

A decorative graphic consisting of three overlapping squares (orange, yellow, and blue) on a light pink diamond shape, positioned to the left of the title text.

**Record of Training  
and Experience for  
Provisionally  
Registered  
Pharmacist**

***KLINIK KESIHATAN***

**PERSONAL PARTICULARS**

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1.	Name	:	_____
2.	I/C Number	:	_____
3.	Provisional Registration Number	:	_____
4.	Contact Number	:	_____
5.	Email Address	:	_____
6.	Qualification (Degree/University/Year)	:	_____
7.	Principal Training Place	:	_____
8.	Duration of Training	:	From (date):..... to .....
9.	Name & Contact Number of Person in Case of Emergency	:	_____

I confirmed that the above information is true.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 1. INTRODUCTION

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.
2. The engagement as a PRP must be in any premises listed in the *Second Schedule* in order to be entitled for full registration.
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.
4. ***The provisional registration of a person shall be revoked if that person fails to engage in employment as 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.***
5. ***All PRPs are required to achieve at least 60% marks for all the sections in the log book and average of at least 60% marks for the personal assessment to be qualified to register as a Fully Registered Pharmacist.***
6. ***All PRPs are also required to pass the Qualifying Examination to Practice Pharmacy conducted by the Pharmacy Board prior to full registration.***

## 2. TRAINING MODULES AND RECORD OF TRAINING AND EXPERIENCE FOR PROVISIONALLY REGISTERED PHARMACIST (PRP)

1. This record book is designed primarily to guide the provisionally registered 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. The number of cases in this logbook serves as a guideline and is subjected to the capacity of each institution.
3. This record book will be the basis for the appraisal by all 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.
4. The preceptor is required to complete the record of the following:
  - i. Endorse the completion of each task with signature, name and date in the column provided.
  - ii. Level of performance is based on the following scale:

Scale	Rating	Description
<b>9 – 10</b>	<b>Excellent</b>	Performance represents an extraordinary level of achievement and commitment in terms of quality and time, technical skills and knowledge, ingenuity, creativity and initiative.
<b>7 – 8</b>	<b>Very Satisfactory</b>	Performance exceeded expectation. All goals, objectives and targets were achieved above the established standards.
<b>5 – 6</b>	<b>Satisfactory</b>	Performance met expectations in terms of quality of work, efficiency and timeliness.
<b>3 – 4</b>	<b>Unsatisfactory</b>	Performance failed to meet expectations and/or one or more of the targets were not met.
<b>1 – 2</b>	<b>Poor</b>	Performance was consistently below expectations and/or reasonable progress toward achieving goals was not made. Significant improvement is needed in one or more areas.

5. The log book should be submitted to the Master preceptor at the 12<sup>th</sup> month of the training.
6. The final appraisal to be completed by the master preceptor and the original copy of the final appraisal to be sent to the Pharmacy Board.

***Lembaga Farmasi Malaysia  
Bahagian Perkhidmatan Farmasi  
Kementerian Kesihatan Malaysia  
Lot 36, Jalan Universiti  
46350 Petaling Jaya***

### 3. TYPE OF PRECEPTORS & DUTIES AND RESPONSIBILITIES OF A PRECEPTOR

#### Type of Preceptors:

Preceptor	:	Pharmacist in-Charge Clinic (PF Y/M)
Principal Preceptor	:	District Pharmacist in-Charge (PFK)
Master Preceptor	:	State Deputy Director of Health (Pharmacy) [TPKN(F)]

#### Responsibilities of a Preceptor:

- i. Serves as a learning resource for all PRPs. Ensures a PRP receives necessary training to develop skills and attitude as a competent pharmacist.
- ii. Serves as a role model instilling professional values and attitude.
- iii. Evaluates PRPs performances during their training.

***Note: Training of PRP should abide the Code of Conduct for Pharmacists and Bodies Corporate and related Malaysian pharmacy legislations.***

#### **4. DUTIES AND RESPONSIBILITIES OF A PROVISIONALLY REGISTERED PHARMACIST (PRP)**

1. Fulfill the requirement of all the training modules in the log book within the stipulated time frame.
2. Undertake the training modules / programme with positive attitudes and commitments.
3. Acquire knowledge and skills by performing required tasks, observing, reading and asking questions.
4. Actively participate in professional development programme to keep abreast of current knowledge.
5. Adhere to the hospital / institution policies and procedures.

## 6. OVERVIEW OF COMPETENCIES TRAINING SCHEDULE

During the entire training duration, the PRP will be placed in the core unit under the guidance and supervision of the Unit Head and supervised overall by the Master Preceptor. The duration of training in each module is as indicated in Table 1.1:

TRAINING MODULE	DURATION (WEEK)
<b>Health Clinic Attachment</b>	
Out-Patient Pharmacy Services <ul style="list-style-type: none"> <li>• Counter Service</li> <li>• Medication Therapy Adherence Clinic (MTAC)</li> <li>• Methadone Replacement Therapy Clinic (MRT)</li> <li>• Smoking Cessation Clinic</li> </ul>	<b>26</b>
Inventory & Store	<b>4</b>
Drug Information Services	<b>4</b>
Galenic Repacking and Extemporaneous	<b>2</b>
Community Services	<b>4</b>
<b>Hospital Attachment</b>	
In-Patients Pharmacy Services <ul style="list-style-type: none"> <li>• Ward Supply</li> </ul>	<b>8</b>
Ward Pharmacy	<b>4</b>

\* If the service is not available, the Principal Preceptor/ head of Pharmacy Department in that Hospital (KPF) has right to direct the PRP to another unit/ service for training.



## MODULE 1A: OUT-PATIENT PHARMACY SERVICES (COUNTER)

*(Duration of Attachment: 26 weeks)*

*[suggested duration of each station: screening 8 weeks, filling 6 weeks, dispensing 12 weeks]*

To familiarize with the generic names, proprietary names, pharmacological groupings and MOH/Hospital Formularies.

The activities in this department include:

- Screening
- Labeling and filling
- Counterchecking and dispensing
- Medication counselling
- Handling of Dangerous Drugs & psychotropic
- Extemporaneous preparation

### **SCREENING**

Screening and verifying of prescriptions for the following

- Validity of the prescription
- Dosage regimen
- Polypharmacy
- Drug interactions
- Contraindications
- Incompatibilities
- Patient's medication record

The screening of a prescription must be performed at any point of processing a prescription  
Able to contact prescriber to discuss errors or ambiguous prescriptions

### **LABELING AND FILLING**

Ensure correct medication are filled according to label and prescription

### **COUNTERCHECKING OF MEDICATION / PRESCRIPTIONS**

Final checking of medications prepared against prescription record any near-miss errors detected

### **DISPENSING OF MEDICATION / PRESCRIPTIONS**

- Abide to the principles of 5 Rights on Quality Use of Medicines
  - Right patient
  - Right medication
  - Right dose
  - Right time

- Right route of administration

- Practice good communication skills and counter service
- Adhere to the Guide to Good Dispensing Practice (GDsP)
- Document all relevant data and statistics
- Awareness on pharmacy value added service and its promotion and process
- Knowledge of calculations for extemporaneous preparations based on Good Preparation Practice.

#### **PATIENT MEDICATION COUNSELING**

- Able to advise/counsel on:
  - patient drug regimen/therapy
  - indications
  - storage conditions
  - precautions
  - side effects
  - food / drug interactions
  - compliance and missed doses
  - use of devices (e.g inhalers, insulin pen, interferon pen)
  - assist in conducting group counseling sessions
- Document all patient medication counseling accordingly
- Methadone dispensing and counseling

*Note: PRP must undergo the counseling validation/ evaluation before performing actual activity.*

#### **HANDLING OF DANGEROUS DRUGS / PSYCHOTROPIC SUBSTANCES**

- Handle dangerous drugs and psychotropic substances in accordance to the respective legislations:
  - Dangerous Drugs Act 1952
  - Poison Act 1952
  - Poison (Psychotropic Substances) Regulations 1989

#### **MANAGEMENT OF OUT-PATIENT PHARMACY**

- Knowledge of stock movement and control, patient waiting time, peak hour management and handling of drug information enquiries.

#### **UNIT INSPECTION**

- Ability to conduct unit inspection and understand of the procedure during inspection

## SUMMARY OF ACTIVITIES FOR MODULE 1: OUT-PATIENT PHARMACY SERVICES (COUNTER)

Section	Task	Target (minimum)
1.	<b>Screening</b>	100 interventions
2.	<b>Labelling and Filling of Prescriptions</b>	10 prescriptions/day
3.	<b>Dispensing</b>	4 hours/day or 50 prescriptions/day
4.	<b>Patient Medication Counseling</b>	Individual counseling: 5 patients/week  Group Counseling: 1/month
5.	<b>Handling of Dangerous Drugs &amp; Psychotropic Substances</b>	Minimum 5 prescriptions
6.	<b>Unit Inspection</b>	5 inspections
7.	<b>Miscellaneous</b>	<ul style="list-style-type: none"> <li>• Knowledge on generic / proprietary names / pharmaceutical grouping: 25 types/list</li> <li>• MOH formularies (List A/A*/B/C: 10/categories</li> <li>• Stock movement and inventory control (sub stock check): 20 items</li> </ul>



















**MODULE 1: OUT-PATIENT PHARMACY SERVICES (COUNTER)**

**SECTION 2: FILLING OF PRESCRIPTIONS (include labeling and recording)**

- At least 5 prescriptions filling process must be assessed by the preceptor
- Minimum 10 prescriptions/day

**WEEK 1**

Date	Patient's R/N	Number of Items in Prescriptions	Remarks	Preceptor's Initial

## MODULE 1: OUT-PATIENT PHARMACY SERVICES (COUNTER)

### SECTION 2: FILLING OF PRESCRIPTIONS (include labeling and recording)

- At least 5 prescriptions filling process must be assessed by the preceptor
- Minimum 10 prescriptions/day

#### WEEK 2

Date	Patient's R/N	Number of Items in Prescriptions	Remarks	Preceptor's Initial

## MODULE 1: OUT-PATIENT PHARMACY SERVICES (COUNTER)

### SECTION 2: FILLING OF PRESCRIPTIONS (include labeling and recording)

- At least 5 prescriptions filling process must be assessed by the preceptor
- Minimum 10 prescriptions/day

### WEEK 3

Date	Patient's R/N	Number of Items in Prescriptions	Remarks	Preceptor's Initial

## MODULE 1: OUT-PATIENT PHARMACY SERVICES (COUNTER)

### SECTION 2: FILLING OF PRESCRIPTIONS (include labeling and recording)

- At least 5 prescriptions filling process must be assessed by the preceptor
- Minimum 10 prescriptions/day

#### WEEK 4

Date	Patient's R/N	Number of Items in Prescriptions	Remarks	Preceptor's Initial

## MODULE 1: OUT-PATIENT PHARMACY SERVICES (COUNTER)

### SECTION 2: FILLING OF PRESCRIPTIONS (include labeling and recording)

- At least 5 prescriptions filling process must be assessed by the preceptor
- Minimum 10 prescriptions/day

#### WEEK 5

Date	Patient's R/N	Number of Items in Prescriptions	Remarks	Preceptor's Initial



## MODULE 1: OUT-PATIENT PHARMACY SERVICES (COUNTER)

### SECTION 2: FILLING OF PRESCRIPTIONS (include labeling and recording)

- At least 5 prescriptions filling process must be assessed by the preceptor
- Minimum 10 prescriptions/day

#### WEEK 6

Date	Patient's R/N	Number of Items in Prescriptions	Remarks	Preceptor's Initial









**MODULE 1: OUT-PATIENT PHARMACY SERVICES (COUNTER)**

**SECTION 4: PATIENT MEDICATION COUNSELING**

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

**a) Individual (Minimum 5 patients/week)**

Date	Patient's R/N	*Type of Counseling	Description of Counseling	Preceptor's Initial

\* 1. Device (e.g insulin pen, inhaler, nasal spray)

2. Disease

3. Medications

4. Others (radiopharmaceutical, chemotherapy, smoking cessation)

Note: PRP must undergo the counseling validation / evaluation before performing actual activity

**MODULE 1: OUT-PATIENT PHARMACY SERVICES (COUNTER)**

**SECTION 4: PATIENT MEDICATION COUNSELING**

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

**a) Individual (Minimum 5 patients/week)**

Date	Patient's R/N	*Type of Counseling	Description of Counseling	Preceptor's Initial

\* 1. Device (e.g insulin pen, inhaler, nasal spray)

2. Disease

3. Medications

4. Others (radiopharmaceutical, chemotherapy, smoking cessation)

Note: PRP must undergo the counseling validation / evaluation before performing actual activity

**MODULE 1: OUT-PATIENT PHARMACY SERVICES (COUNTER)**

**SECTION 4: PATIENT MEDICATION COUNSELING**

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

**a) Individual (Minimum 5 patients/week)**

Date	Patient's R/N	*Type of Counseling	Description of Counseling	Preceptor's Initial

\* 1. Device (e.g insulin pen, inhaler, nasal spray)

2. Disease

3. Medications

4. Others (radiopharmaceutical, chemotherapy, smoking cessation)

Note: PRP must undergo the counseling validation / evaluation before performing actual activity



**MODULE 1: OUT-PATIENT PHARMACY SERVICES (COUNTER)**

**SECTION 4: PATIENT MEDICATION COUNSELING**

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

**a) Individual (Minimum 5 patients/week)**

Date	Patient's R/N	*Type of Counseling	Description of Counseling	Preceptor's Initial

\* 1. Device (e.g insulin pen, inhaler, nasal spray)

2. Disease

3. Medications

4. Others (radiopharmaceutical, chemotherapy, smoking cessation)

Note: PRP must undergo the counseling validation / evaluation before performing actual activity

## MODULE 1: OUT-PATIENT PHARMACY SERVICES (COUNTER)

### SECTION 4: PATIENT MEDICATION COUNSELING

#### b) Group Counseling (Minimum 1/month)

Date	Patient's R/N	*Type of Counseling	Description of Counseling	Preceptor's Initial

\* 1. Device (e.g insulin pen, inhaler, nasal spray)

2. Disease

3. Medications

4. Others (radiopharmaceutical, chemotherapy, smoking cessation)

Note: PRP must undergo the counseling validation / evaluation before performing actual activity

**MODULE 1: OUT-PATIENT PHARMACY SERVICES (COUNTER)**

**SECTION 4: PATIENT MEDICATION COUNSELING**

**b) Group Counseling (Minimum 1/month)**

Date	Patient's R/N	*Type of Counseling	Description of Counseling	Preceptor's Initial

\* 1. Device (e.g insulin pen, inhaler, nasal spray)

2. Disease

3. Medications

4. Others (radiopharmaceutical, chemotherapy, smoking cessation)

Note: PRP must undergo the counseling validation / evaluation before performing actual activity

## MODULE 1: OUT-PATIENT PHARMACY SERVICES (COUNTER)

### SECTION 4: PATIENT MEDICATION COUNSELING

#### b) Group Counseling (Minimum 1/month)

Date	Patient's R/N	*Type of Counseling	Description of Counseling	Preceptor's Initial

\* 1. Device (e.g insulin pen, inhaler, nasal spray)

2. Disease

3. Medications

4. Others (radiopharmaceutical, chemotherapy, smoking cessation)

Note: PRP must undergo the counseling validation / evaluation before performing actual activity

**MODULE 1: OUT-PATIENT PHARMACY SERVICES (COUNTER)**

**SECTION 4: PATIENT MEDICATION COUNSELING**

**b) Group Counseling (Minimum 1/month)**

Date	Patient's R/N	*Type of Counseling	Description of Counseling	Preceptor's Initial

\* 1. Device (e.g insulin pen, inhaler, nasal spray)

2. Disease

3. Medications

4. Others (radiopharmaceutical, chemotherapy, smoking cessation)

Note: PRP must undergo the counseling validation / evaluation before performing actual activity

**MODULE 1: OUT-PATIENT PHARMACY SERVICES (COUNTER)**

**SECTION 4: PATIENT MEDICATION COUNSELING**

**b) Group Counseling (Minimum 1/month)**

Date	Patient's R/N	*Type of Counseling	Description of Counseling	Preceptor's Initial

\* 1. Device (e.g insulin pen, inhaler, nasal spray)

2. Disease

3. Medications

4. Others (radiopharmaceutical, chemotherapy, smoking cessation)

Note: PRP must undergo the counseling validation / evaluation before performing actual activity

## MODULE 1: OUT-PATIENT PHARMACY SERVICES (COUNTER)

### SECTION 5: HANDLING OF DANGEROUS DRUGS AND PSYCHOTROPIC SUBSTANCES

- Minimum 5 prescriptions

Week	Date	Dangerous Drugs and Psychotropic Substances	
		Number of Prescriptions Dispensed & Recorded (minimum 5 prescriptions)	Preceptor's Initial
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			





**MODULE 1: OUT-PATIENT PHARMACY SERVICES (COUNTER)****SECTION 7: MISCELLANEOUS****WEEK 1 – WEEK 26**

Date	Task	Minimum Requirement	Remarks	Preceptor's Initial
	Knowledge on generic/ proprietary names/ pharmaceutical grouping	25 types/ list		
	MOH Formularies	List of A*/A/A/KK/B/C 10 categories		
	Stock movement and inventory control	Sub stock check (minimum 20 items)		

## ASSESSMENT – OUT-PATIENT PHARMACY SERVICES (COUNTER)

### SECTION 8: MANAGEMENT OF OUT-PATIENT PHARMACY (COUNTER)

No.	Knowledge	Level of Performance											Comments	
		1	2	3	4	5	6	7	8	9	10	NA		
1.	Familiarity with generic names, proprietary names, pharmacological groupings, Ministry of Health / Hospital Formularies													
2.	Guide to Good Dispensing Practice.													

## ASSESSMENT – OUT-PATIENT PHARMACY SERVICES (COUNTER)

### SECTION 9: COMPETENT ASSESSMENT

No.	Task	Level of Performance											Comments	
		1	2	3	4	5	6	7	8	9	10	NA		
1.	Screening													
2.	Labelling and Filling Medications													
3.	Counterchecking and Dispensing													
4.	Patient Medication Counseling													
5.	Handling of Dangerous Drugs & Psychotropic Substances													
6.	Unit Inspection													
7.	Miscellaneous													

**ASSESSMENT – OUT-PATIENT PHARMACY SERVICES (COUNTER)**

**SECTION 10: GENERAL COMMENT ON ATTITUDE**

Marks =  $\frac{\quad}{90} \times 100\%$

=  $\frac{\quad}{\quad} \%$

**Preceptor's Name & Signature:**

***[Duration of Attachment: 26 weeks (along with counter attachment)]***

***2 MTAC Attachment for Clinic Running More Than 1 MTAC Service***

1. Knowledge of MTAC procedures, presentation of case studies, patient drug history taking, monitoring patient parameters, patient contact, questioning and counseling, developing trusted pharmacist-patient relationship, collection of drug utilization review date and other statistics & forms involved.
2. Ability to read and comprehend patient's medical card/ records.
3. Ability in assessing patient's medication compliance and/or device technique.
4. Ability to identify drug related problems
5. Ability to discuss with prescriber.
6. Ability to recommend pharmacotherapy regime and monitoring of patient clinical outcomes.
7. Counseling according to patient's need and education according to available MTAC modules.
8. Follow up individual MTAC patient according to scheduled time.
9. Detection of ADR.
10. Case presentation/ discussion.
11. Documentation using appropriate MTAC forms. (e.g. patient's consent form, pharmacotherapy review form, MMAS form etc.)

