



Module 4: Drug Information Services

Record of Training and Experience of
Provisionally Registered Pharmacist (PRP)
Pharmacy Board Malaysia
Ministry of Health
2023

PERSONAL PARTICULARS		
<i>To be completed by the Provisionally Registered Pharmacist (PRP)</i>		
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	
7	Education Qualification	
	Name of University	
	Qualification	
	Year of Graduation	
8	Scholarship / Sponsor	
9	Contact Person Details in Case of Emergency	
	Name	
	Contact Number	
TRAINING PREMISE PARTICULARS		
<i>Details of which approved by Pharmacy Board Division Malaysia (PBMD)</i>		
10	Name of Training Premise	
11	Address of Training Premise	
12	Duration of Training (Date)	to
By signing, I confirm that all the information provided above is true.		
Signature:		Date:

MODULE 4: DRUG INFORMATION SERVICES

A. DURATION OF TRAINING

4 weeks

B. TRAINING OUTCOME

Upon completion of training, PRP must be able to:

1. Gather evidence-based information and respond to the requestor.
2. Document enquiries and information given.
3. Participate/assist in medicines evaluation.
4. Report Adverse Drug Reaction (ADR) or Medication Error (MER).
5. Participate in the preparation of bulletin or newsletter.
6. Assist in research/project.
7. Understand the importance of medication awareness program to the public as well as healthcare providers.
8. Understand drug formulary management, Good Governance of Medicine and Malaysian National Medicine Policy.

C. TRAINING COMPONENTS WITH TARGETS TO ACHIEVE

NO	ACTIVITY	TARGET	REMARKS
1	Receive, Answer And Document Enquiries	40 enquires	Depends on the volume of the enquiries received by the facilities
2	Educational and Research / Quality Activities	<ul style="list-style-type: none"> • Continuous Pharmacy Education (CPE) presentation: 1 • Critical Appraisal of Medicines: 1 • Bulletin/Newsletter (optional) • Assist in research or project: 1 	Eg: <ul style="list-style-type: none"> • Research: Clinical study, Quality Project (KIK/Inovasi/QA), Clinical audit etc • Project: Application development, Poster, Medication Identification File etc
3	Know Your Medicines Programme: Health Exhibition or Health Talk	Health Exhibition: 1 or Health Talk: 1	Involvement in any Know Your Medicines Programme (if any)
4	Medication Safety	Compile and investigate Adverse Drug Reaction (ADR) or Medication Error: 3 cases	<ul style="list-style-type: none"> • To assess the ability to identify ADR and Medication Error • To analyze and process ADR & Medication Error Report

D. TRAINING COMPONENT TO OBTAIN BRIEFING

1. Formulary Management
 - a. Application on *Ubat Kelulusan Khas*
 - b. Application on Dossier 4:1
2. Good Governance of Medicine
3. Malaysian National Medicine Policy

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. RECEIVE, ANSWER, AND DOCUMENT ENQUIRIES

Target of the activity : 40 enquires

No	Date	*Type of Enquiry	Enquirer (eg doctors, staff nurses, and others)	Source of Reference	Preceptor's Initial

- 1. Indication
- 2. Dose/Administration
- 3. Interaction
- 4. General Product Information
- 5. Contraindication
- 6. Adverse Effect
- 7. Pharmaceutical compatibility
- 8. Pharmaceutical availability
- 9. Others

1.RECEIVE, ANSWER, AND DOCUMENT ENQUIRIES

No	Date	*Type of Enquiry	Enquirer (eg doctors, staff nurses, and others)	Source of Reference	Preceptor's Initial

- | | | | |
|---------------------|------------------------|---------------------------------|--------------------------------|
| 1. Indication | 2. Dose/Administration | 3. Interaction | 4. General Product Information |
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3. Interaction

4. General Product Information

5. Contraindication

6. Adverse Effect

7. Pharmaceutical compatibility

8. Pharmaceutical availability

9. Others

1.RECEIVE, ANSWER, AND DOCUMENT ENQUIRIES

No	Date	*Type of Enquiry	Enquirer (eg doctors, staff nurses, and others)	Source of Reference	Preceptor's Initial
		TOTAL ENQUIRES			

- | | | | |
|---------------------|------------------------|---------------------------------|--------------------------------|
| 1. Indication | 2. Dose/Administration | 3. Interaction | 4. General Product Information |
| 5. Contraindication | 6. Adverse Effect | 7. Pharmaceutical compatibility | 8. Pharmaceutical availability |
| 9. Others | | | |

2. EDUCATIONAL AND RESEARCH/QUALITY ACTIVITIES

Target of the activity:

- a. Educational Activities
 - 1. Continuous Pharmacy Education : **1**
 - 2. Critical Appraisal of Medicine : **1**
 - 3. Bulletin/Newsletter : **Optional**

- b. Research/ Quality Activities : **Assist 1 research or project**

Activity	Title	Preceptor's Initial
EDUCATION ACTIVITIES		
Continuous Pharmacy Education (CPE) Presentation		
Critical Appraisal of Medicine		
Bulletin/ Newsletter (optional)		
RESEARCH/ QUALITY ACTIVITIES		
Research/ Project		

3. KNOW YOUR MEDICINES PROGRAMME: HEALTH EXHIBITION & HEALTH TALK

Target of the activity :

- A. Health Exhibition: 1 OR
Health Talk: 1

Date	Type of Know Your Medicine Program (Exhibition/ Talk)	Title	No. of participants	Preceptor's Initial

4. MEDICATION SAFETY

Target of the activity : 3 cases (if any)

ADVERSE DRUG REACTION (ADR)

No.	Date	Patient IC /RN	Suspected Drug Causing ADR	Preceptor's Initial

MEDICATION ERROR

No.	Date	Patient IC /RN	*Process of Medication Error	Preceptor's Initial

1. Prescribing 2. Dispensing 3. Administration
 4. Others; please specify

COMPETENT ASSESSMENT – DRUG INFORMATION SERVICES

No.	Task	Target	Completed Task	Percentage achieved (%)	Level of Performance											Comments	
					1	2	3	4	5	6	7	8	9	10	NA		
1	Receive, answer and document enquires	40 enquires															
2	Educational Activities: Continuous Pharmacy Education	1															
3	Educational Activities: Critical Appraisal of Medicine	1															
4	Educational Activities: Bulletin/Newsletter (optional)	Optional															
5	Assist research/Quality Activities: Research/ Project	1															
6	Know Your Medicines Programme: Health Exhibition/Health Talk	1															
7	Medication Safety	3 cases															

ASSESSMENT – DRUG INFORMATION SERVICES

GENERAL COMMENT ON ATTITUDE

Marks = x 100%
 70

= %

Preceptor's Name & Signature: