
CPRB PROGRAM SAMPLE ITINERARY & REQUIRED DOCUMENTS

YEAR 2 CPRB 2016 ACCREDITATION STANDARDS (VIRTUAL SURVEYS)

The Program Residency Director, Coordinator, or Administrative Assistant are to send the CPRB Surveyors the survey documents in an electronic format. The program should share documents through an agreed-upon file hosting site (e.g., SharePoint, Dropbox, OneDrive). Documents should be numbered/labeled as per the list below. The lead surveyor and/or the CPRB Coordinator will contact you to confirm your preferred method to provide the documents.

Surveyors will sign the institution's confidentiality agreement and return it to the site by e-mail.

Framework for Program Pre-Survey Documents – 30 Days Prior to Date of Survey

Please create a separate sub-folder for each numeric grouping below (e.g., residency program manual contents located in a sub-folder)

1. Accreditation Canada (AC) survey report (or CCAPP report) and Provincial or Territorial Pharmacy Regulation Inspection Report
2. If this is a shared program, contractual agreement with primary partner designated organization
 - 2.1 Reports associated with secondary partner's accreditation surveys - Accreditation Canada (AC) survey report (or CCAPP report) and territory regulatory report
 - 2.2 Inspection reports associated with jointly operated Advanced Year 2 Program (2.1.1.2)
3. Itinerary – a template is provided as a guide. Contact lead surveyor for assistance if geography is complex (i.e., multi-site, dual surveys, etc.). The itinerary must include meetings with:
 - The CEO (Administrative person to whom pharmacy reports)
 - The Pharmacy Administrative Team
 - Residency Program Director
 - Residency Program Coordinator(s)
 - Residency Preceptors (from all campuses)
 - *(the list of preceptors that may be participating in preceptor meetings can be submitted only 7 days before the survey visit)*
 - Residents
 - Interdisciplinary Patient Care Team with whom resident(s) provided service for an extended duration or on a recurrent basis
4. CV Residency Program Director
5. CV Residency Program Coordinator
6. CV Residency Program Preceptors
7. CV of residents

8. Request for Accreditation and related documents:
 - 8.1 Organization and pharmacy department structure. Include any changes to the organizational structure of the organization and pharmacy department since the last CPRB accreditation in any format (i.e., ppt or word format)
 - 8.2 Mission statement and goals/objectives of the pharmacy department
 - 8.3 Most recent pharmacy services annual report
 - 8.4 Quality improvement plan and strategic plan for the pharmacy department
 - 8.5 Quality improvement plan and strategic plan for the residency program
 - 8.6 Schedule of residency rotations including preceptors for current year and since previous accreditation survey
9. Residency Advisory Committee Terms of Reference and minutes since previous accreditation survey and current year.
10. Residency Program Manual in its entirety- which shall include but not be limited to the following policies and procedures:
 - Table of Contents
 - Expectations of residents and preceptors
 - Intended educational outcomes of the program
 - Description (learning goals and objectives) for each residency rotation available for each resident(s)
 - Description (learning goals and objectives; schedule) of the formal academic curriculum (e.g. mandatory course work, mandatory academic half-days or full days)
 - Evaluation/Assessment forms – provide access to online evaluation forms if applicable
 - Resident performance – self-assessment
 - Resident evaluation of preceptor
 - Resident evaluation of rotation
 - Resident evaluation of coordinator
 - Resident evaluation of program director
 - Resident evaluation of residency program
 - Preceptor assessment of resident
 - Preceptor self-assessment
 - Quarterly or summative assessment process
 - Criteria for successful completion of the program
 - Policies concerning professional, family, and sick leave and the effect such leaves shall have on the resident's ability to complete the program
 - Policies governing scheduling of residency experiences, including duty (service) roster shifts, if applicable
 - Procedures and tools for evaluating training site (rotation) and residency program
 - Procedures for assessment and evaluation of resident(s), preceptor(s), coordinator(s), director
 - Processes for remedial action if deficiencies in the progress of the resident(s) are noted
 - Processes that shall be used to address all discrepancies in assessment
 - Policies governing intimidation and harassment and other forms of abuse

Program Required Documents 7 Days Prior to Date of Survey

The program sets up folders in a document sharing system (e.g., SharePoint, Dropbox, OneDrive). The documents must be available to the surveyors and the CPRB Coordinator at least seven (7) days prior to the survey visit. (If any of these documents are available electronically earlier, the surveyors ask they be sent to them prior, if possible, but this is not a requirement.)

Please organize the folders using the following structure:

1. Residents (current year and previous years back to last accreditation survey visit). **Please number and label folders for each resident to include:**
 - 1.1 Program's letter of offer
 - 1.2 Resident's confirmation of acceptance letter
 - 1.3 Prior learning assessment
 - 1.4 Granting credit for prior learning / transfer of credit documents (if applicable)
 - 1.5 Confirmation of completion of the program (e.g. copies of letters, transcripts and/or certificates)
 - 1.6 Completed Evaluations/Assessments (organized by rotation). To include the following information:
 - Resident performance – self-assessment
 - Resident evaluation of preceptor
 - Resident evaluation of rotation
 - Preceptor assessment of resident
 - Projects, presentations, reports for publication, assessments/evaluations, etc.
 - 1.7 Completed non rotation specific evaluations/assessments
 - Resident evaluation of coordinator
 - Resident evaluation of program director
 - Resident evaluation of residency program
 - Quarterly or summative assessments (documenting resident's progress throughout the program)
 - 1.8 Resident's Learning Portfolio
 - Written learning plan
 - All presentations, journal club, written material, clinical activities, etc. including self-assessments of all activities
 - Awards
2. Preceptors
 - 2.1 Self-assessment
3. Record of successful and unsuccessful resident(s) (for entire history of the program)
4. List of resident(s) to whom ACPR2 was granted (for entire history of the program)
5. List of preceptors that may be participating in preceptor meetings (see table below)

NOTE: For programs with more than 4 residents per year, the surveyors may indicate how many and which residents' records to provide.

Sample Itinerary for Virtual Surveys

A sample of a virtual survey itinerary is provided in the next few pages. Please follow the sequence of meetings and interviews wherever possible. The lead surveyor (the surveyor initiating contact with you) will contact you more than 30 days prior to the survey visit to assist you with the itinerary preparation. Depending on time zone differences, it may be more feasible to have half-day meetings in the morning or in the afternoon. The lead surveyor may ask for information about the campuses where the resident(s) complete various rotations. Surveyors will virtually meet with preceptors and interdisciplinary healthcare teams from campuses that deliver 60 residency training days or more.

If you have questions or if schedule changes are required consult with the lead surveyor 30 days prior to the survey visit.

- It is **expected that the resident(s) will be available during the survey**. Their participation is required at meetings as indicated on the sample itinerary.
- The interdisciplinary patient care team meeting should be with a team with whom the resident(s) provided service for an extended duration or on a recurrent basis.
- One meeting per campus that delivers 60 residency training days or more should be organized.

Instructions for Virtual Meetings

- The program should suggest an electronic platform (i.e., Zoom, Skype, Teams, etc.) to the lead surveyor who will then verify that all surveyors have access.
- Programs are responsible for setting up the links for the survey meetings and communicating this information to all surveyors and other meeting participants. Sites are encouraged to have an administrative assistant or informatics technician available during the survey meetings to assist participants and ensure successful access to the virtual meetings.
- A trial run between the program and all surveyors is strongly recommended prior to the survey date.
- With the exception of the closing remarks meeting, each virtual meeting should include a maximum of 7 participants, excluding the surveyors. There is no limit to the number of participants for the closing remarks session. If interviews with larger groups are needed (i.e., preceptors, residents), the group should be subdivided, and separate parallel meetings organized with each subgroup. Exceptionally, very large programs may require meetings with a larger number of participants. The lead surveyor will confirm with you if this is acceptable for your program.
- Please allow a 15-minute break between each meeting.
- Participants are asked to activate their webcam (video) during the meetings (unless a technical problem prohibits this).
- For meetings with preceptors, please provide a list of participants, specifying their names, clinical area they work in, rotations they precept, and whether they are junior preceptors (please complete the table on the last page).

Year 2 CPRB Program Sample Itinerary and Required Documents (Virtual Surveys)

Last updated January 2021

Day 1 - Itinerary

Refer to the document “Y2_ProgramInterviews_WhatToExpect_Virtual_FINAL_2020” for details about each meeting. Please note that below is only a guide and the geographic location of the surveyors and the availability of the required personnel will help formulate the final schedule.

DAY	TIME	TITLE OF MEETING	PARTICIPANTS SHALL INCLUDE
Day 0		Review of survey documents	Surveyors
Day 1	30 min	Meeting with the CEO, Administrative person to whom Pharmacy Director reports	CEO or (Senior Administrative designate), Administrative person to whom Pharmacy reports, Residency Director and Coordinator(s), and Resident(s)
	30 min	Meeting with the Pharmacy Administrative Team Rather than a formal presentation the administrative team is requested to e-mail a summary, in any format (e.g., word, ppt), of the department’s strategic plan and any major changes to either the organization or to the pharmacy department since the last survey visit. This should be e-mailed to surveyors before the start of the survey visit.	Residency Director, Residency Coordinator(s), Resident(s), and Pharmacy Leaders who provide direct support to the Residency Program CEO or (designate) may attend
	30 min	Meeting with the Residency Program Director	Residency Program Director
	1 hour 30 min	Meeting with the Coordinator(s)	Residency Program Coordinator(s)
	1 hour	Meeting with Residency Preceptor(s) (from all campuses)	As many Residency Preceptor(s) as possible except the Residency Director and Coordinator(s) (subdivide in smaller groups if needed; multiple time slots may be required or two or more meetings can be held in parallel. To be determined with the survey team) Junior preceptors (< 2 years experience) are strongly encouraged to participate.
	15 min	Check in with the residency coordinator	Residency Program Coordinator(s)

Day 2 - Itinerary

Refer to the document “Y2_ProgramInterviews_WhatToExpect_Virtual_FINAL_2020” for details about each meeting.

DAY	TIME	TITLE OF MEETING	PARTICIPANTS SHALL INCLUDE
Day 2	1 hour 45 min	Meeting with the Resident(s)	Current Resident(s) and from one year previous if available (subdivide in smaller groups if needed; multiple time slots may be required or two or more meetings can be held in parallel. To be determined with the survey team)
	30 min	Interdisciplinary Patient Care Team	Members of interdisciplinary patient care team (including pharmacist) with whom the resident(s) have provided service for an extended duration or on a recurrent basis (one per campus that delivers 60 residency training days or more; multiple time slots may be required, or two or more meetings can be held in parallel. To be determined with the survey team)
	15 min	Check in with the residency coordinator	Residency Program Coordinator(s)

Day 3 - Itinerary

Refer to the document “Y2_ProgramInterviews_WhatToExpect_Virtual_FINAL_2020” for details about each meeting.

DAY	TIME	TITLE OF MEETING	PARTICIPANTS SHALL INCLUDE
Day 3	15 min	Clarification meeting	Residency Director and Residency Coordinator(s)
	1 hour	Closing remarks	Residency Director, Residency Coordinator(s), and Resident(s) Others at the discretion of the program

List of preceptors that may be participating in the preceptor meeting(s)

Name of preceptor	Clinical area/service	Rotations precepted	Junior preceptor (<2 years' experience)*
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

Name of preceptor	Clinical area/service	Rotations precepted	Junior preceptor (<2 years' experience)*
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

* Precepting experience may be within the residency program surveyed or in another residency program.