site\*:** |
| **Licensed Beds (total #):** | **Occupancy Rate (average %):** |  |

| **Acute Care CATEGORIES**  **EXAMPLE SERVICE AREAS – PLEASE CUSTOMIZE TO YOUR FACILITY** | **MEDICINE** | **SURGERY** | **MEDICine/surgery** | **CARDIAC CARE UNIT** | **MEDICAL ICU** | **SURGICAL ICU** | **ONCOLOGY** | **PEDIATRICS** | **NEONATAL ICU** | **PEDIATRIC ICU** | **PSYCHAITRY** | **TRANSPLAT** | **EMERGENCY DEPARTMENT** | **OPERATING ROOM** | **PRE-OP/PACU** |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of Beds** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Average Patient Volume** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Unit-based Pharmacists hours/day** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Unit-based Pharmacists days/week** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Clinical Specialists hours/day** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Clinical Specialists days/week** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Dispensing Satellites** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Multidisciplinary Rounds Participation by Pharmacists** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Multidisciplinary Rounds Participation days/week** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Profile Reviews** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Prospective Medication Regimen Design and Treatment Plan Initiation** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Multidisciplinary Committees Participation by Pharmacists** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Medical Emergencies Participation by Pharmacists** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Documentation of Recommendations in Patient’s Chart** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Medication Histories by Pharmacists/Pharmacy Technicians** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Medication Reconciliation by Pharmacists** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Discharge Counseling by Pharmacists** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Resident Learning Experiences** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Pharmacy Student APPE’s** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Comments:** |

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| **Pharmacy Services:** **DISTRIBUTION** | *Please provide an overview of the pharmacy’s distribution system* | |
| **Please describe the medication distribution system including the use of cart fill, automated dispensing cabinets, etc.** |  | |
| **Please respond Yes, No, Partial, or Not Applicable to the following statements.** | **Y/N/**  **Partial/**  **NA** | *Please provide additional information for each statement as indicated below.* |
| **Pharmacy services extend to all areas of the practices site in which medications are prescribed, dispensed, administered and monitored** |  | *Please describe areas where pharmacy services are not provided if answering N, Partial or NA.* |
| **Pharmacists are responsible for the procurement, preparation, distribution, and control of all medications in the facility** |  | *Please describe areas where pharmacists are not responsible for these functions if answering N, Partial or NA.* |
| **Pharmacy services are provided 24 hours/day, 7 days/week** |  | *Please describe how pharmacy services are provided in the absence of 24/7 coverage.* |
| **100% of medications dispensed are in a unit-of use form including oral liquids and split tablets** |  | *Please describe situations in which medications are NOT provided in unit of use.* |
| **100% of sterile product admixtures (IVPB, LVP, chemotherapy, TPN) that are not obtained premixed are compounded and dispensed by pharmacy.** |  | *Please describe situations in which sterile product admixtures are NOT compounded and dispensed by pharmacy..* |
| **Pharmacy services include extemporaneous non-sterile compounding services** |  | *Please describe compounding services.* |
| **The pharmacy is 100% compliant with <USP 797> and <USP 800>** |  | *Please describe the current situation and anticipated timelines for compliance if answering N, Partial, or NA.* |
| **Pharmacy services include an outpatient/retail pharmacy.** |  | *Please describe estimated volume of prescriptions, meds-to-beds program (if applicable), and any special features.* |
| **The pharmacy department manages all investigational drug products/studies** |  | *Please describe pharmacy’s involvement in the management of investigational drugs.* |

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| **Pharmacy Services:** **CLINICAL**  Please respond Yes, No, Partial, or Not Applicable to the following statements. | **Y/N/**  **Partial/**  **NA** | *Please provide additional information for each statement as indicated below.* | | |
| **Pharmacists review 100% of new medication orders prior to dispensing and administration.** |  | *Please describe those areas/circumstances in which new medication order review does not occur prior to dispensing and administration if answering No, Partial, or NA.* | | |
| **Pharmacists perform order review for remote hospitals/facilities** |  | *As applicable please describe remote facilities for which pharmacists provide order review. Description should also include the average number of orders verified per day, per shift, and hours during which remote services are provided.* | | |
| **Pharmacists participate in/contribute to clinical outcomes measures and use clinical outcome measures to evaluate clinical pharmacy services.** |  | *Please describe participation in clinical outcome measures and how they are documented and used to evaluate clinical services, as applicable.* | | |
| **Pharmacy services include prospective development, initiation, and monitoring of individualized treatment plans.** |  | *Please describe pharmacists’ involvement in the development of individualized treatment plans. Description should include any units/patient populations where this does NOT routinely occur.* | | |
| **Pharmacy services include the conduct of medication-use evaluations.** |  | *Please describe the process for conducting MUEs and reporting of results and include a list of MUEs completed within the past 2 years.* | | |
| **Pharmacokinetic services are provided for all patients.** |  | *Please list all pharmacokinetic services that are provided and by whom (may also include hours of service during which these services are provided).* | | |
| **Pharmacists document clinical interventions.** |  | *Please describe the system of documentation used and how this data is used to improve clinical pharmacy services.* | | |
| **Pharmacists practice under collaborative practice agreements.** |  | *Please describe areas in which pharmacists practice under collaborative practice agreements including information about whether pharmacists are credentialed/privileged by the medical staff if answering Yes.* | | |
| **Pharmacists provide clinical services per facility-approved protocols.** |  | *Please list active protocols (e.g., renal dosing, IV to PO, therapeutic substitution, aminoglycoside and vancomycin dosing, TPN, warfarin dosing, others) and approval authority (e.g., P&T Committee, Medical Executive Committee).* | | |
| **Pharmacists document, track, and trend adverse drug reactions, adverse drug events, and medication errors.** |  | *Please describe the system of documentation used, how this data is evaluated, and by whom.* | | |
| **Pharmacy participates in antimicrobial stewardship activities.** |  | *Please describe the pharmacy’s participation in antimicrobial stewardship activities including roles and responsibilities of pharmacists.* | | |
| **Members of the pharmacy department participate in interdisciplinary education.** |  | *Please describe pharmacy’s involvement including the other professional disciples involved.* | | |
| **Pharmacy is involved in disease prevention and wellness promotion programs.** |  | *Please describe pharmacy’s involvement in these programs (e.g., smoking cessation, immunizations)* | | |
| **Pharmacy services include medication histories for all patients on admission.** |  | *Please describe pharmacy’s involvement in medication histories including the estimated percentage of patients for which medication histories are performed.* | | |
| **Pharmacy services include medication reconciliation for all patients.** |  | *Please describe pharmacy’s involvement in medication reconciliation including the estimated percentage of patients for which medication reconciliation is performed. If specific patient populations are targeted, please include that information as well.* | | |
| **Pharmacy participates in the creation, implementation, and maintenance of treatment guidelines, protocols, and order sets.** |  | *Please describe pharmacy’s role in the development of guidelines, protocols and order sets.* | | |
| **Pharmacy participates in facility-wide medication safety efforts.** |  | *Please describe pharmacy’s participation in medication safety efforts including committee participation, designated FTE/medication safety officer, or other resources as applicable.* | | |
| **TECHNOLOGY**  Please respond Yes, No, Partial, or Not Applicable to the following statements. | **Y/N/**  **Partial/**  **NA** | *Please provide additional information for each statement as indicated below.* | | |
| **Computerized physician order entry (CPOE) is used in all areas of the facility.** |  | *Please describe areas in which CPOE is not fully implemented including areas where paper systems are used.* | | |
| **Bar code medication administration (BCMA) is used in all areas of the facility.** |  | *Please describe areas in which bar code administration is not fully implemented. Describe how BCMA compliance is monitored and state the average compliance rate for the past six months.* | | |
| **Automated dispensing cabinets (ADCs) are interfaced with the pharmacy’s clinical information system in all areas of the hospital.** |  | *Please describe any areas in which the ADCs are not interfaced with pharmacy systems.* | | |
| **Pharmacy participates in the review and evaluation of the appropriateness of medications included on the facility’s override lists for automated dispensing cabinets.** |  | *Please describe involvement in the review process including frequency of review, and decision-making authority.* | | |
| **Override lists for automated dispensing cabinets are restricted to medications that are needed for urgent or emergent situations.** |  | *Please describe the process for development of override lists including who is responsible for managing additions/deletions to/from the lists, criteria for inclusion/exclusion, and approval authority (e.g., P&T Committee). Description should also include the frequency of review.* | | |
| **“Smart” infusion devices are interfaced with the clinical information system and electronic medical record in all areas of the hospital.** |  | *Please describe the use of smart infusion devices including responsibilities for managing the libraries and integration/non-integration into the electronic medical record.* | | |
| **TECHNOLOGY SYSTEMS** | **Please note the name of the technology/system used (as applicable to your facility); if technology is not used please mark as NA** | | | |
| **Automated Dispensing Cabinets** |  | | **IV workflow software** |  |
| **Controlled substance storage** |  | | **Refrigerator temperature monitoring** |  |
| **Electronic Medication Administration Record** |  | | **Robot** |  |
| **Adverse drug reaction/event reporting** |  | | **IV Robot (syringe/bag)** |  |
| **Clinical surveillance programs** |  | | **Packager** |  |
| **“Smart” infusion devices** |  | | **Carousel** |  |
| **Integration of infusion devices with EMR** |  | |  |  |

*\*Multiple-site residency definition: 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>

**INSTRUCTIONS FOR COMPLETING AMBULATORY CARE PHARMACY SERVICES GRID**

|  |  |
| --- | --- |
| **% of Residency Training Conducted at this site** | If percentage is not 100%, please list all other sites and percentages of residents’ time at each. If multi-site\*, grids must be completed for each site. |
| **Categories** | The categories listed are **EXAMPLES ONLY**. Please revise, add, or delete areas to customize the grid to reflect the areas of services offered at your facility. |
| **Average Patient Volume** | Insert the approximate number of patients seen in each clinic per week |
| **Pharmacist Hours** | Please insert the number of pharmacist hours per week in each clinic |
| **Pharmacists days/week** | Insert the number days per week Unit-based Pharmacists spend in each service area (as applicable to the service). |
| **Patient Encounters** | Insert the approximate number of pharmacist - patient encounters in each clinic per week |
| **APPE Student Rotations** | Insert the number of APPE student rotations offered per year in each clinic (as applicable) |
| **Order Drug Therapy-related Laboratory Tests.** | Note with an **X** the clinics in which pharmacists order drug therapy-related laboratory tests. |
| **Provide Point-of-care Testing** | Note with an **X** the clinics in which pharmacists provide point-of-care testing (e.g., blood glucose, coagulation) |
| **Conduct Physical Assessments** | Note with an **X** the clinics in which pharmacists conduct physical assessment appropriate for drug therapy. |
| **Document Progress Notes** | Note with an **X** the clinics in which pharmacists document progress notes in patients’ permanent medical record. |
| **Prepare and dispense medications** | Note with an **X** the clinics in which pharmacists prepare and dispense medications (e.g., chemotherapy, infusion center, or other dispensing). |
| **Recommend/Implement Therapeutic Changes** | Note with an **X** the clinics in which pharmacists recommend/implement therapeutic changes for all patients. |
| **Comments** | Use the comments box as needed. |

\*Multiple-site residency definition: 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.

|  |  |
| --- | --- |
| Name of Organization: | ASHP Program Code: |
| Address: | % of Residency Training Conducted at this site: % of Residency Training Conducted at this site: *Note –if not 100%, please list all other sites and percentages of residents’ time at each. If multi-site\*, grids must be completed for each site.* |

| **AMBULATORY CARE CATEGORIES**  **EXAMPLE SERVICE AREAS – PLEASE CUSTOMIZE TO YOUR FACILITY** | anticoagulation | cardiology | Family Medicine | infectious diseases | INTERNAL MEDICINE | PEDIATRICS | ONCOLOGY | PSYCHIATRY | SURGERY |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Average Patient Volume per week** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| P**harmacist hours** **per week** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Patient Encounters** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **APPE Student Rotations offered** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Residency Learning Experiences offered** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **CLINICAL PHARMACY SERVICES** | | | | | | | | | | | | | | | | | | |
| **Order Drug Therapy-related Laboratory Tests** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Provide Point-of-care Testing** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Conduct Physical Assessments** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Document Progress Notes** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Prepare and Dispense Medications** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Recommend/Implement Therapeutic Changes** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| --- |
| **Comments:** |

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| --- | --- | --- |
| **Please respond Yes, No, Partial, or Not Applicable to the following statements.** | **Y/N/**  **P/ NA** | *If some services are only provided in certain clinics, please indicate the clinic in which the services are provided.*  *Please provide additional information for each statement as indicated below.* |
| All clinic patients have an encounter with a pharmacist. |  | *If Partial, please estimate the percentage of patients who have a pharmacist encounter with each clinic visit.* |
| Pharmacists perform medication histories for all patients. |  | *If Partial, please estimate the percentage of patients for whom a medication history is performed.* |
| Pharmacists perform medication reconciliation for all patients. |  | *If Partial, please estimate the percentage of patients for whom medication reconciliation is performed.* |
| Pharmacists provide patient education for all patients. |  | *Please an estimated percentage of patients who receive education (all clinics).* |
| Pharmacists participate in prospective medication regimen design, initiation, and monitoring for all patients. |  | *Please describe pharmacists’ involvement in the development of individualized treatment plans.* |
| Pharmacists document all clinical interventions. |  | *Please describe how clinical interventions are documented and by whom they can be seen.* |
| Pharmacists provide consultation services. |  | *Please list specific consultation services, as applicable.* |
| Pharmacists have oversight of all drug distribution services/medication control, automated dispensing cabinets/samples. |  | *Please describe as applicable and include any areas over which pharmacy does not maintain full control.* |
| Pharmacists administer medications. |  | *Please describe the circumstances under which pharmacists administer medications including list of specific clinics if not applicable to all clinics.* |
| Pharmacists participate in wellness promotion programs (e.g., screenings). |  | *Please describe wellness programs.* |
| Pharmacists participate in medication use evaluations. |  | *Please list MUEs completed in the past 2 years, as applicable.* |
| Pharmacists participate in multidisciplinary committees. |  | *Please describe multidisciplinary committee involvement, as applicable.* |
| Pharmacists participate in the creation, implementation, and maintenance of treatment guidelines/protocols/order sets. |  | *Please describe involvement/roles.* |
| Pharmacists participate in collaborative practice agreements. |  | *If Yes, please describe areas in which pharmacists practice under collaborative practice agreements including information about whether pharmacists are credentialed/privileged by the medical staff.* |
|  |  |  |
| **TECHNOLOGY**  Please respond Yes, No, Partial, or Not Applicable to the following statements. | **Y/N/**  **Partial/**  **NA** | *Please provide additional information for each statement as indicated below.* |
| **Computerized physician order entry (CPOE) is used in all areas.** |  | *Please describe areas in which CPOE is not fully implemented including areas where paper systems are used.* |
| **Bar code medication administration (BCMA) is used in all areas.** |  | *Please describe areas in which bar code administration is not fully implemented. Describe how BCMA compliance is monitored and state the average compliance rate for the past six months.* |
| **“Smart” infusion devices are used.** |  | *Please describe the use of smart infusion devices including responsibilities for managing the libraries and integration/non-integration into the electronic medical record.* |
| **Please note the name of the technology/system used (as applicable to your facility); if technology is not used please mark as NA** | | |
| **Refrigerator temperature monitoring** |  | |
| **Electronic Medication Administration Record** |  | |
| **IV workflow software** |  | |
| **“Smart” infusion devices integration with EMR** |  | |

\*Multiple-site residency definition: 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>

**General Organizational Data Collection Form**

|  |  |  |
| --- | --- | --- |
| Name of organization: |  | |
|  | | |
| ASHP program number: |  | |
|  | | |
| **PATIENT VOLUME** | | |
|  | | |
| If acute care setting: | # Licensed beds (total) |  |
|  | % Occupancy (average) |  |
|  | # ICU beds |  |
|  | # ED beds |  |
|  | # Emergency dept. visits /day |  |
|  | % ED visits = admissions |  |
|  |  |  |
| If ambulatory clinic setting: | # Patient visits/month (for all clinics operated by the organization) |  |
|  |  |  |
| If community setting: | Average # prescriptions/day # of patient care services offered |  |
|  |  |  |
| If managed care setting: | # Covered lives (indicate breakdown below) |  |
|  | # Medicare |  |
|  | # Medicaid |  |
|  | # Commercial (# self vs. # fully insured) |  |
|  | #ACA |  |
|  |  |  |
|  |  |  |
| Current/planned capital expenditures/leases in next three years (e.g., automated medication dispensing machines, CPOE, robotics, facility renovations related to pharmacy) | |  |
| Please list: |  |  |
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| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | |  | |
|  | Community care pharmacists | |  | 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |