

**PRE-SURVEY QUESTIONNAIRE AND SELF-ASSESSMENT CHECKLIST  
FOR ACCREDITATION OF A  
MANAGED CARE PHARMACY SYSTEMS RESIDENCY PROGRAM**

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**PURPOSE**

The pre-survey questionnaire serves to maximize the effectiveness and efficiency of the ASHP accreditation survey team when conducting the on-site survey. It provides a mechanism for the survey team and the practice site to collaborate more productively in assessing the residency training program. By completing the questionnaire before the survey visit, the team receives important information in advance, which might otherwise take hours to extract on-site. Additionally, the questionnaire should serve as a valuable pre-survey instrument that alerts the program in advance to any areas of possible noncompliance with the residency standard. The survey process is intended to be thorough in its evaluation, consultative in nature, and educational for all involved.

**PROCESS**

The pre-survey questionnaire is designed to coincide with the *ASHP Accreditation Standard for Residency in Managed Care Pharmacy Systems*. Therefore, it is imperative that you complete the questionnaire with the Standard in hand. The questionnaire, like the Standard, comprises seven core segments identified as Parts I through VII. Within each segment the specific requirements are listed in the same sequence as they appear in the Standard. To the right of each requirement are four blank spaces where you **must** indicate your program's level of compliance with that requirement (i.e., Full ComplianceXFC; Partial ComplianceXPC; Non-ComplianceXNC; or Not ApplicableXNA). Any requirement checked Partial Compliance must be explained in the AComments≡ section.

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

**REQUIREMENTS**

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

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

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

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

Thank you in advance for completing the pre-survey questionnaire. We feel it will lead to a more productive and efficient accreditation survey.

ASD-321

(developed 10/97)

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Name of Training Site: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Name of director of pharmacy activities, degree, and title: \_\_\_\_\_

Telephone Number: [        ] \_\_\_\_\_

Name of Residency Program Director, degree, and title: \_\_\_\_\_

Telephone Number: [        ] \_\_\_\_\_

Name, degree and title of person to whom the director of pharmacy activities reports: \_\_\_\_\_

		<u><b>FC</b></u>	<u><b>PC*</b></u>	<u><b>NC*</b></u>	<u><b>NA</b></u>
<b><u>I. QUALIFICATIONS OF THE TRAINING SITE</u></b>					
I-A-1	HMO practice setting or other applicable managed care setting is accredited by JCAHO or NCQA. Please specify which: _____	---	---	---	---
I-A-2	Other health system setting is accredited by JCAHO or AOA. Please specify name of accrediting agency: _____	---	---	---	---
I-A-3	Other practice setting without accrediting body meets the intent of this Standard. Please specify type (e.g., PBM, insurance carrier, multispecialty physician practice): _____	---	---	---	---
I-B-1	Site offers a broad range of customer services and professional practice experience for residents.	---	---	---	---
I-B-2	College of pharmacy that participates in offering a residency is accredited by ACPE. Name of college: _____	---	---	---	---

**\*NOTE:** Indications of Partial Compliance and Noncompliance must be explained in the following "Comments" section.

**ATTACHMENTS:**

- , Include a description of the practice setting, to include the population served Xlabel as **Appendix A.**
- , If Applicable, provide segment of last JCAHO, NCQA, AOA or other appropriate survey report that pertains to pharmacy services, P&T Committee, DUE and/or drug-related policies Xlabel as **Appendix B.**
- , If training site and/or department of pharmacy is associated with a college of pharmacy, provide a description of the relationship Xlabel as **Appendix C.**

**COMMENTS:**

		<b><u>FC</u></b>	<b><u>PC*</u></b>	<b><u>NC*</u></b>	<b><u>NA</u></b>
<b><u>II. QUALIFICATIONS OF THE RESIDENCY PROGRAM DIRECTOR AND PRECEPTORS</u></b>					
II-1	The director of managed care pharmacy activities, or designee, serves as the residency program director.	___	___	___	___
II-2	The residency program director is the one accountable for ensuring:				
	II-2.1 overall program goals and specific learning objectives are met; ___	___	___	___	___
	II-2.2 training schedules are maintained;	___	___	___	___
	II-2.3 appropriate preceptorship is provided for each training period; and,	___	___	___	___
	II-2.4 resident evaluations, based on predetermined learning objectives, are routinely conducted.	___	___	___	___
II-3	The residency program director:				
	II-3.1 has completed an ASHP-accredited residency and holds the Pharm.D. degree or has obtained equivalent qualifications; and ___	___	___	___	___
	II-3.2 has two years of experience in managed care pharmacy practice; or	___	___	___	___
	II-3.3 if lacking an advanced degree or postgraduate education, has four years of experience in managed care pharmacy practice.	___	___	___	___
II-4	The program director has demonstrated outstanding capabilities as a practitioner and teacher in the specialized area of pharmacy practice, which may be characterized by several of the following:				
	II-4.1 having a progressive, documented record demonstrating improvements in and contributions to the respective area of specialized pharmacy practice;	___	___	___	___
	II-4.2 having received formal recognition by peers as a model practitioner;	___	___	___	___

		<u>FC</u>	<u>PC*</u>	<u>NC*</u>	<u>NA</u>
II-4.3	holding appointments on the appropriate drug policy committees of the institution;	—	—	—	—
II-4.4	having demonstrated an ability to teach, including holding a faculty appointment;	—	—	—	—
II-4.5	having demonstrated and documented evidence of the ability to direct and manage a pharmacy practice or specialty residency;	—	—	—	—
II-4.6	having a sustained record of contributing to the total body of knowledge in the specialized area of pharmacy practice through publications or formal presentations;	—	—	—	—
II-4.7	regularly serving as a reviewer of contributed papers or manuscripts submitted for publication.	—	—	—	—
II-5	Program is <b>multi-site</b> residency and one residency program director has been designated.	—	—	—	—
II-6	Preceptors demonstrate outstanding strengths in the area of practice for which he or she precepts.	—	—	—	—
II-6.1	<u>Each</u> rotation or period of training has a qualified pharmacist preceptor.	—	—	—	—
II-6.2	Preceptors hold the doctor of pharmacy degree and have completed an ASHP-accredited residency or have an equivalent level of prior experience in pharmacy practice.	—	—	—	—
II-6.3	If applicable, select elective learning experiences which utilize other managed care professionals as preceptors are supervised, and residents= performance is evaluated, by a pharmacy practitioner.	—	—	—	—

**ATTACHMENTS:**

, Complete academic and professional record forms for program director and preceptors of each specified training periodXplease **do not** submit curriculum vitae in lieu of record formXlabel as **Appendix D**.

, Provide description of each practice site and outline specific responsibilities of the individual serving as preceptor for each area of practiceXlabel as **Appendix E**.

**COMMENTS:**

		<u>FC</u>	<u>PC*</u>	<u>NC*</u>	<u>NA</u>
<b><u>III. SELECTION AND QUALIFICATIONS OF THE RESIDENT</u></b>					
III-1	The residents are graduates of ACPE-accredited colleges of pharmacy and are licensed or eligible for licensure in the state or jurisdiction in which the residency is located.	___	___	___	___
III-2	A formal procedure for evaluating residency applicants' qualifications has been established.	___	___	___	___
III-3	Final acceptance of the applicant is the responsibility of the director of managed care pharmacy activities.	___	___	___	___

**ATTACHMENTS:**

, List criteria and procedures used to evaluate residency applicants= qualificationsXlabel as **Appendix F**.

, Complete academic and professional record form for each residentXplease **do not** submit curriculum vitae in lieu of record formXlabel as **Appendix G**.

**COMMENTS:**

		<u>FC</u>	<u>PC*</u>	<u>NC*</u>	<u>NA</u>
<b><u>IV. RESIDENCY TRAINING PROGRAM AND PHARMACY SERVICE</u></b>					
IV-A-1	The residency is conducted in such a way that the services provided by the resident complement, rather than compete with, the educational and experiential objectives of the program.	___	___	___	___
IV-A-1.1	The resident actively participates in the provision of managed care pharmacy services.	___	___	___	___
IV-A-1.2	The resident is involved in the decision-making process of providing customer services, participating in management operations, conducting critical analyses, and various assigned projects.	___	___	___	___
IV-A-1.3	The resident gains the knowledge, skills and understanding necessary to provide managed care pharmacy services.	___	___	___	___
IV-A-1.4	The resident develops ability to conceptualize, integrate and transform accumulated experiences and knowledge into improved customer service in cooperation with other disciplines.	___	___	___	___
IV-A-1.5	The resident manages external activities so as not to interfere with the full-time obligation of the residency.	___	___	___	___

		<u>FC</u>	<u>PC*</u>	<u>NC*</u>	<u>NA</u>
IV-B-1	An accredited managed care pharmacy systems residency program is intended to develop residents= competence in those areas set forth in the major areas of job responsibilities (Goals 1 - 26) specified in the Standard.				
	IV-B-1.1 Individualized learning objectives are developed for each resident as required in Principle IVB of the Standard and serve to guide the resident=s experience.	---	---	---	---
IV-B-2	The director of managed care pharmacy activities is responsible for:				
	IV-B-2.1 establishing the table of organization delineating the reporting lines of pharmacy service personnel and corresponding written position descriptions;	---	---	---	---
	IV-B-2.2 developing department objectives that are clearly defined and documented, the intent and substance with which all staff members are familiar;	---	---	---	---
	IV-B-2.3 meeting and documenting compliance with pertinent legal and regulatory requirements;	---	---	---	---
	IV-B-2.4 maintaining current written policies and procedures; and	---	---	---	---
	IV-B-2.5 ensuring that managed care pharmacy operations are supported by computer technology.	---	---	---	---
IV-B-3	The pharmacy activities have a sufficient complement and diversity of professional and technical staff to ensure that the department can provide the level of service required within the practice site and to which it is committed.				
IV-B-4	The number of pharmacists on staff is adequate to provide supervision and guidance to each resident in all areas of training.	---	---	---	---
IV-B-5	Pharmacists and residents demonstrate their interest in maintaining competency through participation in external educational programs.	---	---	---	---

**ATTACHMENTS:**

- , Describe the managed care pharmacy activity=s quality management/performance improvement programXlabel as **Appendix H.**
- , Provide an organizational chart for the practice settingXlabel as **Appendix I.**
- , Provide the pharmacy activity's Goals and Objectives for the current yearXlabel as **Appendix J.**
- , Provide copy of most recent annual report of pharmacy activitiesXlabel as **Appendix K.**

**COMMENTS:**

		<u>FC</u>	<u>PC*</u>	<u>NC*</u>	<u>NA</u>
IV-B-6	Individualized learning objectives are developed for each resident:				
IV-B-6.1	A set of individualized learning objectives are documented for each resident at the beginning of the program.	___	___	___	___
IV-B-6.2	Learning objectives that relate specifically to the knowledge, skills and abilities required in contemporary managed care pharmacy practice are developed and documented for each period of training.	___	___	___	___
IV-B-6.3	Individualized learning objectives are based on an assessment of resident=s incoming knowledge, skills and abilities, and the Standard.	___	___	___	___
IV-B-6.4	Learning objectives guide the residents, program director and preceptors in the development of experiential learning and assessment of outcomes defined by the objectives.	___	___	___	___
IV-B-6.5	For residents who have not completed a prior ASHP-accredited residency or who lack significant pharmacy practice experience, the program director has assessed resident=s competence in the four core pharmacy practice areas specified in the <i>ASHP Pharmacy Practice Standard</i> and has added objectives to address any fundamental deficiencies identified.	___	___	___	___
IV-B-7	A plan that defines program structure and types of learning experiences necessary to accomplish each resident=s learning objectives is developed and documented at the beginning of the program.	___	___	___	___
IV-B-7.1	The plan is developed by the Residency Program Director and preceptors, with input from the resident.	___	___	___	___
IV-B-7.2	A plan for each resident is developed and documented at the beginning of the program. The plan relates to practice skills required in contemporary managed care pharmacy practice and describes the competencies to be attained in the residency program.	___	___	___	___
IV-B-8	Each resident=s activities are scheduled in advance and planned to make possible the attainment of the predetermined goals and learning objectives.	___	___	___	___
IV-B-9	Each resident completes an appropriate project.	___	___	___	___

**ATTACHMENTS:**

- , Provide a comprehensive sample of individualized learning objectives that have been developed for each period of trainingXlabel as **Appendix L**.
- , Submit instrument used for development and documentation of each resident=s planXlabel as **Appendix M**.
- , Include annual schedule for each residentXlabel as **Appendix N**.
- , List residents and corresponding projects for each of the last five yearsXlabel as **Appendix O**.



**COMMENTS:**

<b><u>V. EVALUATION OF RESIDENT AND RESIDENCY PROGRAM</u></b>		<b><u>FC</u></b>	<b><u>PC*</u></b>	<b><u>NC*</u></b>	<b><u>NA</u></b>
V-1	Continuous feedback to, and communication with, residents is provided by preceptors during each training segment.	—	—	—	—
V-1.1	Both during and at the end of each period of training, the preceptor evaluates each resident based on his or her individualized learning objectives.	—	—	—	—
V-1.2	Final evaluations, based on the pre-established learning objectives, are conducted after every period of training, are documented, and are reviewed and signed by the resident and preceptor.	—	—	—	—
V-1.3	When deficiencies are noted, appropriate remedial action is undertaken.	—	—	—	—
V-1.4	Residents assess each period of training and corresponding preceptor.	—	—	—	—
V-2	Residents undertake periodic written self-evaluations.	—	—	—	—
V-2.1	Each self-evaluation is reviewed with the corresponding resident by the residency program director.	—	—	—	—

**ATTACHMENTS:**

, Enclose forms used by preceptors for evaluation of residents= objectivesXlabel as **Appendix P.**

, Enclose forms used by the resident for evaluation of each period of training and corresponding preceptorXlabel as **Appendix Q.**

, Enclose form used by the resident for self-evaluationXlabel as **Appendix R.**

**COMMENTS:**

		<u>FC</u>	<u>PC*</u>	<u>NC*</u>	<u>NA</u>
<b><u>VI. EXPERIMENTATION AND INNOVATION</u></b>					
VI-1	Experimental and innovative approaches to developing and implementing components of the residency training program and alternative methods to meeting this Standard are being developed and include an appropriate evaluation system.	—	—	—	—

**ATTACHMENTS:**

- , Identify all experimental and innovative activities and plans related to the residency programXlabel as **Appendix S**.
- , Describe evaluation systems for these experimental and innovative activitiesXlabel as **Appendix T**.

**COMMENTS:**

		<u>FC</u>	<u>PC*</u>	<u>NC*</u>	<u>NA</u>
<b><u>VII. CERTIFICATE</u></b>					
VII-1	The practice site awards a certificate of residency to pharmacists who complete successfully the residency in managed care pharmacy systems.	—	—	—	—
VII-2	A certificate is issued only to residents who have completed the practice site's prescribed program and otherwise meet the intent of the Standard.	—	—	—	—
VII-3	The certificate includes reference to the fact that the program is accredited by ASHP.	—	—	—	—

**ATTACHMENTS:**

- , Submit a copy of the certificate awarded to residents upon completion of the residencyXlabel as **Appendix U**.
- , Provide policy on dismissal of residents from the residency programXlabel as **Appendix V**.

**COMMENTS:**



**OTHER COMMENTS:** (Please provide any other comments you care to offer.)

