



PRIVATE HOSPITAL PHARMACY

RECORD OF TRAINING AND EXPERIENCE OF PROVISIONALLY REGISTERED PHARMACIST (PRP)



PERSONAL PARTICULARS

[To Be Completed By the Provisionally Registered Pharmacist (PRP)]

1. Name (in capital letters) :
2. New I/C Number :
3. Provisional Registration Number:
4. Telephone Numbers :
5. Home Address :
6. E-mail Address :
7. Qualification (Degree/ University/ Year):
8. Scholarship/Sponsor (Federal/MARA/Others):
9. Principal Training Place:
10. Duration of Training: From (date): to
11. Name & Contact Number of person in case of emergency:

I confirm that the above information provided above is true.

Signature:

Date:

1. INTRODUCTION

- 1.1 The Registration of Pharmacists Act (Amendment) 2003 stipulates that a person who is provisionally registered shall be required to obtain experience immediately upon being provisionally registered, engage in employment as a Provisionally Registered Pharmacist (PRP) to the satisfaction of the Pharmacy Board for a period of not less than one year.
- 1.2 The engagement as a PRP must be in any premises listed in the *Second Schedule* in order to be entitled to apply for full registration.
- 1.3 The Pharmacy Board may extend the one year period of employment of a PRP if the Board is not satisfied with the performance of that person as a PRP.
- 1.4 The provisional registration of a person shall be revoked if that person fails to engage in employment as a PRP to the satisfaction of the Pharmacy Board for a period of not less than one year in any premises listed in the *Second Schedule*.
- 1.5 All PRPs **are required to pass** the Pharmacy Jurisprudence Examination conducted by the Pharmacy Board prior to full registration.

2. TRAINING MODULES AND RECORD OF TRAINING AND EXPERIENCE OF A PROVISIONALLY REGISTERED PHARMACIST [PRP]

- 2.1 This record book is designed primarily to guide the provisionally pharmacists and their preceptors of various pharmacy disciplines in the training hospital/institution in coordinating activities and programmes during the one-year provisional training.
- 2.2 The number of cases in this logbook serves as a guideline and is subject to the capacity of individual hospital.
- 2.3 This record book will be the basis for the **appraisal** by all of the trainers and preceptors, which shall be submitted to the Pharmacy Board for the purpose of registration as a fully registered pharmacist at the end of the training.
- 2.4 **The PRP is required to fill the following information:**
- 2.4.1 Date of task completed with evidence of proof for each section/unit of attachment. If the column is not enough, please make attachment.
- 2.4.2 Each evidence given is to be endorsed by the immediate preceptor of the section/unit.
- 2.5 **The preceptor is required to complete the record by filling the following;**
- 2.5.1 Endorse the completion of each task with signature, name and date in the column provided.
- 2.5.2 Level of performance is based on the following scale;
- | | |
|-----|----------------|
| 1- | unsatisfactory |
| 2- | satisfactory |
| 3- | good |
| 4- | excellent or |
| N/A | Not applicable |
- 2.5.3 The passing mark is 60 % for each section.
- 2.5.4 The final appraisal is to be completed by the Master Preceptor at the 11th month of the training period and to be sent to;

Lembaga Farmasi Malaysia
Bahagian Perkhidmatan Farmasi
Kementerian Kesihatan Malaysia
Beg Berkunci No.924,
Pejabat Pos Jalan Sultan
46790 PETALING JAYA

3. DUTIES AND RESPONSIBILITIES OF A PRECEPTOR

3.1 Type of preceptors

3.1.1 Hospital Pharmacy:

Preceptor : Head of Unit/Section of the
Pharmacy Services

Principal Preceptor : Chief Pharmacists in the Hospital

Master Preceptor : Chief Pharmacist

[Criteria of a preceptor: Must be at least 4 years in service and having at least 2 years experience in a pharmacy section/unit]

3.2 Responsibilities of A Preceptor

- 3.2.1 Serve as a learning resource for all PRP. Ensuring a PRP receives necessary training to develop skills and behaviors expected as a competence pharmacist.
- 3.2.2 To make available to answer queries or direct the PRP to the appropriate references and show them areas of learning that still to be covered.
- 3.2.3 Serve as a role model instilling professional values and attitudes. It is also necessary to explain to the PRP reasons for your actions when called upon to make professional judgements.
- 3.2.4 Attempt to provide a full range of professional services and provide positive and corrective feedbacks during the training.
- 3.2.5 Responsible for assessing PRP performances during their training. Discuss on their strengths and weaknesses, whenever possible.

4. DUTIES AND RESPONSIBILITIES OF A PROVISIONALLY REGISTERED PHARMACIST [PRP]

Being a Provisionally Registered Pharmacist [PRP], you should;

- 4.1 Aim to become a competent registered pharmacist at the end of the training period.
- 4.2 Undertake the training modules / programme with positive attitudes and commitments to learn from the preceptors or other staff.
- 4.3 Remember that obtaining adequate working experience is your responsibility. Others will help, but it requires a conscientious effort on your part, not just passive acceptance.
- 4.4 Recognise that not all of the preceptor's time can be devoted to teach you and you should therefore actively acquire knowledge and skills by observation, reading and questioning others.
- 4.5 Be aware that, in addition to the daily activities, your time should be set aside to consider activities outside working hours.
- 4.6 Always actively participate in professional development programme as it is essential to build on your undergraduate studies and keep abreast of current knowledge.
- 4.7 Be aware that the Certificate of Satisfactory Experience, which is required under Section 6A(2) Registration of Pharmacists Act 1951 will only be issued to you if;
 - (i) You passed the Pharmacy Jurisprudence Examination which is conducted by the Pharmacy Board in **March/June/November** every year.
 - (ii) The average mark of your training performance shall be **at least 60% for every units / services**

4.8 Training Time Table;

	Module	Private	Gazetted Hospital/ Health Clinic
1	Ward Pharmacy		4
2	Outpatient Services	16	
3	Inpatient Pharmacy	16	
4	Clinical Pharmacokinetics		2
5	Parenteral Nutrition		2
6	Oncology Pharmacy		2
7	Drug Info	4	
8	Manufacturing	2	
9	Inventory Control & Management	4	
	Total	42	10

WARD PHARMACY PRACTICE (Duration of Attachment: 4 weeks)

1. Knowledge of ward and pharmacy round procedures, presentation of case studies, medication chart monitoring, patient drug history taking, monitoring patient parameters, patient contact, questioning and counseling, collection of drug utilization review data and other statistics & forms involved.
2. Ability to read and comprehend patient's case notes.
3. Ability to discuss with prescriber.
4. Ability to recommend pharmacotherapy regimen and monitoring of patient progress.
5. Patient drug history taking for all new admissions in the designated ward within 24 hours of admission.
6. Case clerking and monitoring with complete medication profile.
7. Ward rounds including grand and pharmacists round.
8. Medication counseling.
9. Case reporting.
10. Case presentation/ discussion.
11. Detection of ADR.
12. Documentation and use of appropriate forms (CP1, CP2, CP3 & CP4) *if relevant.
13. Respective hospital to clarify gaps identified and training needs to gazetted hospitals receiving the PRP.

WARD PHARMACY PRACTICE TRAINING MODULE FOR PROVISIONAL REGISTERED PHARMACIST**SECTION 1: MEDICATION HISTORY ASSESSMENT (PLEASE USE THE CP1 FORM)**
(Min: 10 cases/ week)

- Medication History Assessment should be taken within 24 hours of admission.

WEEK 1

Date	MRN	Allergy Detected (/ when detected)	Compliance Evaluation (/ when done)	Preceptor's Initial

SECTION 1: MEDICATION HISTORY ASSESSMENT (PLEASE USE THE CP1 FORM)
(Min: 10 cases/ week)

- Medication History Assessment should be taken within 24 hours of admission.

WEEK 2

Date	MRN	Allergy Detected (/ when detected)	Compliance Evaluation (/ when done)	Preceptor's Initial

SECTION 1: MEDICATION HISTORY ASSESSMENT (PLEASE USE THE CP1 FORM)
(Min: 10 cases/ week)

- Medication History Assessment should be taken within 24 hours of admission.

WEEK 3

Date	MRN	Allergy Detected (/ when detected)	Compliance Evaluation (/ when done)	Preceptor's Initial

SECTION 1: MEDICATION HISTORY ASSESSMENT (PLEASE USE THE CP1 FORM)
(Min: 10 cases/ week)

- Medication History Assessment should be taken within 24 hours of admission.

WEEK 4

Date	MRN	Allergy Detected (/ when detected)	Compliance Evaluation (/ when done)	Preceptor's Initial

**SECTION 2: CLERKING & REVIEWING [PLEASE USE THE PHARMACOTHERAPY REVIEW FORM (CP2)]
(Min: 10 cases/ week)**

- To assess the ability of the PRP to read, comprehend patient's case notes and identify Pharmaceutical Care Issues (PCI, minimum: 10 issues/ week)

WEEK 1

No.	Date	Patient's R/N	No. of PCI(s) identified	No. of Intervention	No. of PCI (s) accepted	Remarks	Preceptor's Initial

SECTION 2: CLERKING & REVIEWING [PLEASE USE THE PHARMACOTHERAPY REVIEW FORM (CP2)] (Min: 10 cases/ week)

- To assess the ability of the PRP to read, comprehend patient's case notes and identify Pharmaceutical Care Issues (PCI, minimum: 10 issues/ week)

WEEK 2

No.	Date	Patient's R/N	No. of PCI(s) identified	No. of Intervention	No. of PCI (s) accepted	Remarks	Preceptor's Initial

**SECTION 2: CLERKING & REVIEWING [PLEASE USE THE PHARMACOTHERAPY REVIEW FORM (CP2)]
(Min: 10 cases/ week)**

- To assess the ability of the PRP to read, comprehend patient's case notes and identify Pharmaceutical Care Issues (PCI, minimum: 10 issues/ week)

WEEK 3

No.	Date	Patient's R/N	No. of PCI(s) identified	No. of Intervention	No. of PCI (s) accepted	Remarks	Preceptor's Initial

**SECTION 2: CLERKING & REVIEWING [PLEASE USE THE PHARMACOTHERAPY REVIEW FORM (CP2)]
(Min: 10 cases/ week)**

- To assess the ability of the PRP to read, comprehend patient's case notes and identify Pharmaceutical Care Issues (PCI, minimum: 10 issues/ week)

WEEK 4

No.	Date	Patient's R/N	No. of PCI(s) identified	No. of Intervention	No. of PCI (s) accepted	Remarks	Preceptor's Initial

SECTION 3: MEDICATION COUNSELING

Bedside Counseling (Min. 10 patients/ week)

- At Least 5 Bedside Counseling Must Be Assessed By A Senior Pharmacist

WEEK 1

Date	Patients RN	Counseling Based On The Types Of Pharmacotherapy Management – minimum 5 patients/type						Name & Signature of Preceptor
		Antidiabetics	Antihypertensives	Antiasthmatics	Antiretrovirals	Anticoagulants	Others (Please Specify)	

SECTION 3: MEDICATION COUNSELING

Bedside Counseling (Min. 10 patients/ week)

- At Least 5 Bedside Counseling Must Be Assessed By A Senior Pharmacist

WEEK 2

Date	Patients RN	Counseling Based On The Types Of Pharmacotherapy Management – minimum 5 patients/type						Name & Signature of Preceptor
		Antidiabetics	Antihypertensives	Antiasthmatics	Antiretrovirals	Anticoagulants	Others (Please Specify)	

SECTION 3: MEDICATION COUNSELING

Bedside Counseling (Min. 10 patients/ week)

- At Least 5 Bedside Counseling Must Be Assessed By A Senior Pharmacist

WEEK 3

Date	Patients RN	Counseling Based On The Types Of Pharmacotherapy Management – minimum 5 patients/type						Name & Signature of Preceptor
		Antidiabetics	Antihypertensives	Antiasthmatics	Antiretrovirals	Anticoagulants	Others (Please Specify)	

SECTION 3: MEDICATION COUNSELING

Bedside Counseling (Min. 10 patients/ week)

- At Least 5 Bedside Counseling Must Be Assessed By A Senior Pharmacist

WEEK 4

Date	Patients RN	Counseling Based On The Types Of Pharmacotherapy Management – minimum 5 patients/type						Name & Signature of Preceptor
		Antidiabetics	Antihypertensives	Antiasthmatics	Antiretrovirals	Anticoagulants	Others (Please Specify)	

SECTION 4: WARD ROUND/ PHARMACIST ROUND – (TO BE DONE DAILY)

Discipline / Ward:

WEEK 1

Date	Name of Consultant/ Doctor/ Pharmacist Conducting the Ward Round	Number of Interventions Done	Number of Queries Responded	Preceptor's Initial

SECTION 4: WARD ROUND/ PHARMACIST ROUND – (TO BE DONE DAILY)

Discipline / Ward:

WEEK 2

Date	Name of Consultant/ Doctor/ Pharmacist Conducting the Ward Round	Number of Interventions Done	Number of Queries Responded	Preceptor's Initial

SECTION 4: WARD ROUND/ PHARMACIST ROUND – (TO BE DONE DAILY)

Discipline / Ward:

WEEK 3

Date	Name of Consultant/ Doctor/ Pharmacist Conducting the Ward Round	Number of Interventions Done	Number of Queries Responded	Preceptor's Initial

SECTION 4: WARD ROUND/ PHARMACIST ROUND – (TO BE DONE DAILY)

Discipline / Ward:

WEEK 4

Date	Name of Consultant/ Doctor/ Pharmacist Conducting the Ward Round	Number of Interventions Done	Number of Queries Responded	Preceptor's Initial

SECTION 5: CASE REPORT (MINIMUM: 2 CASES)

- To assess the ability in clerking case, comprehend patient's case note, complete case report study with evidence based approach and recommend related pharmaceutical care issues of the patients

WEEK 1

Date	MRN	Topic	Remarks	Preceptor's Initial

WEEK 2

Date	MRN	Topic	Remarks	Preceptor's Initial

WEEK 3

Date	MRN	Topic	Remarks	Preceptor's Initial

WEEK 4

Date	MRN	Topic	Remarks	Preceptor's Initial

SECTION 6: CASE PRESENTATION (MINIMUM: 5 CASES)

- Case presentation should be pharmaceutical care related.
- To assess the ability to comprehend case notes, devise therapeutic plan, communication and presentation of case to enhance rational drug use

Date	Types of Case Presented	Remarks	Preceptor's Initial

SECTION 7: ADR REPORT (MINIMUM: 3 CASES)

- ADR can be reported from other activities
- To assess the ability to identify ADR and perform ADR report

Date	MRN	Suspected Drug Causing the ADR	Remarks	Preceptor's Initial

ASSESSMENT

SECTION 8: MANAGEMENT OF WARD PHARMACY PRACTICE

No.	Knowledge	Level of Performance					Comments
		1	2	3	4	NA	
1	Knowledge of ward and pharmacy round procedures, presentation of case studies, medication chart monitoring, patient drug history taking, monitoring patient parameters, patient contact, questioning and counseling, collection of drug utilization review data and other statistics & forms involved.						
2	Ability to read and comprehend patient's case notes.						
3	Ability to discuss with prescriber.						
4	Ability to recommend pharmacotherapy regimen and monitoring of patient progress.						
5	Patient drug history taking for all new admissions in the designated ward within 24 hours of admission.						

SECTION 9: COMPETENT ASSESSMENT

Date	Task	Level of Performance					Comments
		1	2	3	4	NA	
1	Medication History Assessment						
2	Clerking & Reviewing						
3	Medication Counseling						
4	Ward Round / Pharmacist Round						
5	Case Report						
6	Case Presentation						
7	ADR Report						

SECTION 10: GENERAL COMMENT ON ATTITUDE

Mark = $\frac{\quad}{48} \times 100\%$

= $\quad\quad\quad\%$

Preceptor's Name & Signature:

NOTE:

1. If the service is not available in the hospital, the Principal Preceptor/ Head of Pharmacists in the hospital (KPF) therefore has right to disseminate the PRP to other unit/ service.
2. % mark should not less than 60% for every units/ services.

OUT- PATIENT PHARMACY SERVICES **(Duration of Attachment: 16 weeks)**

Management of Outpatient Pharmacy

1. Knowledge of stock movement and control, patient waiting time, peak hour management (staff mobilization), staff training, handling of drug information requests and pharmacy QAP.

Dispensing of medication / prescriptions

2. Proficient in prescription ordering & supply system (including Integrated Medication Supply System) and verification.
 - Good communication skills and counter service.
 - Documentation of relevant data and statistics.
 - Proficient in reading.
 - Interpretation of prescriptions and completeness of prescription (e.g. *drug name, dose, frequency, duration etc*).
3. Familiarity with drug range. Knowledge on generic names, proprietary names, pharmacological groupings, Hospital Formularies.
4. Proficient in the screening of prescriptions (e.g. *Dosage regimen, polypharmacy, drug interactions, adequacy of instruction(s), contraindications, incompatibilities etc.*). The screening of a prescription must be performed at any point of processing a prescription, e.g. during receiving, filling and dispensing.
5. Awareness of the importance of patient's medication record (e.g. *warfarin medication card*)
6. Ability to contact prescriber to discuss errors or ambiguous prescriptions.
7. Proficient in filling prescriptions.
8. Proficient in dispensing.
9. Knowledge on the pre-packing process, packaging and labeling of medication dispensed.

Patient medication counseling

10. Ability to advise/ counsel on patient drug regimen/ therapy, indications, storage conditions, precautions, side effects, food / drug interactions, dosage regimen, compliance and missed doses, use of devices (e.g. *inhalers, insulin pens, interferon pens*).
11. Ability to perform in conducting group / individual counseling sessions.

Dangerous / Psychotropic Drugs Management

12. Knowledge of psychotropic and dangerous drugs distribution and disposal in accordance to the respective legislations:

- Dangerous Drugs Act 1952
- Poisons Act 1952
- Poisons (Psychotropic Substances) Regulations 1989

13. The activities include in this department are:

- Screening
- Filling
- Dispensing
- Medication Counseling
- Dangerous Drugs & Psychotropic

SECTION 1: SCREENING**WEEK 1**

Date	Type of Interventions				Point of Screening (*R/F/D)	Description of intervention(s)
	Incomplete Prescriptions	Inappropriate Regimens	Inappropriate Prescriptions	Other		

Type of Interventions:

- | | | | | |
|--------------------------------|--|--------------------------|----------------------|--------------------------------------|
| 1. Incomplete Prescriptions | - (a) Frequency | (b) Duration | (c) Signature & chop | (d) Countersignature |
| 2. Inappropriate Regimens | - (a) Medicine | (b) Duration | (c) Dose | (d) Frequency |
| 3. Inappropriate Prescriptions | - (a) Spelling | (b) Wrong Identification | (c) Polypharmacy | (d) Interaction (e) Contraindication |
| 4. Other | - (a) Not in the hospital drug formulary | (b) Authenticity | (c) Illegibility | |

*** R: Receiving****F: Filling****D: Dispensing****Name of Preceptor:****Signature:****General Remarks:**

SECTION 1: SCREENING**WEEK 2**

Date	Type of Interventions				Point of Screening (*R/F/D)	Description of intervention(s)
	Incomplete Prescriptions	Inappropriate Regimens	Inappropriate Prescriptions	Other		

Type of Interventions:

- | | | | | |
|--------------------------------|--|--------------------------|----------------------|--------------------------------------|
| 1. Incomplete Prescriptions | - (a) Frequency | (b) Duration | (c) Signature & chop | (d) Countersignature |
| 2. Inappropriate Regimens | - (a) Medicine | (b) Duration | (c) Dose | (d) Frequency |
| 3. Inappropriate Prescriptions | - (a) Spelling | (b) Wrong Identification | (c) Polypharmacy | (d) Interaction (e) Contraindication |
| 4. Other | - (a) Not in the hospital drug formulary | (b) Authenticity | (c) Illegibility | |

*** R: Receiving****F: Filling****D: Dispensing****Name of Preceptor:****Signature:****General Remarks:**

SECTION 1: SCREENING**WEEK 3**

Date	Type of Interventions				Point of Screening (*R/F/D)	Description of intervention(s)
	Incomplete Prescriptions	Inappropriate Regimens	Inappropriate Prescriptions	Other		

Type of Interventions:

- | | | | | |
|--------------------------------|--|--------------------------|----------------------|--------------------------------------|
| 1. Incomplete Prescriptions | - (a) Frequency | (b) Duration | (c) Signature & chop | (d) Countersignature |
| 2. Inappropriate Regimens | - (a) Medicine | (b) Duration | (c) Dose | (d) Frequency |
| 3. Inappropriate Prescriptions | - (a) Spelling | (b) Wrong Identification | (c) Polypharmacy | (d) Interaction (e) Contraindication |
| 4. Other | - (a) Not in the hospital drug formulary | (b) Authenticity | (c) Illegibility | |

*** R: Receiving****F: Filling****D: Dispensing****Name of Preceptor:****Signature:****General Remarks:**

SECTION 1: SCREENING**WEEK 4**

Date	Type of Interventions				Point of Screening (*R/F/D)	Description of intervention(s)
	Incomplete Prescriptions	Inappropriate Regimens	Inappropriate Prescriptions	Other		

Type of Interventions:

- | | | | | |
|--------------------------------|--|--------------------------|----------------------|--------------------------------------|
| 1. Incomplete Prescriptions | - (a) Frequency | (b) Duration | (c) Signature & chop | (d) Countersignature |
| 2. Inappropriate Regimens | - (a) Medicine | (b) Duration | (c) Dose | (d) Frequency |
| 3. Inappropriate Prescriptions | - (a) Spelling | (b) Wrong Identification | (c) Polypharmacy | (d) Interaction (e) Contraindication |
| 4. Other | - (a) Not in the hospital drug formulary | (b) Authenticity | (c) Illegibility | |

*** R: Receiving****F: Filling****D: Dispensing****Name of Preceptor:****Signature:****General Remarks:**

SECTION 1: SCREENING

WEEK 5

Date	Type of Interventions				Point of Screening (*R/F/D)	Description of intervention(s)
	Incomplete Prescriptions	Inappropriate Regimens	Inappropriate Prescriptions	Other		

Type of Interventions:

- | | | | | |
|--------------------------------|--|--------------------------|----------------------|--------------------------------------|
| 1. Incomplete Prescriptions | - (a) Frequency | (b) Duration | (c) Signature & chop | (d) Countersignature |
| 2. Inappropriate Regimens | - (a) Medicine | (b) Duration | (c) Dose | (d) Frequency |
| 3. Inappropriate Prescriptions | - (a) Spelling | (b) Wrong Identification | (c) Polypharmacy | (d) Interaction (e) Contraindication |
| 4. Other | - (a) Not in the hospital drug formulary | (b) Authenticity | (c) Illegibility | |

* R: Receiving

F: Filling

D: Dispensing

Name of Preceptor:

Signature:

General Remarks:

SECTION 1: SCREENING**WEEK 6**

Date	Type of Interventions				Point of Screening (*R/F/D)	Description of intervention(s)
	Incomplete Prescriptions	Inappropriate Regimens	Inappropriate Prescriptions	Other		

Type of Interventions:

- | | | | | |
|--------------------------------|--|--------------------------|----------------------|--------------------------------------|
| 1. Incomplete Prescriptions | - (a) Frequency | (b) Duration | (c) Signature & chop | (d) Countersignature |
| 2. Inappropriate Regimens | - (a) Medicine | (b) Duration | (c) Dose | (d) Frequency |
| 3. Inappropriate Prescriptions | - (a) Spelling | (b) Wrong Identification | (c) Polypharmacy | (d) Interaction (e) Contraindication |
| 4. Other | - (a) Not in the hospital drug formulary | (b) Authenticity | (c) Illegibility | |

*** R: Receiving****F: Filling****D: Dispensing****Name of Preceptor:****Signature:****General Remarks:**

SECTION 1: SCREENING**WEEK 7**

Date	Type of Interventions				Point of Screening (*R/F/D)	Description of intervention(s)
	Incomplete Prescriptions	Inappropriate Regimens	Inappropriate Prescriptions	Other		

Type of Interventions:

- | | | | | |
|--------------------------------|--|--------------------------|----------------------|--------------------------------------|
| 1. Incomplete Prescriptions | - (a) Frequency | (b) Duration | (c) Signature & chop | (d) Countersignature |
| 2. Inappropriate Regimens | - (a) Medicine | (b) Duration | (c) Dose | (d) Frequency |
| 3. Inappropriate Prescriptions | - (a) Spelling | (b) Wrong Identification | (c) Polypharmacy | (d) Interaction (e) Contraindication |
| 4. Other | - (a) Not in the hospital drug formulary | (b) Authenticity | (c) Illegibility | |

*** R: Receiving****F: Filling****D: Dispensing****Name of Preceptor:****Signature:****General Remarks:**

SECTION 1: SCREENING**WEEK 8**

Date	Type of Interventions				Point of Screening (*R/F/D)	Description of intervention(s)
	Incomplete Prescriptions	Inappropriate Regimens	Inappropriate Prescriptions	Other		

Type of Interventions:

- | | | | | |
|--------------------------------|--|--------------------------|----------------------|--------------------------------------|
| 1. Incomplete Prescriptions | - (a) Frequency | (b) Duration | (c) Signature & chop | (d) Countersignature |
| 2. Inappropriate Regimens | - (a) Medicine | (b) Duration | (c) Dose | (d) Frequency |
| 3. Inappropriate Prescriptions | - (a) Spelling | (b) Wrong Identification | (c) Polypharmacy | (d) Interaction (e) Contraindication |
| 4. Other | - (a) Not in the hospital drug formulary | (b) Authenticity | (c) Illegibility | |

*** R: Receiving****F: Filling****D: Dispensing****Name of Preceptor:****Signature:****General Remarks:**

SECTION 1: SCREENING**WEEK 9**

Date	Type of Interventions				Point of Screening (*R/F/D)	Description of intervention(s)
	Incomplete Prescriptions	Inappropriate Regimens	Inappropriate Prescriptions	Other		

Type of Interventions:

- | | | | | |
|--------------------------------|--|--------------------------|----------------------|--------------------------------------|
| 1. Incomplete Prescriptions | - (a) Frequency | (b) Duration | (c) Signature & chop | (d) Countersignature |
| 2. Inappropriate Regimens | - (a) Medicine | (b) Duration | (c) Dose | (d) Frequency |
| 3. Inappropriate Prescriptions | - (a) Spelling | (b) Wrong Identification | (c) Polypharmacy | (d) Interaction (e) Contraindication |
| 4. Other | - (a) Not in the hospital drug formulary | (b) Authenticity | (c) Illegibility | |

*** R: Receiving****F: Filling****D: Dispensing****Name of Preceptor:****Signature:****General Remarks:**

SECTION 1: SCREENING**WEEK 10**

Date	Type of Interventions				Point of Screening (*R/F/D)	Description of intervention(s)
	Incomplete Prescriptions	Inappropriate Regimens	Inappropriate Prescriptions	Other		

Type of Interventions:

- | | | | | |
|--------------------------------|--|--------------------------|----------------------|--------------------------------------|
| 1. Incomplete Prescriptions | - (a) Frequency | (b) Duration | (c) Signature & chop | (d) Countersignature |
| 2. Inappropriate Regimens | - (a) Medicine | (b) Duration | (c) Dose | (d) Frequency |
| 3. Inappropriate Prescriptions | - (a) Spelling | (b) Wrong Identification | (c) Polypharmacy | (d) Interaction (e) Contraindication |
| 4. Other | - (a) Not in the hospital drug formulary | (b) Authenticity | (c) Illegibility | |

*** R: Receiving****F: Filling****D: Dispensing****Name of Preceptor:****Signature:****General Remarks:**

SECTION 1: SCREENING**WEEK 11**

Date	Type of Interventions				Point of Screening (*R/F/D)	Description of intervention(s)
	Incomplete Prescriptions	Inappropriate Regimens	Inappropriate Prescriptions	Other		

Type of Interventions:

- | | | | | |
|--------------------------------|--|--------------------------|----------------------|--------------------------------------|
| 1. Incomplete Prescriptions | - (a) Frequency | (b) Duration | (c) Signature & chop | (d) Countersignature |
| 2. Inappropriate Regimens | - (a) Medicine | (b) Duration | (c) Dose | (d) Frequency |
| 3. Inappropriate Prescriptions | - (a) Spelling | (b) Wrong Identification | (c) Polypharmacy | (d) Interaction (e) Contraindication |
| 4. Other | - (a) Not in the hospital drug formulary | (b) Authenticity | (c) Illegibility | |

*** R: Receiving****F: Filling****D: Dispensing****Name of Preceptor:****Signature:****General Remarks:**

SECTION 1: SCREENING**WEEK 12**

Date	Type of Interventions				Point of Screening (*R/F/D)	Description of intervention(s)
	Incomplete Prescriptions	Inappropriate Regimens	Inappropriate Prescriptions	Other		

Type of Interventions:

- | | | | | |
|--------------------------------|--|--------------------------|----------------------|--------------------------------------|
| 1. Incomplete Prescriptions | - (a) Frequency | (b) Duration | (c) Signature & chop | (d) Countersignature |
| 2. Inappropriate Regimens | - (a) Medicine | (b) Duration | (c) Dose | (d) Frequency |
| 3. Inappropriate Prescriptions | - (a) Spelling | (b) Wrong Identification | (c) Polypharmacy | (d) Interaction (e) Contraindication |
| 4. Other | - (a) Not in the hospital drug formulary | (b) Authenticity | (c) Illegibility | |

*** R: Receiving****F: Filling****D: Dispensing****Name of Preceptor:****Signature:****General Remarks:**

SECTION 1: SCREENING**WEEK 13**

Date	Type of Interventions				Point of Screening (*R/F/D)	Description of intervention(s)
	Incomplete Prescriptions	Inappropriate Regimens	Inappropriate Prescriptions	Other		

Type of Interventions:

- | | | | | |
|--------------------------------|--|--------------------------|----------------------|--------------------------------------|
| 5. Incomplete Prescriptions | - (a) Frequency | (b) Duration | (c) Signature & chop | (d) Countersignature |
| 6. Inappropriate Regimens | - (a) Medicine | (b) Duration | (c) Dose | (d) Frequency |
| 7. Inappropriate Prescriptions | - (a) Spelling | (b) Wrong Identification | (c) Polypharmacy | (d) Interaction (e) Contraindication |
| 8. Other | - (a) Not in the hospital drug formulary | (b) Authenticity | (c) Illegibility | |

*** R: Receiving****F: Filling****D: Dispensing****Name of Preceptor:****Signature:****General Remarks:**

SECTION 1: SCREENING**WEEK 14**

Date	Type of Interventions				Point of Screening (*R/F/D)	Description of intervention(s)
	Incomplete Prescriptions	Inappropriate Regimens	Inappropriate Prescriptions	Other		

Type of Interventions:

- | | | | | |
|--------------------------------|--|--------------------------|----------------------|--------------------------------------|
| 1. Incomplete Prescriptions | - (a) Frequency | (b) Duration | (c) Signature & chop | (d) Countersignature |
| 2. Inappropriate Regimens | - (a) Medicine | (b) Duration | (c) Dose | (d) Frequency |
| 3. Inappropriate Prescriptions | - (a) Spelling | (b) Wrong Identification | (c) Polypharmacy | (d) Interaction (e) Contraindication |
| 4. Other | - (a) Not in the hospital drug formulary | (b) Authenticity | (c) Illegibility | |

*** R: Receiving****F: Filling****D: Dispensing****Name of Preceptor:****Signature:****General Remarks:**

SECTION 1: SCREENING**WEEK 15**

Date	Type of Interventions				Point of Screening (*R/F/D)	Description of intervention(s)
	Incomplete Prescriptions	Inappropriate Regimens	Inappropriate Prescriptions	Other		

Type of Interventions:

- | | | | | |
|--------------------------------|--|--------------------------|----------------------|--------------------------------------|
| 1. Incomplete Prescriptions | - (a) Frequency | (b) Duration | (c) Signature & chop | (d) Countersignature |
| 2. Inappropriate Regimens | - (a) Medicine | (b) Duration | (c) Dose | (d) Frequency |
| 3. Inappropriate Prescriptions | - (a) Spelling | (b) Wrong Identification | (c) Polypharmacy | (d) Interaction (e) Contraindication |
| 4. Other | - (a) Not in the hospital drug formulary | (b) Authenticity | (c) Illegibility | |

*** R: Receiving****F: Filling****D: Dispensing****Name of Preceptor:****Signature:****General Remarks:**

SECTION 1: SCREENING

WEEK 16

Date	Type of Interventions				Point of Screening (*R/F/D)	Description of intervention(s)
	Incomplete Prescriptions	Inappropriate Regimens	Inappropriate Prescriptions	Other		

Type of Interventions:

- | | | | | |
|--------------------------------|--|--------------------------|----------------------|--------------------------------------|
| 1. Incomplete Prescriptions | - (a) Frequency | (b) Duration | (c) Signature & chop | (d) Countersignature |
| 2. Inappropriate Regimens | - (a) Medicine | (b) Duration | (c) Dose | (d) Frequency |
| 3. Inappropriate Prescriptions | - (a) Spelling | (b) Wrong Identification | (c) Polypharmacy | (d) Interaction (e) Contraindication |
| 4. Other | - (a) Not in the hospital drug formulary | (b) Authenticity | (c) Illegibility | |

*** R: Receiving****F: Filling****D: Dispensing****Name of Preceptor:****Signature:****General Remarks:**

SECTION 2: FILLING OF PRESCRIPTIONS (Include Labeling and Recording)

- At least 5 complete filling processes must be assessed by a senior pharmacist

Date of assessment	Patient Particulars	No. of Item in Prescriptions	Remarks	Name & Signature of Senior Pharmacist

SECTION 3: DISPENSING (Minimum 4 hours/day equivalent to 50 prescriptions* subject to capacity of individual hospital)

[illegible]

SECTION 3: DISPENSING (Minimum 4 hours/day equivalent to 50 prescriptions)

Date	Number of Prescriptions Dispensed (minimum 4 hours / day)	Name & Signature of Preceptor

SECTION 4: MEDICATION COUNSELING (INDIVIDUAL – Minimum 3/ week)

- At least 5 counseling must be directly observed and assessed by a senior pharmacist

WEEK 1

Date	Patients RN	Counseling Based On The Types Of Pharmacotherapy Management – minimum 5 patients/ type *where applicable						Name & Signature of Preceptor
		Antidiabetics	Antihypertensives	Antiasthmatics	Antiretrovirals	Anticoagulants	Others (Please Specify)	

SECTION 4: MEDICATION COUNSELING (INDIVIDUAL – Minimum 3/ week)**WEEK 2**

Date	Patients RN	Counseling Based On The Types Of Pharmacotherapy Management – minimum 5 patients/ type *where applicable						Name & Signature of Preceptor
		Antidiabetics	Antihypertensives	Antiasthmatics	Antiretrovirals	Anticoagulants	Others (Please Specify)	

SECTION 4: MEDICATION COUNSELING (INDIVIDUAL – Minimum 3/ week)**WEEK 3**

Date	Patients RN	Counseling Based On The Types Of Pharmacotherapy Management – minimum 5 patients/ type *where applicable						Name & Signature of Preceptor
		Antidiabetics	Antihypertensives	Antiasthmatics	Antiretrovirals	Anticoagulants	Others (Please Specify)	

SECTION 4: MEDICATION COUNSELING (INDIVIDUAL – Minimum 3/ week)**WEEK 4**

Date	Patients RN	Counseling Based On The Types Of Pharmacotherapy Management – minimum 5 patients/ type *where applicable						Name & Signature of Preceptor
		Antidiabetics	Antihypertensives	Antiasthmatics	Antiretrovirals	Anticoagulants	Others (Please Specify)	

SECTION 4: MEDICATION COUNSELING (INDIVIDUAL – Minimum 3/ week)**WEEK 5**

Date	Patients RN	Counseling Based On The Types Of Pharmacotherapy Management – minimum 5 patients/ type *where applicable						Name & Signature of Preceptor
		Antidiabetics	Antihypertensives	Antiasthmatics	Antiretrovirals	Anticoagulants	Others (Please Specify)	

SECTION 4: MEDICATION COUNSELING (INDIVIDUAL – Minimum 3/ week)**WEEK 6**

Date	Patients RN	Counseling Based On The Types Of Pharmacotherapy Management – minimum 5 patients/ type *where applicable						Name & Signature of Preceptor
		Antidiabetics	Antihypertensives	Antiasthmatics	Antiretrovirals	Anticoagulants	Others (Please Specify)	

SECTION 4: MEDICATION COUNSELING (INDIVIDUAL – Minimum 3/ week)**WEEK 7**

Date	Patients RN	Counseling Based On The Types Of Pharmacotherapy Management – minimum 5 patients/ type *where applicable						Name & Signature of Preceptor
		Antidiabetics	Antihypertensives	Antiasthmatics	Antiretrovirals	Anticoagulants	Others (Please Specify)	

SECTION 4: MEDICATION COUNSELING (INDIVIDUAL – Minimum 3/ week)**WEEK 8**

Date	Patients RN	Counseling Based On The Types Of Pharmacotherapy Management – minimum 5 patients/ type *where applicable						Name & Signature of Preceptor
		Antidiabetics	Antihypertensives	Antiasthmatics	Antiretrovirals	Anticoagulants	Others (Please Specify)	

SECTION 4: MEDICATION COUNSELING (INDIVIDUAL – Minimum 3/ week)**WEEK 9**

Date	Patients RN	Counseling Based On The Types Of Pharmacotherapy Management – minimum 5 patients/ type *where applicable						Name & Signature of Preceptor
		Antidiabetics	Antihypertensives	Antiasthmatics	Antiretrovirals	Anticoagulants	Others (Please Specify)	

SECTION 4: MEDICATION COUNSELING (INDIVIDUAL – Minimum 3/ week)**WEEK 10**

Date	Patients RN	Counseling Based On The Types Of Pharmacotherapy Management – minimum 5 patients/ type *where applicable						Name & Signature of Preceptor
		Antidiabetics	Antihypertensives	Antiasthmatics	Antiretrovirals	Anticoagulants	Others (Please Specify)	

SECTION 4: MEDICATION COUNSELING (INDIVIDUAL – Minimum 3/ week)**WEEK 11**

Date	Patients RN	Counseling Based On The Types Of Pharmacotherapy Management – minimum 5 patients/ type *where applicable						Name & Signature of Preceptor
		Antidiabetics	Antihypertensives	Antiasthmatics	Antiretrovirals	Anticoagulants	Others (Please Specify)	

SECTION 4: MEDICATION COUNSELING (INDIVIDUAL – Minimum 3/ week)**WEEK 12**

Date	Patients RN	Counseling Based On The Types Of Pharmacotherapy Management – minimum 5 patients/ type *where applicable						Name & Signature of Preceptor
		Antidiabetics	Antihypertensives	Antiasthmatics	Antiretrovirals	Anticoagulants	Others (Please Specify)	

SECTION 4: MEDICATION COUNSELING (INDIVIDUAL – Minimum 3/ week)**WEEK 13**

Date	Patients RN	Counseling Based On The Types Of Pharmacotherapy Management – minimum 5 patients/ type *where applicable						Name & Signature of Preceptor
		Antidiabetics	Antihypertensives	Antiasthmatics	Antiretrovirals	Anticoagulants	Others (Please Specify)	

SECTION 4: MEDICATION COUNSELING (INDIVIDUAL – Minimum 3/ week)**WEEK 14**

Date	Patients RN	Counseling Based On The Types Of Pharmacotherapy Management – minimum 5 patients/ type *where applicable						Name & Signature of Preceptor
		Antidiabetics	Antihypertensives	Antiasthmatics	Antiretrovirals	Anticoagulants	Others (Please Specify)	

SECTION 4: MEDICATION COUNSELING (INDIVIDUAL – Minimum 3/ week)**WEEK 15**

Date	Patients RN	Counseling Based On The Types Of Pharmacotherapy Management – minimum 5 patients/ type *where applicable						Name & Signature of Preceptor
		Antidiabetics	Antihypertensives	Antiasthmatics	Antiretrovirals	Anticoagulants	Others (Please Specify)	

SECTION 4: MEDICATION COUNSELING (INDIVIDUAL – Minimum 3/ week)**WEEK 16**

Date	Patients RN	Counseling Based On The Types Of Pharmacotherapy Management – minimum 5 patients/ type *where applicable						Name & Signature of Preceptor
		Antidiabetics	Antihypertensives	Antiasthmatics	Antiretrovirals	Anticoagulants	Others (Please Specify)	

SECTION 5: MEDICATION COUNSELING (GROUP – Minimum 1/ month *if applicable)

Date	Number of Counseling Sessions	Counseling Based On The Types Of Pharmacotherapy Management – minimum 1 session/ type				Name & Signature of Preceptor
		Antidiabetics	Antihypertensives	Antiasthmatics	Others (e.g : cardiac rehab, Renal, Psychiatry)	

SECTION 6: DANGEROUS DRUG & PSYCHOTROPIC

Date	Psychotropic & Dangerous Drug	
	Number Of Prescriptions Dispensed & Recorded (minimum 10 prescriptions/ week)	Name & Signature of Pharmacist In-charge

SECTION 7: PREPARATION / OBSERVATION / COUNTER-CHECKING OF JOB SHEET OF EXTEMPORANEOUS (MIN 5 EACH)

- Ability to understand formulation and calculate the appropriate quantities required

Extemporaneous Preparations

Date	MRN	Name of Preparation	Remarks	Signature of Preceptor

ASSESSMENT

SECTION 8: MANAGEMENT OF OUTPATIENT PHARMACY

No.	Knowledge	Level of Performance					Comments
		1	2	3	4	NA	
1	Familiarity with drug range. Knowledge on generic names, proprietary names, pharmacological groupings, Hospital Formularies						
2	Good dispensing procedure						
3	Stock movement and inventory control						
4	Patient waiting time and peak hour management (staff mobilization)						
5	Collection of statistical data (e.g.: QAP – Outpatient Indicators, Hospital Specific Approach)						
6	Psychotropic and dangerous drugs distribution and disposal in accordance to the respective legislations: <ul style="list-style-type: none"> • Dangerous Drugs Act 1952 • Poisons Act 1952 (Psychotropic Substances Regulations 1989)						

SECTION 9: COMPETENT ASSESSMENT

No.	Task	Level of Performance					Comments
		1	2	3	4	NA	
1	Screening						
2	Filling of Prescriptions						
3	Dispensing						
4	Medication Counseling						
5	Dangerous Drug & Psychotropic						
6	Preparation/ Observation/ Counter-Checking of Job Sheet of Extemporaneous						
7	Management of Outpatient Pharmacy						

SECTION 10: GENERAL COMMENT ON ATTITUDE

Mark = _____ x 100%

52

= _____ %

Preceptor's Name & Signature:

NOTE:

1. If the service is not available in the hospital, the Principal Preceptor/ Head of Pharmacists in the hospital (KPF) therefore has right to disseminate the PRP to other unit/ service.
2. % mark should not less than 60% for every units/ services.

IN- PATIENT PHARMACY SERVICES (Duration of Attachment: 16 weeks)

Management of Inpatient Pharmacy/ Satellite Pharmacy

1. Knowledge of stock movement and control, peak hour management (staff mobilization), staff training, handling drug information requests and pharmacy QAP.

In- Patient Dispensing

2. Proficient in prescription ordering & supply system (UOU / UD / bulk indent order *where applicable) and verification.
 - Good communication skills and knowledge.
 - Documentation of relevant data and statistics.
 - Proficient in reading, interpreting and dispensing via medication profile indent books or ward requests.
 - Proficient in screening of inpatient orders and/ or medication profile (e.g. dosage regimen, polypharmacy, drug interactions, adequacy of instructions, contraindications, incompatibilities) to ensure appropriateness of therapy.
 - Knowledge of computerized / manual recording and labeling methods.
3. Familiarity with drug range and knowledge on generic names, proprietary names, pharmacological groupings, Hospital Formularies.
4. Ability to contact prescriber to discuss errors or ambiguous prescriptions.
5. Proficient in reviewing medication profiles.
6. Proficient in filling prescriptions.
7. Proficient in counterchecking

Dangerous / Psychotropic Drugs Management

8. Knowledge of psychotropic and dangerous drugs distribution and disposal in accordance to the respective legislations:
 - Dangerous Drugs Act 1952
 - Poisons Act 1952
 - Poisons (Psychotropic Substances) Regulations 1989

Patient Medication Counseling

9. Ability to advice on indications, storage conditions, precautions, side effects, food/drug interactions, dosage regimen, compliance and missed doses, use of devices (eg. inhalers, insulin pens, interferon pens etc).
10. Discharge dispensing and counseling

Ward Inspection

11. Stock handling
12. Identify storage requirements
13. Records

SECTION 1: PROCESSING OF PRESCRIPTIONS / REVIEWING MEDICATION PROFILE
(Min: 30 medication profile / day)

WEEK 1

Date	Number of profiles reviewed	Number of Intervention	Types of intervention *	Number of Communications with doctors	Comments	Signature of Preceptor

*** Code for Types of Intervention:**

1: Incomplete Prescription
 2: Polypharmacy
 3: Wrong Dosage Form / Dose

4: Interaction
 5: Contraindications
 6: Countersignature

SECTION 1: PROCESSING OF PRESCRIPTIONS / REVIEWING MEDICATION PROFILE
(Min: 30 medication profile / day)

WEEK 2

Date	Number of profiles reviewed	Number of Intervention	Types of intervention *	Number of Communications with doctors	Comments	Signature of Preceptor

*** Code for Types of Intervention:**

1: Incomplete Prescription
 2: Polypharmacy
 3: Wrong Dosage Form / Dose

4: Interaction
 5: Contraindications
 6: Countersignature

SECTION 1: PROCESSING OF PRESCRIPTIONS / REVIEWING MEDICATION PROFILE
(Min: 30 medication profile / day)

WEEK 3

Date	Number of profiles reviewed	Number of Intervention	Types of intervention *	Number of Communications with doctors	Comments	Signature of Preceptor

*** Code for Types of Intervention:**

1: Incomplete Prescription
 2: Polypharmacy
 3: Wrong Dosage Form / Dose

4: Interaction
 5: Contraindications
 6: Countersignature

SECTION 1: PROCESSING OF PRESCRIPTIONS / REVIEWING MEDICATION PROFILE
(Min: 30 medication profile / day)

WEEK 4

Date	Number of profiles reviewed	Number of Intervention	Types of intervention *	Number of Communications with doctors	Comments	Signature of Preceptor

*** Code for Types of Intervention:**

1: Incomplete Prescription
 2: Polypharmacy
 3: Wrong Dosage Form / Dose

4: Interaction
 5: Contraindications
 6: Countersignature

SECTION 1: PROCESSING OF PRESCRIPTIONS / REVIEWING MEDICATION PROFILE
(Min: 30 medication profile / day)

WEEK 5

Date	Number of profiles reviewed	Number of Intervention	Types of intervention *	Number of Communications with doctors	Comments	Signature of Preceptor

*** Code for Types of Intervention:**

1: Incomplete Prescription
 2: Polypharmacy
 3: Wrong Dosage Form / Dose

4: Interaction
 5: Contraindications
 6: Countersignature

SECTION 1: PROCESSING OF PRESCRIPTIONS / REVIEWING MEDICATION PROFILE
(Min: 30 medication profile / day)

WEEK 6

Date	Number of profiles reviewed	Number of Intervention	Types of intervention *	Number of Communications with doctors	Comments	Signature of Preceptor

*** Code for Types of Intervention:**

1: Incomplete Prescription
 2: Polypharmacy
 3: Wrong Dosage Form / Dose

4: Interaction
 5: Contraindications
 6: Countersignature

SECTION 1: PROCESSING OF PRESCRIPTIONS / REVIEWING MEDICATION PROFILE
(Min: 30 medication profile / day)

WEEK 7

Date	Number of profiles reviewed	Number of Intervention	Types of intervention *	Number of Communications with doctors	Comments	Signature of Preceptor

*** Code for Types of Intervention:**

1: Incomplete Prescription
 2: Polypharmacy
 3: Wrong Dosage Form / Dose

4: Interaction
 5: Contraindications
 6: Countersignature

SECTION 1: PROCESSING OF PRESCRIPTIONS / REVIEWING MEDICATION PROFILE
(Min: 30 medication profile / day)

WEEK 8

Date	Number of profiles reviewed	Number of Intervention	Types of intervention *	Number of Communications with doctors	Comments	Signature of Preceptor

*** Code for Types of Intervention:**

1: Incomplete Prescription
 2: Polypharmacy
 3: Wrong Dosage Form / Dose

4: Interaction
 5: Contraindications
 6: Countersignature

SECTION 1: PROCESSING OF PRESCRIPTIONS / REVIEWING MEDICATION PROFILE
(Min: 30 medication profile / day)

WEEK 9

Date	Number of profiles reviewed	Number of Intervention	Types of intervention *	Number of Communications with doctors	Comments	Signature of Preceptor

*** Code for Types of Intervention:**

1: Incomplete Prescription
 2: Polypharmacy
 3: Wrong Dosage Form / Dose

4: Interaction
 5: Contraindications
 6: Countersignature

SECTION 1: PROCESSING OF PRESCRIPTIONS / REVIEWING MEDICATION PROFILE
(Min: 30 medication profile / day)

WEEK 10

Date	Number of profiles reviewed	Number of Intervention	Types of intervention *	Number of Communications with doctors	Comments	Signature of Preceptor

*** Code for Types of Intervention:**

1: Incomplete Prescription
 2: Polypharmacy
 3: Wrong Dosage Form / Dose

4: Interaction
 5: Contraindications
 6: Countersignature

SECTION 1: PROCESSING OF PRESCRIPTIONS / REVIEWING MEDICATION PROFILE
(Min: 30 medication profile / day)

WEEK 11

Date	Number of profiles reviewed	Number of Intervention	Types of intervention *	Number of Communications with doctors	Comments	Signature of Preceptor

*** Code for Types of Intervention:**

1: Incomplete Prescription
 2: Polypharmacy
 3: Wrong Dosage Form / Dose

4: Interaction
 5: Contraindications
 6: Countersignature

SECTION 1: PROCESSING OF PRESCRIPTIONS / REVIEWING MEDICATION PROFILE
(Min: 30 medication profile / day)

WEEK 12

Date	Number of profiles reviewed	Number of Intervention	Types of intervention *	Number of Communications with doctors	Comments	Signature of Preceptor

*** Code for Types of Intervention:**

1: Incomplete Prescription
 2: Polypharmacy
 3: Wrong Dosage Form / Dose

4: Interaction
 5: Contraindications
 6: Countersignature

SECTION 1: PROCESSING OF PRESCRIPTIONS / REVIEWING MEDICATION PROFILE
(Min: 30 medication profile / day)

WEEK 13

Date	Number of profiles reviewed	Number of Intervention	Types of intervention *	Number of Communications with doctors	Comments	Signature of Preceptor

*** Code for Types of Intervention:**

1: Incomplete Prescription
 2: Polypharmacy
 3: Wrong Dosage Form / Dose

4: Interaction
 5: Contraindications
 6: Countersignature

SECTION 1: PROCESSING OF PRESCRIPTIONS / REVIEWING MEDICATION PROFILE
(Min: 30 medication profile / day)

WEEK 14

Date	Number of profiles reviewed	Number of Intervention	Types of intervention *	Number of Communications with doctors	Comments	Signature of Preceptor

*** Code for Types of Intervention:**

1: Incomplete Prescription
 2: Polypharmacy
 3: Wrong Dosage Form / Dose

4: Interaction
 5: Contraindications
 6: Countersignature

SECTION 1: PROCESSING OF PRESCRIPTIONS / REVIEWING MEDICATION PROFILE
(Min: 30 medication profile / day)

WEEK 15

Date	Number of profiles reviewed	Number of Intervention	Types of intervention *	Number of Communications with doctors	Comments	Signature of Preceptor

*** Code for Types of Intervention:**

1: Incomplete Prescription
 2: Polypharmacy
 3: Wrong Dosage Form / Dose

4: Interaction
 5: Contraindications
 6: Countersignature

SECTION 1: PROCESSING OF PRESCRIPTIONS / REVIEWING MEDICATION PROFILE
(Min: 30 medication profile / day)

WEEK 16

Date	Number of profiles reviewed	Number of Intervention	Types of intervention *	Number of Communications with doctors	Comments	Signature of Preceptor

*** Code for Types of Intervention:**

1: Incomplete Prescription
 2: Polypharmacy
 3: Wrong Dosage Form / Dose

4: Interaction
 5: Contraindications
 6: Countersignature

SECTION 2: COUNTERCHECKING OF PRESCRIPTION / INDENT ORDERS
(Min: 30 prescriptions (line item) / indents per day)**WEEK 1**

Date	Number of Prescriptions / Indents	Number of Prescriptions wrongly filled	Descriptions of Error	Signature of Preceptor

SECTION 2: COUNTERCHECKING OF PRESCRIPTION / INDENT ORDERS
(Min: 30 prescriptions (line item) / indents per day)

WEEK 2

Date	Number of Prescriptions / Indents	Number of Prescriptions wrongly filled	Descriptions of Error	Signature of Preceptor

SECTION 2: COUNTERCHECKING OF PRESCRIPTION / INDENT ORDERS
(Min: 30 prescriptions (line item) / indents per day)**WEEK 3**

Date	Number of Prescriptions / Indents	Number of Prescriptions wrongly filled	Descriptions of Error	Signature of Preceptor

SECTION 2: COUNTERCHECKING OF PRESCRIPTION / INDENT ORDERS
(Min: 30 prescriptions (line item) / indents per day)**WEEK 4**

Date	Number of Prescriptions / Indents	Number of Prescriptions wrongly filled	Descriptions of Error	Signature of Preceptor

SECTION 2: COUNTERCHECKING OF PRESCRIPTION / INDENT ORDERS
(Min: 30 prescriptions (line item) / indents per day)**WEEK 5**

Date	Number of Prescriptions / Indents	Number of Prescriptions wrongly filled	Descriptions of Error	Signature of Preceptor

SECTION 2: COUNTERCHECKING OF PRESCRIPTION / INDENT ORDERS
(Min: 30 prescriptions (line item) / indents per day)**WEEK 6**

Date	Number of Prescriptions / Indents	Number of Prescriptions wrongly filled	Descriptions of Error	Signature of Preceptor

SECTION 2: COUNTERCHECKING OF PRESCRIPTION / INDENT ORDERS
(Min: 30 prescriptions (line item) / indents per day)

WEEK 7

Date	Number of Prescriptions / Indents	Number of Prescriptions wrongly filled	Descriptions of Error	Signature of Preceptor

SECTION 2: COUNTERCHECKING OF PRESCRIPTION / INDENT ORDERS
(Min: 30 prescriptions (line item) / indents per day)**WEEK 8**

Date	Number of Prescriptions / Indents	Number of Prescriptions wrongly filled	Descriptions of Error	Signature of Preceptor

SECTION 2: COUNTERCHECKING OF PRESCRIPTION / INDENT ORDERS
(Min: 30 prescriptions (line item) / indents per day)**WEEK 9**

Date	Number of Prescriptions / Indents	Number of Prescriptions wrongly filled	Descriptions of Error	Signature of Preceptor

SECTION 2: COUNTERCHECKING OF PRESCRIPTION / INDENT ORDERS
(Min: 30 prescriptions (line item) / indents per day)**WEEK 10**

Date	Number of Prescriptions / Indents	Number of Prescriptions wrongly filled	Descriptions of Error	Signature of Preceptor

SECTION 2: COUNTERCHECKING OF PRESCRIPTION / INDENT ORDERS
(Min: 30 prescriptions (line item) / indents per day)**WEEK 11**

Date	Number of Prescriptions / Indents	Number of Prescriptions wrongly filled	Descriptions of Error	Signature of Preceptor

SECTION 2: COUNTERCHECKING OF PRESCRIPTION / INDENT ORDERS
(Min: 30 prescriptions (line item) / indents per day)**WEEK 12**

Date	Number of Prescriptions / Indents	Number of Prescriptions wrongly filled	Descriptions of Error	Signature of Preceptor

SECTION 2: COUNTERCHECKING OF PRESCRIPTION / INDENT ORDERS
(Min: 30 prescriptions (line item) / indents per day)

WEEK 13

Date	Number of Prescriptions / Indents	Number of Prescriptions wrongly filled	Descriptions of Error	Signature of Preceptor

SECTION 2: COUNTERCHECKING OF PRESCRIPTION / INDENT ORDERS
(Min: 30 prescriptions (line item) / indents per day)**WEEK 14**

Date	Number of Prescriptions / Indents	Number of Prescriptions wrongly filled	Descriptions of Error	Signature of Preceptor

SECTION 2: COUNTERCHECKING OF PRESCRIPTION / INDENT ORDERS
(Min: 30 prescriptions (line item) / indents per day)**WEEK 15**

Date	Number of Prescriptions / Indents	Number of Prescriptions wrongly filled	Descriptions of Error	Signature of Preceptor

SECTION 2: COUNTERCHECKING OF PRESCRIPTION / INDENT ORDERS
(Min: 30 prescriptions (line item) / indents per day)**WEEK 16**

Date	Number of Prescriptions / Indents	Number of Prescriptions wrongly filled	Descriptions of Error	Signature of Preceptor

SECTION 3: PATIENT MEDICATION COUNSELING**Bedside Dispensing and Discharge Counseling (Min: 10 patients / week)**

- At least 5 bedside dispensing and counseling must be assessed by a senior pharmacist

WEEK 1

Date	Patients RN	Counseling Based On The Types Of Pharmacotherapy Management – minimum 5 patients/ type *where applicable						Name & Signature of Preceptor
		Antidiabetics	Antihypertensives	Antiasthmatics	Antiretrovirals	Anticoagulants	Others (Please Specify)	

SECTION 3: PATIENT MEDICATION COUNSELING**Bedside Dispensing and Discharge Counseling (Min: 10 patients / week)**

- At least 5 bedside dispensing and counseling must be assessed by a senior pharmacist

WEEK 2

Date	Patients RN	Counseling Based On The Types Of Pharmacotherapy Management – minimum 5 patients/ type *where applicable						Name & Signature of Preceptor
		Antidiabetics	Antihypertensives	Antiasthmatics	Antiretrovirals	Anticoagulants	Others (Please Specify)	

SECTION 3: PATIENT MEDICATION COUNSELING**Bedside Dispensing and Discharge Counseling (Min: 10 patients / week)**

- At least 5 bedside dispensing and counseling must be assessed by a senior pharmacist

WEEK 3

Date	Patients RN	Counseling Based On The Types Of Pharmacotherapy Management – minimum 5 patients/ type *where applicable						Name & Signature of Preceptor
		Antidiabetics	Antihypertensives	Antiasthmatics	Antiretrovirals	Anticoagulants	Others (Please Specify)	

SECTION 3: PATIENT MEDICATION COUNSELING**Bedside Dispensing and Discharge Counseling (Min: 10 patients / week)**

- At least 5 bedside dispensing and counseling must be assessed by a senior pharmacist

WEEK 4

Date	Patients RN	Counseling Based On The Types Of Pharmacotherapy Management – minimum 5 patients/ type *where applicable						Name & Signature of Preceptor
		Antidiabetics	Antihypertensives	Antiasthmatics	Antiretrovirals	Anticoagulants	Others (Please Specify)	

SECTION 3: PATIENT MEDICATION COUNSELING**Bedside Dispensing and Discharge Counseling (Min: 10 patients / week)**

- At least 5 bedside dispensing and counseling must be assessed by a senior pharmacist

WEEK 5

Date	Patients RN	Counseling Based On The Types Of Pharmacotherapy Management – minimum 5 patients/ type *where applicable						Name & Signature of Preceptor
		Antidiabetics	Antihypertensives	Antiasthmatics	Antiretrovirals	Anticoagulants	Others (Please Specify)	

