



2

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

OUT-PATIENT PHARMACY SERVICES

PERSONAL PARTICULARS

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 hospital/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
9 – 10	Excellent	Performance represents an extraordinary level of achievement and commitment in terms of quality and time, technical skills and knowledge, ingenuity, creativity and initiative.
7 – 8	Very Satisfactory	Performance exceeded expectation. All goals, objectives and targets were achieved above the established standards.
5 – 6	Satisfactory	Performance met expectations in terms of quality of work, efficiency and timeliness.
3 – 4	Unsatisfactory	Performance failed to meet expectations and/or one or more of the targets were not met.
1 – 2	Poor	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 12th 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. DUTIES AND 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.

MODULE 2: OUT-PATIENT PHARMACY SERVICES

(Duration of Attachment: 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

EXTEMPORANEOUS PREPARATIONS

- Ability to understand formulation and calculate the appropriate quantities required

MEDICATION SAFETY

- Knowledge on Medication Safety (LASA, High Alert Medication)

MANAGEMENT OF OUT-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 2: OUT-PATIENT PHARMACY SERVICES

Section	Task	Target (minimum)	Remarks
1.	Screening	At least 10 interventions/week	At least 20 prescriptions screened must be counterchecked by the preceptor
2.	Labelling and Filling of Prescriptions	-	At least 5 prescriptions filling process must be assessed by the preceptor
3.	Dispensing	4 hours/day or 50 prescriptions	-
4.	Value Added Service (VAS)	10 VAS	
5.	Patient Medication Counseling	Individual counseling: 50 patients/12 weeks Group Counseling: 3 sessions	-
6.	Handling of Dangerous Drugs & Psychotropic Substances	5 prescriptions/12 weeks	-
7.	Preparing Extemporaneous Medications	10 preparations	Ability to understand formulation and calculate the appropriate quantities required
8.	Miscellaneous	<ul style="list-style-type: none"> • Knowledge on generic / proprietary names / pharmaceutical grouping: 25 types/list • MOH/Hospital formularies: 10 categories • Stock movement and inventory control: 20 items 	

MODULE 2: OUT-PATIENT PHARMACY SERVICES

SECTION 1: SCREENING

(At least 20 prescriptions screened must be counterchecked by the preceptor)

WEEK 1

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
- e. Contraindication
- 4. Others - a. Not in the hospital drug formulary b. Authenticity c. Illegibility

MODULE 2: OUT-PATIENT PHARMACY SERVICES

SECTION 1: SCREENING

(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*
e. *Contraindication*
- 4. *Others* - a. *Not in the hospital drug formulary* b. *Authenticity* c. *Illegibility*

MODULE 2: OUT-PATIENT PHARMACY SERVICES

SECTION 1: SCREENING

(At least 20 prescriptions screened must be counterchecked by the preceptor)

WEEK 3

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
- e. Contraindication
- 4. Others - a. Not in the hospital drug formulary b. Authenticity c. Illegibility

MODULE 2: OUT-PATIENT PHARMACY SERVICES

SECTION 1: SCREENING

(At least 20 prescriptions screened must be counterchecked by the preceptor)

WEEK 4

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*
e. *Contraindication*
- 4. *Others* - a. *Not in the hospital drug formulary* b. *Authenticity* c. *Illegibility*

MODULE 2: OUT-PATIENT PHARMACY SERVICES

SECTION 1: SCREENING

(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
 e. Contraindication
 4. *Others* - a. Not in the hospital drug formulary b. Authenticity c. Illegibility

MODULE 2: OUT-PATIENT PHARMACY SERVICES

SECTION 1: SCREENING

(At least 20 prescriptions screened must be counterchecked by the preceptor)

WEEK 6

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*
e. *Contraindication*
- 4. *Others* - a. *Not in the hospital drug formulary* b. *Authenticity* c. *Illegibility*

MODULE 2: OUT-PATIENT PHARMACY SERVICES

SECTION 1: SCREENING

(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 2: OUT-PATIENT PHARMACY SERVICES

SECTION 1: SCREENING

(At least 20 prescriptions screened must be counterchecked by the preceptor)

WEEK 8

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*
e. *Contraindication*
- 4. *Others* - a. *Not in the hospital drug formulary* b. *Authenticity* c. *Illegibility*

MODULE 2: OUT-PATIENT PHARMACY SERVICES

SECTION 1: SCREENING

(At least 20 prescriptions screened must be counterchecked by the preceptor)

WEEK 9

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. <i>Incomplete Prescriptions</i> | - | <i>a. Frequency</i> | <i>b. Duration</i> | <i>c. Signature & Stamp</i> | <i>d. Countersignature</i> |
| 2. <i>Inappropriate Regimens</i> | - | <i>a. Medicine</i> | <i>b. Duration</i> | <i>c. Dose</i> | <i>d. Frequency</i> |
| 3. <i>Inappropriate Prescriptions</i> | - | <i>a. Spelling</i> | <i>b. Wrong Identification</i> | <i>c. Polypharmacy</i> | <i>d. Interaction</i> |
| 4. <i>Others</i> | - | <i>a. Not in the hospital drug formulary</i> | | <i>b. Authenticity</i> | <i>c. Illegibility</i> |

MODULE 2: OUT-PATIENT PHARMACY SERVICES

SECTION 1: SCREENING

(At least 20 prescriptions screened must be counterchecked by the preceptor)

WEEK 10

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*
- e. *Contraindication*
- 4. *Others* - a. *Not in the hospital drug formulary* b. *Authenticity* c. *Illegibility*

MODULE 2: OUT-PATIENT PHARMACY SERVICES

SECTION 1: SCREENING

(At least 20 prescriptions screened must be counterchecked by the preceptor)

WEEK 11

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
- e. Contraindication
- 4. *Others* - a. Not in the hospital drug formulary b. Authenticity c. Illegibility

MODULE 2: OUT-PATIENT PHARMACY SERVICES

SECTION 1: SCREENING

(At least 20 prescriptions screened must be counterchecked by the preceptor)

WEEK 12

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*
e. *Contraindication*
- 4. *Others* - a. *Not in the hospital drug formulary* b. *Authenticity* c. *Illegibility*

MODULE 2: OUT-PATIENT PHARMACY SERVICES

SECTION 2: LABELLING AND FILLING OF PRESCRIPTIONS

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

WEEK 1 – WEEK 12

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

MODULE 2: OUT-PATIENT PHARMACY SERVICES

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

WEEK 1 – WEEK 12

Date	Number of Prescriptions Dispensed (minimum 4 hours/day)	Preceptor's Initial

MODULE 2: OUT-PATIENT PHARMACY SERVICES

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

WEEK 1 – WEEK 12

Date	Number of Prescriptions Dispensed (minimum 4 hours/day)	Preceptor's Initial

MODULE 2: OUT-PATIENT PHARMACY SERVICES

**SECTION 4: VALUE ADDED SERVICE (VAS)
(Minimum 10)**

WEEK 1 – WEEK 12

Date	Type of Pharmacy VAS	Number of VAS Promotion Given Under Preceptor's Supervision	Number of VAS Prescriptions Registered	Number of Prescriptions Prepared	Number of VAS Prescriptions Dispensed	Preceptor's Initial

MODULE 2: OUT-PATIENT PHARMACY SERVICES

**SECTION 4: VALUE ADDED SERVICE (VAS)
(Minimum 10)**

WEEK 1 – WEEK 12

Date	Type of Pharmacy VAS	Number of VAS Promotion Given Under Preceptor's Supervision	Number of VAS Prescriptions Registered	Number of Prescriptions Prepared	Number of VAS Prescriptions Dispensed	Preceptor's Initial

MODULE 2: OUT-PATIENT PHARMACY SERVICES

SECTION 5: PATIENT MEDICATION COUNSELING

WEEK 1

a) Individual (Minimum 50 patients/12 weeks)

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 2: OUT-PATIENT PHARMACY SERVICES

SECTION 5: PATIENT MEDICATION COUNSELING

WEEK 2

a) Individual (Minimum 50 patients/12 weeks)

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 2: OUT-PATIENT PHARMACY SERVICES

SECTION 5: PATIENT MEDICATION COUNSELING

WEEK 3

a) Individual (Minimum 50 patients/12 weeks)

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 2: OUT-PATIENT PHARMACY SERVICES

SECTION 5: PATIENT MEDICATION COUNSELING

WEEK 4

a) Individual (Minimum 50 patients/12 weeks)

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 2: OUT-PATIENT PHARMACY SERVICES

SECTION 5: PATIENT MEDICATION COUNSELING

WEEK 5

a) Individual (Minimum 50 patients/12 weeks)

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 2: OUT-PATIENT PHARMACY SERVICES

SECTION 5: PATIENT MEDICATION COUNSELING

WEEK 6

a) Individual (Minimum 50 patients/12 weeks)

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 2: OUT-PATIENT PHARMACY SERVICES

SECTION 5: PATIENT MEDICATION COUNSELING

WEEK 7

a) Individual (Minimum 50 patients/12 weeks)

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 2: OUT-PATIENT PHARMACY SERVICES

SECTION 5: PATIENT MEDICATION COUNSELING

WEEK 8

a) Individual (Minimum 50 patients/12 weeks)

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 2: OUT-PATIENT PHARMACY SERVICES

SECTION 5: PATIENT MEDICATION COUNSELING

WEEK 9

a) Individual (Minimum 50 patients/12 weeks)

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 2: OUT-PATIENT PHARMACY SERVICES

SECTION 5: PATIENT MEDICATION COUNSELING

WEEK 10

a) Individual (Minimum 50 patients/12 weeks)

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 2: OUT-PATIENT PHARMACY SERVICES

SECTION 5: PATIENT MEDICATION COUNSELING

WEEK 11

a) Individual (Minimum 50 patients/12 weeks)

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 2: OUT-PATIENT PHARMACY SERVICES

SECTION 5: PATIENT MEDICATION COUNSELING

WEEK 12

a) Individual (Minimum 50 patients/12 weeks)

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 2: OUT-PATIENT PHARMACY SERVICES

SECTION 5: PATIENT MEDICATION COUNSELING

WEEK 1 – WEEK 12

b) Group Counseling (Minimum 3 sessions)

Date	*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)

MODULE 2: OUT-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 prescriptions/ 12 weeks)	Preceptor's Initial
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

MODULE 2: OUT-PATIENT PHARMACY SERVICES

SECTION 7: PREPARING EXTEMPORANEOUS MEDICATIONS

(Minimum 10 preparations)

- Ability to understand formulation and calculate the appropriate quantities required

WEEK 1 – WEEK 12

Date	Batch Number	Name of Preparation	Remarks	Preceptor's Initial

MODULE 2: OUT-PATIENT PHARMACY SERVICES**SECTION 8: MISCELLANEOUS****WEEK 1 – WEEK 12**

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	Substock check (minimum 20 items)		

ASSESSMENT – OUT-PATIENT PHARMACY SERVICES

SECTION 9: MANAGEMENT OF OUT-PATIENT PHARMACY

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

SECTION 10: 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.	Value Added Service (VAS)													
5.	Patient Medication Counseling													
6.	Handling of Dangerous Drugs & Psychotropic Substances													
7.	Preparing Extemporaneous Medications													
8.	Miscellaneous													

ASSESSMENT – OUT-PATIENT PHARMACY SERVICES

SECTION 11: GENERAL COMMENT ON ATTITUDE

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

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

Preceptor's Name & Signature:

PHARMACY BOARD MALAYSIA
MINISTRY OF HEALTH MALAYSIA

LOT 36, JALAN UNIVERSITI
46350 PETALING JAYA
SELANGOR, MALAYSIA