## SUMMARY OF ACTIVITIES FOR 1B: OUT-PATIENT PHARMACY SERVICES (MTAC)

Section	Task	Target (minimum)
1.	Patient Assessment/ Education	10 cases
2.	Case Report	1 case
3.	Case Presentation	1 case
4.	ADR Report	3 cases (if any)



## MODULE 1B: OUT-PATIENT PHARMACY SERVICES (MTAC)

### SECTION 2: CASE REPORT

- 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
- Minimum 1 case

WEEK 1 – WEEK 26

Date	Patient's R/N	Topic	Summary of Case Report	Preceptor's Initial



## MODULE 1B: OUT-PATIENT PHARMACY SERVICES (MTAC)

### SECTION 3: CASE PRESENTATION

- To assess the ability to comprehend case notes, devise therapeutic plan, communication and presentation of case to other healthcare personnel in order to enhance rational drug use
- Minimum 1 case

WEEK 1 – WEEK 26

Date	Type of Case Presented	Remarks	Preceptor's Initial

**MODULE 1B: OUT-PATIENT PHARMACY SERVICES (MTAC)**

**SECTION 4: ADR REPORT**

- ADR can be reported from other activities
- To assess the ability to identify ADR and perform ADR report
- Minimum 3 cases (if any)

**WEEK 1 – WEEK 26**

Date	Patient's R/N	Suspected Drug Causing the ADR	Remarks	Preceptor's Initial

**ASSESSMENT – OUT-PATIENT PHARMACY SERVICES (MTAC)**

**SECTION 5: MANAGEMENT OF MTAC SERVICES**

No.	Knowledge	Level of Performance											Comments	
		1	2	3	4	5	6	7	8	9	10	NA		
1.	Knowledge of MTAC procedures, presentation of case studies, patient drug history taking, monitoring patient parameters, patient contact, questioning and counseling, developing trusted pharmacist- patient relationship, collection of drug utilization review data and other statistics & forms involved.													
2.	Ability to read and comprehend patient's medical card/ records.													
3.	Ability in assessing patient's medication compliance and/or device technique.													
4.	Ability to identify drug related problems.													
5.	Ability to discuss with prescriber.													
6.	Ability to recommend pharmacotherapy regime and monitoring of patient clinical outcomes.													

## ASSESSMENT – OUT-PATIENT PHARMACY SERVICES (MTAC)

### SECTION 6: COMPETENT ASSESSMENT

No.	Task	Level of Performance											Comments	
		1	2	3	4	5	6	7	8	9	10	NA		
1.	Medication history assessment													
2.	Medication counseling													
3.	Case report													
4.	Case presentation													
5.	ADR report													

**ASSESSMENT – OUT-PATIENT PHARMACY SERVICES (MTAC)**

**SECTION 7: GENERAL COMMENT ON ATTITUDE**

Marks =  $\frac{\quad}{110} \times 100\%$

=  $\frac{\quad}{\quad} \%$

**Preceptor's Name & Signature:**

**MODULE 1C: OUT-PATIENT PHARMACY SERVICES  
(METHADONE REPLACEMENT THERAPY PROGRAMME)**

***[Duration of Attachment: 26 weeks (along with counter attachment)]***

***\*If service available***

1. Knowledge of Methadone Replacement Therapy procedures, counseling, methadone dispensing skill and documentation involved.
2. Knowledge of psychotropic and Dangerous Drugs distribution and disposal in accordance to respective legislations:
  - Poison Act 1952
  - Poison (Psychotropic Substances) Regulations 1989
3. Ability to conduct Direct Observation Therapy (DOT).
4. Ability to identify ADR/ side effects experienced by patient upon methadone administration.
5. Ability to discuss with prescriber.
6. Ability to recommend pharmacotherapy regime.
7. Counseling & education.

**SUMMARY OF ACTIVITIES FOR MODULE 1C: OUT-PATIENT PHARMACY SERVICES  
(METHADONE REPLACEMENT THERAPY PROGRAMME)**

<b>Section</b>	<b>Task</b>	<b>Target (minimum)</b>
<b>1.</b>	<b>Methadone Dispensing &amp; Counseling</b>	5 sessions

**MODULE 1C: OUT-PATIENT PHARMACY SERVICES  
(METHADONE REPLACEMENT THERAPY PROGRAMME)**

**SECTION 1: METHADONE DISPENSING & COUNSELING**

- Minimum 5 sessions

**WEEK 1 – WEEK 26**

Date	Patient's R/N	Remarks	Preceptor's Initial



## ASSESSMENT – OUT-PATIENT PHARMACY SERVICES (METHADONE REPLACEMENT THERAPY PROGRAMME)

### SECTION 2: MANAGEMENT OF METHADONE SERVICES

No.	Knowledge	Level of Performance											Comments	
		1	2	3	4	5	6	7	8	9	10	NA		
1.	Knowledge of Methadone Replacement Therapy procedures, counseling, methadone dispensing skill and documentation involved.													
2.	Knowledge of psychotropic and Dangerous Drugs distribution and disposal in accordance to respective legislations.													
3.	Ability to discuss with prescriber													

## ASSESSMENT – OUT-PATIENT PHARMACY SERVICES (METHADONE REPLACEMENT THERAPY PROGRAMME)

### SECTION 3: COMPETENT ASSESSMENT

No.	Task	Level of Performance											Comments	
		1	2	3	4	5	6	7	8	9	10	NA		
1.	Methadone dispensing													
2.	Conduct Direct Observation Therapy (DOT)													
3.	ADR reporting													
4.	Counseling													

**ASSESSMENT – OUT-PATIENT PHARMACY SERVICES (METHADONE REPLACEMENT THERAPY PROGRAMME)**

**SECTION 4: GENERAL COMMENT ON ATTITUDE**

Marks =  $\frac{\quad}{70} \times 100\%$

=  $\frac{\quad}{\quad} \%$

**Preceptor's Name & Signature:**

**MODULE 1D: OUT-PATIENT PHARMACY SERVICES  
(SMOKING CESSATION CLINIC)**

***[Duration of Attachment: 26 weeks (along with counter attachment)]***

1. Knowledge of smoking cessation clinic procedures, patient drug history taking, monitoring patient parameters, safe use of drug, patient contact, counseling, developing trusted pharmacist-patient relationship and documentation.
2. Ability in assessing patient's compliance.
3. Ability to discuss with prescriber.
4. Ability to recommend pharmacotherapy regime and monitoring of patient clinical outcomes.
5. Counseling according to patient's need.
6. Follow up individual patient according to scheduled time.
7. Detection of ADR/ side effects.
8. Case discussion.
9. Documentation using appropriate forms. (e.g. patient's consent form, pharmacotherapy review form etc.)

**SUMMARY OF ACTIVITIES FOR MODULE 1D: OUT-PATIENT PHARMACY SERVICES  
(SMOKING CESSATION CLINIC)**

<b>Section</b>	<b>Task</b>	<b>Target (minimum)</b>
<b>1.</b>	<b>Counseling/ Follow-up</b>	5 sessions
<b>2.</b>	<b>Case Report</b>	1 case

**MODULE 1D: OUT-PATIENT PHARMACY SERVICES (SMOKING CESSATION CLINIC)**

**SECTION 1: COUNSELING/ FOLLOW-UP**

- 5 sessions

**WEEK 1 – WEEK 26**

Date	Patient's R/N	Topic of Counseling	Drug Supplied (Nicotine Patch/Gum/Champix)	Preceptor's Initial

## MODULE 1D: OUT-PATIENT PHARMACY SERVICES (SMOKING CESSATION CLINIC)

### SECTION 2: CASE REPORT

- 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
- Minimum 1 case

WEEK 1 – WEEK 26

Date	Patient's R/N	Topic	Summary of Case Report	Preceptor's Initial

## ASSESSMENT – OUT-PATIENT PHARMACY SERVICES (SMOKING CESSATION CLINIC)

### SECTION 3: MANAGEMENT OF SMOKING CESSATION SERVICES

No.	Knowledge	Level of Performance											Comments	
		1	2	3	4	5	6	7	8	9	10	NA		
1.	Knowledge of smoking cessation clinic procedures, patient drug history taking, monitoring patient parameters, safe use of drug, patient contact, counseling, developing													
2.	Ability in assessing patient's compliance.													
3.	Ability to discuss with prescriber.													



## ASSESSMENT – OUT-PATIENT PHARMACY SERVICES (SMOKING CESSATION CLINIC)

### SECTION 4: COMPETENT ASSESSMENT

No.	Task	Level of Performance											Comments	
		1	2	3	4	5	6	7	8	9	10	NA		
1.	Medication history assessment													
2.	ADR reporting													
3.	Counseling													

**ASSESSMENT – OUT-PATIENT PHARMACY SERVICES (SMOKING CESSATION CLINIC)**

**SECTION 5: GENERAL COMMENT ON ATTITUDE**

Marks =  $\frac{\quad}{60} \times 100\%$

=  $\frac{\quad}{\quad} \%$

**Preceptor's Name & Signature:**

## MODULE 2: PHARMACY STORE MANAGEMENT

*(Duration of Attachment: 4 weeks)*

*\*Attachment to be done at Logistic Pharmacy*

### SECTION 1: STORE MANGEMENT

1. Understand the principles of store management, organization structure, stock movement and control, cleanliness & sanitation and security.
2. Knowledge of the store KPI and statistics.

### SECTION 2: PROCUREMENT AND DISTRIBUTION

Understand the procurement processes and monitoring of vendor performances:

- Procurement planning
- Budget management
- Procurement system – eSPKB (SISTEM Perancangan Kewangan Belanjawan) and ePerolehan
- Ordering process
- Quotation process
- Receiving and distributing of stocks
- Penalty management
- Data and statistical compilation and analysis for preparation of Drug Committee Meeting

### SECTION 3: STORAGE

Understand the storage requirements according to Good Distribution Practice (GDP).

### SECTION 4: INVENTORY CONTROL

Knowledge and understanding of drug usage patterns, identification of slow and non-moving stocks, maximum and minimum levels, expiry date monitoring, stock counting/stock checking and stock verification.

**SECTION 5: DISPOSAL/WRITE-OFF**

Knowledge of disposal/ write-off of stocks and its procedures and documentation.

**SECTION 6: PRODUCT COMPLAINT**

Knowledge on handling of product complaints and reporting procedures.

**SECTION 7: PRODUCT RECALL**

Knowledge of product recall and reporting procedures.

**SECTION 8: DANGEROUS DRUGS AND PSYCHOTROPIC SUBSTANCES**

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

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

## SUMMARY OF ACTIVITIES FOR MODULE 2: PHARMACY STORE MANAGEMENT

Section	Task	Target (minimum)	Remarks
1.	<b>Store Management</b>	-	Knowledge and understanding of the principles of inventory and store management including the policies, procedures and techniques applied in maintaining the stocks accordance to the current legislation/ treasury instruction/ guidelines
2.	<b>Procurement and Distribution</b>	-	Knowledge of ordering procurement process and monitoring of vendor performances
3.	<b>Storage</b>	-	Knowledge of all products storage including biological/ vaccines, handling of cytotoxic drugs, refrigerated items, inflammables and corrosive items, medical gases, safety measures and cold chain management
4.	<b>Inventory Control</b>	-	Knowledge and understanding of drug usage patterns, identification of slow and non-moving stocks, maximum and minimum levels, expiry date monitoring, stock counting/ stock checking and stock verification.
5.	<b>Disposal/Write-off</b>	-	Knowledge of disposal/ write-off of stocks and its procedures and documentation

## SUMMARY OF ACTIVITIES FOR MODULE 2: PHARMACY STORE MANAGEMENT

Section	Task	Target (minimum)	Remarks
6.	Product Complaints	-	Knowledge on handling of product complaints and reporting procedures
7.	Product Recall	-	Knowledge of handling of product recall and reporting procedures
8.	Dangerous / Psychotropic Drugs Management	-	Knowledge of dangerous drugs and psychotropic substances distribution and disposal in accordance to the respective legislations

## ASSESSMENT – PHARMACY STORE MANAGEMENT

### SECTION 1: STORE MANAGEMENT

Knowledge and understanding of the principles of inventory and store management including the policies, procedures and techniques applied in maintaining the stocks accordance to the current legislation/ treasury instruction/ guidelines which including:

No.	Task	Level of Performance											Comments	
		1	2	3	4	5	6	7	8	9	10	NA		
1.	<b>CURRENT LEGISLATION / POLICIES / GUIDELINES</b> Able to recognize policies and procedures related to stores management according to current legislation / treasury instructions/ guidelines.													
2.	<b>PROCEDURES IN STORE MANAGEMENT</b> Able to understand the system / program used for stock movement and control <ul style="list-style-type: none"> <li>• KEW.PS / Bin card</li> <li>• PhIS or any inventory system/program</li> </ul>													
3.	<b>ORGANIZATION STRUCTURE / LAYOUT /</b>													

	<p><b>CHART</b></p> <ul style="list-style-type: none"> <li>• Able to understand structure / layout and function of stores</li> <li>• Able to understand pharmacist role in store management</li> <li>• Able to understand the roles and responsibilities of the staff responsible for various inventory management activities</li> </ul>											
4.	<p><b>FACILITY REQUIREMENTS</b></p> <p>Able to identify facility requirements:</p> <ul style="list-style-type: none"> <li>• Signage</li> <li>• Store and equipment maintenance (refrigerator, air conditioner)</li> <li>• Contingency plan for fire / blackout</li> <li>• Disaster plan</li> </ul>											
5.	<p><b>CLEANLINESS</b></p> <p>Able to identify requirements</p>											
6.	<p><b>SECURITY/ SAFETY</b></p>											



	Able to identify and understand the importance of security / safety aspects of store												
7.	<b>TYPE OF INVENTORY</b> Able to identify the Store Catalogue and type of products managed												
8.	<b>STOCK MOVEMENT AND CONTROL</b> Able to understand the importance of maintaining the records and documentation of stock movement												
9.	<b>STORE PERFORMANCES</b> Able to understand the analysis of store performances: <ul style="list-style-type: none"> <li>• Stock turnover rate</li> <li>• Stock holding</li> <li>• Other relevant indicators or statistics</li> </ul>												
	<b>TOTAL MARKS (SECTION 1)</b>												

## ASSESSMENT - PHARMACY STORE MANAGEMENT

### SECTION 2: PROCUREMENT AND DISTRIBUTION

Knowledge of ordering procurement process and monitoring of vendor performances includes:

No.	Task	Level of Performance											Comments
		1	2	3	4	5	6	7	8	9	10	NA	
1.	<p><b>PROCUREMENT PLANNING</b></p> <ul style="list-style-type: none"> <li>• Able to understand the method use in procurement planning                             <ul style="list-style-type: none"> <li>- ROA (Reorder Advice)/ RPL (Recommended Purchase List)</li> </ul> </li> <li>• Able to recognize the different method/processes in procurement accordance to the treasury instructions:                             <ul style="list-style-type: none"> <li>- APPL</li> <li>- Quotation /Direct purchase</li> <li>- Central Contract</li> </ul> </li> </ul>												
2.	<p><b>BUDGET MANAGEMENT</b></p> <ul style="list-style-type: none"> <li>• Able to understand the different code using for program/ activity/object</li> <li>• Able to understand the importance</li> </ul>												

	<p>of maintaining the vote book and able to do entry of transaction</p> <ul style="list-style-type: none"> <li>• Able to understand the outcomes based budget system</li> </ul>											
3.	<p><b>PROCUREMENT SYSTEM</b></p> <ul style="list-style-type: none"> <li>• Able to identify the system use to procure the stocks: <ul style="list-style-type: none"> <li>- eSPKB</li> <li>- ePerolehan</li> </ul> </li> </ul>											
4.	<p><b>ORDERING PROCESS</b></p> <ul style="list-style-type: none"> <li>• Able to understand the requirement and process of: <ul style="list-style-type: none"> <li>- Purchasing (standard/ nonstandard items)</li> <li>- Indenting (units to main store)</li> </ul> </li> </ul>											
5.	<p><b>QUOTATION PROCESS</b></p> <ul style="list-style-type: none"> <li>• Able to understand the requirement and process for quotation: <ul style="list-style-type: none"> <li>- Annual limit value</li> <li>- Procedures and documentation</li> <li>- Committees involved and their roles and responsibilities</li> </ul> </li> </ul>											

6.	<b>RECEIVING AND DISTRIBUTION OF GOODS</b> <ul style="list-style-type: none"> <li>• Able to understand the requirement and process of receiving stocks from supplier/main store and supplying stocks to sub-store/units.</li> </ul>											
7.	<b>PENALTY MANAGEMENT</b> <ul style="list-style-type: none"> <li>• Able to identify and calculate penalty based on the contract terms.</li> <li>• Able to understand the collection method for penalty</li> </ul>											
8.	<b>VENDOR PERFORMANCES</b> Able to identify and understand the method use to evaluate the vendor performances											
9.	<b>DRUG COMMITTEE MEETING</b> Able to retrieve data, perform statistical compilation and analyse for preparation of Drug Committee Meeting											
<b>TOTAL MARKS (SECTION 2)</b>												

## ASSESSMENT – PHARMACY STORE MANAGEMENT

### SECTION 3: STORAGE

Knowledge of all products storage including biological/ vaccines, handling of cytotoxic drugs, refrigerated items, inflammables and corrosive items, medical gases, safety measures and cold chain management

No.	Task	Level of Performance											Comments	
		1	2	3	4	5	6	7	8	9	10	NA		
1.	<p><b>STORAGE REQUIREMENT</b></p> <p>Able to identify and understand storage requirement for all products including:</p> <ul style="list-style-type: none"> <li>• Biological/ vaccines</li> <li>• Cytotoxic</li> <li>• Refrigerated/ freezer items</li> <li>• Inflammable and corrosive</li> <li>• Medical gases</li> </ul>													
2.	<p><b>COLD CHAIN MANAGEMENT</b></p> <p>Able to identify and understand the:</p> <ul style="list-style-type: none"> <li>• Cold chain process</li> <li>• Products monitoring</li> <li>• Equipment monitoring</li> <li>• Documentation</li> </ul>													
<b>TOTAL MARKS (SECTION 3)</b>														

## ASSESSMENT – PHARMACY STORE MANAGEMENT

### SECTION 4: INVENTORY CONTROL

Knowledge and understanding of drug usage patterns, identification of slow and non-moving stocks, maximum and minimum levels, expiry date monitoring, stock counting/ stock checking and stock verification.

No.	Task	Level of Performance											Comments	
		1	2	3	4	5	6	7	8	9	10	NA		
1.	<b>DRUG USAGE PATTERN</b> Able to retrieve, print and analyse reports													
2.	<b>SLOW/ NON- MOVING STOCK</b> Able to retrieve, print and analyse reports													
3.	<b>ITEM BELOW / ABOVE BUFFER LEVEL</b> Able to retrieve, print and analyse reports													
4.	<b>ITEM NEARLY EXPIRED</b> Able to understand the process of managing item nearly expired Able to manage item nearly expired													
5.	<b>STOCK COUNTING/ STOCK CHECKING/ STOCK VERIFICATION</b> Able to understand the process and the													

	documentation of stock checking and verification in accordance to 1PP or any regulations enforced Able to do stock counting												
6.	<b>NON-CONFORMANCE PRODUCTS</b> Able to identify and quarantine the non-conformance products												
	<b>TOTAL MARKS (SECTION 4)</b>												

## ASSESSMENT – PHARMACY STORE MANAGEMENT

### SECTION 5: DISPOSAL/WRITE-OFF

Knowledge of disposal/ write-off of stocks and its procedures and documentation

No.	Task	Level of Performance											Comments	
		1	2	3	4	5	6	7	8	9	10	NA		
1.	<b>DISPOSAL/WRITE-OFF PROCESS</b> Able to understand the workflow													
2.	<b>DOCUMENTS USED FOR DISPOSAL/ WRITE-OFF PROCESS</b> Able to name identify the form documents used													
3.	<b>LIST OF EXPIRED ITEMS</b> Able to extract list from HIS inventory system													
4.	<b>LIST OF WRITE-OFF ITEMS</b> Able to identify the write-off items													
5.	<b>DISPOSAL STORE</b> Able to locate area identified													
6.	<b>DISPOSAL STORE/AREA</b> Able to locate area identified													
<b>TOTAL MARKS (SECTION 5)</b>														



## ASSESSMENT – PHARMACY STORE MANAGEMENT

### SECTION 6: PRODUCT COMPLAINTS

Knowledge on handling of product complaints and reporting procedures

No.	Task	Level of Performance											Comments	
		1	2	3	4	5	6	7	8	9	10	NA		
1.	<b>PROCESS</b> Able to understand and explain the workflow													
2.	<b>RETRIEVAL OF DATA</b> Able to check with the system of batches/ location involved													
3.	<b>INVESTIGATION OF PRODUCT COMPLAINT</b> Able to perform investigation of product complaint													
4.	<b>REPLACEMENT OF PRODUCT</b> Able to replace/ return product from/ to user/ supplier													
5.	<b>DOCUMENTATION</b> Able to document, report to the respective authority/supplier and file the complaint													
<b>TOTAL MARKS (SECTION 6)</b>														

## ASSESSMENT – PHARMACY STORE MANAGEMENT

### SECTION 7: PRODUCT RECALL

Knowledge of handling of product recall and reporting procedures

No.	Task	Level of Performance											Comments	
		1	2	3	4	5	6	7	8	9	10	NA		
1.	<b>PROCESS</b> Able to understand the levels of product recall and explain the workflow													
2.	<b>RETRIEVAL OF DATA</b> Able to check with the system of batches/location involved													
3.	<b>RETRIEVAL OF PRODUCT</b> Able to recall product from location identified													
4.	<b>REPLACEMENT OF PRODUCT</b> Able to replace/ return product from/ to user/ supplier													
5.	<b>DOCUMENTATION</b> Able to document, report to the respective authority/supplier and file													
<b>TOTAL MARKS (SECTION 7)</b>														

## ASSESSMENT – PHARMACY STORE MANAGEMENT

### SECTION 8: DANGEROUS DRUGS / PSYCHOTROPIC SUBSTANCES MANAGEMENT

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

No.	Task	Level of Performance											Comments	
		1	2	3	4	5	6	7	8	9	10	NA		
1.	Able to: <ul style="list-style-type: none"> <li>• identify the list of Dangerous/ Psychotropic Drugs</li> <li>• do proper receiving and storage</li> <li>• do proper documentation</li> <li>• dispose in accordance to the law</li> </ul>													
<b>TOTAL MARKS (SECTION 8)</b>														

## ASSESSMENT – PHARMACY STORE MANAGEMENT

### SECTION 9: GENERAL COMMENT ON ATTITUDE

Marks =                      x 100%

430

=                      %

Preceptor's Name & Signature:

## MODULE 3: DRUG INFORMATION SERVICES

*(Duration of Attachment: 4 weeks)*

### ***Provision of Drug & Poison Information Service***

The activities in this department include:

1. Gather evidence based information and respond the requestor.
2. Document enquiries and information given.
3. Participate / assist in medicines evaluation for hospital formulary development and maintenance.
4. Participate in preparation of bulletin or newsletter.
5. Identify the different resources in drug information.
6. Participate in CPE and consumer education
7. Conduct a short study/project

## SUMMARY OF ACTIVITIES FOR MODULE 3: DRUG INFORMATION SERVICES

Section	Task	Target (minimum)
1.	<b>Receive, Answer and Document Enquiries</b>	20 enquiries
2.	<b>Educational Activities</b>	<ul style="list-style-type: none"><li>• Investigate and compile ADR/ Medication error (if any): 2 reports (if any)</li><li>• CPE presentation: 2/year</li><li>• 1 short study/project</li></ul>



## MODULE 3: DRUG INFORMATION SERVICES

### SECTION 1: RECEIVE, ANSWER AND DOCUMENT ENQUIRIES

- Minimum 20 enquiries

#### WEEK 1 – WEEK 4

Date	Description of Enquiries	Preceptor's Initial

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



## MODULE 3: DRUG INFORMATION SERVICES

### SECTION 2: EDUCATIONAL ACTIVITIES

#### WEEK 1 – WEEK 4

	Investigate and Compile ADR / Medication Error (minimum 2 reports - if any)	CPE Presentation / Activity (minimum 2/year)	Project/ Clinical Study (minimum 1)	Preceptor's Initial
<b>Title:</b>				
<b>Date of Presentation:</b>				
<b>Date of Submission:</b>				

## ASSESSMENT – DRUG INFORMATION SERVICES

### SECTION 3: MANAGEMENT OF DRUG INFORMATION SERVICES

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

No.	Knowledge	Level of Performance											Comments	
		1	2	3	4	5	6	7	8	9	10	NA		
6.	Ability to communicate with the enquirer in a professional and systematic manner to: <ul style="list-style-type: none"> <li>i. Retrieve sufficient background information</li> <li>ii. Provide summarized reply with adequate details</li> </ul>													

## ASSESSMENT – DRUG INFORMATION SERVICES

### SECTION 4: COMPETENT ASSESSMENT

No.	Task	Level of Performance											Comments	
		1	2	3	4	5	6	7	8	9	10	NA		
1.	Investigate and compile ADR/ Medication error (if any)													
2.	CPE Presentation / Activity													
3.	Project/ Clinical Study													

## ASSESSMENT – DRUG INFORMATION SERVICES

### SECTION 5: GENERAL COMMENT ON ATTITUDE

Marks =  $\frac{\quad}{90} \times 100\%$

=  $\frac{\quad}{\quad} \%$

Preceptor's Name & Signature:

## MODULE 4: GALENICAL REPACKING & EXTEMPORANEOUS

*(Duration of Attachment: 2 weeks)*

1. Perform raw materials checking, recording, storage and release.
2. Calculate formula for galenical preparations, use of appropriate diluents and correct labeling.
3. Adhere to master formula, production record, prepare worksheet, compound using appropriate equipment, perform final visual inspection.
4. Adhere to Good Preparation Practice (GPP) and Good Distribution Practice (GDP) guideline.
5. Abide to quality processes in repacking of bulk products (galenical and tablets).

## SUMMARY OF ACTIVITIES FOR MODULE 4: GALENICAL REPACKING & EXTEMPORANEOUS

Section	Task	Target (minimum)
1.	Preparation and Counter-Checking of Job Sheet	10 job sheets
2.	Galenic Repacking & Extemporaneous	10 preparations

## MODULE 4: GALENICAL REPACKING & EXTEMPORANEOUS

### SECTION 1: PREPARATION & COUNTER-CHECKING OF JOB SHEET

- Minimum 10 job sheets

#### WEEK 1 – WEEK 2

Date	Name of Preparation	Batch Number	Remarks	Preceptor's Initial



## MODULE 4: GALENICAL REPACKING & EXTEMPORANEOUS

### SECTION 1: PREPARATION & COUNTER-CHECKING OF JOB SHEET

- Minimum 10 job sheets

#### WEEK 1 – WEEK 2

Date	Name of Preparation	Batch Number	Remarks	Preceptor's Initial

## MODULE 4: GALENICAL REPACKING & EXTEMPORANEOUS

### SECTION 2: GALENICAL REPACKING & EXTEMPORANEOUS

- Minimum 10 preparations

#### WEEK 1 – WEEK 2

Date	Name of Preparation	Batch Number	Remarks	Preceptor's Initial

## MODULE 4: GALENICAL REPACKING & EXTEMPORANEOUS

### SECTION 2: GALENICAL REPACKING & EXTEMPORANEOUS

- Minimum 10 preparations

#### WEEK 1 – WEEK 2

Date	Name of Preparation	Batch Number	Remarks	Preceptor's Initial

## ASSESSMENT – GALENICAL REPACKING & EXTEMPORANEOUS

### SECTION 3: MANAGEMENT OF GALENICAL REPACKING & EXTEMPORANEOUS

No.	Knowledge	Level of Performance											Comments	
		1	2	3	4	5	6	7	8	9	10	NA		
1.	Procedure in raw material checking, recording storage and release.													
2.	Knowledge of master formula, production record contents, manufacturing technique, equipment maintenance, shelf samples and products release procedures.													
3.	Knowledge on in-process Quality Control (QC), GMP, GSP and statistic.													
4.	Knowledge of calculation for extemporaneous preparations, compatibility, stability and labeling.													

## ASSESSMENT – GALENICAL REPACKING & EXTEMPORANEOUS

### SECTION 4: COMPETENT ASSESSMENT

No.	Task	Level of Performance											Comments	
		1	2	3	4	5	6	7	8	9	10	NA		
1.	Preparation and counter-checking of job sheet for galenicals / repacking.													
2.	Management of manufacturing and repacking.													

**ASSESSMENT – GALENICAL REPACKING & EXTEMPORANEOUS**

**SECTION 5: GENERAL COMMENT ON ATTITUDE**

Marks =  $\frac{\quad}{60} \times 100\%$

=  $\frac{\quad}{\quad} \%$

**Preceptor's Name & Signature:**

*(Duration of Attachment: 4 weeks)*

**Know Your Medicine Campaign/ Kempen Kenali Ubat Anda**

1. Awareness of the importance of medication education to the other healthcare providers as well as the public.
2. Knowledge on the element in public health education such as 5R concept, and hologram reading.
3. Ability to conduct health exhibition and health talk in public.

**Home Medication Review (HMR) - if available**

1. Ability to conduct HMR as part of the team.

## SUMMARY OF ACTIVITIES FOR MODULE 5: COMMUNITY SERVICES

Section	Task	Target (minimum)
1.	Health Exhibition	3
2.	Health Talk	4
3.	Home Medication Review	10 (if service available)



## MODULE 5: COMMUNITY SERVICES

### SECTION 1: HEALTH EXHIBITION & HEALTH TALK

- Health exhibition: minimum 3
- Health talk: minimum 4

#### WEEK 1 – WEEK 4

Date	Type of Health Education (Exhibition [E]/ Talk [T] )	Recipient (Healthcare Provider [H]/ Public [P] )	Remarks	Preceptor's Initial

## MODULE 5: COMMUNITY SERVICES

### SECTION 1: HEALTH EXHIBITION & HEALTH TALK

- Health exhibition: minimum 3
- Health talk: minimum 4

#### WEEK 1 – WEEK 4

Date	Type of Health Education (Exhibition [E]/ Talk [T] )	Recipient (Healthcare Provider [H]/ Public [P] )	Remarks	Preceptor's Initial

## MODULE 5: COMMUNITY SERVICES

### SECTION 2: HOME MEDICATION REVIEW

- Minimum 10 (if service available)

#### WEEK 1 – WEEK 4

Date	No. of Patients Visited	Remarks	Preceptor's Initial

## ASSESSMENT – COMMUNITY SERVICES

### SECTION 3: MANAGEMENT OF COMMUNITY PHARMACY SERVICE

No.	Knowledge	Level of Performance											Comments	
		1	2	3	4	5	6	7	8	9	10	NA		
1.	Know Your Medicine Campaign													
2.	5R Concept													
3.	Drugs registration and understand product hologram													

## ASSESSMENT – COMMUNITY SERVICES

### SECTION 4: COMPETENT ASSESSMENT

No.	Task	Level of Performance											Comments	
		1	2	3	4	5	6	7	8	9	10	NA		
1.	Health exhibition													
2.	Health talk													
3.	Home Medicine Review													

## ASSESSMENT – COMMUNITY SERVICES

### SECTION 5: GENERAL COMMENT ON ATTITUDE

Marks =  $\frac{\quad}{60} \times 100\%$

=  $\frac{\quad}{\quad} \%$

Preceptor's Name & Signature:

### ***(Duration of Attachment: 8 weeks)***

To familiarize with the generic names, proprietary names, pharmacological groupings and MOH/Hospital Formularies.

The activities in this department include:

- Screening
- Labelling and Filling
- Counterchecking and Supply
- Patient Medication Counseling
- Handling of Dangerous Drugs & Psychotropic Substances
- Ward Medications Inspections
- Management of In-Patient Pharmacy

### **SCREENING**

- Screening and verifying of prescriptions for the following
  - validity of the prescription
  - dosage regimen
  - polypharmacy
  - drug interactions
  - contraindications
  - incompatibilities etc
- Review medication profile
- The screening of a prescription must be performed at any point of processing a prescription
- Ability to contact prescriber to discuss errors or ambiguous prescriptions.

### **LABELLING AND FILLING**

- Ensure correct medication are filled according to label and prescription

### **COUNTERCHECKING OF MEDICATION / PRESCRIPTIONS**

- Final checking of medications prepared against prescription
- Record any near-miss errors detected

### **SUPPLY OF MEDICATIONS TO THE WARDS**

- Understand the ward supply system (UOU, UD, ward stock, emergency trolley)
- Abide to the principle of 5 Rights on Quality Use of Medicine
  - Right patient
  - Right medication
  - Right dose
  - Right route of administration
  - Right time
- Document all relevant data and statistics.

### **PATIENT MEDICATION COUNSELING**

- Able to advise/ counsel on:
  - patient drug regimen/ therapy
  - indications
  - storage conditions
  - precautions
  - side effects
  - food / drug interactions
  - compliance and missed doses
  - use of devices (e.g. inhalers, insulin pens, interferon pens)
- Discharge and bedside dispensing and counseling.
- Document all patient medication counseling accordingly.

***Note: PRP must undergo the counseling validation /evaluation before performing actual activity***

### **HANDLING OF DANGEROUS DRUGS / PSYCHOTROPIC SUBSTANCES**

- Handle dangerous drugs and psychotropic substances in accordance to the respective legislations:
  - Dangerous Drugs Act 1952
  - Poisons Act 1952
  - Poisons (Psychotropic Substances) Regulations 1989

### **WARD MEDICATIONS INSPECTION**

- Stock handling
- storage requirements
- Records

### **MEDICATION SAFETY**

- Knowledge on Medication Safety (LASA, High Alert Medication)
- Methadone dispensing and counseling



### **MANAGEMENT OF IN-PATIENT PHARMACY**

- Knowledge of stock movement and control, patient waiting time, peak hour management and handling of drug information enquiries.

### **MISCELLANEOUS**

- Knowledge on generic / proprietary names / pharmaceutical grouping
- MOH/Hospital formularies
- Stock movement and inventory control

## SUMMARY OF ACTIVITIES FOR MODULE 6: IN-PATIENT PHARMACY SERVICES

Section	Task	Target (minimum)	Remarks
1.	<b>Screening</b>	30 prescriptions/day	At least 20 prescriptions screened must be counterchecked by the preceptor
2.	<b>Filling of Prescriptions</b>	-	At least 5 complete filling process must be assessed by the preceptor
3.	<b>Counterchecking of Indent Orders</b>	30 items/day	-
4.	<b>Patient Medication Counseling</b>	<ul style="list-style-type: none"> <li>• Patient Medication Counseling: 10 cases/week</li> <li>• Bedside Dispensing: 10 cases/week</li> </ul>	-
5.	<b>Ward Medication Inspections</b>	4 wards or unit inspections	-
6.	<b>Handling of Dangerous Drugs &amp; Psychotropic Substances</b>	Minimum 5 indents	
7.	<b>Preparing Extemporaneous Medications</b>	10 preparations	Ability to understand formulation and calculate the appropriate quantities required
8.	<b>Miscellaneous</b>	<ul style="list-style-type: none"> <li>• Knowledge on generic / proprietary names / pharmaceutical grouping: 25 types/list</li> <li>• MOH/Hospital formularies: 10 categories</li> <li>• Stock movement and inventory control: 20 items</li> </ul>	



## MODULE 6: IN-PATIENT PHARMACY SERVICES

### SECTION 1: SCREENING

- Minimum 30 medication profiles/day
- At least 20 prescriptions screened must be counterchecked by the preceptor

### WEEK 2

Date	Type of Interventions				Point of Screening (Receiving/ Filling/ Dispensing)	Description of Intervention(s)*	Preceptor's Initial
	Incomplete Prescriptions	Inappropriate Regimens	Inappropriate Prescriptions	Others			

- \*1. *Incomplete Prescriptions* - a. Frequency    b. Duration    c. Signature & Stamp    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
4. *Others* - a. Not in the hospital drug formulary    b. Authenticity    c. Illegibility





## MODULE 6: IN-PATIENT PHARMACY SERVICES

### SECTION 1: SCREENING

- Minimum 30 medication profiles/day
- At least 20 prescriptions screened must be counterchecked by the preceptor

### WEEK 5

Date	Type of Interventions				Point of Screening (Receiving/ Filling/ Dispensing)	Description of Intervention(s)*	Preceptor's Initial
	Incomplete Prescriptions	Inappropriate Regimens	Inappropriate Prescriptions	Others			

- \*1. *Incomplete Prescriptions* - a. Frequency    b. Duration    c. Signature & Stamp    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
4. *Others* - a. Not in the hospital drug formulary    b. Authenticity    c. Illegibility





## MODULE 6: IN-PATIENT PHARMACY SERVICES

### SECTION 1: SCREENING

- Minimum 30 medication profiles/day
- At least 20 prescriptions screened must be counterchecked by the preceptor

### WEEK 7

Date	Type of Interventions				Point of Screening (Receiving/ Filling/ Dispensing)	Description of Intervention(s)*	Preceptor's Initial
	Incomplete Prescriptions	Inappropriate Regimens	Inappropriate Prescriptions	Others			

- \*1. *Incomplete Prescriptions* - a. Frequency    b. Duration    c. Signature & Stamp    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
4. *Others* - a. Not in the hospital drug formulary    b. Authenticity    c. Illegibility



## MODULE 6: IN-PATIENT PHARMACY SERVICES

### SECTION 2: FILLING OF PRESCRIPTIONS

- At least 5 prescriptions filling process must be assessed by the preceptor

#### WEEK 1

Date	Patient's R/N	Number of Items in Prescriptions	Remarks	Preceptor's Initial

## MODULE 6: IN-PATIENT PHARMACY SERVICES

### SECTION 2: FILLING OF PRESCRIPTIONS

- At least 5 prescriptions filling process must be assessed by the preceptor

#### WEEK 2

Date	Patient's R/N	Number of Items in Prescriptions	Remarks	Preceptor's Initial

## MODULE 6: IN-PATIENT PHARMACY SERVICES

### SECTION 2: FILLING OF PRESCRIPTIONS

- At least 5 prescriptions filling process must be assessed by the preceptor

#### WEEK 3

Date	Patient's R/N	Number of Items in Prescriptions	Remarks	Preceptor's Initial

## MODULE 6: IN-PATIENT PHARMACY SERVICES

### SECTION 2: FILLING OF PRESCRIPTIONS

- At least 5 prescriptions filling process must be assessed by the preceptor

#### WEEK 4

Date	Patient's R/N	Number of Items in Prescriptions	Remarks	Preceptor's Initial

## MODULE 6: IN-PATIENT PHARMACY SERVICES

### SECTION 2: FILLING OF PRESCRIPTIONS

- At least 5 prescriptions filling process must be assessed by the preceptor

#### WEEK 5

Date	Patient's R/N	Number of Items in Prescriptions	Remarks	Preceptor's Initial

## MODULE 6: IN-PATIENT PHARMACY SERVICES

### SECTION 2: FILLING OF PRESCRIPTIONS

- At least 5 prescriptions filling process must be assessed by the preceptor

#### WEEK 6

Date	Patient's R/N	Number of Items in Prescriptions	Remarks	Preceptor's Initial



## MODULE 6: IN-PATIENT PHARMACY SERVICES

### SECTION 2: FILLING OF PRESCRIPTIONS

- At least 5 prescriptions filling process must be assessed by the preceptor

#### WEEK 7

Date	Patient's R/N	Number of Items in Prescriptions	Remarks	Preceptor's Initial

## MODULE 6: IN-PATIENT PHARMACY SERVICES

### SECTION 2: FILLING OF PRESCRIPTIONS

- At least 5 prescriptions filling process must be assessed by the preceptor

#### WEEK 8

Date	Patient's R/N	Number of Items in Prescriptions	Remarks	Preceptor's Initial

**MODULE 6: IN-PATIENT PHARMACY SERVICES**

**SECTION 3: COUNTERCHECKING OF INDENT ORDERS**

- Minimum 30 items/day

**WEEK 1**

Date	Number of Items Counterchecked	Number of Items Wrongly Filled	Description of Error	Preceptor's Initial

## MODULE 6: IN-PATIENT PHARMACY SERVICES

### SECTION 3: COUNTERCHECKING OF INDENT ORDERS

- Minimum 30 items/day

#### WEEK 2

Date	Number of Items Counterchecked	Number of Items Wrongly Filled	Description of Error	Preceptor's Initial

**MODULE 6: IN-PATIENT PHARMACY SERVICES**

**SECTION 3: COUNTERCHECKING OF INDENT ORDERS**

- Minimum 30 items/day

**WEEK 3**

Date	Number of Items Counterchecked	Number of Items Wrongly Filled	Description of Error	Preceptor's Initial

## MODULE 6: IN-PATIENT PHARMACY SERVICES

### SECTION 3: COUNTERCHECKING OF INDENT ORDERS

- Minimum 30 items/day

#### WEEK 4

Date	Number of Items Counterchecked	Number of Items Wrongly Filled	Description of Error	Preceptor's Initial

**MODULE 6: IN-PATIENT PHARMACY SERVICES**

**SECTION 3: COUNTERCHECKING OF INDENT ORDERS**

- Minimum 30 items/day

**WEEK 5**

Date	Number of Items Counterchecked	Number of Items Wrongly Filled	Description of Error	Preceptor's Initial

## MODULE 6: IN-PATIENT PHARMACY SERVICES

### SECTION 3: COUNTERCHECKING OF INDENT ORDERS

- Minimum 30 items/day

#### WEEK 6

Date	Number of Items Counterchecked	Number of Items Wrongly Filled	Description of Error	Preceptor's Initial



**MODULE 6: IN-PATIENT PHARMACY SERVICES**

**SECTION 3: COUNTERCHECKING OF INDENT ORDERS**

- Minimum 30 items/day

**WEEK 7**

Date	Number of Items Counterchecked	Number of Items Wrongly Filled	Description of Error	Preceptor's Initial

**MODULE 6: IN-PATIENT PHARMACY SERVICES**

**SECTION 3: COUNTERCHECKING OF INDENT ORDERS**

- Minimum 30 items/day

**WEEK 8**

Date	Number of Items Counterchecked	Number of Items Wrongly Filled	Description of Error	Preceptor's Initial





## MODULE 6: IN-PATIENT PHARMACY SERVICES

### SECTION 4: PATIENT MEDICATION COUNSELING

#### WEEK 2

##### a) Bedside and Discharge Counseling (Minimum 10 cases/week)

Date	Patient's R/N	*Type of Counseling	Description of Counseling	Preceptor's Initial

\* 1. Device (e.g insulin pen, inhaler, nasal spray)

2. Disease

3. Medications

4. Others (radiopharmaceutical, chemotherapy, smoking cessation)

Note: PRP must undergo the counseling validation / evaluation before performing actual activity



## MODULE 6: IN-PATIENT PHARMACY SERVICES

### SECTION 4: PATIENT MEDICATION COUNSELING

#### WEEK 3

##### a) Bedside and Discharge Counseling (Minimum 10 cases/week)

Date	Patient's R/N	*Type of Counseling	Description of Counseling	Preceptor's Initial

\* 1. Device (e.g insulin pen, inhaler, nasal spray)

2. Disease

3. Medications

4. Others (radiopharmaceutical, chemotherapy, smoking cessation)

Note: PRP must undergo the counseling validation / evaluation before performing actual activity



















**MODULE 6: IN-PATIENT PHARMACY SERVICES**

**SECTION 4: PATIENT MEDICATION COUNSELING**

**WEEK 7**

**b) Bedside Dispensing (Minimum 10 cases/week)**

Date	Patient's R/N	*Type of Counseling	Description of Counseling	Preceptor's Initial

\* 1. Device (e.g insulin pen, inhaler, nasal spray)

2. Disease

3. Medications

4. Others (radiopharmaceutical, chemotherapy, smoking cessation)

Note: PRP must undergo the counseling validation / evaluation before performing actual activity







**MODULE 6: IN-PATIENT PHARMACY SERVICES**

**SECTION 5: WARD MEDICATION INSPECTION**  
(Minimum 4 wards or unit inspections)

**WEEK 1 – WEEK 8**

Date	Ward/Unit	Remarks	Preceptor's Initial

**MODULE 6: IN-PATIENT PHARMACY SERVICES****SECTION 6: HANDLING OF DANGEROUS DRUGS AND PSYCHOTROPIC SUBSTANCES**

Week	Date	Dangerous Drugs and Psychotropic Substances	
		Number of Prescriptions Dispensed & Recorded (minimum 5 indents)	Preceptor's Initial
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			



**MODULE 6: IN-PATIENT PHARMACY SERVICES****SECTION 8: MISCELLANEOUS****WEEK 1 – WEEK 8**

Date	Task	Minimum Requirement	Remarks	Preceptor's Initial
	Knowledge on generic/ proprietary names/ pharmaceutical grouping	25 types/ list		
	MOH/Hospital Formularies	List of A*/A/B/C/JKTU in Hospital (at least 10/categories)		
	Stock movement and inventory control	Sub stock check (minimum 20 items)		

## ASSESSMENT – IN-PATIENT PHARMACY SERVICES

### SECTION 9: MANAGEMENT OF IN-PATIENT PHARMACY

No.	Knowledge	Level of Performance											Comments	
		1	2	3	4	5	6	7	8	9	10	NA		
1.	Checking of stocks (slow moving item/ near expiry item), indenting of stocks and procedures													
2.	Understand ward supply system													
3.	Document all relevant activities													
4.	Familiarity with generic names, proprietary names, pharmacological groupings, Ministry of Health / Hospital Formularies													

## ASSESSMENT – IN-PATIENT PHARMACY SERVICES

### SECTION 10: COMPETENT ASSESSMENT

No.	Task	Level of Performance											Comments	
		1	2	3	4	5	6	7	8	9	10	NA		
1.	Screening													
2.	Filling of Prescriptions													
3.	Counterchecking of Prescriptions / Indent Orders													
4.	Patient Medication Counseling													
5.	Ward Medication Inspections													
6.	Handling of Dangerous Drugs & Psychotropic Substances													
7.	Preparing Extemporaneous Medications													
8.	Miscellaneous													



## ASSESSMENT – IN-PATIENT PHARMACY SERVICES

### SECTION 11: GENERAL COMMENT ON ATTITUDE

Marks = \_\_\_\_\_ x 100%  
120

= \_\_\_\_\_ %

Preceptor's Name & Signature:

## MODULE 7: WARD PHARMACY PRACTICE

*(Duration of Attachment: 4 weeks)*

Upon completion of training, PRP must be able to:

1. read and comprehend patient's case notes.
2. discuss with prescriber.
3. recommend pharmacotherapy regimen and monitor patient progress.
4. obtain patient drug history (and allergy) for all new admissions in the designated ward within 24 hours (preferably) of admission.
5. clerk cases and perform medication reconciliation.
6. participate in ward rounds.
7. perform patient medication counseling.
8. write, discuss and present case reports.
9. identify and report ADR and medication error (if any).
10. document and use all appropriate forms (CP1, CP2, CP3 & CP4)
11. document all relevant activities.

## SUMMARY OF ACTIVITIES FOR MODULE 7: WARD PHARMACY PRACTICE

Section	Task	Target (minimum)	Remarks
1.	<b>Medication History Taking</b>	10 cases/week	<ul style="list-style-type: none"> <li>• Use the pharmacotherapy review form (CP1)</li> <li>• Medication History Taking should be taken within 24 hours (preferably) of admission</li> </ul>
2.	<b>Clerking &amp; Reviewing</b>	<ul style="list-style-type: none"> <li>• Case Clerking: 15 cases/week</li> </ul>	<ul style="list-style-type: none"> <li>• To assess the ability of the PRP to read, comprehend patient's case notes and identify Pharmaceutical Care Issues</li> <li>• Use the pharmacotherapy review form (CP2)</li> </ul>
3.	<b>Patient Medication Counseling &amp; Bedside Dispensing</b>	<ul style="list-style-type: none"> <li>• Patient Medication Counseling: 10 cases/week</li> <li>• Bedside Dispensing: 10 cases/week</li> </ul>	-
4.	<b>Ward Round/ Pharmacist Round</b>	To be done on daily basis	-
5.	<b>Bedside Case Discussion</b>	3 cases/week	-
6.	<b>Case Report</b>	1 case	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
7.	<b>Case Presentation</b>	1 case	<ul style="list-style-type: none"> <li>• Case presentation should be conducted in the clinical session.</li> <li>• To assess the ability to comprehend case notes, devise therapeutic plan, communication and presentation of case to other healthcare personnel in order to enhance rational drug use</li> </ul>

## SUMMARY OF ACTIVITIES FOR MODULE 7: WARD PHARMACY PRACTICE

Section	Task	Target (minimum)	Remarks
8.	<b>ADR &amp; Medication Error Report</b>	If any	<ul style="list-style-type: none"><li>• To assess the ability to identify ADR and medication error</li><li>• To perform ADR and medication error report</li></ul>











## MODULE 7: WARD PHARMACY PRACTICE

### SECTION 2: CLERKING

- To assess the ability of the PRP to read, comprehend patient's case notes and identify Pharmaceutical Care Issues
- Use the pharmacotherapy review form (CP2)

### WEEK 1

#### Case Clerking (15 cases/week)

Date	Patient's R/N	Type of PCI(s) identified	Intervention	Intervention Accepted / Not Accepted	Ward Pharmacist's /Preceptor's Initial

## MODULE 7: WARD PHARMACY PRACTICE

### SECTION 2: CLERKING

- To assess the ability of the PRP to read, comprehend patient's case notes and identify Pharmaceutical Care Issues
- Use the pharmacotherapy review form (CP2)

### WEEK 2

#### Case Clerking (15 cases/week)

Date	Patient's R/N	Type of PCI(s) identified	Intervention	Intervention Accepted / Not Accepted	Ward Pharmacist's /Preceptor's Initial

## MODULE 7: WARD PHARMACY PRACTICE

### SECTION 2: CLERKING

- To assess the ability of the PRP to read, comprehend patient's case notes and identify Pharmaceutical Care Issues
- Use the pharmacotherapy review form (CP2)

### WEEK 3

#### Case Clerking (15 cases/week)

Date	Patient's R/N	Type of PCI(s) identified	Intervention	Intervention Accepted / Not Accepted	Ward Pharmacist's /Preceptor's Initial

## MODULE 7: WARD PHARMACY PRACTICE

### SECTION 2: CLERKING

- To assess the ability of the PRP to read, comprehend patient's case notes and identify Pharmaceutical Care Issues
- Use the pharmacotherapy review form (CP2)

### WEEK 4

#### Case Clerking (15 cases/week)

Date	Patient's R/N	Type of PCI(s) identified	Intervention	Intervention Accepted / Not Accepted	Ward Pharmacist's /Preceptor's Initial

## MODULE 7: WARD PHARMACY PRACTICE

### SECTION 3: PATIENT MEDICATION COUNSELING AND BEDSIDE DISPENSING

#### WEEK 1

#### a) Patient Medication Counseling (Minimum: 10 cases/week)

Date	Patient's R/N	*Type of Counseling	Description of Counseling	Ward Pharmacist's /Preceptor's Initial

\* 1. Device (e.g insulin pen, inhaler, nasal spray)

2. Disease

3. Medications

4. Others (radiopharmaceutical, chemotherapy, smoking cessation)

Note: PRP must undergo the counseling validation / evaluation before performing actual activity

**MODULE 7: WARD PHARMACY PRACTICE**

**SECTION 3: PATIENT MEDICATION COUNSELING AND BEDSIDE DISPENSING**

**WEEK 1**

**b) Bedside Dispensing (Minimum: 10 cases/week)**

Date	Patient's R/N	Name of Medications Dispensed	Ward Pharmacist's /Preceptor's Initial

\* 1. Device (e.g insulin pen, inhaler, nasal spray)

2. Disease

3. Medications

4. Others (radiopharmaceutical, chemotherapy, smoking cessation)

Note: PRP must undergo the counseling validation / evaluation before performing actual activity

## MODULE 7: WARD PHARMACY PRACTICE

### SECTION 3: PATIENT MEDICATION COUNSELING AND BEDSIDE DISPENSING

#### WEEK 2

#### a) Patient Medication Counseling (Minimum: 10 cases/week)

Date	Patient's R/N	*Type of Counseling	Description of Counseling	Ward Pharmacist's /Preceptor's Initial

\* 1. Device (e.g insulin pen, inhaler, nasal spray)

2. Disease

3. Medications

4. Others (radiopharmaceutical, chemotherapy, smoking cessation)

Note: PRP must undergo the counseling validation / evaluation before performing actual activity

## MODULE 7: WARD PHARMACY PRACTICE

### SECTION 3: PATIENT MEDICATION COUNSELING AND BEDSIDE DISPENSING

#### WEEK 2

#### b) Bedside Dispensing (Minimum: 10 cases/week)

Date	Patient's R/N	Name of Medications Dispensed	Ward Pharmacist's /Preceptor's Initial

\* 1. Device (e.g insulin pen, inhaler, nasal spray)

2. Disease

3. Medications

4. Others (radiopharmaceutical, chemotherapy, smoking cessation)

Note: PRP must undergo the counseling validation / evaluation before performing actual activity





## MODULE 7: WARD PHARMACY PRACTICE

### SECTION 3: PATIENT MEDICATION COUNSELING AND BEDSIDE DISPENSING

#### WEEK 3

#### b) Bedside Dispensing (Minimum: 10 cases/week)

Date	Patient's R/N	Name of Medications Dispensed	Ward Pharmacist's /Preceptor's Initial

\* 1. Device (e.g insulin pen, inhaler, nasal spray)

2. Disease

3. Medications

4. Others (radiopharmaceutical, chemotherapy, smoking cessation)

Note: PRP must undergo the counseling validation / evaluation before performing actual activity

## MODULE 7: WARD PHARMACY PRACTICE

### SECTION 3: PATIENT MEDICATION COUNSELING AND BEDSIDE DISPENSING

#### WEEK 4

#### a) Patient Medication Counseling (Minimum: 10 cases/week)

Date	Patient's R/N	*Type of Counseling	Description of Counseling	Ward Pharmacist's /Preceptor's Initial

\* 1. Device (e.g insulin pen, inhaler, nasal spray)

2. Disease

3. Medications

4. Others (radiopharmaceutical, chemotherapy, smoking cessation)

Note: PRP must undergo the counseling validation / evaluation before performing actual activity

**MODULE 7: WARD PHARMACY PRACTICE**

**SECTION 3: PATIENT MEDICATION COUNSELING AND BEDSIDE DISPENSING**

**WEEK 4**

**b) Bedside Dispensing (Minimum: 10 cases/week)**

Date	Patient's R/N	Name of Medications Dispensed	Ward Pharmacist's /Preceptor's Initial

\* 1. Device (e.g insulin pen, inhaler, nasal spray)

2. Disease

3. Medications

4. Others (radiopharmaceutical, chemotherapy, smoking cessation)

Note: PRP must undergo the counseling validation / evaluation before performing actual activity

**MODULE 7: WARD PHARMACY PRACTICE**

**SECTION 4: WARD ROUND / PHARMACIST ROUND**  
(To be done daily)

**WEEK 1**

<b>Date</b>	<b>Name of Consultant/ Doctor/ Pharmacist Conducting the Ward Round</b>	<b>Number of Cases Reviewed</b>	<b>Description of Queries Responded (if any)</b>	<b>Ward Pharmacist's /Preceptor's Initial</b>

**MODULE 7: WARD PHARMACY PRACTICE**

**SECTION 4: WARD ROUND / PHARMACIST ROUND**  
(To be done daily)

**WEEK 2**

<b>Date</b>	<b>Name of Consultant/ Doctor/ Pharmacist Conducting the Ward Round</b>	<b>Number of Cases Reviewed</b>	<b>Description of Queries Responded (if any)</b>	<b>Ward Pharmacist's /Preceptor's Initial</b>

**MODULE 7: WARD PHARMACY PRACTICE**

**SECTION 4: WARD ROUND / PHARMACIST ROUND  
(To be done daily)**

**WEEK 3**

<b>Date</b>	<b>Name of Consultant/ Doctor/ Pharmacist Conducting the Ward Round</b>	<b>Number of Cases Reviewed</b>	<b>Description of Queries Responded (if any)</b>	<b>Ward Pharmacist's /Preceptor's Initial</b>

**MODULE 7: WARD PHARMACY PRACTICE**

**SECTION 4: WARD ROUND / PHARMACIST ROUND  
(To be done daily)**

**WEEK 4**

<b>Date</b>	<b>Name of Consultant/ Doctor/ Pharmacist Conducting the Ward Round</b>	<b>Number of Cases Reviewed</b>	<b>Description of Queries Responded (if any)</b>	<b>Ward Pharmacist's /Preceptor's Initial</b>



**MODULE 7: WARD PHARMACY PRACTICE**

**SECTION 5: BEDSIDE CASE DISCUSSION**  
**(Minimum 3 cases/week)**

**WEEK 1**

Date	Patient's R/N	Type / Description of Case	Ward Pharmacist's /Preceptor's Initial

**MODULE 7: WARD PHARMACY PRACTICE**

**SECTION 5: BEDSIDE CASE DISCUSSION**  
(Minimum 3 cases/week)

**WEEK 2**

Date	Patient's R/N	Type / Description of Case	Ward Pharmacist's /Preceptor's Initial

**MODULE 7: WARD PHARMACY PRACTICE**

**SECTION 5: BEDSIDE CASE DISCUSSION  
(Minimum 3 cases/week)**

**WEEK 3**

Date	Patient's R/N	Type / Description of Case	Ward Pharmacist's /Preceptor's Initial

**MODULE 7: WARD PHARMACY PRACTICE**

**SECTION 5: BEDSIDE CASE DISCUSSION**  
**(Minimum 3 cases/week)**

**WEEK 4**

Date	Patient's R/N	Type / Description of Case	Ward Pharmacist's /Preceptor's Initial

## MODULE 7: WARD PHARMACY PRACTICE

### SECTION 6: CASE REPORT (Minimum: 1 case)

- 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 – WEEK 4

Date	Patient's R/N	Topic	Summary of Case Report	Ward Pharmacist's /Preceptor's Initial

## MODULE 7: WARD PHARMACY PRACTICE

### SECTION 7: CASE PRESENTATION (Minimum: 1 case)

- *Case presentation should be conducted in the clinical session.*
- *To assess the ability to comprehend case notes, devise therapeutic plan, communication and presentation of case to other healthcare personnel in order to enhance rational drug use*

### WEEK 1 – WEEK 4

Date	Topic	Summary of Case Presented	Ward Pharmacist's /Preceptor's Initial

## MODULE 7: WARD PHARMACY PRACTICE

### SECTION 8: ADR AND MEDICATION ERROR REPORT (if any)

- To assess the ability to identify ADR and medication error
- To perform ADR and medication error report

#### ADR

#### WEEK 1 – WEEK 4

Date	Patient's R/N	Suspected Drug Causing ADR	Remarks	Preceptor's Initial

#### MEDICATION ERROR

#### WEEK 1 – WEEK 8

Date	Patient's R/N	Types of Medication Error	Description	Preceptor's Initial

## ASSESSMENT – WARD PHARMACY PRACTICE

### SECTION 9: MANAGEMENT OF WARD PHARMACY PRACTICE

No.	Knowledge	Level of Performance											Comments	
		1	2	3	4	5	6	7	8	9	10	NA		
1.	Able to read and comprehend patient's case notes													
2.	Able to discuss with prescriber.													
3.	Able to recommend pharmacotherapy regimen and monitoring of patient progress.													
4.	Document and use all appropriate forms (CP1, CP2, CP3 & CP4)													
5.	Document all relevant activities													
6.	Obtain patient drug history (and allergy) for all new admissions in the designated ward within 24 hours (preferably) of admission.													



## ASSESSMENT – WARD PHARMACY PRACTICE

### SECTION 10: COMPETENT ASSESSMENT

No.	Task	Level of Performance											Comments	
		1	2	3	4	5	6	7	8	9	10	NA		
1.	Medication History Taking													
2.	Clerking & Reviewing													
3.	Patient Medication Counseling & Bedside Dispensing													
4.	Ward Round / Pharmacist Round													
5.	Bedside Case Discussion													
6.	Case Report													
7.	Case Presentation													
8.	ADR & Medication Error Report													

## ASSESSMENT – WARD PHARMACY PRACTICE

### SECTION 11: GENERAL COMMENT ON ATTITUDE

Marks =  $\frac{\quad}{140} \times 100\%$

=  $\frac{\quad}{\quad} \%$

Preceptor's Name & Signature:

**PHARMACY BOARD MALAYSIA**  
**MINISTRY OF HEALTH MALAYSIA**

LOT 36, JALAN UNIVERSITI  
46350 PETALING JAYA  
SELANGOR, MALAYSIA