Module 2: Outpatient Pharmacy Services

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	
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	
Details of which approved by Pharmacy Board Division Malaysia (PBMD)	

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**

12 weeks

B. **TRAINING OUTCOME**

Upon completion of training, PRP must be able to:

1. have adequate knowledge of out-patient pharmacy management

2. familiarize with the generic names, proprietary names, pharmacological groupings and MOH / hospital formularies.

3. screen prescription

4. label and fill medication

5. countercheck medication

6. dispense medications / prescriptions

7. counsel patient

8. handle dangerous drugs / psychotropic substances

9. prepare extemporaneous preparations

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 labelling and filling process must be assessed by the preceptor
3	**Counterchecking of Medication Filled**	600 prescriptions	Adhere to Good Dispensing Practice (GDsP)
4	**Dispensing**	1800 prescriptions	
5	**Patient Medication Counseling**	Individual Counseling: 50 patients Group Counseling: 3 sessions (if applicable)	
6	**Handling of Dangerous Drugs & Psychotropic Substances**	5 prescriptions/ case simulation	
7	**Preparing Extemporaneous Medications**	5 preparations/ case simulation	Ability to understand formulation and calculate the appropriate quantities required
8	**Adverse Drug Reaction (ADR) & Medication Error Report**	If any	• To assess the ability to identify ADR and medication error • To perform ADR and Medication Error Report

D. TRAINING COMPONENT TO OBTAIN BRIEFING

1. Management of outpatient pharmacy

2. Medication Therapy Adherence Clinic (MTAC) services

3. Home Medication Review (HMR)/ Home Care Pharmacy Services (HCPS)

4. Smoking Cessation

5. Methadone Replacement Therapy (MRT)

6. Value Added Services (VAS) [All type of VAS offered in Out-patient Pharmacy Department]

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 the 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				

SCREENING

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

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

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

SCREENING

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

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

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

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
TOTAL PRESCRIPTION					

LABELLING AND FILLING OF PRESCRIPTION

a. Instruction:

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

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

No	Date	Number of Prescriptions	Preceptor's Initial
TOTAL PRESCRIPTIONS			

COUNTERCHECKING OF MEDICATION FILLED (PRESCRIPTION)

a. Instruction:

1. Final checking of medication prepared against prescription
2. Record any near-miss errors detected

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

No	Date	Number of Prescriptions	Preceptor's Initial
TOTAL PRESCRIPTIONS			

DISPENSING

a. Instruction:

1. Abide to principles of 5 Rights on Quality Use of Medications
2. Adhere to the Good Guide Dispensing Practice (GDsP)

b. Target of the activity   : **1800 prescriptions**

No	Date	Number of Prescriptions	Preceptor's Initial
TOTAL PRESCRIPTIONS			

PATIENT MEDICATION COUNSELING (INDIVIDUAL)

a. Target of the activities:

Individual Counselling   : 50 patients

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 (INDIVIDUAL)

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 (INDIVIDUAL)

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

*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 (GROUP)

Group Counseling : **3 sessions (if applicable)**

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

HANDLING OF DANGEROUS DRUGS AND PSYCHOTROPIC SUBSTANCES

a. Instructions:

1. Handle dangerous drugs and psychotropic substances in accordance to respective legislations:
   i. Dangerous Drugs Act 1952
   ii. Poison Act 1952
   iii. Poison (Psychotropic Substances) Regulations 1989

b. Target of the activities   : 5 prescriptions/case simulation

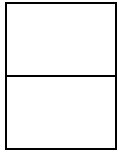| No.	Date	Number of Prescriptions Dispensed & Recorded	Preceptor's Initial
TOTAL PRESCRIPTIONS			

PREPARING EXTEMPORANEOUS MEDICATIONS

a. Instructions:
   1. Understand formulation and calculate the appropriate quantities required

b. Target of the activities   : 5 prescriptions/ case simulation

No.	Date	Patient IC /RN	Name of Preparation	Preceptor's Initial
TOTAL PREPARATIONS/CASE SIMULATION				

(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 – OUTPATIENT 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														
2.	Labelling and Filling of Prescriptions	600 prescriptions														
3.	Counterchecking of Medication Filled (Prescriptions)	600 prescriptions														
4.	Dispensing	1800 prescriptions														
5.	Patient Medication Counseling	Individual: 50 patients Group Counseling: 3 sessions (if applicable)														
6.	Handling of Dangerous Drugs & Psychotropic Substances	5 prescriptions/ case simulation														
7.	Preparing Extemporaneous Medications	5 preparations/ case simulation														
8.	Adverse Drug Reaction (ADR) & Medication Error Report	If any														

GENERAL COMMENT ON ATTITUDE

Marks = _____ x 100%
                          80

         = _____%

Preceptor's Name & Signature:

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: Outpatient Pharmacy Services**, the other module (PN or CDR) must be substituted with **Additional Training: Inpatient 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 out-patient pharmacy management

2.   familiarize with the generic names, proprietary names, pharmacological groupings and MOH / hospital formularies.

3.   screen prescription

4.   label and fill medication

5.   countercheck medication

6.   dispense medications / prescriptions

7.   counsel patient

8.   handle dangerous drugs / psychotropic substances

9.   prepare extemporaneous preparations

C. TRAINING COMPONENTS WITH TARGETS TO ACHIEVE

NO	ACTIVITY	TARGET	REMARKS
1	**Screening**	200 prescriptions	
2	**Labelling and Filling of Prescriptions**	200 prescriptions	At least 5 prescriptions labelling and filling process must be assessed by the preceptor
3	**Counterchecking of Medication Filled (Prescription)**	200 prescriptions	Adhere to Good Dispensing Practice (GDsP)
4	**Dispensing**	600 prescriptions	
5	**Patient Medication Counseling**	Individual Counseling: 15 patients Group Counseling: 1 session (if applicable)	
6	**Handling of Dangerous Drugs & Psychotropic Substances**	1 prescription/ case simulation	
7	**Preparing Extemporaneous Medications**	1 preparations/ case simulation	Ability to understand formulation and calculate the appropriate quantities required
8	**Adverse Drug Reaction (ADR) & Medication Error Report**	If any	• To assess the ability to identify ADR and medication error • To perform ADR and Medication Error Report

D. 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.

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 the 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				

SCREENING

b. Target of the activity   : 200 prescriptions

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

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

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

SCREENING

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

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

				SCREENING		

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

No.	Date	Number of Prescriptions	Patient IC/RN	PDI	Type of INT (if any)	Preceptor's Initial
TOTAL PRESCRIPTIONS						

LABELLING AND FILLING OF PRESCRIPTION

a. Instruction:

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

b. Target of the activity   : **200 prescriptions**

No	Date	Number of Prescriptions	Preceptor's Initial
TOTAL PRESCRIPTIONS			

COUNTERCHECKING OF MEDICATION FILLED (PRESCRIPTION)

a. Instruction:

1. Final checking of medication prepared against prescription
2. Record any near-miss errors detected

b. Target of the activity   : **200 prescriptions**

No	Date	Number of Prescriptions	Preceptor's Initial
TOTAL PRESCRIPTIONS			

DISPENSING

a. Instruction:

1. Abide to principles of 5 Rights on Quality Use of Medications
2. Adhere to the Good Guide Dispensing Practice (GDsP)

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

No	Date	Number of Prescriptions	Preceptor's Initial
TOTAL PRESCRIPTIONS			

PATIENT MEDICATION COUNSELING (INDIVIDUAL)

a. Target of the activities:

Individual Counselling   : 15 patients

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 (INDIVIDUAL)

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 (INDIVIDUAL)

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

* 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 (GROUP)

Group Counseling : 1 **session (if applicable)**

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

HANDLING OF DANGEROUS DRUGS AND PSYCHOTROPIC SUBSTANCES

a. Instructions:

1. Handle dangerous drugs and psychotropic substances in accordance to respective legislations:
   i. Dangerous Drugs Act 1952
   ii. Poison Act 1952
   iii. Poison (Psychotropic Substances) Regulations 1989

b. Target of the activities   : 1 prescription/case simulation

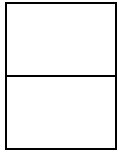| No.	Date	Number of Prescriptions Dispensed & Recorded	Preceptor's Initial
TOTAL PRESCRIPTIONS			

PREPARING EXTEMPORANEOUS MEDICATIONS

a. Instructions:
   1. Understand formulation and calculate the appropriate quantities required

b. Target of the activities   : 1 prescription/ case simulation

No.	Date	Patient IC /RN	Name of Preparation	Preceptor's Initial
TOTAL PREPARATIONS/CASE SIMULATION				

(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

5. *Prescribing*   6. *Dispensing*   7. *Administration*
8. *Others; please specify*

No.	Task	Target	Completed Task	Percentage achieved (%)	Level of Performance											Comments
					1	2	3	4	5	6	7	8	9	10	NA	
1.	Screening	200 prescriptions														
2.	Labelling and Filling of Prescriptions	200 prescriptions														
3.	Counterchecking of Medication Filled (Prescriptions)	200 prescriptions														
4.	Dispensing	600 prescriptions														
5.	Patient Medication Counseling	Individual: 15 patients Group: 1 session (if applicable)														
6.	Handling of Dangerous Drugs & Psychotropic Substances	prescriptions/ case simulation														
7.	Preparing Extemporaneous Medications	5 preparations/ case simulation														
8.	Adverse Drug Reaction (ADR) & Medication Error Report	If any														

GENERAL COMMENT ON ATTITUDE

Marks   =   _____ x 100%
                            80

              =   _____%

Preceptor's Name & Signature: