

PRP PERSONAL ASSESSMENT BY PRINCIPAL PRECEPTOR

SECTION 1: DEMONSTRATE A PROFESSIONAL APPROACH

| No. | Assessment | Level of Performance | | | | | | | | | | Comments | |
|-----|--|----------------------|---|---|---|---|---|---|---|---|----|----------|--|
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |
| 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 | | | | | | | | | | | | |
| 6. | Recognition of personal limitation is demonstrated | | | | | | | | | | | | |
| 7. | Work is carried out in an organised manner and with attention to detail so that the desired result is achieved | | | | | | | | | | | | |
| 8. | Work is prioritised effectively | | | | | | | | | | | | |

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|-----|---|----------------------|---|---|---|---|---|---|---|---|----|----------|--|
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |
| 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 handled without undue agitation | | | | | | | | | | | | |
| 13. | Decisions are made which demonstrated the ability to think clearly, logically and with discretion | | | | | | | | | | | | |
| 14. | Tasks and situation are approached with due regard to legal implications and organisational policy | | | | | | | | | | | | |

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|--------------------------------|---|---|---|---|---|---|---|---|---|---|----|----------|
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| 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 (SECTION 1) | | | | | | | | | | | | |
| MARKS | | $= \frac{\quad}{160} \times 100$ $= \quad \%$ | | | | | | | | | | |

PRP PERSONAL ASSESSMENT BY PRINCIPAL PRECEPTOR

SECTION 2: TEAMWORK

| No. | Assessment | Level of Performance | | | | | | | | | | Comments | |
|--------------------------------|---|---|---|---|---|---|---|---|---|---|----|----------|--|
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |
| 17. | A manner is demonstrated which indicates that due respect is given to the ideas and opinion of colleagues | | | | | | | | | | | | |
| 18. | Advice and criticisms are offered to colleagues in a manner unlikely to cause offence | | | | | | | | | | | | |
| 19. | Constructive criticism is receive in a positive manner | | | | | | | | | | | | |
| TOTAL MARKS (SECTION 2) | | | | | | | | | | | | | |
| | | $= \frac{\quad}{\quad} \times 100$ $= \frac{\quad}{\quad} \%$ | | | | | | | | | | | |

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SECTION 3: UNDERTAKE PERSONAL AND PROFESSIONAL DEVELOPMENT

| No. | Assessment | Level of Performance | | | | | | | | | | Comments | |
|--------------------------------|--|--|---|---|---|---|---|---|---|---|----|----------|--|
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |
| 20. | The ability to self-evaluate and reflect on experiences is demonstrated | | | | | | | | | | | | |
| 21. | Feedback on performance is used effectively to improved competence | | | | | | | | | | | | |
| 22. | The ability to accept responsibility for meeting own development needs and achieving targets is demonstrated | | | | | | | | | | | | |
| TOTAL MARKS (SECTION 3) | | | | | | | | | | | | | |
| MARKS | | $= \frac{\quad}{30} \times 100$ $= \quad \%$ | | | | | | | | | | | |

PRP PERSONAL ASSESSMENT BY PRINCIPAL PRECEPTOR

SECTION 4: COMMUNICATION SKILLS

| No. | Assessment | Level of Performance | | | | | | | | | | Comments | |
|-----|---|----------------------|---|---|---|---|---|---|---|---|----|----------|--|
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |
| 23. | A sufficient command of the Bahasa Malaysia and English Language is demonstrated | | | | | | | | | | | | |
| 24. | 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 | | | | | | | | | | | | |
| 25. | Questioning is used effectively to elicit necessary information and increase understanding | | | | | | | | | | | | |
| 26. | Responses in conversation are helpful and clear | | | | | | | | | | | | |
| 27. | Body language is appropriate to the situation | | | | | | | | | | | | |
| 28. | Clear, concise and well-structured written material is provided when required | | | | | | | | | | | | |

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SECTION 4: COMMUNICATION SKILLS

| No. | Assessment | Level of Performance | | | | | | | | | | Comments | |
|--------------------------------|--|---|---|---|---|---|---|---|---|---|----|----------|--|
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |
| 29. | All responses (whether spoken or written) are tailored to the needs of the recipient | | | | | | | | | | | | |
| 30. | A clear, polite and helpful telephone manner is demonstrated | | | | | | | | | | | | |
| 31. | Complaints or demands are responded to in a polite manner | | | | | | | | | | | | |
| 32. | An appropriately assertive manner is used when unreasonable demands or complaints are made | | | | | | | | | | | | |
| TOTAL MARKS (SECTION 4) | | | | | | | | | | | | | |
| MARKS | | $= \frac{\quad}{100} \times 100$ $= \quad \%$ | | | | | | | | | | | |

PRP PERSONAL ASSESSMENT BY PRINCIPAL PRECEPTOR

SECTION 5: INTEGRITY

| No. | Assessment | Level of Performance | | | | | | | | | | Comments | |
|--------------------------------|---|----------------------|---|---|---|---|---|---|---|---|----|----------|--|
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |
| 33. | The quality of being honest and having strong moral principles | | | | | | | | | | | | |
| 34. | Implementation of appropriate policies and procedures that ensure the effective, efficient and ethical management of pharmaceutical system (medicine regulatory system and medicine supply system). | | | | | | | | | | | | |
| 35. | Transparent, accountable, follows the rule of law and prevent corruption. | | | | | | | | | | | | |
| 36. | Telling the truth, being open and not taking advantage of others | | | | | | | | | | | | |
| 37. | Demonstrate responsibility, show respect and caring of others | | | | | | | | | | | | |
| TOTAL MARKS (SECTION 5) | | | | | | | | | | | | | |
| MARKS | | = _____ x 100 | | | | | | | | | | | |
| | | = _____ % | | | | | | | | | | | |

TO BE FILLED BY PRINCIPAL PRECEPTOR

**SUMMARY OF PERFORMANCE FOR EACH CLINICAL SECTION
AND PERSONAL ASSESSMENT**

Name of Provisionally Registered Pharmacist:

.....

I/C Number:

PRP Registration Number:

| CLINICAL SECTION | | MARKS (%) |
|--|---|-----------|
| 1A. | <i>Out-Patient Pharmacy Services (Counter Services)</i> | |
| 1B. | <i>Out-Patient Pharmacy Services (MTAC)</i> | |
| 1C. | <i>Out-Patient Pharmacy Services (Methadone Replacement Therapy) - OPTIONAL</i> | |
| 1D. | <i>Out-Patient Pharmacy Services (Smoking Cessation Clinic) - OPTIONAL</i> | |
| AVERAGE MARKS FOR OUT-PATIENT PHARMACY SERVICES [(1A + 1B) / 2] | | |
| 2. | <i>Pharmacy Store Management</i> | |
| 3. | <i>Drug Information Services</i> | |
| 4. | <i>Galenical Repacking & Extemporaneous</i> | |
| 5. | <i>Community Services</i> | |
| 6. | <i>In-Patient Pharmacy Services</i> | |
| 7. | <i>Ward Pharmacy Practices</i> | |
| TOTAL AVERAGE MARKS | | |

| PERSONAL ASSESSMENT | | MARKS (%) |
|----------------------|--|-----------|
| 1. | <i>Demonstrate a Professional Approach</i> | |
| 2. | <i>Teamwork</i> | |
| 3. | <i>Undertake Personal and Professional Development</i> | |
| 4. | <i>Communication Skills</i> | |
| 5. | <i>Integrity</i> | |
| AVERAGE MARKS | | |

Principal Preceptor's Signature:

Date:

TO BE FILLED BY PRINCIPAL PRECEPTOR FOR EXTENDED PRP

**SUMMARY OF PERFORMANCE FOR EACH CLINICAL SECTION
AND PERSONAL ASSESSMENT**

Name of Provisionally Registered Pharmacist:

.....

I/C Number:

PRP Registration Number:

| CLINICAL SECTION | | MARKS (%) |
|--|---|-----------|
| 1A. | <i>Out-Patient Pharmacy Services (Counter Services)</i> | |
| 1B. | <i>Out-Patient Pharmacy Services (MTAC)</i> | |
| 1C. | <i>Out-Patient Pharmacy Services (Methadone Replacement Therapy) - Optional</i> | |
| 1D. | <i>Out-Patient Pharmacy Services (Smoking Cessation Clinic) - Optional</i> | |
| AVERAGE MARKS FOR OUT-PATIENT PHARMACY SERVICES [(1A + 1B) / 2] | | |
| 2. | <i>Pharmacy Store Management</i> | |
| 3. | <i>Drug Information Services</i> | |
| 4. | <i>Galenical Repacking & Extemporaneous</i> | |
| 5. | <i>Community Services</i> | |
| 6. | <i>In-Patient Pharmacy Services</i> | |
| 7. | <i>Ward Pharmacy Practices</i> | |
| TOTAL AVERAGE MARKS | | |

| PERSONAL ASSESSMENT | | MARKS (%) |
|----------------------|--|-----------|
| 1. | <i>Demonstrate a Professional Approach</i> | |
| 2. | <i>Teamwork</i> | |
| 3. | <i>Undertake Personal and Professional Development</i> | |
| 4. | <i>Communication Skills</i> | |
| 5. | <i>Integrity</i> | |
| AVERAGE MARKS | | |

Principal Preceptor's Signature:

Date:

APPRAISAL BY PRINCIPAL PRECEPTOR

Setiausaha
Lembaga Farmasi Malaysia
Bahagian Perkhidmatan Farmasi
Lot 36, Jalan Universiti,
46350 Petaling Jaya, Selangor.

Name of Provisionally Registered Pharmacist:

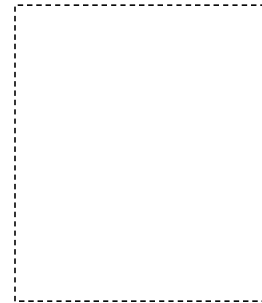
.....

I/C Number:

PRP Registration Number:

Place of Training:

Date of Training: From (date) to (date)



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

1. Proposal:

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

1B. *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*

2. Details of Principal Preceptor:

Name:

Principal Preceptor's Signature:

Date:

APPRAISAL BY MASTER PRECEPTOR

Setiausaha
Lembaga Farmasi Malaysia
Bahagian Perkhidmatan Farmasi
Lot 36, Jalan Universiti,
46350 Petaling Jaya, Selangor.

Name of Provisionally Registered Pharmacist:

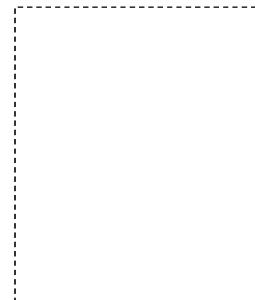
.....

I/C Number:

PRP Registration Number:

Place of Training:

Date of Training: From (date) to (date)



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

2. Proposal:

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

- 1B. *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*

2. Details of Master Preceptor:

Name:

Master Preceptor's Signature:

Date:

APPRAISAL BY PRP OF PRECEPTOR (optional)

Setiausaha
 Lembaga Farmasi Malaysia
 Bahagian Perkhidmatan Farmasi
 Lot 36, Jalan Universiti,
 46350 Petaling Jaya, Selangor.

Name of Provisionally Registered Pharmacist:

.....

I/C Number:

PRP Registration Number:

Place of Training:

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

| No. | Subject | Grade | | | | | | | | | | Comments |
|-----|--|-------|---|---|---|---|---|---|---|---|----|----------|
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| 1. | Facilities of Training Place | | | | | | | | | | | |
| 2. | Professional Exposure by the Preceptor | | | | | | | | | | | |
| 3. | Professional Guidance by the Preceptor | | | | | | | | | | | |
| 4. | Training Skills of the Preceptor | | | | | | | | | | | |

* to be sent by PRP directly to Pharmacy Board Malaysia