



1

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

WARD PHARMACY PRACTICE

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 by filling 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 1: WARD PHARMACY PRACTICE

(Duration of Attachment: 8 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 1: WARD PHARMACY PRACTICE

Section	Task	Target (minimum)	Remarks
1.	Medication History Taking	10 cases/week	<ul style="list-style-type: none"> • Use the pharmacotherapy review form (CP1) • Medication History Taking should be taken within 24 hours (preferably) of admission
2.	Clerking	15 cases/week	<ul style="list-style-type: none"> • 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)
3.	Patient Medication Counseling & Bedside Dispensing	<ul style="list-style-type: none"> • Patient Medication Counseling: 10 cases/week • Bedside Dispensing: 10 cases/week 	-
4.	Ward Round/ Pharmacist Round	To be done on daily basis	-
5.	Bedside Case Discussion	3 cases/week	-
6.	Case Report	2 cases	<ul style="list-style-type: none"> • 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.
7.	Case Presentation	2 cases	<ul style="list-style-type: none"> • 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

SUMMARY OF ACTIVITIES FOR MODULE 1: WARD PHARMACY PRACTICE

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

MODULE 1: WARD PHARMACY PRACTICE

SECTION 1: MEDICATION HISTORY TAKING (Min: 10 cases/week)

- Use the pharmacotherapy review form (CP1)
- Medication History Taking should be taken within 24 hours (preferably) of admission

WEEK 1

Date	Patient's R/N	Allergy Detected	Compliance Evaluation	Ward Pharmacist's /Preceptor's Initial

MODULE 1: WARD PHARMACY PRACTICE

SECTION 1: MEDICATION HISTORY TAKING (Min: 10 cases/week)

- Use the pharmacotherapy review form (CP1)
- Medication History Taking should be taken within 24 hours (preferably) of admission

WEEK 4

Date	Patient's R/N	Allergy Detected	Compliance Evaluation	Ward Pharmacist's /Preceptor's Initial

MODULE 1: WARD PHARMACY PRACTICE

SECTION 1: MEDICATION HISTORY TAKING (Min: 10 cases/week)

- Use the pharmacotherapy review form (CP1)
- Medication History Taking should be taken within 24 hours (preferably) of admission

WEEK 5

Date	Patient's R/N	Allergy Detected	Compliance Evaluation	Ward Pharmacist's /Preceptor's Initial

MODULE 1: WARD PHARMACY PRACTICE

SECTION 1: MEDICATION HISTORY TAKING (Min: 10 cases/week)

- Use the pharmacotherapy review form (CP1)
- Medication History Taking should be taken within 24 hours (preferably) of admission

WEEK 7

Date	Patient's R/N	Allergy Detected	Compliance Evaluation	Ward Pharmacist's /Preceptor's Initial

MODULE 1: 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 1: 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 1: 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 1: 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 1: 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 5

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 1: 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 6

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 1: 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 7

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 1: 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 8

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 1: 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 1: 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 1: 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 1: 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 1: WARD PHARMACY PRACTICE

SECTION 3: PATIENT MEDICATION COUNSELING AND BEDSIDE DISPENSING

WEEK 3

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 1: 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 1: 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 1: WARD PHARMACY PRACTICE

SECTION 3: PATIENT MEDICATION COUNSELING AND BEDSIDE DISPENSING

WEEK 5

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 1: WARD PHARMACY PRACTICE

SECTION 3: PATIENT MEDICATION COUNSELING AND BEDSIDE DISPENSING

WEEK 5

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 1: WARD PHARMACY PRACTICE

SECTION 3: PATIENT MEDICATION COUNSELING AND BEDSIDE DISPENSING

WEEK 6

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 1: WARD PHARMACY PRACTICE

SECTION 3: PATIENT MEDICATION COUNSELING AND BEDSIDE DISPENSING

WEEK 7

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 1: WARD PHARMACY PRACTICE

SECTION 3: PATIENT MEDICATION COUNSELING AND BEDSIDE DISPENSING

WEEK 7

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 1: WARD PHARMACY PRACTICE

SECTION 3: PATIENT MEDICATION COUNSELING AND BEDSIDE DISPENSING

WEEK 8

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 1: WARD PHARMACY PRACTICE

SECTION 3: PATIENT MEDICATION COUNSELING AND BEDSIDE DISPENSING

WEEK 8

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 1: WARD PHARMACY PRACTICE

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

WEEK 1

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

MODULE 1: WARD PHARMACY PRACTICE

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

WEEK 2

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

MODULE 1: WARD PHARMACY PRACTICE

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

WEEK 3

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

MODULE 1: WARD PHARMACY PRACTICE

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

WEEK 4

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

MODULE 1: WARD PHARMACY PRACTICE

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

WEEK 5

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

MODULE 1: WARD PHARMACY PRACTICE

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

WEEK 6

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

MODULE 1: WARD PHARMACY PRACTICE

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

WEEK 7

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

MODULE 1: WARD PHARMACY PRACTICE

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

WEEK 8

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

MODULE 1: 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 1: 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 1: 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 1: 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 1: WARD PHARMACY PRACTICE

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

WEEK 5

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

MODULE 1: WARD PHARMACY PRACTICE

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

WEEK 6

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

MODULE 1: WARD PHARMACY PRACTICE

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

WEEK 7

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

MODULE 1: WARD PHARMACY PRACTICE

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

WEEK 8

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

MODULE 1: WARD PHARMACY PRACTICE

SECTION 6: CASE REPORT (Minimum: 2 cases)

- 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 8

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

MODULE 1: WARD PHARMACY PRACTICE

SECTION 7: CASE PRESENTATION (Minimum: 2 cases)

- *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 8

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

MODULE 1: 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 8

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	Target (minimum)	Completed Task	Percentage Achieved (%)	Level of Performance											Comments
					1	2	3	4	5	6	7	8	9	10	NA	
1.	Medication History Taking	10 cases/week														
2.	Clerking	15 cases/week														
3.	Patient Medication Counseling & Bedside Dispensing	10 Cases/week														
4.	Ward Round / Pharmacist Round	on daily basis														

5.	Bedside Case Discussion	3 cases/week														
6.	Case Report	2 cases														
7.	Case Presentation	2 cases														
8.	ADR & Medication Error Report	If any														

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