



Module 9: Oncology Pharmacy Services

Record of Training and Experience o

Pharmacy Board Malaysia Ministry of Health

PERSONAL PARTICULARS To be completed by the Provisionally Registered Pharmacist (PRP)						
1	Full Name (as per I/C)					
2	I/C Number					
3	Provisional Registration Number					
4	Contact Number (Mobile)					
5	Home Address					
6	E-mail Address					
	Education Qualification					
	Name of University					
7	Qualification					
	Year of Graduation					
8	Scholarship / Sponsor					
	Contact Person Details in Case of Emergency					
9	Name					
	Contact Number					
	INING PREMISE PARTICULARS ails of which approved by Pharmacy Board Division Malay	rsia (PBMD)				
10	Name of Training Premise					
11	Address of Training Premise					
12	Duration of Training (Date)	to				
By s	igning, I confirm that all the information provided above	is true.				
Sign	Signature: Date:					

MODULE 9: ONCOLOGY PHARMACY SERVICES

A. DURATION OF TRAINING

4 weeks

B. TRAINING OUTCOME

Upon completion of training, PRP must be able to:

- Have adequate knowledge of aseptic technique, cytotoxic spill procedures, safe handling of cytotoxic drugs, disposal/ incineration of cytotoxic waste
- 2. Read and comprehend patient's case notes
- 3. Discuss with preceptor
- 4. Calculate and prepare worksheet
- 5. Reconstitute cytotoxic drugs
- 6. Monitor patient's progress and conduct counseling

C. TRAINING COMPONENTS WITH TARGETS TO ACHIEVE

NO	ACTIVITY	TARGET	REMARKS
1	Ability To Assist In Assessing Patient Suitability For Chemotherapy And Adjunct Regime	10 cases	 All screening process must be counterchecked by preceptor Cases with intervention should be recorded
2	Calculation/ Worksheet	10 cases	All calculations must be counterchecked by preceptor
3	Reconstitution/ Assist/ Observe 10 preparations		All reconstitution/ assisting process must be carried out in cleanroom and assessed by preceptor
4	Case Review	5 cases	
5	Medication Counseling	5 cases	
6	Case Presentation	1 case	

D. TRAINING COMPONENT TO OBTAIN BRIEFING

- 1. Principle of cytotoxic cabinet and clean room design
- 2. Maintenance of cytotoxic cabinet and clean room
- 3. Principle of aseptic techniques
- 4. Safety issues related to cytotoxic drugs
 - a. Personnel Protective Equipment (PPE)
 - b. Disposal of cytotoxic waste
 - c. Spill management

E. PERFORMANCE SCALE

Scale	Rating	Description
10	Outstanding	Exceed target within the stipulated duration with an extraordinary level of commitment in terms of quality and time, technical skills and knowledge, ingenuity, creativity, initiative and good attitude.
9	Excellent	Exceed target within the stipulated duration with good quality of work, efficiency, timeliness and good level of commitment.
8	Very Satisfactory	Target met within the stipulated duration with good quality of work, efficiency and timeliness.
7	Satisfactory	Target met within the stipulated duration.
6	Average	Target met with extension.
5	Unsatisfactory	Target not met within the stipulated duration with good level of commitment.
4	Unsatisfactory	Target not met within the stipulated duration with average level of commitment.
1-3	Poor	Target not met within the stipulated duration with poor level of commitment.

F. RECORD OF TRAINING AND EXPERIENCE

1. ABILITY TO ASSIST IN ASSESSING PATIENT SUITABILITY FOR CHEMOTHERAPY AND ADJUNCT REGIME

a. Instruction: Use the legend below to indicate each type of intervention (INT)

Type of Intervention (INT)								
A-Incomplete Prescription	B-Inappropriate Regimens	C-Inappropriate Prescriptions	D-Others					
A1 Patient Details	B1 Medicine	C1 Wrong identification	D1 Not in the hospital drug formulary					
A2 Medicine	B2 Dose	C2 Polypharmacy	D2 Illegibility					
A3 Dose	B3 Frequency	C3 Contraindication	D3 Authenticity					
A4 Frequency	B4 Duration	C4 Interaction						
A5 Duration		C5 Incompatibility						
A6 Signature &			_					
stamp								
A7 Countersignature								

b. Target of the activity : 10 cases

No.	Date	Patient IC/RN	Type of Intervention (if any)	Preceptor's Initial
	TOTAL	CASES		

2. CALCULATION/ WORKSHEET

Target of the activity : 10 cases

No. Date Patient IC/RN			Chemotherapy Regime	Preceptor's Initial
	TOTAL	. CASES		

3. RECONSTITUTION/ ASSISTING/ OBSERVING PREPARATION

Target of the activity : 10 preparations

No. Date Patient IC/RN			Reconstitution/Assisting/Ob serving Preceptor's Initial								
	TOTAL P	REPARATIONS									

4. CASE REVIEW

a. Instruction: Use the legend below to indicate types of intervention (INT)

Type of Intervention (INT)								
A-Incomplete	B-Inappropriate	C-Inappropriate	D-Others					
Prescription	Regimens Prescriptions		D-Others					
A1 Patient Details	B1 Medicine	C1 Wrong identification	D1 Not in the hospital drug formulary					
A2 Medicine	B2 Dose	C2 Polypharmacy	D2 Illegibility					
A3 Dose	B3 Frequency	C3 Contraindication	D3 Authenticity					
A4 Frequency	B4 Duration	C4 Interaction						
A5 Duration		C5 Incompatibility						
A6 Signature &			_					
stamp								
A7 Countersignature								

b. Target of the activity : 5 cases

No.	D. Date Patient IC/RN		Type of Intervention (if any)	Preceptor's Initial					
	Total Steri	le Preparations							

5. MEDICATION COUNSELING

Target of the activity : 5 cases

No.	Date	Patient IC/RN	Regime	Preceptor's Initial
	Total P	Preparations		

6. CASE PRESENTATION

Target of the activity : 1 case

No.	Date	Patient IC/RN	Topic of Presentation	Preceptor's Initial

COMPETENT ASSESSMENT – ONCOLOGY PHARMACY SERVICES

No.	No. Task		Task Target Completed P	Percentage	Level of Performance								Comments			
140.	Tusk	Target	Task	achieved (%)	1	2	3	4	5	6	7	8	9	10	NA	
1.	Ability to Assist in Assessing Patient Suitability for Chemotherapy and Adjunct Regime	10 cases														
2.	Calculation/ Worksheet	10 cases														
3.	Reconstitution/ Assisting/ Observing Preparation	10 preparations														
4.	Case Review	5 cases														
5.	Medication Counseling	5 cases														
6	Case Presentation	1 case														

ASSESSMENT - ONCOLOGY PHARMACY SERVICES

GENERAL COMMENT ON ATTITUDE	

Preceptor's Name & Signature: