



## Module 3: Inpatient Pharmacy Services

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

<b>PERSONAL PARTICULARS</b>		
<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	
<b>TRAINING PREMISE PARTICULARS</b>		
<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:

**A. DURATION OF TRAINING**

8 weeks

**B. TRAINING OUTCOME**

Upon completion of training, PRP must be able to:

1. have adequate knowledge of Inpatient Pharmacy Management
2. familiarize with generic names, propriety names, pharmacological groupings and MOH/Hospital Formularies
3. screen prescriptions
4. label and fill prescriptions
5. countercheck and supply medication
6. counsel patient
7. conduct bedside dispensing
8. conduct ward inspection
9. handle dangerous drugs/psychotropic substances
10. prepare extemporaneous preparation

### C. TRAINING COMPONENTS WITH TARGETS TO ACHIEVE

NO	ACTIVITY	TARGET	REMARKS
1	Screening	1200 prescriptions	
2	Labelling and Filling of Prescriptions	1200 prescriptions	At least 5 prescriptions labeling and filling process must be assessed by preceptor
3	Counterchecking of Medication Filled	1200 prescriptions	Adhere to Good Dispensing Procedure (GDsP)
4	Patient Medication Counseling	40 cases	
5	Bedside Dispensing	40 prescriptions	
6	Ward Medication Inspection	2 wards or Unit (if any)	
7	Handling Dangerous Drugs & Psychotropic Substances	5 indents/ prescriptions/ case simulations	
8	Preparing Extemporaneous Medications	5 preparations/ case simulations	Ability to understand formulation and calculate the appropriate quantities required
9	Adverse Drug Reaction (ADR) & Medication Error Report	If any	<ul style="list-style-type: none"> <li>• To assess the ability to identify ADR and medication error</li> <li>• To perform ADR and Medication Error Report</li> </ul>

#### D. TRAINING COMPONENT TO OBTAIN BRIEFING

1. Management of Inpatient Pharmacy Including:
  - a. Ward supply system: unit dose (UD), Unit of Use (UoU)
  - b. Ward Stock
  - c. Emergency trolley
  - d. Patient's Own Medication (POMs)
2. Sub store Management
3. Medication Safety (LASA, High Alert Medication)
4. Dilution of Injectable Drugs

#### 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**

**SCREENING**

a. Instruction

1. The screening of a prescription must be performed at any point of processing a prescription
2. Able to contact prescriber to discuss errors or ambiguous prescriptions
3. Use legend below to indicate each type of intervention (INT)

Type of Intervention (INT)				Point of Detecting Intervention (PDI)
A-Incomplete Prescription	B-Inappropriate Regimens	C-Inappropriate Prescriptions	D-Others	R-Receiving
A1 Patient Details	B1 Medicine	C1 Wrong identification	D1 Not in the hospital drug formulary	F-Filling
A2 Medicine	B2 Dose	C2 Polypharmacy	D2 Illegibility	D-Dispensing
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 : **1200 prescriptions**

No.	Date	Number of Prescriptions	PDI	Type of INT (if any)	Preceptor's Initial

**SCREENING**

No.	Date	Number of Prescriptions	PDI	Type of INT (if any)	Preceptor's Initial

**SCREENING**

No.	Date	Number of Prescriptions	PDI	Type of INT (if any)	Preceptor's Initial



## SCREENING

No.	Date	Number of Prescriptions	PDI	Type of INT (if any)	Preceptor's Initial

**SCREENING**

No.	Date	Number of Prescriptions	PDI	Type of INT (if any)	Preceptor's Initial
<b>TOTAL PRESCRIPTIONS</b>					

**LABELLING AND FILLING OF PRESCRIPTION**

- a. Instruction:
1. Ensure correct medication are filled according to label and prescription
- b. Target of the activity : **1200 prescriptions**

<b>No</b>	<b>Date</b>	<b>Number of Prescriptions</b>	<b>Preceptor's Initial</b>
<b>TOTAL PRESCRIPTIONS</b>			

**COUNTERCHECKING OF MEDICATION FILLED**

- a. Instruction:
1. Final checking of medication prepared against prescription
  2. Record any near-miss errors detected
- b. Target of the activity : **1200 prescriptions**

No	Date	Number of Prescriptions	Preceptor's Initial
<b>TOTAL PRESCRIPTIONS</b>			

## PATIENT MEDICATION COUNSELING

Target of the activity : 40 cases

No	Date	Patient's IC/RN	*Type of Counseling	Preceptor's Initial

\* 1. Device (e.g insulin pen, inhaler, nasal spray)                          3. Medications  
2. Disease    4. Others

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

**PATIENT MEDICATION COUNSELING**

No	Date	Patient's IC/RN	*Type of Counseling	Preceptor's Initial
<b>TOTAL COUNSELING</b>				

- \* 1. Device (e.g insulin pen, inhaler, nasal spray)
- 2. Disease
- 3. Medications
- 4. Others

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

## BEDSIDE DISPENSING

Target of the activity : **40 prescriptions**

No	Date	Patient's IC/RN	Preceptor's Initial

**BEDSIDE DISPENSING**

No	Date	Patient's IC/RN	Preceptor's Initial
<b>TOTAL PRESCRIPTIONS</b>			



## WARD MEDICATION INSPECTION

Target of the activity : 2 wards or Units (if any)

No	Date	Ward/Unit	Preceptor's Initial

## HANDLING DANGEROUS DRUGS AND PSYCHOTROPIC SUBSTANCES

a. Instruction:

1. Handle dangerous drugs and psychotropic substances in accordance to respective legislation:
  - i. Dangerous Drug Act 1952
  - ii. Poison Act 1952
  - iii. Poison (Psychotropic Substances) Regulation 1989

b. Target of the activity : **5 indents/prescriptions/case simulations**

No.	Date	Number of Prescriptions Dispensed & Recorded	Preceptor's Initial
<b>TOTAL PRESCRIPTIONS</b>			

# PREPARING EXTEMPORANEOUS MEDICATIONS

Target of the activity: 5 preparations/ case simulations

No.	Date	Patient IC /RN	Name of Preparation	Preceptor's Initial
<b>TOTAL PREPARATIONS/CASE SIMULATIONS</b>				

(Reference: MOH extemporaneous preparation, etc)

## ADVERSE DRUG REACTION (ADR) & MEDICATION ERROR REPORT

### ADVERSE DRUG REACTION (ADR)

Target of the activity : if any

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

### MEDICATION ERROR

Target of the activity : if any

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

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

**COMPETENT ASSESSMENT – INPATIENT PHARMACY SERVICES**

No.	Task	Target	Completed Task	Percentage achieved (%)	Level of Performance											Comments	
					1	2	3	4	5	6	7	8	9	10	NA		
1.	Screening	1200 prescriptions															
2.	Labelling and Filling of Prescriptions	1200 prescriptions															
3.	Counterchecking of Medication Filled	1200 prescriptions															
4.	Patient Medication Counseling	40 cases															
5.	Bedside Dispensing	40 prescriptions															
6.	Ward Medication Inspection	2 wards or units (if any)															
7.	Handling Dangerous Drugs & Psychotropic Substances	5 indents/ prescriptions/ case simulations															
8.	Preparing Extemporaneous Medication	5 preparations /case simulations															
9	ADR & Medication Error Report	If any															

**ASSESSMENT – INPATIENT PHARMACY SERVICES**

**GENERAL COMMENT ON ATTITUDE**

Marks =  $\frac{\quad}{90} \times 100\%$

=  $\quad\%$

**Preceptor's Name & Signature:**

## ADDITIONAL TRAINING: INPATIENT PHARMACY SERVICES

Note: This is a compulsory module for PRPs who are unable to undergo the Parenteral Nutrition (PN) and/or Chemotherapy Drug Reconstitution (CDR) module.

PRPs are allowed to choose this module either to substitute the duration stipulated for PN or CDR module. If one of the above-mentioned modules has been substituted **with Additional Training: Inpatient Pharmacy Services**, the other module (PN or CDR) must be substituted with **Additional Training: Outpatient pharmacy services**.

### A. DURATION OF TRAINING

4 weeks

### B. TRAINING OUTCOME

Upon completion of training, PRP must be able to:

1. have adequate knowledge of Inpatient Pharmacy Management
2. familiarize with generic names, propriety names, pharmacological groupings and MOH/Hospital Formularies
3. screen prescriptions
4. label and fill prescriptions
5. countercheck and supply medication
6. counsel patient
7. conduct bedside dispensing
8. conduct ward inspection
9. handle dangerous drugs/psychotropic substances
10. prepare extemporaneous preparation

### C. TRAINING COMPONENTS WITH TARGETS TO ACHIEVE

NO	ACTIVITY	TARGET	REMARKS
1	Screening	600 prescriptions	
2	Labelling and Filling of Prescriptions	600 prescriptions	At least 5 prescriptions labeling and filling process must be assessed by preceptor
3	Counterchecking of Medication Filled	600 prescriptions	Adhere to Good Dispensing Procedure (GDsP)
4	Patient Medication Counseling	20 cases	
5	Bedside Dispensing	20 prescriptions	
6	Ward Medication Inspection	1 ward or unit (if any)	
7	Handling Dangerous Drugs & Psychotropic Substances	2 indents/ prescriptions/ case simulations	
8	Preparing Extemporaneous Medications	2 preparations/ case simulations	Ability to understand formulation and calculate the appropriate quantities required
9	Adverse Drug Reaction (ADR) & Medication Error Report	If any	<ul style="list-style-type: none"> <li>• To assess the ability to identify ADR and medication error</li> <li>• To perform ADR and Medication Error Report</li> </ul>



#### D. PERFORMANCE SCALE

Scale	Rating	Description
10	<b>Outstanding</b>	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.
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5	<b>Unsatisfactory</b>	Target not met within the stipulated duration with good level of commitment.
4	<b>Unsatisfactory</b>	Target not met within the stipulated duration with average level of commitment.
1-3	<b>Poor</b>	Target not met within the stipulated duration with poor level of commitment.

**E. RECORD OF TRAINING AND EXPERIENCE**

**SCREENING**

a. Instruction

1. The screening of a prescription must be performed at any point of processing a prescription
2. Able to contact prescriber to discuss errors or ambiguous prescriptions
3. Use legend below to indicate each type of intervention (INT)

Type of Intervention (INT)				Point of Detecting Intervention (PDI)
A-Incomplete Prescription	B-Inappropriate Regimens	C-Inappropriate Prescriptions	D-Others	R-Receiving
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A2 Medicine	B2 Dose	C2 Polypharmacy	D2 Illegibility	D-Dispensing
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 : **600 prescriptions**

**SCREENING**

No.	Date	Number of Prescriptions	PDI	Type of INT (if any)	Preceptor's Initial

**SCREENING**

No.	Date	Number of Prescriptions	PDI	Type of INT (if any)	Preceptor's Initial

**SCREENING**

No.	Date	Number of Prescriptions	PDI	Type of INT (if any)	Preceptor's Initial

**SCREENING**

No.	Date	Number of Prescriptions	PDI	Type of INT (if any)	Preceptor's Initial
<b>TOTAL PRESCRIPTIONS</b>					

## LABELLING AND FILLING OF PRESCRIPTION

a. Instruction:

1. Ensure correct medication are filled according to label and prescription

b. Target of the activity : **600 prescriptions**

No	Date	Number of Prescriptions	Preceptor's Initial
<b>TOTAL PRESCRIPTIONS</b>			



## PATIENT MEDICATION COUNSELING

Target of the activity : 20 cases

No	Date	Patient's IC/RN	*Type of Counseling	Preceptor's Initial

\* 1. Device (e.g insulin pen, inhaler, nasal spray)      3. Medications  
 2. Disease      4. Others  
 Note: PRP must undergo the counseling validation / evaluation before performing actual activity



**PATIENT MEDICATION COUNSELING**

No	Date	Patient's IC/RN	*Type of Counseling	Preceptor's Initial
<b>TOTAL COUNSELING</b>				

\* 1. Device (e.g insulin pen, inhaler, nasal spray)                          3. Medications  
 2. Disease    4. Others  
 Note: PRP must undergo the counseling validation / evaluation before performing actual activity

**BEDSIDE DISPENSING**

Target of the activity : 20 prescriptions

No	Date	Patient's IC/RN	Preceptor's Initial

**BEDSIDE DISPENSING**

No	Date	Patient's IC/RN	Preceptor's Initial
<b>TOTAL PRESCRIPTIONS</b>			

## WARD MEDICATION INSPECTION

Target of the activity : 1 ward or unit (if any)

No	Date	Ward/Unit	Preceptor's Initial

## HANDLING DANGEROUS DRUGS AND PSYCHOTROPIC SUBSTANCES

a. Instruction:

1. Handle dangerous drugs and psychotropic substances in accordance to respective legislation:
  - i. Dangerous Drug Act 1952
  - ii. Poison Act 1952
  - iii. Poison (Psychotropic Substances) Regulation 1989

b. Target of the activity : **2 indents/prescriptions/case simulations**

No.	Date	Number of Prescriptions Dispensed & Recorded	Preceptor's Initial
<b>TOTAL PRESCRIPTIONS</b>			

**PREPARING EXTEMPORANEOUS MEDICATIONS**

Target of the activity: **2 preparations/ case simulations**

No.	Date	Patient IC /RN	Name of Preparation	Preceptor's Initial
<b>TOTAL PREPARATIONS/CASE SIMULATIONS</b>				

(Reference: MOH extemporaneous preparation, etc)

## ADVERSE DRUG REACTION (ADR) & MEDICATION ERROR REPORT

### ADVERSE DRUG REACTION (ADR)

Target of the activity : if any

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

### MEDICATION ERROR

Target of the activity : if any

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

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

**COMPETENT ASSESSMENT – INPATIENT PHARMACY SERVICES**

No.	Task	Target	Completed Task	Percentage achieved (%)	Level of Performance											Comments	
					1	2	3	4	5	6	7	8	9	10	NA		
1.	Screening	600 prescriptions															
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5.	Bedside Dispensing	20 prescriptions															
6.	Ward Medication Inspection	1 ward or unit (if any)															
7.	Handling Dangerous Drugs & Psychotropic Substances	2 indents/ prescriptions/ case simulations															
8.	Preparing Extemporaneous Medication	2 preparations /case simulations															
9	ADR & Medication Error Report	If any															



**ASSESSMENT – INPATIENT PHARMACY SERVICES**

**GENERAL COMMENT ON ATTITUDE**

Marks =  $\frac{\quad}{90} \times 100\%$

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

**Preceptor's Name & Signature:**

