

# How to Dress-up Your PGY-1 Residency: From Preparing Your Pre-Survey Checklist to Writing your Survey Response



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# Learning Objectives

- Summarize the expectations of the Commission on Credentialing.
- Explain how to complete the pre-survey materials.
- Discuss the functions of responding to the survey report.

# Outline

- Preparing Your Pre-Survey Materials
  - Pre-Survey Checklist: Program assessment
  - Completion of Appendices
    - Program Design
    - Acute and Ambulatory Care Grids
- Writing your post-survey response

# Background: Common Survey Issues (Spring 2008 Communiqué)

## ➤ Residency Issues

- Preceptor development (71%)
- Preceptor contributions (63%)
- Preceptor teaching roles and feedback (65%)
- Customized plans (65%)
- Resident self-assessment (52%)

# Common Survey Issues (cont)

## ➤ Service Issues

- Pharmacist involvement in prospective individualized treatment plans (60%)
- Facilities (54%)
- Unit dose system (52%)

# Pre-Survey Checklist

- Follows the accreditation standard
- Serves as self-assessment tool
  - Consider completing on an annual basis
- Allows survey team to collaborate productively
- Be thorough, thoughtful and honest in its preparation

# Pre-Survey Checklist- Principle 1: Qualifications of the Resident

- Applicant Assessment: Written policy describes how the site assesses the applicants ability to achieve the goals and objectives of the program
  - Assessment criteria is documented
  - Process for both evaluation of the application and the interview
- Policy on licensure of resident

# Principle 2: Obligations of the Program to the Resident

- Policy on ACGME hours
- Letter of acceptance into the residency program
- Policy on sick leave and family leave and its impact on the resident's ability to complete the program

# Principle 3: Obligations of the Resident to the Program

- Are the resident's working outside of the residency program?
  - Policy addressing impact of residents work outside of residency

# Principle 4: Design and Conduct of the Residency Program

- Systematic design to the program
  - See examples
- Learning activity descriptions
  - See examples
- Customized Training Plans

# Customized Training Plans

- Should include more than just the schedule
- Should be resident specific
- Should address any areas identified by the resident or preceptor as “needing improvement”
- Needs to be updated quarterly

# Evaluations

- Consider dividing evaluation of Outcome 2: Evidence-based, patient-centered medication therapy management, among the direct patient care learning experience
- Consider quality instead of quantity
- When completing evaluations, ask yourself the following: “What statements included in the evaluations will be of value to the resident to help them improve.”
- Don't forget all training experiences: orientation, staffing, project, etc.

# Quality Improvement of the Program

- Preceptor development
  - Feedback from residents
  - RLS training
  - Partner with schools for preceptor development

# Principle 5: Qualifications of the RPD and Preceptors

- Preceptors have training and practice in the area of pharmacy for which they precept
  - Necessary for modeling
- “Record of contribution and commitment to pharmacy practice”
  - Record of improvements in, and contributions to, pharmacy practice
  - Appointments to committees
  - Formal recognition by peers
  - Sustained record of contributions
  - Reviewer of papers or manuscripts
  - Leadership in the profession
  - Demonstrated effectiveness in teaching

# Principle 7: Qualifications of the Pharmacy

- Evaluate vulnerable populations
  - Neonates
  - Peds
  - Critical Care
  - Oncology
  - Geriatrics

# Vulnerabilities in Medication Management

- Incomplete unit dose
- Incomplete IV admixture program
- Lack of computer generated MARs
- Lack of pharmacist review of orders
- Lack of review of “overrides”

# Pharmacist Involvement in Prospective Medication Management

- Individualized treatment plans
- Physician “rounding” opportunities
- Do clinical services extend beyond a list of targeted monitoring programs?
- Are there areas of the hospital or health-system that are not receiving adequate pharmacy services?
- Are pharmacist contributions being documented in the medical record?

# Attachments

See handout for  
list of required attachments

The background features several sets of concentric circles in a lighter shade of blue, resembling ripples in water. These circles are positioned in the lower half of the slide, with one set on the left, one in the center, and a larger one on the right.

# Attachment B

Program Design Materials



# Program Design Materials

- Program's Purpose
- Program's educational outcomes with associated goals and objectives
- Program's structure
- Where are program's educational goals and objectives taught and evaluated
- Descriptions of each learning experience
- Program's three-part assessment strategy

# Program Design Materials

- Surveyor should be able to review these and have a clear understanding of program design
- Residency Manual that contains all of these attachments
- Requirements to complete the residency
  - Checklist

# Program Structure

- List required learning experiences
  - Both rotational and longitudinal
- List elective learning experiences
  - Both rotational and longitudinal
- Residents' schedules
  - Sample schedules
  - Actual schedule for current residents

# Where are G&O Taught and Evaluated

	R1.1	R1.2	R1.3	R1.4	R1.5	R2.1	R2.2
Medicine					X	X	X
Critical Care						X	X
Staffing			X	X			
Practice Mgt	X	X					

# Learning Experience Descriptions

- Standard Format for all rotations
- Descriptions include activities that clearly outline opportunities for residents to develop skills specified by educational goals and objectives.

# Learning Experience Descriptions

- Rotation Summary
- Selected Goals and Objectives
- Activities
  - Link activities to goals and objectives
- Preceptor Interaction with the Resident
- Evaluation Strategy
- Required Readings, Discussion Topics, Disease States to be covered

# Link Activities to G&O

Activity	Goal
Participate on Rounds	R1.5; R2.1; R2.4; R2.5; R2.7;R2.8;R2.9; R2.10
Participate in Order Entry	R1.2; R1.4; R1.5; R2.1; R2.2
Respond to drug information requests	R1.5; R2.1; R5.1

# Preceptor Interaction with Resident

- Describe how preceptor interacts with resident on rotation
  - Instructing, modeling, coaching, facilitating
- Differentiate for various levels of rotations
  - Example Critical Care rotation for student, PGY1, PGY2, etc.

# Attachment L

Ambulatory and Acute Care Grids



# “The Grids”

- Purpose is preview the site’s patient populations and pharmacy practice and drug distribution model
- Discussion and clarification will happen in opening session with surveyors and on the tours

# The Grids

See Handout



What happens at the end of  
the Survey?



# Review of Survey Findings and Exit Interview

## ➤ Review of Survey Findings

- Preliminary analysis
- Your opportunity for clarification of surveyors' finding
- Not sure of the surveyors' intent; ask for clarification
- Ask surveyors to explain how changes could be made in the program for it to fully comply with the standard



# Written Surveyor Report

- Within 30 days of the survey: Lists areas of partial or non-compliance
- Surveyors' written commentary on areas of non or partial compliance
- Should match the information given verbally in the exit interview
- Report utilizes the Pre-Survey Checklist
- Includes consultative recommendations

# Guidelines for Preparing Response

- Have 75 days from the end of the survey to respond to the report
- Restate each finding of non or partial compliance from the survey report. Use same numerical order.
- Describe progress made in implementing remedies since the survey
  - Describe specific changes
  - Time of implementation
  - For changes that have not yet occurred, but are planned, include timeline and responsible individual
- Not required but encouraged to respond to consultative recommendations

# Guidelines for Preparing Response

- Submit written evidence to support changes
  - Completed forms!

Completed forms!

Completed forms!



- Response signed by: RPD, Pharmacy Director, CEO

# Commission on Credentialing Review

- Reviews surveyors' findings
- Reviews site response
- Input from site surveyors
- Determines accreditation status and length
  - Conditional accreditation
  - Accredited/Not Accredited
  - 6 yrs or less in length

# Commission on Credentialing Review

- Commission is now notifying sites of “resolved” findings
- No need to respond to “resolved” findings in subsequent reports

# How to Write and Good Survey Response



# Words for Success (OR NOT)

## NOT

- It is anticipated...
- Will be focus of discussion
- It is hoped...
- If..., it may be possible to...
- Have attempted to address
- We encourage
- Soon




# Words for Success



## YES

- The plan is...
- The timeline for implementation is as follows:...
- Have implemented...
- Have revised...
- We are addressing this issue by...
- RPD has ensured
- Approved

# Keys to Success

- Resolve simple issues immediately
  - Address the area of non or partial compliance – don't talk around the issue
  - Get clarification if needed
  - Don't make excuses
- 

# Keys to Success

- Be succinct
- Provide specific action plan
- Share specific timeline
- Assign responsible person
- Provide actual examples
- Provide statistics if appropriate

# For future reports.....



Show  
Progress!!!

For future reports.....

Avoid the  
“Busted Plan”!!