SECTION 3: PATIENT MEDICATION COUNSELING**Bedside Dispensing and Discharge Counseling (Min: 10 patients / week)**

- At least 5 bedside dispensing and counseling must be assessed by a senior pharmacist

WEEK 6

Date	Patients RN	Counseling Based On The Types Of Pharmacotherapy Management – minimum 5 patients/ type *where applicable						Name & Signature of Preceptor
		Antidiabetics	Antihypertensives	Antiasthmatics	Antiretrovirals	Anticoagulants	Others (Please Specify)	

SECTION 3: PATIENT MEDICATION COUNSELING**Bedside Dispensing and Discharge Counseling (Min: 10 patients / week)**

- At least 5 bedside dispensing and counseling must be assessed by a senior pharmacist

WEEK 7

Date	Patients RN	Counseling Based On The Types Of Pharmacotherapy Management – minimum 5 patients/ type *where applicable						Name & Signature of Preceptor
		Antidiabetics	Antihypertensives	Antiasthmatics	Antiretrovirals	Anticoagulants	Others (Please Specify)	

SECTION 3: PATIENT MEDICATION COUNSELING**Bedside Dispensing and Discharge Counseling (Min: 10 patients / week)**

- At least 5 bedside dispensing and counseling must be assessed by a senior pharmacist

WEEK 8

Date	Patients RN	Counseling Based On The Types Of Pharmacotherapy Management – minimum 5 patients/ type *where applicable						Name & Signature of Preceptor
		Antidiabetics	Antihypertensives	Antiasthmatics	Antiretrovirals	Anticoagulants	Others (Please Specify)	

SECTION 3: PATIENT MEDICATION COUNSELING**Bedside Dispensing and Discharge Counseling (Min: 10 patients / week)**

- At least 5 bedside dispensing and counseling must be assessed by a senior pharmacist

WEEK 9

Date	Patients RN	Counseling Based On The Types Of Pharmacotherapy Management – minimum 5 patients/ type *where applicable						Name & Signature of Preceptor
		Antidiabetics	Antihypertensives	Antiasthmatics	Antiretrovirals	Anticoagulants	Others (Please Specify)	

SECTION 3: PATIENT MEDICATION COUNSELING**Bedside Dispensing and Discharge Counseling (Min: 10 patients / week)**

- At least 5 bedside dispensing and counseling must be assessed by a senior pharmacist

WEEK 10

Date	Patients RN	Counseling Based On The Types Of Pharmacotherapy Management – minimum 5 patients/ type *where applicable						Name & Signature of Preceptor
		Antidiabetics	Antihypertensives	Antiasthmatics	Antiretrovirals	Anticoagulants	Others (Please Specify)	

SECTION 3: PATIENT MEDICATION COUNSELING**Bedside Dispensing and Discharge Counseling (Min: 10 patients / week)**

- At least 5 bedside dispensing and counseling must be assessed by a senior pharmacist

WEEK 11

Date	Patients RN	Counseling Based On The Types Of Pharmacotherapy Management – minimum 5 patients/ type *where applicable						Name & Signature of Preceptor
		Antidiabetics	Antihypertensives	Antiasthmatics	Antiretrovirals	Anticoagulants	Others (Please Specify)	

SECTION 3: PATIENT MEDICATION COUNSELING**Bedside Dispensing and Discharge Counseling (Min: 10 patients / week)**

- At least 5 bedside dispensing and counseling must be assessed by a senior pharmacist

WEEK 12

Date	Patients RN	Counseling Based On The Types Of Pharmacotherapy Management – minimum 5 patients/ type *where applicable						Name & Signature of Preceptor
		Antidiabetics	Antihypertensives	Antiasthmatics	Antiretrovirals	Anticoagulants	Others (Please Specify)	

SECTION 3: PATIENT MEDICATION COUNSELING**Bedside Dispensing and Discharge Counseling (Min: 10 patients / week)**

- At least 5 bedside dispensing and counseling must be assessed by a senior pharmacist

WEEK 13

Date	Patients RN	Counseling Based On The Types Of Pharmacotherapy Management – minimum 5 patients/ type *where applicable						Name & Signature of Preceptor
		Antidiabetics	Antihypertensives	Antiasthmatics	Antiretrovirals	Anticoagulants	Others (Please Specify)	

SECTION 3: PATIENT MEDICATION COUNSELING**Bedside Dispensing and Discharge Counseling (Min: 10 patients / week)**

- At least 5 bedside dispensing and counseling must be assessed by a senior pharmacist

WEEK 14

Date	Patients RN	Counseling Based On The Types Of Pharmacotherapy Management – minimum 5 patients/ type *where applicable						Name & Signature of Preceptor
		Antidiabetics	Antihypertensives	Antiasthmatics	Antiretrovirals	Anticoagulants	Others (Please Specify)	

SECTION 3: PATIENT MEDICATION COUNSELING**Bedside Dispensing and Discharge Counseling (Min: 10 patients / week)**

- At least 5 bedside dispensing and counseling must be assessed by a senior pharmacist

WEEK 15

Date	Patients RN	Counseling Based On The Types Of Pharmacotherapy Management – minimum 5 patients/ type *where applicable						Name & Signature of Preceptor
		Antidiabetics	Antihypertensives	Antiasthmatics	Antiretrovirals	Anticoagulants	Others (Please Specify)	

SECTION 3: PATIENT MEDICATION COUNSELING**Bedside Dispensing and Discharge Counseling (Min: 10 patients / week)**

- At least 5 bedside dispensing and counseling must be assessed by a senior pharmacist

WEEK 16

Date	Patients RN	Counseling Based On The Types Of Pharmacotherapy Management – minimum 5 patients/ type *where applicable						Name & Signature of Preceptor
		Antidiabetics	Antihypertensives	Antiasthmatics	Antiretrovirals	Anticoagulants	Others (Please Specify)	

SECTION 4: WARD INSPECTIONS (Min: 8 ward/ unit inspections)

Date	Ward/ Unit	Preceptor's Signature	Comments

Notes: Ward Inspection Report should be completed and submitted within a week after inspection

SECTION 4: WARD INSPECTIONS (Min: 8 ward/ unit inspections)

Date	Ward/ Unit	Preceptor's Signature	Comments

Notes: Ward Inspection Report should be completed and submitted within a week after inspection

SECTION 5: DANGEROUS DRUG & PSYCHOTROPIC**WEEK 1**

Date	Psychotropic & Dangerous Drug	
	Number Of Prescriptions Dispensed & Recorded (minimum 10 prescriptions/ week)	Name & Signature of Pharmacist In-charge

SECTION 5: DANGEROUS DRUG & PSYCHOTROPIC**WEEK 2**

Date	Psychotropic & Dangerous Drug	
	Number Of Prescriptions Dispensed & Recorded (minimum 10 prescriptions/ week)	Name & Signature of Pharmacist In-charge

SECTION 5: DANGEROUS DRUG & PSYCHOTROPIC**WEEK 3**

Date	Psychotropic & Dangerous Drug	
	Number Of Prescriptions Dispensed & Recorded (minimum 10 prescriptions/ week)	Name & Signature of Pharmacist In-charge

SECTION 5: DANGEROUS DRUG & PSYCHOTROPIC**WEEK 4**

Date	Psychotropic & Dangerous Drug	
	Number Of Prescriptions Dispensed & Recorded (minimum 10 prescriptions/ week)	Name & Signature of Pharmacist In-charge

SECTION 5: DANGEROUS DRUG & PSYCHOTROPIC**WEEK 5**

Date	Psychotropic & Dangerous Drug	
	Number Of Prescriptions Dispensed & Recorded (minimum 10 prescriptions/ week)	Name & Signature of Pharmacist In-charge

SECTION 5: DANGEROUS DRUG & PSYCHOTROPIC**WEEK 6**

Date	Psychotropic & Dangerous Drug	
	Number Of Prescriptions Dispensed & Recorded (minimum 10 prescriptions/ week)	Name & Signature of Pharmacist In-charge

SECTION 5: DANGEROUS DRUG & PSYCHOTROPIC**WEEK 7**

Date	Psychotropic & Dangerous Drug	
	Number Of Prescriptions Dispensed & Recorded (minimum 10 prescriptions/ week)	Name & Signature of Pharmacist In-charge

SECTION 5: DANGEROUS DRUG & PSYCHOTROPIC**WEEK 8**

Date	Psychotropic & Dangerous Drug	
	Number Of Prescriptions Dispensed & Recorded (minimum 10 prescriptions/ week)	Name & Signature of Pharmacist In-charge

SECTION 5: DANGEROUS DRUG & PSYCHOTROPIC**WEEK 9**

Date	Psychotropic & Dangerous Drug	
	Number Of Prescriptions Dispensed & Recorded (minimum 10 prescriptions/ week)	Name & Signature of Pharmacist In-charge

SECTION 5: DANGEROUS DRUG & PSYCHOTROPIC**WEEK 10**

Date	Psychotropic & Dangerous Drug	
	Number Of Prescriptions Dispensed & Recorded (minimum 10 prescriptions/ week)	Name & Signature of Pharmacist In-charge

SECTION 5: DANGEROUS DRUG & PSYCHOTROPIC**WEEK 11**

Date	Psychotropic & Dangerous Drug	
	Number Of Prescriptions Dispensed & Recorded (minimum 10 prescriptions/ week)	Name & Signature of Pharmacist In-charge

SECTION 5: DANGEROUS DRUG & PSYCHOTROPIC**WEEK 12**

Date	Psychotropic & Dangerous Drug	
	Number Of Prescriptions Dispensed & Recorded (minimum 10 prescriptions/ week)	Name & Signature of Pharmacist In-charge

SECTION 5: DANGEROUS DRUG & PSYCHOTROPIC**WEEK 13**

Date	Psychotropic & Dangerous Drug	
	Number Of Prescriptions Dispensed & Recorded (minimum 10 prescriptions/ week)	Name & Signature of Pharmacist In-charge

SECTION 5: DANGEROUS DRUG & PSYCHOTROPIC**WEEK 14**

Date	Psychotropic & Dangerous Drug	
	Number Of Prescriptions Dispensed & Recorded (minimum 10 prescriptions/ week)	Name & Signature of Pharmacist In-charge

SECTION 5: DANGEROUS DRUG & PSYCHOTROPIC**WEEK 15**

Date	Psychotropic & Dangerous Drug	
	Number Of Prescriptions Dispensed & Recorded (minimum 10 prescriptions/ week)	Name & Signature of Pharmacist In-charge

SECTION 5: DANGEROUS DRUG & PSYCHOTROPIC**WEEK 16**

Date	Psychotropic & Dangerous Drug	
	Number Of Prescriptions Dispensed & Recorded (minimum 10 prescriptions/ week)	Name & Signature of Pharmacist In-charge

SECTION 6: PREPARATION / OBSERVATION / COUNTER-CHECKING OF JOB SHEET OF EXTEMPORANEOUS (Min: 5 Each)

- Ability to understand formulation and calculate the appropriate quantities required

Extemporaneous Preparations

Date	MRN	Name of Preparation	Remarks	Signature of Preceptor

ASSESSMENT

SECTION 7: MANAGEMENT OF INPATIENT PHARMACY

No.	Knowledge of the following	Level of Performance					Comments	Name & Signature of preceptor
		1	2	3	4	NA		
1	Checking of stocks (slow moving item/ near expiry item), indenting of stocks and procedures							
2	Staff management and training							
3	Documentation of data and statistic (Pharmacy QAP / Management report etc.)							
4	Familiarity with drug range and generic names, proprietary names, pharmacological groupings, Hospital Formularies							
5	Computerized / manual record and labeling methods							
6	Psychotropics and Dangerous Drugs distribution and disposal in accordance with the respective legislations							

SECTION 8: COMPETENT ASSESSMENT

No.	Task	Level of Performance					Comments
		1	2	3	4	NA	
1	Processing Of Prescriptions / Reviewing Medication Profile						
2	Counterchecking Of Prescription / Indent Orders						
3	Patient Medication Counseling						
4	Ward Inspections						
5	Dangerous Drug & Psychotropic						
6	Management Of In-Patient Pharmacy						

SECTION 9: GENERAL COMMENT ON ATTITUDE

Mark = _____ x 100%

48

= _____ %

Preceptor's Name & Signature:

NOTE:

1. If the service is not available in the hospital, the Principal Preceptor/ Head of Pharmacists in the hospital (KPF) therefore has right to disseminate the PRP to other unit/ service.
2. % mark should not less than 60% for every units/ services.

CLINICAL PHARMACOKINETIC SERVICES

(Duration of attachment:

-duration subject to gap identified and individual hospital capacity)

1. Knowledge of blood sampling time, evaluation of patient parameters, analysis of serum drug concentration, usage of computers/ manual calculations of dosage prediction and recommendations, clinical waste disposal.
2. Ability to read and comprehend patient's case notes.
3. Ability to assess patient suitability for therapeutic drug monitoring.
4. Ability to discuss with prescriber.
5. Patient monitoring in the ward.
6. Ability to assist in the provision of after office hour (on call) service for poisoning and emergencies.

CLINICAL PHARMACOKINETIC SERVICE TRAINING AND EXPERIENCE

(PRP should be able to conduct service without preceptor's supervision/ guidance after undergoing satisfactory observations and assistance by preceptor(s). Number(s) of observation and assistance depends on the PRP's progress).

SECTION 1: OPERATIONAL TASK

Analysis of serum drug concentration

Task	Aminoglycosides and Vancomycin	Antiepileptics and Theophylline	Digoxin	Tacrolimus	Cyclosporin	Methotrexate	Others
Target (min)	2/ week	2/ week	1/ week	/1 week	1/ week	1/ week	1/ week

WEEK 1

No.	Date	Patient's R/N	Drug	Status of PRP (O/AS/P)	Comment(s)

Status of PRP: O: Observer

AS: Assistant

P: Performer

- i) In-process quality control and calibration of machines [target: once (min)]
- ii) Safe handling of clinical waste (*include disposal*) [target: PRP knows the procedure]
- iii) Control / reagent stock movement (*include stock checking and re-ordering*). [Target: once (min)]

SECTION 1: OPERATIONAL TASK

Analysis of serum drug concentration

Task	Aminoglycosides and Vancomycin	Antiepileptics and Theophylline	Digoxin	Tacrolimus	Cyclosporin	Methotrexate	Others
Target (min)	2/ week	2/ week	1/ week	/1 week	1/ week	1/ week	1/ week

WEEK 2

No.	Date	Patient's R/N	Drug	Status of PRP (O/AS/P)	Comment(s)

Status of PRP: O: Observer**AS: Assistant****P: Performer**

- i) In-process quality control and calibration of machines [target: once (min)]
- ii) Safe handling of clinical waste (*include disposal*) [target: PRP knows the procedure]
- iii) Control / reagent stock movement (*include stock checking and re-ordering*). [Target: once (min)]

SECTION 2: PHARMACOKINETIC KNOWLEDGE

Manual calculation of dosage(s)

- All calculations must be counterchecked
- At least 5 recommendations must be assessed by a senior pharmacist

Task	Aminoglycosides and Vancomycin	Antiepileptics and Theophylline	Digoxin	Tacrolimus	Cyclosporin	Methotrexate	Others
Target (min)	2/ week	2/ week	1/ week	/1 week	1/ week	1/ week	1/ week

WEEK 1

No.	Date	Patient's R/N	Drug	Status of PRP (O/AS/P)	Comment(s)

Status of PRP:**O: Observer****AS: Assistant****P: Performer**

Interpretation/ prediction of the results and recommendation (*assessment should include the ability of PRP to communicate results with prescriber using or relate to pharmacokinetic data*)

SECTION 2: PHARMACOKINETIC KNOWLEDGE

Manual calculation of dosage(s)

- All calculations must be counterchecked

Task	Aminoglycosides and Vancomycin	Antiepileptics and Theophylline	Digoxin	Tacrolimus	Cyclosporin	Methotrexate	Others
Target (min)	2/ week	2/ week	1/ week	/1 week	1/ week	1/ week	1/ week

WEEK 2

No.	Date	Patient's R/N	Drug	Status of PRP (O/AS/P)	Comment(s)

Status of PRP:**O: Observer****AS: Assistant****P: Performer**

Interpretation/ prediction of the results and recommendation (*assessment should include the ability of PRP to communicate results with prescriber using or relate to pharmacokinetic data*)

SECTION 3A: CLINICAL ASSESSMENT

- i) Able to read and comprehend patient's case notes [Target (min): 3 case notes/ week]
- ii) Able to assess patient suitability for therapeutic drug monitoring [Target: 3 cases (min)]
- iii) Number of CP cases monitored, Pharmaceutical Care Issues identified (*not necessary pertaining to CP only*) and number of intervention done

WEEK 1

No.	Date	Patient's R/N	No. of PCI(s) identified	No. of Intervention		Status of PRP (O/AS/P)	Comments
				CP	Others		

Status of PRP:

O: Observer

AS: Assistant

P: Performer

SECTION 3A: CLINICAL ASSESSMENT

- i) Able to read and comprehend patient's case notes [Target (min): 3 case notes/ week]
- ii) Able to assess patient suitability for therapeutic drug monitoring [Target: 3 cases (min)]
- iii) Number of CP cases monitored, Pharmaceutical Care Issues identified (*not necessary pertaining to CP only*) and number of intervention done

WEEK 2

No.	Date	Patient's R/N	No. of PCI(s) identified	No. of Intervention		Status of PRP (O/AS/P)	Comments
				CP	Others		

Status of PRP:

O: Observer

AS: Assistant

P: Performer

SECTION 3B: WARD ROUND

Task	Number of ward round
Target (min)	Once daily

WEEK 1

No.	Date	Ward/ unit	Name of Consultant/ Medical Officer	Preceptor's name and signature

SECTION 3B: WARD ROUND

Task	Number of ward round
Target (min)	Once daily

WEEK 2

No.	Date	Ward/ unit	Name of Consultant/ Medical Officer	Preceptor's name and signature

SECTION 3C: CASE PRESENTATION

Task	Number of case presentation
Target (min)	1 presentation/ week

No.	Date	Patient's R/N	Ward/ unit	Diagnosis	Comment(s)

SECTION 3D: ABLE TO HANDLE/ ADVISE ON THE MANAGEMENT OF TOXICOLOGY CASES WITHIN 2 HOURS OF REQUEST (If applicable)

Task	No. of toxic case
Target (min)	1 case

No.	Date	Patient's R/N	Ward/ unit	Diagnosis	Comment(s)

ASSESSMENT

SECTION 4: ASSESSMENT OF THE MANAGEMENT OF CLINICAL PHARMACOKINETIC SERVICE

Task	Level of Performance					Comments	Name & Signature of Preceptor
	1	2	3	4	NA		
OPERATIONAL TASK (Analysis Of Serum Drug Concentration)							
PHARMACOKINETIC KNOWLEDGE [Manual Calculation Of Dosage(s)]							
CLINICAL ASSESSMENT <ul style="list-style-type: none"> • Able to read and comprehend patient's case notes • Able to assess patient suitability for therapeutic drug monitoring [Target: 3 cases (min)] • Number of CP cases monitored, Pharmaceutical Care Issues identified (<i>not necessary pertaining to CP only</i>) and number of intervention done • Ward round • Case presentation • Able to handle/ advise on the management of toxicology cases within 2 hours of request (if applicable) 							

SECTION 5: GENERAL COMMENT ON ATTITUDE

Average Mark = _____ x 100%

12

= _____ %

Preceptor's Name & Signature:

NOTE:

1. If the service is not available in the hospital, the Principal Preceptor/ Head of Pharmacists in the hospital (KPF) therefore has right to disseminate the PRP to other unit/ service.
2. % mark should not less than 60% for every units/ services.

PARENTERAL NUTRITION/ INTRAVENOUS ADDITIVE SERVICES

(If service is available/ Optional)

(Duration of Attachment: 2 weeks)

1. Knowledge of aseptic technique, principles of laminar flow, clean room design, gowning procedures, room differential pressure monitoring, calculation (manual/ computerised software), solubility and compatibility problems, maintenance of laminar flow cabinets and quality assurance tests on aseptic suite.
2. Ability to read and comprehend patient's case notes.
3. Ability to assess patient suitability for parenteral nutrition.
4. Ability to discuss with prescriber.
5. Ability to recommend and formulate PN regimens and monitoring of patient progress.
6. Calculation/ worksheet.
7. Compounding for Adult.
8. Compounding for Child.
9. IV additive – if applicable.
10. Patient monitoring/ counseling in the ward.

INTRODUCTIONS PARENTERAL NUTRITION / INTRAVENOUS ADDITIVE

Training Period :

Name of Preceptor :

No.	Date	Title	Briefing *	
			Yes	No
1.		Principles of laminar flow cabinet and clean room design		
2.		Maintenance of laminar flow cabinet and clean room <ul style="list-style-type: none"> • Cleaning of laminar flow cabinet and clean room • Quality Assurance 		
3.		Principles of aseptic techniques <ul style="list-style-type: none"> • Hand Washing • Gowning • Gloving • Removing Protective Clothing • Withdrawal of solution from ampoule * Adding diluent to an ampoule containing powder form * Addition of solution from ampoule to infusion bag * Adding diluent to the vial containing powder form * Withdrawing solution from vial * Manipulation techniques * Transfer from bag/ bottle to syringe * Transfer from vial to bag * Transfer from ampoule to vial 		

* Briefing conducted according to SOP

SECTION 1: ABILITY TO ASSESS PATIENT SUITABILITY FOR PARENTERAL NUTRITION REQUEST (3 Paediatric & 3 adult Cases)

- (i) Screening of Parenteral Nutrition request
- (ii) Communication with the prescriber

WEEK 1

No.	Date	Patient R/N	No of Intervention	*Type of Intervention	Communication with Prescriber	**Status of PRP (O/AS/P)	Name & Signature of Preceptor

*Type of Interventions:

Incomplete Prescriptions	- (a) Frequency	(b) Duration	(c) Signature & Chop	(d) Countersignature
Inappropriate Regimens	- (a) Medicine	(b) Duration	(c) Dose	(d) Frequency
Inappropriate Prescriptions	- (a) Spelling	(b) Wrong identification	(c) Polypharmacy	(d) Interaction
Other -	(a) Not in the hospital drug formulary		(b) Authenticity	(e) Contraindication
				(c) Illegibility

#including pre- mix

**Status of PRP

O: Observer

AS: Assistant

P: Performer

**SECTION 1: ABILITY TO ASSESS PATIENT SUITABILITY FOR PARENTERAL NUTRITION REQUEST
(3 Paediatric & 3 adult Cases)**

- (i) Screening of Parenteral Nutrition request
- (ii) Communication with the prescriber

WEEK 2

No.	Date	Patient R/N	No of Intervention	*Type of Intervention	Communication with Prescriber	**Status of PRP (O/AS/P)	Name & Signature of Preceptor

***Type of Interventions:**

Incomplete Prescriptions	- (a) Frequency	(b) Duration	(c) Signature & Chop	(d) Countersignature
Inappropriate Regimens	- (a) Medicine	(b) Duration	(c) Dose	(d) Frequency
Inappropriate Prescriptions	-(a) Spelling	(b) Wrong identification	(c) Polypharmacy	(d) Interaction
Other -	(a) Not in the hospital drug formulary		(b) Authenticity	(e) Contraindication
				(c) Illegibility

#including pre- mix
****Status of PRP**
O: Observer

AS: Assistant

P: Performer

SECTION 2: CALCULATION / WORKSHEET (10 Reviews Including Manual Calculation)

- (i) Worksheet, Label
- (ii) Counterchecking
- (iii) Manual Calculation (min 5 cases)

No.	Date	Patient R/N	Type of Cases (e.g.: Colorectal, Renal, Post Surgery & etc)	* Status of PRP (O/AS/P)	Name & Signature of Preceptor

*** Status of PRP****O:** Observer**AS:** Assistant**P:** Performer

SECTION 2: CALCULATION / WORKSHEET (10 Cases Including Manual Calculation)

- (i) Worksheet, Label
- (ii) Counterchecking
- (iii) Manual Calculation (min 5 cases)

No.	Date	Patient R/N	Type of Cases (e.g.: Colorectal, Renal, Post Surgery & etc)	* Status of PRP (O/AS/P)	Name & Signature of Preceptor

*** Status of PRP****O:** Observer**AS:** Assistant**P:** Performer

SECTION 3: COMPOUNDING

- (i) Adult (2 preparations)
- (ii) Paediatric (2 preparations)
- (iii) IV Additives, where service is available (3 preparations)

*At least 5 reconstitution process must be assessed by preceptor

No.	Date	Patient R/N	No. of Preparation			*Status of PRP (O/AS/P)	Name & Signature of Preceptor
			Adult	Paediatric	IV Additive		
Total							

* Status of PRP

O: Observer

AS: Assistant

P: Performer

SECTION 4: PATIENT MONITORING (10 REVIEWS)

Monitoring (Pre-initiation, daily)

*At least 5 cases must be assessed by preceptor

WEEK 1

Date	Patient R/N	Monitoring (e.g.: BUSE/ Calorie & Fluid Requirements etc)	*Status of PRP (O/AS/P)	Name & signature of Preceptor
Total				

*** Status of PRP****O:** Observer**AS:** Assistant**P:** Performer

SECTION 4: PATIENT MONITORING (10 REVIEWS)

Monitoring (Pre-initiation, daily)

*At least 5 cases must be assessed by preceptor

WEEK 2

Date	Patient R/N	Monitoring (e.g.: BUSE/ Calorie & Fluid Requirements etc)	*Status of PRP (O/AS/P)	Name & signature of Preceptor
Total				

* Status of PRP

O: Observer

AS: Assistant

P: Performer

ASSESSMENT

SECTION 5: ASSESSMENT OF KNOWLEDGE

No.	Date	Tasks	Grade of performance				Comments
			1	2	3	4	
1.		Principles of laminar flow cabinet and clean room design					
2.		Maintenance of laminar flow cabinet and clean room <ul style="list-style-type: none"> • Cleaning of laminar flow cabinet and clean room • Quality Assurance 					
3.		Principles of aseptic techniques: <ul style="list-style-type: none"> • Hand Washing • Gowning • Gloving • Removing Protective • Clothing • Withdrawal of solution from ampoule • Adding diluent to an ampoule containing powder form • Adding of solution from ampoule to infusion bag • Adding diluent to the vial containing powder form • Withdrawing solution from vial • Manipulation techniques • Transfer from bag/ bottle to syringe • Transfer from vial to bag • Transfer from ampoule to vial 					
4.		Principle of aseptic technique validation					

SECTION 6: COMPETENT ASSESSMENT

No.	Task	Level of Performance					Comments
		1	2	3	4	NA	
1	Ability to assess patient suitability for parenteral nutrition regime						
2	Preparation of worksheet						
3	Reconstitution						
4	Patient monitoring / counseling						
5	Assessment on knowledge						

SECTION 7: GENERAL COMMENT ON ATTITUDE

Mark = _____ x 100%
20

= _____ %

Preceptor's Name & Signature:

NOTE:

1. If the service is not available in the hospital, the Principal Preceptor/ Head of Pharmacists in the hospital (KPF) therefore has right to disseminate the PRP to other unit/ service.
2. % mark should not less than 60% for every units/ services.

SUMMARY OF PERFORMANCE

No	Activity	Grade of Performance (max=4)	Performance	Comments	Preceptor's Names & Signature
1	Assessment of knowledge		$\frac{\quad}{20} \times 100\%$ $= \quad\%$		
2	Ability to assess patient suitability for parenteral nutrition regime				
3	Calculation / worksheet				
4	Compounding				
5	Patient monitoring / counseling				
	TOTAL MARK:				

ONCOLOGY PHARMACY SERVICES

(Duration of Attachment: 2 weeks)

1. Knowledge of aseptic techniques, principles of cytotoxic cabinet and clean room design, types of protective gowning procedures, room differential pressure, calculations, solubility and compatibility problems, cytotoxic spill procedures, maintenance of cytotoxic safety cabinets, quality assurance tests of aseptic suite, safe handling of cytotoxic drugs, disposal / incineration of cytotoxic waste (1,200 degrees Celsius).
2. Ability to read and comprehend patient's case notes.
3. Ability to assess patient suitability for chemotherapy and adjunct regime.
4. Ability to discuss with prescriber.
5. Calculation / worksheet.
6. Reconstitution.
7. Patient monitoring counseling in the ward.

ONCOLOGY PHARMACY SERVICE

Training Period :

Name of Preceptor :

No.	Date	Title	Briefing*	
			Yes	No
1.		Principles of cytotoxic cabinet and clean room design		
2.		Maintenance of cytotoxic cabinet and clean room <ul style="list-style-type: none"> • Cleaning of cytotoxic cabinet and clean room • Quality Assurance 		
3.		Principles of aseptic techniques <ul style="list-style-type: none"> • Hand Washing • Gowning • Gloving • Removing Protective Clothing • Withdrawal of cytotoxic drug solution from ampoule • Adding diluent to an ampoule containing cytotoxic drug in powder form • Adding of drug solution from ampoule to infusion bottle • Adding diluent to the vial containing cytotoxic drug in powder form • Withdrawing drug solution from vial • Manipulation techniques: <ol style="list-style-type: none"> Transfer from bag/ bottle to syringe Transfer from vial to bag/ bottle Transfer from ampoule to vial 		
4.		Safe handling of cytotoxic drugs <ul style="list-style-type: none"> • Personnel Protective Equipment (PPE) • Disposal of Cytotoxic Waste • Spill Management • Health Monitoring • Transportation • Storage 		
5.		Management of extravasations		

SECTION 1: ABILITY TO ASSESS PATIENT SUITABILITY FOR CHEMOTHERAPY AND ADJUNCT REGIME
(Min: 10 cases)

- Screening of chemotherapy request
- Communication with the prescriber

WEEK 1

Date	Patient R/N	No of Intervention	*Type of Invention	Communication with Prescriber	**Status of PRP (O/AS/P)	Name & Signature of Preceptor

***Type of Interventions:**

Incomplete Prescriptions	- (a) Frequency	(b) Duration	(c) Signature & Chop	(d) Countersignature
Inappropriate Regimens	- (a) Medicine	(b) Duration	(c) Dose	(d) Frequency
Inappropriate Prescriptions	-(a) Spelling	(b) Wrong identification	(c) Polypharmacy	(d) Interaction (e) Contraindication
Others	- (a) Not in the hospital drug formulary	(b) Authenticity	(c) Illegibility	

**** Status of PRP**
O: Observer
AS: Assistant
P: Performer

SECTION 1: ABILITY TO ASSESS PATIENT SUITABILITY FOR CHEMOTHERAPY AND ADJUNCT REGIME
(Min: 10 cases)

- Screening of chemotherapy request
- Communication with the prescriber

WEEK 2

Date	Patient R/N	No of Intervention	*Type of Invention	Communication with Prescriber	**Status of PRP (O/AS/P)	Name & Signature of Preceptor

***Type of Interventions:**

Incomplete Prescriptions	- (a) Frequency	(b) Duration	(c) Signature & Chop	(d) Countersignature
Inappropriate Regimens	- (a) Medicine	(b) Duration	(c) Dose	(d) Frequency
Inappropriate Prescriptions	-(a) Spelling	(b) Wrong identification	(c) Polypharmacy	(d) Interaction (e) Contraindication
Others	- (a) Not in the hospital drug formulary	(b) Authenticity	(c) Illegibility	

**** Status of PRP**
O: Observer
AS: Assistant
P: Performer

SECTION 2: PREPARATION OF WORKSHEET CALCULATION / WORKSHEET (10 CASES)

- (i) Worksheet, Label
- (ii) Counterchecking

WEEK 1

Date	Patient	Name the Cytotoxic Drug In The Preparation	*Status of PRP (O/AS/P)	Name & signature of Preceptor

Status of PRP*O:** Observer**AS:** Assistant**P:** Performer

SECTION 2: PREPARATION OF WORKSHEET CALCULATION / WORKSHEET (10 CASES)

- (i) Worksheet, Label
- (ii) Counterchecking

WEEK 2

Date	Patient	Name the Cytotoxic Drug In The Preparation	*Status of PRP (O/AS/P)	Name & signature of Preceptor

Status of PRP*O:** Observer**AS:** Assistant**P:** Performer

SECTION 3: RECONSTITUTION (10 PREPARATIONS)

* At least 5 reconstitution process must be assessed by preceptor

WEEK 1

Date	Patient R/N	No of Preparation	Name of Drug	*Status of PRP (O/AS/P)	Name & Signature of Preceptor
Total of Preparation =					

Status of PRP*O:** Observer**AS:** Assistant**P:** Performer

SECTION 3: RECONSTITUTION (10 PREPARATIONS)

* At least 5 reconstitution process must be assessed by preceptor

WEEK 2

Date	Patient R/N	No of Preparation	Name of Drug	*Status of PRP (O/AS/P)	Name & Signature of Preceptor
Total of Preparation =					

Status of PRP*O:** Observer**AS:** Assistant**P:** Performer

SECTION 4: PATIENT MONITORING / COUNSELING (5 CASES *subject to patient consent)

- (i) Monitoring
- (ii) Counseling

WEEK 1

Date	Patient R/N	Case Monitoring	Counseling	*Status of PRP (O/AS/P)	Name & Signature of Preceptor

Status of PRP*O:** Observer**AS:** Assistant**P:** Performer

SECTION 4: PATIENT MONITORING / COUNSELING (5 CASES *subject to patient consent)

- (i) Monitoring
- (ii) Counseling

WEEK 2

Date	Patient R/N	Case Monitoring	Counseling	*Status of PRP (O/AS/P)	Name & Signature of Preceptor

Status of PRP*O:** Observer**AS:** Assistant**P:** Performer

ASSESSMENT

SECTION 5: ASSESSMENT ON KNOWLEDGE

No.	Date	Tasks	Grade of Performance (max=4)	Comments
1.		Principles of cytotoxic cabinet and clean room design		
2.		Maintenance of cytotoxic cabinet and clean room <ul style="list-style-type: none"> • Cleaning of cytotoxic cabinet and clean room • Quality Assurance 		
3.		Principles of aseptic techniques <ul style="list-style-type: none"> • Hand Washing • Gowning • Gloving • Removing Protective Clothing • Withdrawal of cytotoxic drug solution from ampoule • Adding diluent to an ampoule containing cytotoxic drug in powder form • Adding of drug solution from ampoule to infusion bottle • Adding diluent to the vial containing cytotoxic drug in powder form • Withdrawing drug solution from vial Principles of aseptic techniques <ul style="list-style-type: none"> • Transfer from bag/ bottle to syringe • Transfer from vial to bag/ bottle • Transfer from ampoule to vial 		
4.		Safe handling of cytotoxic drugs Personnel Protective Equipment (PPE) <ul style="list-style-type: none"> • Disposal of Cytotoxic Waste • Spill Management • Health Monitoring • Transportation • Storage 		
5.		Principles of aseptic technique validation		
6.		Principles of extravasations management		

SECTION 6: COMPETENT ASSESSMENT

Task	Level of Performance					Comments
	1	2	3	4	NA	
Ability to assess patient suitability for chemotherapy and adjunct regime						
Preparation of worksheet						
Reconstitution						
Patient monitoring / counseling						
Assessment on knowledge						

SECTION 7: GENERAL COMMENT ON ATTITUDE

Preceptor's Name & Signature:

NOTE:

1. If the service is not available in the hospital, the Principal Preceptor/ Head of Pharmacists in the hospital (KPF) therefore has right to disseminate the PRP to other unit/ service.
2. % mark should not less than 60% for every units/ services.

SUMMARY OF PERFORMANCE

No	Activity	Grade of Performance (max=4)	Performance	Comments	Preceptor's Names & Signature
1	Assessment of knowledge		$\frac{\quad}{\quad} \times 100\%$ $= \frac{40}{\quad} \%$		
2	Ability to assess patient suitability for chemotherapy and adjunct regime				
3	Calculation / worksheet				
4	Reconstitution				
5	Patient monitoring / counseling				
TOTAL MARK:					

DRUG AND POISON INFORMATION SERVICES (Duration of Attachment: 4 weeks)

Provision of Drug & Poison Information Service

1. Ability to respond and gather information on the enquiry and requestor in an efficient manner.
2. Ability to locate, analyze and deliver the information required in a skillful, efficient and evidence – based manner to meet the needs of the requestor.
3. Ability to document enquiries and information given in a clear and systematic manner.
4. Knowledge in formulary development, evaluation and maintenance, and ability to provide support in Pharmacy & Hospital Drug Committee agendas.
5. Ability to assist in the preparation of bulletin or newsletter publications.
6. Ability to assist in processing and reporting ADR.
7. Knowledge in primary, secondary and tertiary sources of information such as journals, bibliographic databases and books, for acquisition, retrieval and maintenance purposes.
8. Ability to compile appropriate data and produce reports on the service.

Educational Activities

9. Ability to search for appropriate materials, prepare and deliver lectures to colleagues and other healthcare providers.
10. Ability to communicate and discuss effectively case studies and perform peer review.

Quality Assurance & Medication Safety

11. Ability to investigate medication errors and near misses, identify root causes, recommend corrective and preventive action.

12. Ability to detect, compile and report ADR and medication error.
13. Knowledge of QAP indicators, analysis and reporting.

A. DRUG AND POISON INFORMATION SERVICE (DIS)
SECTION 1: RECEIVE, ANSWER AND DOCUMENT ENQUIRIES (Minimum: 5/ week)

WEEK 1

Date	No. of Enquiries	Type of Enquiries					Signature of Preceptor
		Poisoning	Indication/ dose	Interaction	Efficacy	Other	

*** To be attached together with DIS Request Form**

A. DRUG AND POISON INFORMATION SERVICE (DIS)
SECTION 1: RECEIVE, ANSWER AND DOCUMENT ENQUIRIES (Minimum: 5/ week)

WEEK 2

Date	No. of Enquiries	Type of Enquiries					Signature of Preceptor
		Poisoning	Indication/ dose	Interaction	Efficacy	Other	

*** To be attached together with DIS Request Form**

A. DRUG AND POISON INFORMATION SERVICE (DIS)
SECTION 1: RECEIVE, ANSWER AND DOCUMENT ENQUIRIES (Minimum: 5/ week)

WEEK 3

Date	No. of Enquiries	Type of Enquiries					Signature of Preceptor
		Poisoning	Indication/ dose	Interaction	Efficacy	Other	

*** To be attached together with DIS Request Form**

A. DRUG AND POISON INFORMATION SERVICE (DIS)
SECTION 1: RECEIVE, ANSWER AND DOCUMENT ENQUIRIES (Minimum: 5/ week)

WEEK 4

Date	No. of Enquiries	Type of Enquiries					Signature of Preceptor
		Poisoning	Indication/ dose	Interaction	Efficacy	Other	

*** To be attached together with DIS Request Form**

B. ADR AND EDUCATIONAL ACTIVITIES

Date	Investigate and compile ADR (Minimum 4 report/ year)	CPD presentation (Minimum 3/ year)	Ability to appraise clinical paper (Minimum 2)	*Project [Clinical study (one/ year)]	Bulletin, newsletter publication (once)	Signature of Preceptor

i) Title of study:

ii) Date of project presentation :

iii) Date of soft copy and hard copy submitted :

ASSESSMENT

SECTION 2: MANAGEMENT OF DRUG INFORMATION SERVICE

No.	Knowledge of the following	Level of Performance					Comments	Name & Signature of preceptor
		1	2	3	4	NA		
1	Retrieve, analyze and deliver the information required in a skillful, efficient and evidence – based manner to meet the needs of the requestor.							
2	Document enquiries and information given in a clear and systematic manner.							
3	Formulary development, evaluation and maintenance, and ability to provide support in Pharmacy & Hospital Drug Committee agendas.							
4	Sources of information such as journals, bibliographic databases and books, for acquisition, retrieval and maintenance purposes.							
5	Ability to compile appropriate data and produce reports on the service.							

SECTION 3: COMPETENT ASSESSMENT

No.	Task	Level of Performance					Comments
		1	2	3	4	NA	
1	Receive, Answer and Document Enquiries						
2	ADR and Educational Activities						
3	Management of Drug Information Services						
4	Medication errors and near misses						
5	QAP indicators, analysis and reporting						

SECTION 4: GENERAL COMMENT ON ATTITUDE

Mark = $\frac{\quad}{32} \times 100\%$

= $\quad\quad\quad\%$

Preceptor's Name & Signature:

NOTE:

1. If the service is not available in the hospital, the Principal Preceptor/ Head of Pharmacists in the hospital (KPF) therefore has right to disseminate the PRP to other unit/ service.
2. % mark should not less than 60% for every units/ services.

MANUFACTURING AND REPACKING

(Duration of Attachment: 2 weeks)

Principles and Practices of Quality Assurance

1. Knowledge of procedures in raw materials checking, recording, storage and release.
2. Knowledge of master formula, worksheet, compounding techniques, use and selection of appropriate equipment, final visual inspection, etc.
3. Knowledge of the principles of Good Preparation Practice (GPP) and Good Storage Practice (GSP).
 - a. Knowledge of calculations for extemporaneous preparations, use of proper diluents, stability of products, labeling and dispensing.
4. Ability to supervise and counter check the preparation/ worksheet:
 - Galenical Manufacturing
 - Pre-packing

SECTION 1: PREPARATION & COUNTER-CHECKING OF WORKSHEET FOR GALENICALS / REPACKING (Min: 10 each)

- Ability to understand formulation and calculate the appropriate quantities required

1.1 Galenical Preparations

Date	Name of Preparation	Batch number	Remarks	Signature of Preceptor

1.2 Repacking Preparations

Date	Name of Preparation	Batch number	Remarks	Signature of Preceptor

ASSESSMENT

SECTION 2 : MANAGEMENT OF MANUFACTURING & REPACKING

Knowledge of principles of good manufacturing practices and quality assurance in manufacturing and repacking area

No	Type of Task	Level of Performance					Comment
		1	2	3	4	5	
1.	Procedure in raw material checking, recording storage and release.						
2.	Knowledge of master formula, worksheet, compounding technique, equipment maintenance, visual inspection, etc.						
3.	Knowledge of In process Quality Control (QC), GPP, GSP and statistic.						
4.	Knowledge of calculation for extemporaneous preparations, compatibility, stability and labeling.						

SECTION 3: COMPETENT ASSESMENT

No	Type of Task	Level of Performance					Comments
		1	2	3	4	NA	
1.	Preparation & counter-checking of job sheet for galenicals / repacking						
2.	Management of manufacturing & repacking						

SECTION 4: GENERAL COMMENT ON ATTITUDE

Mark = _____ x 100%
24

= _____ %

Preceptor's Name & Signature:

NOTE:

1. If the service is not available in the hospital, the Principal Preceptor/ Head of Pharmacists in the hospital (KPF) therefore has right to disseminate the PRP to other unit/ service.
2. % mark should not less than 60% for every units/ services.

INVENTORY CONTROL AND MANAGEMENT

(Duration of Attachment: 4 weeks)

SECTION 1: STORE MANAGEMENT

1. Knowledge and understanding of the principles of store management organization structure, inventory, stock movement and control, cleanliness & sanitation and security.
2. Knowledge of the store QAP indicators and statistic.
3. Knowledge and understanding of the principles of store management organization structure, procurement procedure, stock movement and control in accordance to procedures in Store Management.

SECTION 2: PROCUREMENT AND DISTRIBUTION

Knowledge of ordering process and monitoring of vendor performances:

- Financial management
- No. of orders processed
- Quotations
- Receiving of goods
- Data and statistical compilation and analysis for preparation of Drug Committee Meeting

SECTION 3: STORAGE

Knowledge of storage of biological, handling of cytotoxic drugs, refrigerated items, inflammables and corrosive items, safety measures, maintenance of cold chain on transit and storage in accordance to Good Storage Practice (GSP).

SECTION 4: INVENTORY CONTROL

Knowledge and understanding of drug usage patterns, identification of slow and non- moving stocks, maximum and minimum stock levels, cost accounting and expiry date monitoring:

- Monitoring of slow moving items and generation of slow moving list
- Disposition of non- conformance products
- Yearly stock check
- Drugs write-off

SECTION 5: DISPOSAL

Knowledge of disposal procedures and its documentation.

SECTION 6: PRODUCT COMPLAINT

Knowledge on handling of product complaints

SECTION 7: PRODUCT RECALL

Knowledge of product recall and reporting procedures

SECTION 8 : DANGEROUS / PSYCHOTROPIC DRUGS MANAGEMENT

Knowledge of psychotropic and dangerous drugs distribution and disposal in accordance to the respective legislations:

- Dangerous Drugs Act 1952 & its Regulations
- Poison Act 1952 & its Regulations
- Poison (Psychotropic Substance) Regulations 1989

SECTION 1: STORE MANAGEMENT

Knowledge and understanding of the principles of store management organization structure, inventory, stock movement and control, cleanliness, and security

Date	Task	Level of Performance					Comments	Name and Signature of Preceptor
		1	2	3	4	NA		
	ORGANIZATION STRUCTURE/LAYOUT/ CHART Able to understand structure/layout and identify your role in the organization							
	INVENTORY Awareness of Store Catalogue and type of products managed.							
	STOCK MOVEMENT AND CONTROL Able to explain stock movement and control of drugs and non drugs							
	CLEANLINESS Able to identify requirements							
	SECURITY/ SAFETY Able to list security/safety aspects of store							
	TREASURY INSTRUCTION Able to recognize the different method/processes in procurement: <ul style="list-style-type: none"> • Direct purchase • Quotation • Tender 							
	PROCEDURES IN STORE MANAGEMENT Able to understand stock movement and control: <ul style="list-style-type: none"> • Bin card • HIS programme 							

SECTION 2: PROCUREMENT AND DISTRIBUTION

Knowledge of ordering process and monitoring of vendor performances

Date	Task	Level of Performance					Comments	Name and Signature of Preceptor
		1	2	3	4	NA		
	RECEIVING OF GOODS APPL receive (min. 10) Non APPL receive (min.10) Asset (min. 1)							

SECTION 3 : STORAGE

Knowledge of storage in accordance to Good Storage Practice

Date	Task	Level of Performance					Comments	Name and Signature of Preceptor
		1	2	3	4	NA		
	GOOD STORAGE PRACTICE Able to identify storage requirement of 4 specific category: <ul style="list-style-type: none"> • Biological (min. 5 item) • Cytotoxic drugs (min. 5 item if applicable) • Refrigerated items (min. 5 item) • Inflammable and corrosive (min. 5 item) 							
	COLD CHAIN MANAGEMENT Able to identify the : <ul style="list-style-type: none"> • cold chain process • cold chain items and its monitoring • equipments monitoring • documentation 							

SECTION 4 : INVENTORY CONTROL

Knowledge and understanding of drug usage patterns, identification of slow and non-moving stocks, maximum and minimum stock levels, cost accounting, and expiry date monitoring

Date	Task	Level of Performance					Comments	Name and Signature of Preceptor
		1	2	3	4	NA		
	DRUG USAGE PATTERN Able to retrieve, print and analyse reports							
	SLOW/ NON- MOVING STOCK Able to retrieve, print and analyse reports							
	ITEM BELOW / ABOVE BUFFER LEVEL Able to retrieve, print and analyse reports							
	ITEM NEAR EXPIRY Ability in managing item near expiry							
	STOCK CHECK/ PHYSICAL CHECK/ STOCK VERIFICATION Shall be done in accordance to institution policy							
	DISPOSITION OF NON- CONFORMANCE PRODUCTS							

SECTION 5: DISPOSAL

Knowledge of disposal procedures and documentation

Write off/ disposal

Date	Task	Level of Performance					Comments	Name and Signature of Preceptor
		1	2	3	4	NA		
	DISPOSAL PROCESS Able to understand the workflow							
	FORMS USED FOR DISPOSAL Able to name the form							
	LIST OF EXPIRED ITEMS Able to extract list from HIS system							
	APPROVAL FOR DISPOSAL Able to understand procedure							
	DISPOSAL AREA Able to locate area identified							

SECTION 6: PRODUCT COMPLAINTS

Knowledge of handling of product complaints and reporting procedures

Date	Task	Level of Performance					Comments	Name and Signature of Preceptor
		1	2	3	4	NA		
	PROCESS Able to understand and explain workflow							
	RETRIEVAL OF DATA Able to check with the system of batches							
	RETRIEVAL OF PRODUCT Replace/Return product from/to user/ supplier.							
	DOCUMENTATION Document, report to respective authority and file complaint							

SECTION 7: PRODUCT RECALL

Knowledge of handling of product recall and reporting procedures

Date	Task	Level of Performance					Comments	Name and Signature of Preceptor
		1	2	3	4	NA		
	PROCESS Able to understand and explain workflow							
	RETRIEVAL OF DATA Able to check with the system of batches/location involved							
	RETRIEVAL OF PRODUCT Able to recall product from location identified.							
	REPLACEMENT OF PRODUCT Return and replace product to/from supplier/user							
	DOCUMENTATION Document and File recall							

SECTION 8: DANGEROUS / PSYCHOTROPIC DRUGS MANAGEMENT

Knowledge of psychotropic and dangerous drugs distribution and disposal in accordance to the respective legislations

Date	Task	Level of Performance					Comments	Name and Signature of Preceptor
		1	2	3	4	NA		
	DANGEROUS DRUGS ACT 1952 , POISON (PSYCHOTROPIC SUBSTANCES) REGULATION 1989 AND POISONS ACT 1952 Able to : <ul style="list-style-type: none"> • identify the list of Dangerous/ Psychotropic Drugs • do proper receiving and storage • do proper documentation • dispose in accordance to the law 							

SECTION 9: GENERAL COMMENT ON ATTITUDE

Mark = Total marks of (section 1 to section 8) x 100%

144

= _____ %

Preceptor's Name & Signature:

NOTE:

1. If the service is not available in the hospital, the Principal Preceptor/ Head of Pharmacists in the hospital (KPF) therefore has right to disseminate the PRP to other unit/ service.
2. % mark should not less than 60% for every units/ services.

APPRAISAL BY PRINCIPAL PRECEPTOR

Name of Provisionally Registered Pharmacist [PRP]:

.....

I/C Number:

PRP Registration Number:

Place of Training:

Photo (to be
affixed here)

I certify that the above PRP has completed his/ her training as required under subsection 6A (2) of the Registration of Pharmacists Act 1951.

1. Proposal:

1A. The above PRP has obtained average mark of: _____ % and

1B. He/ She has ***passed/ failed** the Pharmacy Jurisprudence Examination

☐ 1C. *Certificate of satisfactory experience in accordance to sub-regulation 7(1) Registration of Pharmacists Regulations 2004 is **recommended** to be given to him/ her.*

☐ 1D. *Certificate of satisfactory experience in accordance to sub-regulation 7(1) Registration of Pharmacists Regulations 2004 is **not recommended** to be given to *him/ her **and***

☐ 1E. **He/ she needs to extend the training for another _____ month/s;*

☐ *in Unit/Section _____*

**or/and*

☐ **He/ She needs to pass the Pharmacy Jurisprudence Examination*

2. Principal Preceptor's detail:

2.1 Name:

2.2 Office address:

2.3 Principal Preceptor's signature:

2.4 Date:

APPRAISAL BY MASTER PRECEPTOR

Setiausaha
Lembaga Farmasi Malaysia
Bahagian Perkhidmatan Farmasi
Kementerian Kesihatan Malaysia
Beg Berkunci No.924
Pejabat Pos Jalan Sultan
46790 PETALING JAYA

PROPOSAL OF FULL REGISTRATION

Name of Provisionally Registered Pharmacist [PRP] :

I/C Number :

PRP Registration Number :

Place of Training:

.....

I certify that the above PRP has completed his/ her training as required under subsection 6A (2) of the Registration of Pharmacists Act 1951.

1. Proposal:

☐ 1A. *Certificate of satisfactory experience in accordance to sub-regulation 7(1) Registration of Pharmacists Regulations 2004 is *recommended/ not recommended to be given to him/ her and he/ she is *qualified/ not qualified for Full Registration.*

☐ 1B. **He/ she needs to extend the training for another _____ month/s from (date): _____ to _____ (date).*

1C. *The extension of the training is because;*

☐ i) *His /her performance was below 60% or /and*

☐ ii) *He/ she needs to pass the Pharmacy Jurisprudence Examination*

2. Master Preceptor's detail:

2.1 Name:

2.2 Office address:

2.3 Master Preceptor's signature:

2.4 Date:

APPRAISAL BY PROVISIONALLY REGISTERED PHARMACIST [PRP] TO PRECEPTOR – (optional)

Setiausaha
Lembaga Farmasi Malaysia
Bahagian Perkhidmatan Farmasi
Kementerian Kesihatan Malaysia
Beg Berkunci No.924
Pejabat Pos Jalan Sultan
46790 PETALING JAYA

APPRAISAL OF PRECEPTORS

Name of Provisionally Registered Pharmacist [PRP] :

I/C Number :

PRP Registration Number :

Place of Training :
.....

I have undergone training at the above place from (date): _____ to: _____ (date)

Subject	Grade				
	1 = unsatisfactory	2 = satisfactory	3 = good	4 = excellent	N/A = not applicable
A. Facilities of Training Place					

Comment (how things can be improved); Please make attachment where necessary)

B. Professional Exposure by Preceptors					
<u>Comment</u> (how things can be improved); Please make attachment where necessary)					
C. Professional Guidance by Preceptors					
<u>Comment</u> (how things can be improved); Please make attachment where necessary)					
D. Training Skills of The Preceptors					
<u>Comment</u> (how things can be improved); Please make attachment where necessary)					

PRP PERSONAL ASSESSMENT BY PRINCIPLE PRECEPTORS**1 = unsatisfactory; 2 = satisfactory; 3 = good; 4 = excellent; N/A = not applicable****Demonstrate a Professional Approach**

Assessment	Hospital-Tertiary	Hospital-Secondary
1. Action and attitudes are demonstrated which indicate a commitment to quality of pharmaceutical care of the patient		
2. A polite and helpful manner is demonstrated		
3. Dress code and behavior meet the requirements of the organisation		
4. Reliability is demonstrated		
5. Initiative is demonstrated when is the warranted		
6. Recognition of personal limitation is demonstrated		
7. Works is carried out in an organised manner and with attention to detail so that the desired result is achieved		
8. Works is prioritised effectively		
9. Tasks are pursued to completion and within agreed time limits (unless overriding circumstances make this impossible)		
10. Problems or potential problems are identified and the appropriate corrective action taken or solution found		
11. New situation are responded to with flexibility and willingness		
12. Stressful situations are handle without undue agitation		
13. Decision are made which demonstrated the ability to think clearly and logically and to use discretion		
14. Tasks and situation are approached with due regard to legal implications and organisational policy		
15. The safety of the working area is maintained to all times so that the health and safety of colleagues and the public is not compromised		
16. The security of the premises is upheld at all times		
Total Marks =		
Average Total =		
Average Performance in %= (Average Total) _____ / 64 x (100%) = _____ %		

Work Effectively as Part of a Team

Assessment	Hospital-Tertiary	Hospital-Secondary
1. A manner is demonstrated which indicates that due respect is given to the ideas and opinion of colleagues		
2. Advice and criticisms are offered to colleagues in a manner unlikely to cause offence		
3. Constructive criticism is receive in a positive manner		
Total Marks =		
Average Total =		
Average Performance in %= (Average Total)_____ / 12 x (100 %) = %		

Undertake Personal and Professional Development

Assessment	Hospital-Tertiary	Hospital-Secondary
1. The ability to self-evaluate and reflect on experiences is demonstrated		
2. Feedback on performance is used effectively to improved competence		
3. The ability to accept responsibility for meeting own development needs and achieving targets is demonstrated		
Total Marks =		
Average Total =		
Average Performance in %= (Average Total) _____ / 12 x (100 %) = %		

Communication Skills

Assessment	Hospital-Tertiary	Hospital-Secondary
1. A sufficient command of the Bahasa Malaysia and English Language is demonstrated		
2. Conversations (in person or over the telephone) are conducted in a manner which demonstrates due regard to confidentiality and the feelings of the other person		
3. Questioning is used effectively to elicit necessary information and increase understanding		
4. Responses in conversation are helpful and clear		
5. Body language is appropriate to the situation		
6. Clear, concise and well-structured written material is provided when required		
7. All responses (whether spoken or written) are tailored to the needs of the recipient		
8. A clear, polite and helpful telephone manner is demonstrated		
9. Complaints or demands are responded to in a polite manner		
10. An appropriately assertive manner is used when unreasonable demands or complaints are made		
Total Marks=		
Average Total=		
Average Performance in %= (Average Total) _____/40 x (100%) = _____ %		

PRP Personal Assessment Average Performance

INDICATORS	1. Demonstrate a Professional Approach	2. Work Effectively as Part of a Team	3. Undertake Personal and Professional Development	4. Communication Skills
PERFORMANCE (%)				
AVERAGE (%)				

Appendix A

SUMMARY OF PERFORMANCE (%) FOR EACH CLINICAL SECTION

MARK (%) FOR EACH CLINICAL SECTION		
No.	Section	Mark (%)
1.	<i>Out-patient Pharmacy Services</i>	
2.	<i>In-patient Pharmacy Services</i>	
3.	<i>Drugs and Poisons Information Services</i>	
4.	<i>Manufacturing and Prepacking</i>	
5.	<i>Inventory / Store Management</i>	
6.	<i>Parenteral Nutrition / Intravenous Additive Services *</i>	
7.	<i>Ward Pharmacy Practice</i>	
8.	<i>Oncology Pharmacy Service *</i>	
9.	<i>Clinical Pharmacokinetic Services *</i>	
	If the * service is not available in the hospital, the Principal Preceptor/ Head of Pharmacists in the Hospital [KPF] therefore has right to disseminate the PRP to other units/ service.	
	AVERAGE MARK	
PRP PERSONAL ASSESSMENT AVERAGE PERFORMANCE		
10.	<i>Demonstrate a Professional Approach</i>	
11.	<i>Work Effectively as Part of a Team</i>	
12.	<i>Undertake Personal and Professional Development</i>	
13.	<i>Communication Skills</i>	
	AVERAGE MARK	

Appendix A1

**(TO BE FILLED BY PRINCIPAL PRECEPTOR FOR THOSE EXTENDED)
SUMMARY OF PERFORMANCE (%) FOR EACH CLINICAL SECTION**

MARK (%) FOR EACH CLINICAL SECTION				
No.	Section	Mark % prior to extension period	Mark % after extension period	Actual extension period
1.	<i>Out-patient Pharmacy Services</i>			
2.	<i>In-patient Pharmacy Services</i>			
3.	<i>Drugs and Poisons Information Services</i>			
4.	<i>Manufacturing and Prepacking</i>			
5.	<i>Inventory / Store Management</i>			
6.	<i>Parenteral Nutrition / Intravenous Additive Services *</i>			
7.	<i>Ward Pharmacy Practice</i>			
8.	<i>Oncology Pharmacy Service *</i>			
9.	<i>Clinical Pharmacokinetic Services *</i>			
	If the * service is not available in the hospital, the Principal Preceptor/ Head of Pharmacists in the Hospital [KPF] therefore has right to disseminate the PRP to other units/ service.			
	AVERAGE MARK			
PRP PERSONAL ASSESSMENT AVERAGE PERFORMANCE				
10.	<i>Demonstrate a Professional Approach</i>			
11.	<i>Work Effectively as Part of a Team</i>			
12.	<i>Undertake Personal and Professional Development</i>			
13.	<i>Communication Skills</i>			
	AVERAGE MARK			

ACKNOWLEDGEMENTS

Advisor

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Pharmaceutical Services Division, Ministry of Health Malaysia

Committee Members/Participants during “ Bengkel Penyediaan Buku Log PRP 2012, Kuala Terengganu, 26-29 March 2012”

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Reviewer

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