



3

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

***IN-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
<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. 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 3: IN-PATIENT PHARMACY SERVICES

### *(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 3: 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 3: IN-PATIENT PHARMACY SERVICES

### SECTION 1: SCREENING

- Minimum 30 medication profiles/day
- 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			

- |   |                                     |  |   |  |   |
|---|-------------------------------------|--|---|--|---|
| <p>*1. <i>Incomplete Prescriptions</i></p> <p>2. <i>Inappropriate Regimens</i></p> <p>3. <i>Inappropriate Prescriptions</i></p> <p>4. <i>Others</i></p> | <p>-</p> <p>-</p> <p>-</p> <p>-</p> | <p><i>a. Frequency</i></p> <p><i>a. Medicine</i></p> <p><i>a. Spelling</i></p> <p><i>a. Not in the hospital drug formulary</i></p> | <p><i>b. Duration</i></p> <p><i>b. Duration</i></p> <p><i>b. Wrong Identification</i></p> <p><i>b. Contraindication</i></p> <p><i>b. Authenticity</i></p> | <p><i>c. Signature &amp; Stamp</i></p> <p><i>c. Dose</i></p> <p><i>c. Polypharmacy</i></p> <p><i>c. Illegibility</i></p> | <p><i>d. Countersignature</i></p> <p><i>d. Frequency</i></p> <p><i>d. Interaction</i></p> |
|---|-------------------------------------|--|---|--|---|

## MODULE 3: 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			

- |   |                                     |  |   |  |   |
|---|-------------------------------------|--|---|--|---|
| <p>*1. <i>Incomplete Prescriptions</i></p> <p>2. <i>Inappropriate Regimens</i></p> <p>3. <i>Inappropriate Prescriptions</i></p> <p>4. <i>Others</i></p> | <p>-</p> <p>-</p> <p>-</p> <p>-</p> | <p>a. <i>Frequency</i></p> <p>a. <i>Medicine</i></p> <p>a. <i>Spelling</i></p> <p>a. <i>Not in the hospital drug formulary</i></p> | <p>b. <i>Duration</i></p> <p>b. <i>Duration</i></p> <p>b. <i>Wrong Identification</i></p> <p>b. <i>Contraindication</i></p> <p>b. <i>Authenticity</i></p> | <p>c. <i>Signature &amp; Stamp</i></p> <p>c. <i>Dose</i></p> <p>c. <i>Polypharmacy</i></p> <p>c. <i>Illegibility</i></p> | <p>d. <i>Countersignature</i></p> <p>d. <i>Frequency</i></p> <p>d. <i>Interaction</i></p> |
|---|-------------------------------------|--|---|--|---|

## MODULE 3: IN-PATIENT PHARMACY SERVICES

### SECTION 1: SCREENING

- Minimum 30 medication profiles/day
- 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 3: IN-PATIENT PHARMACY SERVICES

### SECTION 1: SCREENING

- Minimum 30 medication profiles/day
- 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			

- |   |                                     |  |   |  |   |
|---|-------------------------------------|--|---|--|---|
| <p>*1. <i>Incomplete Prescriptions</i></p> <p>2. <i>Inappropriate Regimens</i></p> <p>3. <i>Inappropriate Prescriptions</i></p> <p>4. <i>Others</i></p> | <p>-</p> <p>-</p> <p>-</p> <p>-</p> | <p><i>a. Frequency</i></p> <p><i>a. Medicine</i></p> <p><i>a. Spelling</i></p> <p><i>a. Not in the hospital drug formulary</i></p> | <p><i>b. Duration</i></p> <p><i>b. Duration</i></p> <p><i>b. Wrong Identification</i></p> <p><i>b. Contraindication</i></p> <p><i>b. Authenticity</i></p> | <p><i>c. Signature &amp; Stamp</i></p> <p><i>c. Dose</i></p> <p><i>c. Polypharmacy</i></p> <p><i>c. Illegibility</i></p> | <p><i>d. Countersignature</i></p> <p><i>d. Frequency</i></p> <p><i>d. Interaction</i></p> |
|---|-------------------------------------|--|---|--|---|

## MODULE 3: 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      |
|                                |   | e. Contraindication                   |                         |                      |                     |
| 4. Others                      | - | a. Not in the hospital drug formulary |                         | b. Authenticity      | c. Illegibility     |



## MODULE 3: IN-PATIENT PHARMACY SERVICES

### SECTION 1: SCREENING

- Minimum 30 medication profiles/day
- 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
4. *Others* - a. Not in the hospital drug formulary    b. Authenticity    c. Illegibility

## MODULE 3: 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. <i>Incomplete Prescriptions</i>   | - | <i>a. Frequency</i>                          | <i>b. Duration</i>             | <i>c. Signature &amp; 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 3: IN-PATIENT PHARMACY SERVICES**

**SECTION 1: SCREENING**

- Minimum 30 medication profiles/day
- 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 3: 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 3: 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 3: 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 3: 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 3: 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 3: 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 3: 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 3: 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 3: 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 3: 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 3: IN-PATIENT PHARMACY SERVICES**

**SECTION 3: COUNTERCHECKING OF INDENT ORDERS**  
**(Minimum 30 items/day)**

**WEEK 3**

<b>Date</b>	<b>Number of Items Counterchecked</b>	<b>Number of Items Wrongly Filled</b>	<b>Description of Error</b>	<b>Preceptor's Initial</b>

**MODULE 3: IN-PATIENT PHARMACY SERVICES**

**SECTION 3: COUNTERCHECKING OF INDENT ORDERS**  
**(Minimum 30 items/day)**

**WEEK 4**

<b>Date</b>	<b>Number of Items Counterchecked</b>	<b>Number of Items Wrongly Filled</b>	<b>Description of Error</b>	<b>Preceptor's Initial</b>

**MODULE 3: 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 3: IN-PATIENT PHARMACY SERVICES**

**SECTION 3: COUNTERCHECKING OF INDENT ORDERS**  
**(Minimum 30 items/day)**

**WEEK 6**

<b>Date</b>	<b>Number of Items Counterchecked</b>	<b>Number of Items Wrongly Filled</b>	<b>Description of Error</b>	<b>Preceptor's Initial</b>

**MODULE 3: IN-PATIENT PHARMACY SERVICES**

**SECTION 3: COUNTERCHECKING OF INDENT ORDERS**  
**(Minimum 30 items/day)**

**WEEK 7**

<b>Date</b>	<b>Number of Items Counterchecked</b>	<b>Number of Items Wrongly Filled</b>	<b>Description of Error</b>	<b>Preceptor's Initial</b>

**MODULE 3: 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 3: IN-PATIENT PHARMACY SERVICES

### SECTION 4: PATIENT MEDICATION COUNSELING

#### WEEK 1

#### 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 3: IN-PATIENT PHARMACY SERVICES

#### SECTION 4: PATIENT MEDICATION COUNSELING

##### WEEK 1

##### 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 3: 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 3: IN-PATIENT PHARMACY SERVICES

### SECTION 4: PATIENT MEDICATION COUNSELING

#### WEEK 2

#### 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 3: 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 3: IN-PATIENT PHARMACY SERVICES**

**SECTION 4: PATIENT MEDICATION COUNSELING**

**WEEK 3**

**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 3: IN-PATIENT PHARMACY SERVICES**

**SECTION 4: PATIENT MEDICATION COUNSELING**

**WEEK 4**

**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 3: IN-PATIENT PHARMACY SERVICES**

**SECTION 4: PATIENT MEDICATION COUNSELING**

**WEEK 4**

**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 3: IN-PATIENT PHARMACY SERVICES

### SECTION 4: PATIENT MEDICATION COUNSELING

#### WEEK 5

##### 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 3: IN-PATIENT PHARMACY SERVICES**

**SECTION 4: PATIENT MEDICATION COUNSELING**

**WEEK 5**

**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 3: IN-PATIENT PHARMACY SERVICES**

**SECTION 4: PATIENT MEDICATION COUNSELING**

**WEEK 6**

**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

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

3. Medications

4. Others (radiopharmaceutical, chemotherapy, smoking cessation)

## MODULE 3: IN-PATIENT PHARMACY SERVICES

### SECTION 4: PATIENT MEDICATION COUNSELING

#### WEEK 6

#### 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 3: IN-PATIENT PHARMACY SERVICES

#### SECTION 4: PATIENT MEDICATION COUNSELING

##### WEEK 7

##### 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 3: 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 3: IN-PATIENT PHARMACY SERVICES**

**SECTION 4: PATIENT MEDICATION COUNSELING**

**WEEK 8**

**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 3: IN-PATIENT PHARMACY SERVICES**

**SECTION 4: PATIENT MEDICATION COUNSELING**

**WEEK 8**

**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 3: 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 3: 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 / 8 weeks)	Preceptor's Initial
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

## MODULE 3: IN-PATIENT PHARMACY SERVICES

### SECTION 7: PREPARING EXTEMPORANEOUS MEDICATIONS

(Minimum 10 preparations)

- Ability to understand formulation and calculate the appropriate quantities required

#### WEEK 1 – WEEK 8

Date	Batch Number	Name of Preparation	Remarks	Preceptor's Initial

**MODULE 3: 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	Substock 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 =  $\frac{\quad}{120} \times 100\%$

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

**Preceptor's Name & Signature:**

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

LOT 36, JALAN UNIVERSITI  
46350 PETALING JAYA  
SELANGOR, MALAYSIA