

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	NA		
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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No.	Assessment	Level of Performance												Comments
		1	2	3	4	5	6	7	8	9	10	NA		
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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No.	Assessment	Level of Performance											Comments	
		1	2	3	4	5	6	7	8	9	10	NA		
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		$= \frac{\quad}{160} \times 100$ $= \quad \%$												

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SECTION 2: TEAMWORK

No.	Assessment	Level of Performance											Comments	
		1	2	3	4	5	6	7	8	9	10	NA		
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 (SECTION 2)														
MARKS		$= \frac{\quad}{\quad} \times 100$ <p align="center">30</p> $= \frac{\quad}{\quad} \%$												

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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	NA		
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 (SECTION 3)														
MARKS		$= \frac{\quad}{30} \times 100$ $= \quad \%$												

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SECTION 4: COMMUNICATION SKILLS

No.	Assessment	Level of Performance											Comments	
		1	2	3	4	5	6	7	8	9	10	NA		
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													

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SECTION 4: COMMUNICATION SKILLS

No.	Assessment	Level of Performance											Comments	
		1	2	3	4	5	6	7	8	9	10	NA		
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 (SECTION 4)														
MARKS		$= \frac{\quad}{100} \times 100$ $= \frac{\quad}{\quad} \%$												

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SECTION 5: INTEGRITY

No.	Assessment	Level of Performance											Comments	
		1	2	3	4	5	6	7	8	9	10	NA		
1.	The quality of being honest and having strong moral principles													
2.	Implementation of appropriate policies and procedures that ensure the effective, efficient and ethical management of pharmaceutical system (medicine regulatory system and medicine supply system).													
3.	Transparent, accountable, follows the rule of law and prevent corruption.													
4.	Telling the truth, being open and not taking advantage of others													
5.	Demonstrate responsibility, show respect and caring of others													
TOTAL MARKS (SECTION 5)														
MARKS		$= \frac{\quad}{50} \times 100$ $= \quad \%$												

TO BE FILLED BY PRINCIPAL PRECEPTOR

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

Name of Provisionally Registered Pharmacist:

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I/C Number:

PRP Registration Number:

CLINICAL SECTION		MARKS (%)
1.	<i>Ward Pharmacy Practices</i>	
2.	<i>Out-Patient Pharmacy Services</i>	
3.	<i>In-Patient Pharmacy Services</i>	
4.	<i>Drug Information Services</i>	
5.	<i>Manufacturing and Repacking</i>	
6.	<i>Pharmacy Store Management</i>	
7.	<i>Clinical Pharmacokinetic Services (Optional)</i>	
8.	<i>Parenteral Nutrition / Intravenous Additive Services (Optional)</i>	
9.	<i>Oncology Pharmacy Services (Optional)</i>	
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 (%)
1.	<i>Ward Pharmacy Practices</i>	
2.	<i>Out-Patient Pharmacy Services</i>	
3.	<i>In-Patient Pharmacy Services</i>	
4.	<i>Drug Information Services</i>	
5.	<i>Manufacturing and Repacking</i>	
6.	<i>Pharmacy Store Management</i>	
7.	<i>Clinical Pharmacokinetic Services (Optional)</i>	
8.	<i>Parenteral Nutrition / Intravenous Additive Services (Optional)</i>	
9.	<i>Oncology Pharmacy Services (Optional)</i>	
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,
46200 Petaling Jaya, Selangor.

Name of Provisionally Registered Pharmacist:

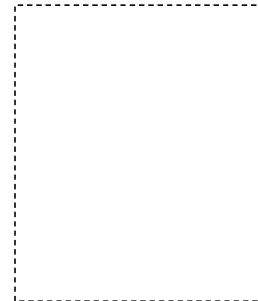
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I/C Number:

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:

Address of Training Premise:

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Principal Preceptor's Signature:

Date:

APPRAISAL BY MASTER PRECEPTOR

Setiausaha
Lembaga Farmasi Malaysia
Bahagian Perkhidmatan Farmasi
Lot 36, Jalan Universiti,
46200 Petaling Jaya, Selangor.

Name of Provisionally Registered Pharmacist:

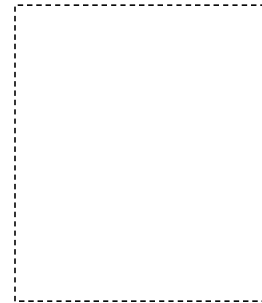
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I/C Number:

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:

Address of Training Premise:

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Master Preceptor's Signature:

Date: