

PHARMACY BOARD MALAYSIA MINISTRY OF HEALTH MALAYSIA 2023

RECORD OF TRAINING AND EXPERIENCES OF PROVISIONALLY REGISTERED PHARMACIST (PRP)

Private Hospital Pharmacy



	NAL PARTICULARS	d 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	
	IG PREMISE PARTICULARS	Division Malaysia (PBMD)
10	Name of Training Premise	
11	Address of Training Premise	
12	Duration of Training (Date)	to
By signir	ng, I confirm that all the information	provided above is true.
Signatur	e:	Date:

1 INTRODUCTION

- The registration of Pharmacists Act 1951 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* 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*.

2 PRP TRAINING MODULES AND RECORD

- 1. This log book is designed primarily to guide provisionally registered pharmacists and their preceptors of various pharmacy disciplines in the training hospital/institution incoordinating 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	
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	Very Unsatisfactory	Target not met within the stipulated duration with poor level of commitment.	

- 5. The passing marks for EACH section is 60%.
- 6. The final appraisal and Appendix A or Appendix A1 should be completed by the Master Preceptor at the end of the 12th month of the training period. Certified copies of Appraisals and Appendix A or Appendix A1 shall be uploaded by PRP into PharmacistRegistration Management System (PRiSMA) for the Fully Registered Pharmacist (FRP) application. The original log book should be kept at the premise for a minimum period of three (3) years.

3 DUTIES AND RESPONSIBILITIES OF A PRECEPTOR

1. Type of preceptors

Hospital Pharmacy Preceptor	r:	Registered pharmacist
Master Preceptor	:	Chief Pharmacist

Criteria of a preceptor: Must have at least 3 years' experience in hospital and has undergone the Training of Preceptors (TOP) organized by Pharmacy Board of Malaysia.

- 2. 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 by the Code of Ethics for Pharmacists and BodiesCorporate and related Malaysian pharmacy legislations.

4 DUTIES AND RESPONSIBILITIES OF A 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 attitude and commitment.
- 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.
- 6. Training Module:

	MODULE	Private hospital (weeks)	Gazetted Hospital (weeks)	
1.	Ward Pharmacy	(3	
2.	Outpatient Pharmacy Services	16		
3.	Inpatient Pharmacy Services	16		
4.	Clinical Pharmacokinetics (optional)	2		
5.	Parenteral Nutrition (optional)	2	2	
6.	Oncology Pharmacy (optional)	2	2	
7.	Drug Information Services	2		
8.	Manufacturing and Repacking	2		
9.	Pharmacy Store Management	4		
	TOTAL	52		

NOTE:

If training for optional modules (Clinical Pharmacokinetics, Parenteral Nutrition, Oncology Pharmacy) is not provided to PRP, PRP must obtain extra training at Outpatient Pharmacy Services (OPD) or Inpatient Pharmacy Services (IPD) or both.

- a) If training is not provided to all 3 optional modules, PRP must obtain extra 2 weeks training at OPD, extra 2 weeks training at IPD and extra 2 weeks training either at OPD or IPD
- b) If training is not provided to any 2 optional modules, PRP must obtain extra 2 weeks training at OPD and extra 2 weeks training at IPD
- c) If training is not provided to any 1 optional module, PRP must obtain extra 2 weeks training either at OPD or IPD

MODULE 1: WARD PHARMACY PRACTICE

A. DURATION OF ATTACHMENT:

6 weeks

B. TRAINING OUTCOME

Upon completion of training, PRP must be able to:

- 1. Obtain patient's medication history and perform medication reconciliation.
- 2. Comprehend patient's case notes via clerking and monitor patient progress.
- 3. Understand the disease management and related pharmacotherapy.
- 4. Identify pharmaceutical care issues and recommend pharmacotherapy regimen.
- 5. Document all clinically relevant data such as patient's condition, pharmaceutical care issues, and interventions in the designated format.
- 6. Provide disease and medication counseling.
- 7. Identify and report adverse drug reaction and medication error (if any).
- 8. Communicate and provide information to prescribers and other healthcare professionals on drug information / pharmacotherapy management.

MODULE 1: WARD PHARMACY SERVICES

C. TRAINING COMPONENTS WITH TARGETS TO ACHIEVE

Section	Task	Target	Remarks
1	Medication History Taking	30 cases	 Medication History Taking should be taken within 24 hours (preferably) of admission
2	Case Clerking & Discussion	Clerking: 30 cases Discussion: 12 cases	• To assess the ability of the PRP to read, comprehend patient's case notes and identify Pharmaceutical Care Issues
3	Medication Counseling	30 cases	 PRP must undergo counseling validation / evaluation before performing actual activity
4	Enquiry / Drug Information	30 enquires (if any)	 To provide drug information upon query
5	Case Presentation & Case Report	Case Presentation: 2 cases Case Report: 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 to enhance rational drug use

Note: The number of cases in this logbook serves as a guideline and is subjected to the capacity of each hospital / institution. The preceptor can reduce the target with the approval of hospital / institution chief pharmacist if the case / prescription is insufficient.

D. TRAINING COMPONENTS TO OBTAIN BRIEFING

No	Component	Date of	Briefing done by:		
No.	Component	Briefing	Name	Signature	
1.	Principles of anti-microbial stewardship (AMS)				

MODULE 1: WARD PHARMACY SERVICES

SECTION 1: MEDICATION HISTORY TAKING

Target: 30 cases

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

Note : Additional information e.g. allergy detected, adherence evaluation can be recorded in customized medication history taking record

MODULE 1: WARD PHARMACY SERVICES

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

Note: Additional information e.g. allergy detected, adherence evaluation can be recorded in customized medication history taking record

MODULE 1: WARD PHARMACY SERVICES

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

Note: Additional information e.g. allergy detected, adherence evaluation can be recorded in customized medication history taking record

MODULE 1: WARD PHARMACY SERVICES

SECTION 2: CASE CLERKING AND DISCUSSION

Target: Case Clerking (30 cases); Case Discussion (12 cases)

No	Date	Patient's IC/ RN	Diagnosis	Type of PCI(s) identified	Case Discussion Tick (✓)	Preceptor's Initial

MODULE 1: WARD PHARMACY SERVICES

No	Date	Patient's IC/ RN	Diagnosis	Type of PCI(s) identified	Case Discussion Tick (✓)	Preceptor's Initial

MODULE 1: WARD PHARMACY SERVICES

No	Date	Patient's IC/ RN	Diagnosis	Type of PCI(s) identified	Case Discussion Tick (✓)	Preceptor's Initial

MODULE 1: WARD PHARMACY SERVICES

No	Date	Patient's IC/ RN	Diagnosis	Type of PCI(s) identified	Case Discussion Tick (✓)	Preceptor's Initial	
TOTAL CASES CLERKED							
TOTAL CASES DISCUSSED							

MODULE 1: WARD PHARMACY SERVICES

SECTION 3: MEDICATION COUNSELING

Target: 30 cases

No	Date	Patient's R/N	*Type of Counseling	Preceptor's Initial

* 1. Device (e.g insulin pen, inhaler, nasal spray)

2. Disease

3. Medications

4. Others

Note:

1. PRP must undergo counseling validation / evaluation before performing actual activity

MODULE 1: WARD PHARMACY SERVICES

No	Date	Patient's R/N	*Type of Counseling	Preceptor's Initial

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

Note:

1. PRP must undergo counseling validation / evaluation before performing actual activity

MODULE 1: WARD PHARMACY SERVICES

No	Date	Patient's R/N	*Type of Counseling	Preceptor's Initial

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

Note:

1. PRP must undergo counseling validation / evaluation before performing actual activity

MODULE 1: WARD PHARMACY SERVICES

No	Date	Patient's R/N	*Type of Counseling	Preceptor's Initial
			TOTAL CASES	

* 1. Device (e.g insulin pen, inhaler, nasal spray) 2. Disease

3. Medications

4. Others

Note:

1. PRP must undergo counseling validation / evaluation before performing actual activity

MODULE 1: WARD PHARMACY SERVICES

SECTION 4: ENQUIRY / DRUG INFORMATION DURING WARD ATTACHMENT

Target: 30 enquiries (if any)

No	Date	*Type of Enquiry	Enquirer (e.g Doctors, staff nurse and others)	Source of Reference	Preceptor's Initial

*1. Indication 5. Contraindication 2. Dose/administration
 6. Adverse effect

3. Interaction

4. General product information

0. Auverse effect

7. Pharmaceutical compatibility

8. Pharmaceutical availability

9. Others (please specify)

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MODULE 1: WARD PHARMACY SERVICES

No	Date	*Type of Enquiry	Enquirer (e.g Doctors, staff nurse and others)	Source of Reference	Preceptor's Initial

*1. Indication

2. Dose/administration

3. Interaction

4. General product information8. Pharmaceutical availability

5. Contraindication
 9. Others (please specify)

6. Adverse effect

7. Pharmaceutical compatibility

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MODULE 1: WARD PHARMACY SERVICES

No	Date	*Type of Enquiry	Enquirer (e.g Doctors, staff nurse and others)	Source of Reference	Preceptor's Initial

*1. Indication 5. Contraindication

2. Dose/administration 6. Adverse effect

3. Interaction

4. General product information 7. Pharmaceutical compatibility 8. Pharmaceutical availability

9. Others (please specify)

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MODULE 1: WARD PHARMACY SERVICES

No	Date	*Type of Enquiry	Enquirer (e.g Doctors, staff nurse and others)	Source of Reference	Preceptor's Initial
				TOTAL CASES	

*1. Indication

5. Contraindication

9. Others (please specify)

2. Dose/administration 6. Adverse effect

3. Interaction

7. Pharmaceutical compatibility

4. General product information 8. Pharmaceutical availability

ASSESSMENT: WARD PHARMACY SERVICES

SECTION 5: CASE PRESENTATION & CASE REPORT

Target: A) Case Presentation : 2 cases

B) Case Report : 2 cases

Date	Patient's IC/RN	Торіс	Case presentation Tick (✓)	Case Report Tick (✓)	Preceptor's Initial

ASSESSMENT: WARD PHARMACY SERVICES

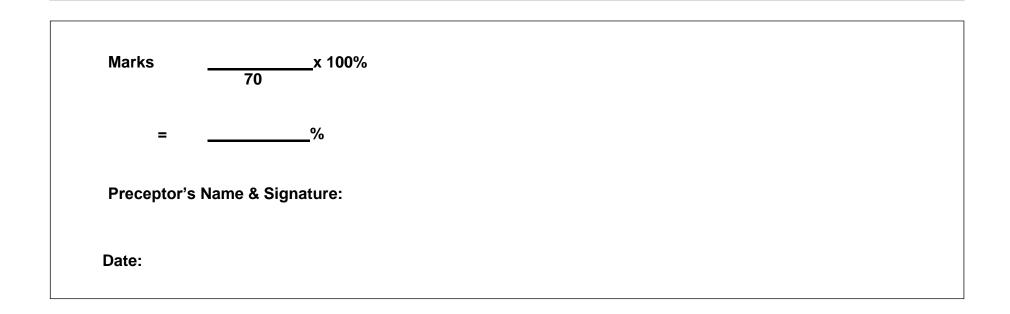
SECTION 6: COMPETENCY ASSESSMENT

Ne Terret Completed Percentage Level of Performance		се														
No.	Task	Target	Task	Achieved (%)	1	2	3	4	5	6	7	8	9	10	NA	Comments
1.	Medication History Taking	30 cases														
2	2.1 Case clerking	30 cases														
	2.2 Case discussion	12 cases														
3.	Medication Counseling	30 cases														
4.	Enquiry / Drug Information	30 enquiries														
5.	5.1 Case Report	2 cases														
	5.2 Case Presentation	2 cases														

ASSESSMENT: WARD PHARMACY SERVICES

EVALUATION

GENERAL COMMENT ON OVERALL PERFORMANCE AND ATTITUDE



A. DURATION OF ATTACHMENT

16 weeks

B. TRAINING OUTCOME

Upon completion of training, PRP must be able to:

- 1. have adequate knowledge of outpatient pharmacy management
- 2. be familiar with the generic names, proprietary names, pharmacological groupings and MOH/Hospital Formularies.
- 3. Screen prescription
- 4. Label and fill medication
- 5. Countercheck medication
- 6. Dispensing of Medication / Prescriptions
- 7. Counsel patient
- 8. Handle of dangerous drugs / psychotropic substances
- 9. Prepare extemporaneous preparations

C. INSTRUCTIONS

1. SCREENING

- 1.1 Screening and verifying of prescriptions for the following
 - a. Validity of the prescription
 - b. Dosage regimen
 - c. Polypharmacy
 - d. Drug interactions
 - e. Contraindications
 - f. Incompatibilities
- 1.2 The screening of a prescription must be performed at any point of processing a prescription.
- 1.3 Able to contact prescriber to discuss errors or ambiguous prescriptions

2. LABELLING AND FILLING

2.1 Ensure correct medication are filled according to label and prescription

3. COUNTERCHECKING OF MEDICATION / PRESCRIPTIONS

3.1 Final checking of medications are prepared against prescription and record any near-miss errors detected.

4. DISPENSING OF MEDICATION / PRESCRIPTIONS

- 4.1 Abide to the principles of 5 Rights on Quality Use of Medicines
 - a. Right patient
 - b. Right medication
 - c. Right dose
 - d. Right time
 - e. Right route of administration
- 4.2 Practice good communication skills and counter service
- 4.3 Adhere to the Guide to Good Dispensing Practice (GDsP)
- 4.4 Document all relevant data and statistics
- 4.5 Aware on pharmacy value added service and its promotion and process
- 4.6 Have knowledge of extemporaneous preparations based on Good Preparation Practice.

5. PATIENT MEDICATION COUNSELING

- 5.1 Able to advise/counsel on:
 - a. Patient's drug regimen/therapy
 - b. Indications
 - c. Storage conditions
 - d. Precautions
 - e. Side effects
 - f. Food / drug interactions
 - g. Compliance and missed doses
 - h. Use of devices (e.g inhalers, insulin pen, interferon pen)
- 5.2 Document all patient medication counseling accordingly
- 5.3 PRP must undergo the counseling validation/ evaluation before performing actual activity.

6. HANDLING OF DANGEROUS DRUGS / PSYCHOTROPIC SUBTANCES

- 6.1 Handle dangerous drugs and psychotropic substances in accordance to therespective legislations:
 - a. Dangerous Drugs Act 1952
 - b. Poison Act 1952
 - c. Poison (Psychotropic Substances) Regulations 1989

7. EXTEMPORANEOUS PREPARATIONS

7.1 Able to understand formulation and calculate appropriate quantities required

D. TRAINING COMPONENTS WITH TARGETS TO ACHIEVE

Section	Task	Target	Remarks				
1	Screening	2400 prescriptions screened	To record all the intervention in logbook				
2	Labelling and Filling of Prescriptions	-	At least 5 prescriptions labelling and filling process must be assessed by the preceptor				
3	Dispensing	2400 prescriptions	Adhere to Good Dispensing Practice				
4	Patient Medication Counseling	48 patients	-				
5	Handling of Dangerous Drugs & Psychotropic Substances	80 prescriptions / *Case simulation *Case simulation if prescriptions are not enough during attachment	-				
6	Preparing Extemporaneous Medications	5 preparations / *case simulation *Case simulation if preparations are not enough during attachment	Able to understand formulation and calculate the appropriate quantities required				

Note: The number of cases in this logbook serves as a guideline and is subjected to the capacity of each hospital / institution. The preceptor can reduce the target with the approval of hospital / institution chief pharmacist if the case / prescription is insufficient.

E. TRAINING COMPONENTS TO OBTAIN BRIEFING

No.	Component	Date of	Briefing done by:		
NO.	Component	Briefing	Name	Signature	
1.	Good dispensing practice				
2.	 Management of outpatient pharmacy Knowledge of stock movement or control Patient waiting time & peak hour management Handling of drug information enquiries 				
3.	Medication Safety LASA High Alert Medication 				
4.	Value added services (VAS), (e.g., medication home deliveries, drive-thru pharmacy, etc.) (if applicable)				
5.	 Others A) Medication Therapy Adherence Clinic (MTAC) services (If applicable) Ability to understand the objectives & different types of MTAC services provided B) Home Medication Review (HMR) (If applicable) Ability to understand the objectives & different activities of HMR C) Smoking Cessation (if applicable) Ability to understand the objectives of smoking cessation services 				

SECTION 1: SCREENING

Target: 2400 prescriptions

	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				

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

MODULE 2: OUTPATIENT PHARMACY SERVICES

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

MODULE 2: OUTPATIENT PHARMACY SERVICES

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

Date	Number of Prescriptions Screened	Patient's IC/RN (Prescription with intervention)	PDI (if any)	Type of INT (If any)	Preceptor's Initial
	Date	Date Prescriptions	Date Prescriptions (Prescription with	Date Prescriptions (Prescription with PDI (if any)	Date Prescriptions (Prescription with PDI (if any)

No.	Date	Number of Prescriptions Screened	Patient's IC/RN (Prescription with intervention)	PDI (if any)	Type of INT (If any)	Preceptor's Initial
TOTAL NUMBER OF PRESCRIPTIONS SCREENED						

SECTION 2: LABELLING AND FILLING OF PRESCRIPTIONS

(At least 5 prescriptions filling process must be assessed by the preceptor)

Date	Patient's IC / RN	Number of Items in Prescriptions	Remarks	Preceptor's Initial

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SECTION 2: LABELLING AND FILLING OF PRESCRIPTIONS

(At least 5 prescriptions filling process must be assessed by the preceptor)

Date	Patient's IC / RN	Number of Items in Prescriptions	Remarks	Preceptor's Initial

SECTION 2: LABELLING AND FILLING OF PRESCRIPTIONS

(At least 5 prescriptions filling process must be assessed by the preceptor)

Date	Patient's IC / RN	Number of Items in Prescriptions	Remarks	Preceptor's Initial

SECTION 2: LABELLING AND FILLING OF PRESCRIPTIONS

(At least 5 prescriptions filling process must be assessed by the preceptor)

Date	Patient's IC / RN	Number of Items in Prescriptions	Remarks	Preceptor's Initial

SECTION 3: DISPENSING

Target: 2400 prescriptions

No.	Date	Number of Prescriptions Dispensed	Preceptor's Initial

No.	Date	Number of Prescriptions Dispensed	Preceptor's Initial

No.	Date	Number of Prescriptions Dispensed	Preceptor's Initial

No.	Date	Number of Prescriptions Dispensed	Preceptor's Initial

No.	Date	Number of Prescriptions Dispensed	Preceptor's Initial
	1	TOTAL NUMBER OF PRESCRIPTION DISPENSED	

SECTION 4: PATIENT MEDICATION COUNSELING

Target: 48 patients

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

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

Note:

1. PRP must undergo counseling validation / evaluation before performing actual activity

2. Counseling form (Appendix 1) can be used to record counseling activity if counseling form is not available at facility

MODULE 2: OUTPATIENT PHARMACY SERVICES

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

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

Note:

1. PRP must undergo counseling validation / evaluation before performing actual activity 2. Counseling form (Appendix 1) can be used to record counseling activity if counseling form is not available at facility

MODULE 2: OUTPATIENT PHARMACY SERVICES

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

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

Note:

PRP must undergo counseling validation / evaluation before performing actual activity
 Counseling form (Appendix 1) can be used to record counseling activity if counseling form is not available at facility

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

* 1. Device (e.g insulin pen, inhaler, nasal spray)

2. Disease

3. Medications

4. Others

Note:

1. PRP must undergo counseling validation / evaluation before performing actual activity 2. Counseling form (Appendix 1) can be used to record counseling activity if counseling form is not available at facility

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

* 1. Device (e.g insulin pen, inhaler, nasal spray)

2. Disease

3. Medications

4. Others

Note:

PRP must undergo counseling validation / evaluation before performing actual activity
 Counseling form (Appendix 1) can be used to record counseling activity if counseling form is not available at facility

SECTION 5: HANDLING OF DANGEROUS DRUGS AND PSYCHOTROPIC SUBSTANCES

Target: 80 prescriptions / *case simulation

*Case simulation if preparations are not enough during attachment

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

SECTION 6: PREPARING EXTEMPORANEOUS MEDICATIONS

Target: 5 preparations / *case simulation

*Case simulation if preparations are not enough during attachment

No	Date	Patient's IC/ RN or Batch Number	Name of Preparation	Preceptor's Initial
			EPARATIONS / CASE SIMULATION	

ASSESSMENT: OUTPATIENT PHARMACY SERVICES

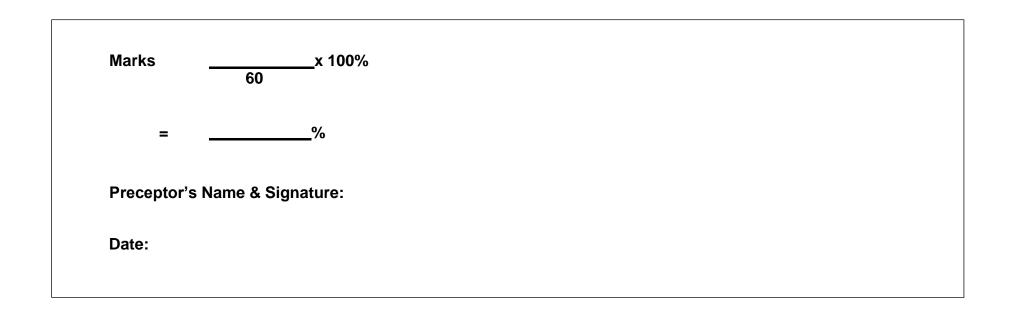
SECTION 7: COMPETENCY ASSESSMENT

Na	Taali	Townst	Completed	Percentage				l	Level c	of Perfe	orman	се				
No.	No. Task	Target	tack Achieved	Achieved (%)	1	2	3	4	5	6	7	8	9	10	NA	Comments
1.	Screening	2400 prescriptions														
2.	Labelling and Filling of Prescription s	-														
3.	Dispensing	2400 prescriptions														
4.	Patient Medication Counseling	48 patients														
5.	Handling of Dangerous Drugs & Psychotropic Substances	80 prescriptions / case simulation														
6.	Preparing Extemporan eous Medications	5 preparations / case simulation														

ASSESSMENT: OUTPATIENT PHARMACY SERVICES

EVALUATION

GENERAL COMMENT ON OVERALL PERFORMANCE AND ATTITUDE



A. DURATION OF ATTACHMENT:

16 weeks

B. TRAINING OUTCOME

Upon completion of training, PRP must be able to:

- 1. have adequate knowledge of inpatient pharmacy management.
- 2. familiarize with the generic names, proprietary names, pharmacological groupings and Hospital Formularies.
- 3. screen prescriptions.
- 4. label and fill prescriptions.
- 5. counter check and supply medication.
- 6. counsel patient.
- 7. conduct bedside/discharge dispensing.
- 8. conduct ward inspections.
- 9. handle dangerous Drugs & Psychotropic Substances.
- 10. prepare extemporaneous preparation.
- 11. understand inventory management of inpatient pharmacy.

C. INSTRUCTIONS

1. SCREENING

- 1.1 Screening and verifying of prescriptions for the following
 - a. validity of the prescription
 - b. dosage regimen
 - c. polypharmacy
 - d. drug interactions
 - e. contraindications
 - f. incompatibilities etc.
- 1.2 Review medication profile
- 1.3 The screening of a prescription must be performed at any point of processing a prescription

- 1.4 Ability to detect the errors or ambiguous prescriptions and discuss with preceptor / other pharmacy staffs before contact prescriber.
- 1.5 Recording of any interventions done

2. LABELLING AND FILLING

2.1 Ensure correct medication are filled according to label and prescription

3. COUNTERCHECKING OF MEDICATION

- 3.1 Final checking of medications prepared against prescription
- 3.2 Record any near-miss errors detected

4. SUPPLY OF MEDICATIONS TO THE WARDS

- 4.1 Understand the ward supply system (UOU, UD, ward stock, emergency trolley)
- 4.2 Understand Patient's Own Medication (POM) procedure
- 4.3 Abide to the principle of 5 Rights on Quality Use of Medicine
 - a. Right patient
 - b. Right medication
 - c. Right dose
 - d. Right route of administration
 - e. Right time
- 4.4 Document all relevant data and statistics.

5. MEDICATION COUNSELING

- 5.1 Able to advise/ counsel on:
 - a. patient drug regimen/ therapy
 - b. indications
 - c. storage conditions
 - d. precautions
 - e. side effects
 - f. food / drug interactions
 - g. compliance and missed doses
 - h. use of devices (e.g. inhalers, insulin pens, interferon pens)

- 5.2 Discharge and bedside counseling.
- 5.3 Document all patient medication counseling accordingly.

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

6. BEDSIDE / DISCHARGE DISPENSING

- 6.1 Adhere to Guide to Good Dispensing Practice (GDsP)
- 6.2 Abide to the principle of 5 Rights on Quality Use of Medicine
 - a. Right patient
 - b. Right medication
 - c. Right dose
 - d. Right route of administration
 - e. Right time

7. HANDLING OF DANGEROUS DRUGS / PSYCHOTROPIC SUBSTANCES

- 7.1 Handle dangerous drugs and psychotropic substances in accordance to respective legislations:
 - a. Dangerous Drugs Act 1952
 - b. Poisons Act 1952
 - c. Poisons (Psychotropic Substances) Regulations 1989

8. WARD MEDICATIONS INSPECTION

- 8.1 Stock handling
- 8.2 storage requirements
- 8.3 Records

9. EXTEMPORANEOUS PREPARATIONS

9.1 Ability to understand formulation, calculate and prepare the appropriate amount required

10. INVENTORY MANAGEMENT OF INPATIENT PHARMACY

10.1 Knowledge of stock movement and control, handling of slow moving and near expiry items, handling prescription in a stock-out situation, peak hour management

11. OTHER ACTIVITIES

- a. Knowledge on generic / proprietary names / pharmaceutical grouping and Hospital formularies
- b. Handling of drug information enquiries.
- c. Knowledge on injectable drug dilution
- d. Knowledge on Medication Safety (LASA, High Alert Medication)

D. TRAINING COMPONENTS WITH TARGETS TO ACHIEVE

Section	Task	Target	Remarks
1	Screening	2400 *prescriptions	*1 Item=1 Prescription
2	Labelling and Filling of Prescriptions	-	 At least 5 complete filling processes must be assessed by the preceptor 1 Item=1 Prescription
3	Counterchecking and/or Supply of Prescriptions / Indent Orders	2400 indents or prescriptions	
4	Medication Counseling (Bedside/Discharge)	80 patients	PRP must undergo counseling validation / evaluation before performing actual activity
5	Bedside/Discharge Dispensing	80 prescriptions	
6	Ward Medication Inspections	4 wards / unit inspections	
7	Handling of Dangerous Drugs & Psychotropic Substances	10 times	
8	Preparing Extemporaneous Medications	5 preparations/ case simulation	Able to understand formulation, calculate and prepare the appropriate quantities required

Note: The number of cases in this logbook serves as a guideline and is subjected to the capacity of each hospital / institution. The preceptor can reduce the target with the approval of hospital / institution chief pharmacist if the case / prescription is insufficient.

TRAINING COMPONENTS TO OBTAIN BRIEFING

No.	Component	Date of	Briefing	done by:
NO.	component	Briefing	Name	Signature
1.	Ward supply system (including Psychotropic substance, handling Patient-Own- Medication)			
2.	Dilution for injectable drug and source of information.			
3.	Medication Safety (High Alert Medication, Look-alike Sound- alike Medication)			
4.	Checking of stocks (slow moving item/ near expiry item), indenting of stocks and procedures			

SECTION 1: SCREENING

Target: 2400 *prescriptions (*1 Item=1 Prescription)

	Type of Intervention (INT)							
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								

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

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

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

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

No.	Date	Number of Prescriptions Screened	Patient's IC/RN (Prescription with intervention)	PDI (if any)	Type of INT (if any)	Preceptor's Initial
	1					

SECTION 2: LABELLING AND FILLING OF PRESCRIPTIONS (At least 5 complete filling process must be assessed by the preceptor)

Date	Patient's IC/ RN	Number of Prescriptions	Remarks	Preceptor's Initial

SECTION 2: LABELLING AND FILLING OF PRESCRIPTIONS

(At least 5 complete filling process must be assessed by the preceptor)

Date	Patient's IC/ RN	Number of Prescriptions	Remarks	Preceptor's Initial

SECTION 2: LABELLING AND FILLING OF PRESCRIPTIONS (At least 5 complete filling process must be assessed by the preceptor)

Date	Patient's IC/ RN	Number of Prescriptions	Remarks	Preceptor's Initial

SECTION 2: LABELLING AND FILLING OF PRESCRIPTIONS (At least 5 complete filling process must be assessed by the preceptor)

Patient's IC/ RN	Number of Prescriptions	Remarks	Preceptor's Initial
	Patient's IC/ RN	Patient's IC/ RN Number of Prescriptions	Patient's IC/ RN Number of Prescriptions Remarks Image: Comparison of the second state of t

SECTION 3: COUNTERCHECKING AND/OR SUPPLY OF PRESCRIPTIONS / INDENT ORDERS

Target: 2400 indents or prescriptions

No	Date	Number of indents / prescriptions Counterchecked	Number of Items Wrongly Filled	Description of Error	Preceptor's Initial

No	Date	Number of indents / prescriptions Counterchecked	Number of Items Wrongly Filled	Description of Error	Preceptor's Initial

No	Date	Number of indents / prescriptions Counterchecked	Number of Items Wrongly Filled	Description of Error	Preceptor's Initial

No	Date	Number of indents / prescriptions Counterchecked	Number of Items Wrongly Filled	Description of Error	Preceptor's Initial

No	Date	Number of indents / prescriptions Counterchecked	Number of Items Wrongly Filled	Description of Error	Preceptor's Initial	
	TOTAL NUMBER OF INDENTS OR PRESCRIPTIONS CHECKED					

SECTION 4: MEDICATION COUNSELING (BEDSIDE/DISCHARGE)

Target: 80 patients

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

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

Note:

1. PRP must undergo counseling validation / evaluation before performing actual activity

MODULE 3: INPATIENT PHARMACY SERVICES

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

* 1. Device (e.g insulin pen, inhaler, nasal spray)

2. Disease 3. Medications

4. Others

Note:

1. PRP must undergo counseling validation / evaluation before performing actual activity

MODULE 3: INPATIENT PHARMACY SERVICES

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

* 1. Device (e.g insulin pen, inhaler, nasal spray)

2. Disease 3. Medications

4. Others

Note:

1. PRP must undergo counseling validation / evaluation before performing actual activity

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

* 1. Device (e.g insulin pen, inhaler, nasal spray)

2. Disease 3. Medications 4. Others

Note:

PRP must undergo counseling validation / evaluation before performing actual activity
 Counseling form (Appendix 1) can be used to record counseling activity if counseling form is not available at facility

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

* 1. Device (e.g insulin pen, inhaler, nasal spray)

2. Disease 3. Medications 4. Others

Note:

PRP must undergo counseling validation / evaluation before performing actual activity
 Counseling form (Appendix 1) can be used to record counseling activity if counseling form is not available at facility

No.	Date	Patient's IC/RN	*Type of Counseling	Preceptor's Initial
			AL NUMBER OF PATIENTS	

* 1. Device (e.g insulin pen, inhaler, nasal spray)

2. Disease 3. Medications

4. Others

Note:

1. PRP must undergo counseling validation / evaluation before performing actual activity

SECTION 5: BEDSIDE/DISCHARGE DISPENSING

Target: 80 prescriptions

No	Date	Number of Prescriptions dispensed	Number of items dispensed	Preceptor's Initial

No	Date	Number of Prescriptions dispensed	Number of items dispensed	Preceptor's Initial

No	Date	Number of Prescriptions dispensed	Number of items dispensed	Preceptor's Initial
	1	TOTAL NUMBER	OF PRESCRIPTIONS DISPENSED	

SECTION 6: WARD MEDICATION INSPECTIONS

Target: 4 wards or unit of inspections

No	Date	Ward / Unit	Preceptor's Initial

Note: Ward inspections report must be completed and submitted within a week post inspections

MODULE 3: INPATIENT PHARMACY SERVICES

SECTION 7: HANDLING OF DANGEROUS DRUGS AND PSYCHOTROPIC SUBSTANCES

Target: 10 times

Date	Number of items checked (checked and found)	Preceptor's Initial

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SECTION 8: PREPARING EXTEMPORANEOUS MEDICATIONS

Target: 5 preparations/simulation

No	Date	Patient IC/RN	Name of Preparation	Preceptor's Initial

ASSESSMENT: INPATIENT PHARMACY SERVICES

SECTION 10: COMPETENCY ASSESSMENT

		Tanat	Completed	Percentage				L	.evel o	of Perfo	orman	ce				
No.	Task	Target	task	Achieved (%)	1	2	3	4	5	6	7	8	9	10	NA	Comments
1.	Screening	2400 prescriptions														
2.	Labelling and Filling of Prescriptio ns	-														
3.	Counterchec king and/or Supply of Prescription s / Indent Orders	2400 indents or prescriptions														
4.	Medication Counseling (Bedside/ Discharge)	80 patients														
5.	Bedside/ Discharge Dispensing	80 prescriptions														
6.	Ward Medication Inspections	4 wards / unit inspections														

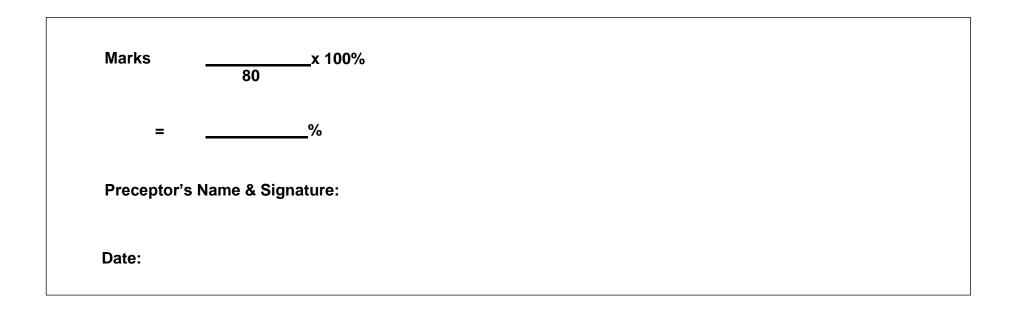
ASSESSMENT: INPATIENT PHARMACY SERVICES

		Torgot	Completed	npleted Percentage Achieved			Level of Performance										
No.	Task	Target	task	(%)	1	2	3	4	5	6	7	8	9	10	NA	Comments	
7.	Handling of Dangerous Drugs & Psychotropi c Substances	10 times															
8.	Preparing Extemporan eous Medications	5 preparations /simulation															

ASSESSMENT: INPATIENT PHARMACY SERVICES

EVALUATION

GENERAL COMMENT ON OVERALL PERFORMANCE AND ATTITUDE



MODULE 4: CLINICAL PHARMACOKINETICS SERVICES (OPTIONAL)

A. DURATION OF TRAINING

2 weeks

B. TRAINING OUTCOME

Upon completion of training, PRP must be able to:

- 1. Have knowledge of blood TDM drug sampling time, evaluation of patient parameters, calculations of dosage estimation, result interpretation and make recommendations.
- 2. read and comprehend patient case notes.
- 3. assess patient suitability for therapeutic drug monitoring.
- 4. discuss with preceptor.
- 5. monitor patient progress in the ward.

C. TRAINING COMPONENTS WITH TARGETS TO ACHIEVE

Section	Task	Target	Remarks
1	Calculation of Dosage(s), Results Interpretation and Recommendations	8 Cases	 All calculation and recommendations must be assessed by a senior pharmacist Cases = drug
2	Case Clerking & Discussion	3 cases	

Note: The number of cases in this logbook serves as a guideline and is subjected to the capacity of each hospital / institution. The preceptor can reduce the target with the approval of hospital / institution chief pharmacist if the case / prescription is insufficient.

MODULE 4: CLINICAL PHARMACOKINETIC SERVICES

D. TRAINING COMPONENTS TO OBTAIN BRIEFING

No.	Component	Date of	Briefing	J done by:
NO.	Component	Briefing	Name	Signature
1.	Drugs with narrow therapeutic index (PK characteristics & target range of individual TDM drugs)			
2.	Knowledge of TDM sampling time (Different sampling time requirement for different drugs)			
3.	Evaluation of patient's parameters (To correlate results with patient's clinical condition)			
4.	Procedures of informing results to prescribers (Understand workflow when delivering results to prescribers)			

MODULE 4: CLINICAL PHARMACOKINETIC SERVICES

SECTION 1: CALCULATION OF DOSAGE(S), RESULTS INTERPRETATION AND RECOMMENDATIONS

Target: 8 cases

No	Date	Patient's IC/ R/N	Drug	Preceptor's Initial
		TOTAL CASES		

MODULE 4: CLINICAL PHARMACOKINETIC SERVICES

SECTION 2: CASE CLERKING AND DISCUSSION

Target: 3 cases

Note: To obtain a variety of cases including toxicology cases

No	Date	Patient's IC/ R/N	Number of PCI identified (if any)	Case Discussion Tick (✔)	Preceptor's Initial
				TOTAL CASES	

ASSESSMENT: CLINICAL PHARMACOKINETIC SERVICES

SECTION 3: COMPETENCY ASSESSMENT

No.	No. Task Ta		Completed	Percentage Achieved	Level of Performance										Comments	
110.	IdSK	Target	Task	(%)	1	2	3	4	5	6	7	8	9	10	NA	Comments
1.	Calculation of Dosage(s), Results Interpretation and Recommendations	8 cases														
2.	Case Clerking and discussion	3 cases														

ASSESSMENT: CLINICAL PHARMACOKINETIC SERVICES

EVALUATION

GENERAL COMMENT ON OVERALL PERFORMANCE AND ATTITUDE

Marks	20	x 100%
=		_%
Preceptor's	Name & Sign	ature:
Date:		

A. DURATION OF TRAINING

2 weeks

B. TRAINING OUTCOME

Upon completion of training, PRP must be able to:

- 1. have adequate knowledge of basic principle of clean room management and aseptic technique.
- 2. read and comprehend patient's case notes.
- 3. discuss with preceptor.
- 4. calculate and prepare worksheet.
- 5. compound preparations.
- 6. monitor patient progress.
- 7. present case.

C. TRAINING COMPONENTS WITH TARGETS TO ACHIEVE

Section	Task	Target	Remarks
1	Ability to Assist in Assessing Patient Suitability For Parenteral Nutrition Request	3 adults cases / pediatric cases	
2	Calculation / Worksheet	3 cases	 All calculations must be counterchecked by preceptor
3	Compounding of Preparations	5 cases	 Assessment of aseptic technique included
4	Case Monitoring	3 cases	
5.	Case Presentation	1 case	

Note: The number of cases in this logbook serves as a guideline and is subjected to the capacity of each hospital / institution. The preceptor can reduce the target with the approval of hospital / institution chief pharmacist if the case / prescription is insufficient.

D. TRAINING COMPONENTS TO OBTAIN BRIEFING

NI.		Date of	Briefing done by:			
No.	Component	Briefing	Name	Signature		
1.	Principles of laminar flow cabinet and clean room design					
2.	Maintenance of laminar flow cabinet and clean room					
	 Cleaning of laminar flow cabinet and clean room 					
	Quality Assurance Test					
3.	Principles of aseptic techniques					
	Hand Washing					
	Gowning					
	Gloving					
	Removing Protective Clothing					
	 Withdrawing of solution from ampoule 					
	 Adding diluent to an 					
	ampoule containing					
	powderform					
	 Adding of solution from ampoule to infusion bag 					
	Adding diluent to the					
	vial containing powder					
	form					
	 Withdrawing solution from vial 					
	 Transferring solution from bag/ bottle to syringe 					
	 Transferring solution from vial to bag 					
	 Transferring solution from ampoule to vial 					

SECTION 1: ABILITY TO ASSIST IN ASSESSING PATIENT SUITABILITY FOR PARENTERAL NUTRITION REQUEST

Target: 3 cases (adult/pediatric)

Type of Intervention (INT)								
A-Incomplete Prescription	Incomplete Prescription B-Inappropriate Regimens C-Inappropriate Prescriptions							
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								

No	Date	Patient's IC/ RN	*Type of Interventions (INT)	Preceptor's Initial
	I			

SECTION 2: CALCULATION / WORKSHEET

Target: 3 cases

No	Date	Patient's IC/ RN	Indication of Parenteral Nutrition	Preceptor's Initial
			TOTAL CASES	

SECTION 3: COMPOUNDING OF PREPARATIONS

Target: 5 cases

		Patient's IC/		Preceptor's			
No	Date	RN	Parenteral Nutrition	IV Admixutre	Others (eg: eye drop, etc.)	Initial	
	TOTAL CASES						

SECTION 4: CASE MONITORING

Target: 3 cases

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								

No	Date	Patient's IC/ RN	Intervention (INT) (If any)	Description of Case	Preceptor's Initial

SECTION 5: CASE PRESENTATION

Target: 1 case

Date	Patient's IC/ RN	Topic of presentation	Preceptor's Initial

ASSESSMENT: PARENTERAL NUTRITION / INTRAVENOUS ADMIXTURE SERVICES

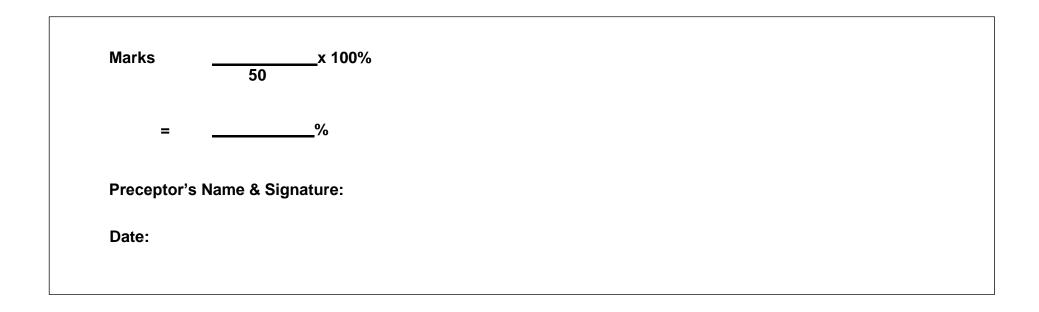
SECTION 6: COMPETENCY ASSESSMENT

No.	Task	Terret	Completed	Percentage				Lev	vel o	f Per	form	nanc	е			Comments
NO.	Task	Target	Task	Achieved (%)	1	2	3	4	5	6	7	8	9	10	NA	Comments
1.	Ability To Assist in Assessing Patient Suitability for Parenteral Nutrition Request	3 cases														
2.	Calculation / Worksheet	3 cases														
3.	Compounding of Preparations	5 cases														
4.	Case Monitoring	3 cases														
5.	Case Presentation	1 case														

ASSESSMENT: PARENTERAL NUTRITION / INTRAVENOUS ADMIXTURE SERVICES

EVALUATION

GENERAL COMMENT ON OVERALL PERFORMANCE AND ATTITUDE



MODULE 6: ONCOLOGY PHARMACY SERVICES (OPTIONAL)

A. DURATION OF TRAINING

2 weeks

B. TRAINING OUTCOME

Upon completion of training, PRP must be able to:

- 1. 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

MODULE 6: ONCOLOGY PHARMACY SERVICES

C. TRAINING COMPONENTS WITH TARGETS TO ACHIEVE

Section	Task	Target	Remarks
1	Ability to Assist in Assessing Patient's Suitability for Chemotherapy and Adjunct Regime	5 cases	 All screening process must be counterchecked by preceptor Cases with Intervention should be recorded
2	Calculation and Worksheet	5 cases	 All calculations must be counterchecked by preceptor
3	Reconstitution / Assist / Observe in cleanroom	3 sessions	 All reconstitution / assisting process must be carried out in cleanroom and assessed by preceptor
4	Case Monitoring	5 cases	
5	Patient Medication Counselling	5 cases	
6	Case Presentation	1 case	

Note: The number of cases in this logbook serves as a guideline and is subjected to the capacity of each hospital / institution. The preceptor can reduce the target with the approval of hospital / institution chief pharmacist if the case / prescription is insufficient.

D. TRAINING COMPONENTS TO OBTAIN BRIEFING

Na	Component	Date of	Briefing	done by:
No.	Component	Briefing	Name	Signature
1.	Principles of cytotoxic cabinet and clean room design			
	 Hierarchy of control in cytotoxic drug reconstitution Configuration of cleanroom 			
2.	and cytotoxic cabinet Maintenance of cytotoxic cabinet and clean room			
	 Cleaning of cytotoxic cabinet and clean room Quality Assurance 			
3.	Principles of aseptic techniquesHand Washing			
	 Gowning Gloving Do gowning 			
	 De-gowning Withdrawal of cytotoxic drug solution from vial 			
	 Adding diluent to the vial containing cytotoxicdrug in powder form 			
	 Adding of drug solution into infusion bottle Transferring solution 			
	from bag/ bottle to syringe Transferring solution from ampoule to vial			
4.	Safety issues related to cytotoxic drugs			
	 Personnel Protective Equipment (PPE) Disposal of Cytotoxic Waste 			
	 Spill Management Health Monitoring Transportation 			
	TransportationStorage			

No.	Component	Date of	Briefing done by:				
NO.	o. Component	Briefing	Name	Signature			
	Extravasation Common side effects						
5.	Management of extravasation						
6.	Patient-assistance-program (PAP)						

SECTION 1: ABILITY TO ASSISST IN ASSESSING PATIENT SUITABILITY FOR CHEMOTHERAPY AND ADJUCT REGIME

Target: 5 cases

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									

No	Date	Patient's IC/RN	Type of Interventions (INT) (If any)	Preceptor's Initial				
	TOTAL CASES							

SECTION 2: CALCULATION AND WORKSHEET

Target: 5 cases

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

SECTION 3: RECONSTITUTION / ASSIST / OBSERVE IN CLEANROOM

Target: 3 sessions

No	Date	Patient's IC /RN	Reconstitution / Assisting / Observing	Preceptor's Initial

SECTION 4: CASE MONITORING

Target: 5 cases

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									

No.	Date	Patient's IC /RN	Type of Intervention (INT) (If any)	Preceptor's Initial
	<u>.</u>	·	TOTAL CASES	

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SECTION 5: PATIENT MEDICATION COUNSELING

Target: 5 cases

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

MODULE 6 :ONCOLOGY PHARMACY SERVICES

SECTION 6: CASE PRESENTATION

Target: 1 case

Date	Patient's IC /RN	Topic of Case	Preceptor's Initial

Note: Diagnosis, regime and description of the case must be mentioned in the case presentation

ASSESSMENT: ONCOLOGY PHARMACY SERVICES

SECTION 7: COMPETENCY ASSESSMENT

No.	Task	Target	Target Completed Percentage Achieved		Level of Performance								Comments			
NO.	IdSK	Target	Task	(%)	1	2	3	4	5	6	7	8	9	10	NA	Comments
1.	Ability to assist in assessing the patient suitability for chemotherapy and adjunct regime	5 cases														
2.	Calculation and Worksheet	5 cases														
3.	Reconstitution / Assist / Observe in clean room	3 sessions														
4.	Case Monitoring	5 cases														
5.	Medication Counseling	5 cases														
6.	Case Presentation	1 case														

ASSESSMENT: ONCOLOGY PHARMACY SERVICES

EVALUATION

GENERAL COMMENT ON OVERALL PERFORMANCE

Marks	x 100% 60		
=	%		
Precepto	or's Name & Signature:		
Date:			

A. DURATION OF TRAINING

2 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) and Medication Error Report (MER)
- 5. Participate in preparation of bulletin or newsletter.
- 6. Conduct a short study / project
- 7. Understand drug formulary management

C. TRAINING COMPONENTS WITH TARGETS TO ACHIEVE

Section	Task	Target	Remarks
1	Receive, Answer and Document Enquiries	40 enquires	Depends on the volume of the enquires received by the facilities
2	Educational Activities	 Continuing Pharmacy Education (CPE) presentation: 1 Clinical paper appraisal: 1 Bulletin/ Newsletter (optional) 	
3	Research / Quality Activities	Short study / project: 1	e.g Research, Clinical study, Quality study (KIK/ Inovasi/ QA) Clinical audit Project example: Application development, Poster, Medication Identification File etc.
4	Adverse Drug Reaction (ADR) and Medication Error (ME) Reporting	If any	

Note: The number of cases in this logbook serves as a guideline and is subjected to the capacity of each hospital / institution. The preceptor can reduce the target with the approval of hospital / institution chief pharmacist if the case / prescription is insufficient.

D. TRAINING COMPONENTS TO OBTAIN BRIEFING

No.	Component	Date of	Briefin	g done by:			
NO.	Component	Briefing	Name	Signature			
1.	Application and renewal of import permit						
2.	Application of new drug request						
3	Good Governance in Medicine (GGM)						

SECTION 1: RECEIVE, ANSWER AND DOCUMENT ENQUIRIES

Target: 40 enquiries

No	Date	*Type of Enquiry	Enquirer (eg doctors, staff nurses, and others)	Source of Reference	Preceptor's Initial
1. Indica	l ation	2. Dose/Administration	3. Interaction	4. General F	Product Information
5. Contr	aindication	6. Adverse Effect	7. Pharmaceutical co	mpatibility 8. Pharmace	eutical availability

* 9. Others

MODULE 7: DRUG INFORMATION SERVICES

No	Date	*Type of Enquiry	Enquirer (eg doctors, staff nurses, and others)	Source of Reference	Preceptor's Initial
1. Indica 5. Contr	ation raindication	2. Dose/Administratior 6. Adverse Effect	3. Interaction 7. Pharmaceutical co		Product Information eutical availability

9. Others

MODULE 7: DRUG INFORMATION SERVICES

No	Date	*Type of Enquiry	Enquirer (eg doctors, staff nurses, and others)	Source of Reference	Preceptor's Initial
1. Indica 5. Contr	ation aindication	2. Dose/Administration 6. Adverse Effect) 3. Interaction 7. Pharmaceutical co		Product Information Butical availability

9. Others

MODULE 7: DRUG INFORMATION SERVICES

No	Date	*Type of Enquiry	Enquirer (eg doctors, staff nurses, and others)	Source of Reference	Preceptor's Initial
	<u> </u>		TOTAL ENQUIRES		
1. Indica		2. Dose/Administration	n 3. Interaction	4. General	Product Information
5. Contr	raindication	6. Adverse Effect	7. Pharmaceutical co	mpatibility 8. Pharmac	eutical availability

9. Others

SECTION 2: EDUCATIONAL ACTIVITIES

Target:

- 1. Continuous Pharmacy Education : 1
- 2. Clinical paper appraisal : 1
- 3. Bulletin/Newsletter : Optional

Date	Activity	Title/Summary	Preceptor's Initial
	Continuing Pharmacy Education (CPE) presentation		
	Clinical paper appraisal		
	Bulletin/ Newsletter		

SECTION 3: RESEARCH/ QUALITY ACTIVITIES

Target:

1. Short study / project : 1

Date	Activity	Title/Summary	Preceptor's Initial
	Short study / project		

SECTION 4: ADVERSE DRUG REACTION (ADR) AND MEDICATION ERROR (ME) REPORTING (if any)

- To demonstrate the ability to identify ADR and medication error
- To perform ADR and medication error reporting

Target: If any

ADR

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

MEDICATION ERROR

No	Date	Patient's R/N and Location	*Process of error (type of error)	Preceptor's initial
*1. Dispe	nsing 2. F	Prescribing 3. Administration 4.	Others; Please specify	

(note: please refer to Medication Error Reporting System (MERS) Guideline

ASSESSMENT: DRUG INFORMATION SERVICES

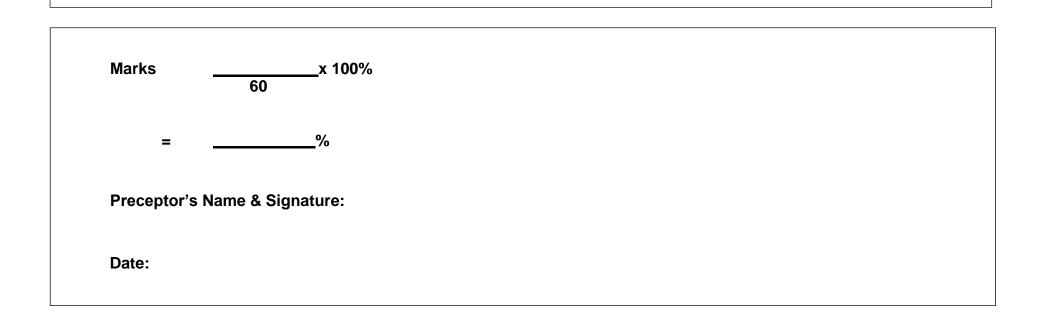
SECTION 5: COMPETENCY ASSESSMENT

No.	Task	Target	Completed	Percentage Achieved		Level of Performance			Comments							
NO.	TUSK	Taryer	Task	(%)	1	2	3	4	5	6	7	8	9	10	NA	Comments
1.	Receive, Answer and Document Enquiries	40 enquiries														
2.	Continuing Pharmacy Education (CPE) presentation	1														
3.	Clinical paper appraisal	1														
4.	Bulletin / Newsletter (optional)	-														
5.	Short Study / Project	1														
6.	Adverse Drug Reaction (ADR) and Medication Error (ME) Reporting	lf any														

ASSESSMENT: DRUG INFORMATION SERVICES

EVALUATION

GENERAL COMMENT ON OVERALL PERFORMANCE AND ATTITUDE



A. DURATION OF TRAINING

2 weeks

B. TRAINING OUTCOME

Upon completion of training, PRP must be able to:

- 1. Manage raw material
 - Perform raw materials checking, recording, storage and release.
- 2. Assess suitability of the request for galenical preparation/ repacking of drug
- 3. Prepare worksheet for galenical preparation/ repacking of drug
 - Calculate formula for galenical preparations, use of appropriate diluents and correct labelling.
 - Calculate repacking materials and labelling
- 4. Counter-check worksheet for galenical preparation/ repacking of drug
- 5. Prepare materials for compounding
 - Checking of instruments used
 - Proper compounding attire
 - Weighing /measuring of raw materials
- 6. Compound galenical preparation/ repacking of drug
 - Adhere to master formula, production record, prepare worksheet, compound using appropriate equipment, perform final visual inspection.
 - Adhere to current in-house practising guideline
- 7. Supply compounded preparation/ repacked drug
 - Adhere to current in-house practising guideline

C. TRAINING COMPONENTS WITH TARGETS TO ACHIEVE

Section	Task	Target	Remarks
1.	 Preparation of Galenical Preparations Screening the request Checking raw/ starting material Worksheet preparation Counter-checking the worksheet Compounding of preparations Counter-checking of finished product (under the supervision of preceptor) Supply of finished preparation 	Galenical preparations: 5 Products	
2.	 Preparation of Repacked Preparations Screening the request Checking the starting material Worksheet preparation Counter-checking the worksheet Counter-checking of finished product (under the supervision of preceptor) Supply of repacked preparation 	 Repacked preparations: 5 products (if the service is available) 	

Note: The number of cases in this logbook serves as a guideline and is subjected to the capacity of each hospital / institution. The preceptor can reduce the target with the approval of hospital / institution chief pharmacist if the case / prescription is insufficient.

D. TRAINING COMPONENTS TO OBTAIN BRIEFING

No.	Title	Date of	Date of	Briefing
NO.	The	Briefing	Name	Signature
1.	Procedure in raw material checking, recording storage and release			
2.	Master formula, production record contents, manufacturing technique, equipment maintenance, shelf samples and product release procedure			
3.	In-process Quality Control (QC), GMP, GSP and relevant statistic			
4.	Calculation for extemporaneous preparations, compatibility, stability and labelling			

SECTION 1: PREPARATION OF GALENICAL PREPARATIONS

Target: 5 products

No	Date	Name of Raw / Starting Material	Batch Number	Remarks	Preceptor's Initial
			TOTAL PRODUCT		

SECTION 2: PREPARATION OF REPACKED PREPARATIONS

Target: 5 products

No	Date	Name of Item	Batch Number	Remarks	Preceptor's Initial
			TOTAL PRODUCT		

ASSESSMENT: MANUFACTURING AND REPACKING

SECTION 3: COMPETENCY ASSESSMENT

No.	Task	Target	Completed					Leve	l of P	erfo	rmar	nce				
NO.	TASK		Task	achieved (%)	1	2	3	4	5	6	7	8	9	10	NA	Comments
Prep	aration of Galer	nical Prep	arations													
1.	Screening the request	5 products														
2.	Checking raw / starting material	5 products														
3.	Worksheet preparation	5 products														
4.	Counter- checking the worksheet	5 products														
5.	Compounding of preparations	5 products														
6.	Counter- checking of finished product (under the supervision of preceptor)	5 products														
7.	Supply of finished preparation	5 products														

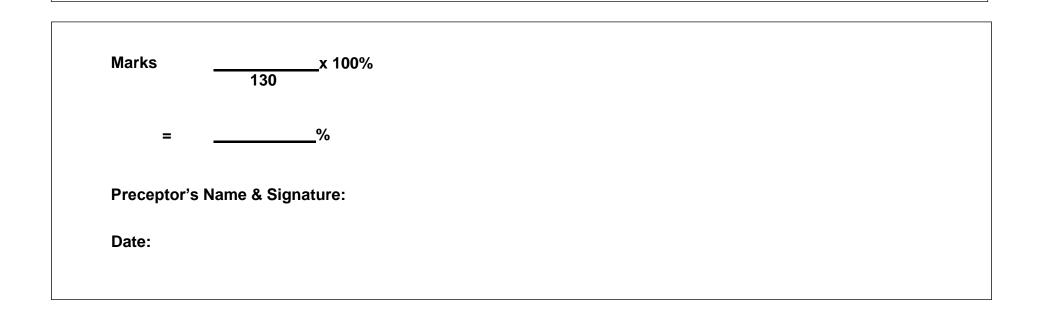
ASSESSMENT: MANUFACTURING AND REPACKING

No.	Task	Target	Completed			Level of Performance										
NO.	TASK		Task	achieved (%)	1	2	3	4	5	6	7	8	9	10	NA	Comments
Prep	aration of Repa	cked Prep	parations													
1.	Screening the request	5 products														
2.	Checking raw / starting material	5 products														
3.	Worksheet preparation	5 products														
4.	Counter- checking the worksheet	5 products														
5.	Counter- checking of finished product (under the supervision of preceptor)	5 products														
6.	Supply of finished preparation	5 products														

ASSESSMENT: MANUFACTURING AND REPACKING

EVALUATION

GENERAL COMMENT ON OVERALL PERFORMANCE



MODULE 9: PHARMACY STORE MANAGEMENT

A. DURATION OF TRAINING

4 weeks

B. TRAINING OUTCOME

Upon completion of training, PRP should be able to:

- 1. Understand the basic principles of pharmacy logistic management and organizational structure
- 2. Understand storage, distribution, inventory control of medical and/or consumable supply of consumables.
- 3. Able to understand guideline, policy and regulation related to store management

Section	Task	Target	Remarks
1	Receiving Stock	20 Items	
		(If available during attachment)	
2	Issuing Stocks	20 Items	
3	Stock Checking	30 items	
4	Temperature Recording	Duration: 5 working days 2 charts (room temperature and pharmaceutical fridge/cold room/etc)	
5	Stock Monitoring e.g.: • Slow moving • Near expiry • ABC/ VEN analysis	Analyse 1 reports	

C.TRAINING COMPONENTS WITH TARGETS TO ACHIEVE

Note: The number of cases in this logbook serves as a guideline and is subjected to the capacity of each hospital / institution. The preceptor can reduce the target with the approval of hospital / institution chief pharmacist if the case / prescription is insufficient.

MODULE 9: PHARMACY STORE MANAGEMENT

D. TRAINING COMPONENTS TO OBTAIN BRIEFING

Ne	Title	Date of	Briefing	done by:
No.	Title	Briefing	Name	Signature
GEN	ERAL STORE MANAGEMENT			
1.	Current legislation/ regulation /			
	guideline / Hospital policies			
	 Briefly explain the references used in procurement and inventory management Good Distribution Practice – storage and distribution Dangerous Drugs Act 1952 & its Regulations Poison Act 1952 & its Regulations Poison (Psychotropic Substances) Regulations 1989 Others 			
2.	 Pharmacy Logistic Unit structure and organization Briefly explain structure / layout and function of stores pharmacist role in store management roles and responsibilities of staff in various inventory management activities Type of medical inventory stored 			
3.	 Store management system available Briefly explain the system used in stock movement management 			

		Date of	Briefing done by:				
No.	Title	Briefing	Name	Signature			
PRO	CUREMENT						
4.	 Procurement management Briefly explain Procurement planning Procurement objective Procurement system available 						
STO	RAGE						
5.	 Introduction Briefly explain Store functions Type of stock (standard vs non) Safety and security Stock level and calculation (min-max calculation) and example of calculation 						
6.	 Receiving Briefly explain Process of receiving including inflammables, cold chain product and dangerous drugs/psychotropic substance Receiving checklist Process of Rejecting and returning to supplier Documentation involved 						
7.	RecordingBriefly explainRecording procedure						

No. Title Date of Briefing S 8. General storage Briefly explain on • Good storage practice • Stock arrangement • Temperature and humidity monitoring Image: S	Signature
Briefly explain on Good storage practice Stock arrangement Temperature and humidity	
 Good storage practice Stock arrangement Temperature and humidity 	
Stock arrangementTemperature and humidity	
Temperature and humidity	
monitoring	
Storage requirement	
Briefly explain storage	
requirement for	
i. General Drugs	
ii. Cytotoxic	
iii. Inflammables and	
corrosive	
iv. Consumables	
v. Medical gases (if	
applicable)	
Cold Chain Product Storage	
Briefly explain on	
Current guideline used in	
cold chain management	
Storage equipment and devices	
Cold Chain Monitors	
(CCMs)	
Contingency plan	
Dangerous drugs/Psychotropic substance	
Respective legislation	
Storage and recording	
requirements	
9. Stock Checking	
Briefly explain on	
Type of stock checking	
Process and	
documentation involved	

Na	Title	Date of	Briefing done by:				
No.	Title	Briefing	Name	Signature			
DIST	RIBUTION						
10.	Introduction						
	Briefly explain process and						
	documentation on						
	 Issuing stock 						
	 Indenting stock 						
11.	Product Recall						
	Briefly explain on						
	 Degree and level of 						
	products recall						
	 Process and 						
	documentation						
	Quarantine requirement						
12.	Product Complaints						
	Briefly explain on						
	Type of product complaints						
	(drug and medical device)						
	 Process and 						
	documentation						
13.	Disposal and write off						
	Briefly explain on						
	 Disposal vs write off (all 						
	store categories including						
	Dangerous						
	drugs/Psychotropic						
	substance)						
	Requirement to quarantine						
	 Documentation and 						
	reports						
MON	ITORING & SERVICES PERFORM	ANCE					
14.	Slow moving item and near						
	expiry item						
	Briefly explain on						
	Definition						
	 Interpretation and action 						

Na	Title	Date of	Briefing	done by:
No.	Title	Briefing	Name	Signature
15.	Drug usage pattern Briefly explain on • Definition			
	Calculation drug usageInterpretation and action			
16.	 Stock Turnover Briefly explain on Definition Calculation based on report Interpretation and action 			
17.	 Service Performance Evaluation (if applicable) Briefly explain on (where relevant): Client Charter Supplier Performance Evaluation Customer Satisfaction Survey Others 			

SECTION 1: RECEIVING

Target: 20 Items (if available during attachment)

No.	Date	ltem	Batch No/Expiry Date	Received From	Quantity Received	Delivery Order Number	Conformance (Yes/No)	Preceptor's Initial

Private Hospital Pharmacy

MODULE 9: PHARMACY STORE MANAGEMENT

No.	Date	ltem	Batch No/Expiry Date	Received From	Quantity Received	Delivery Order Number	Conformance (Yes/No)	Preceptor's Initial	
TOTAL ITEMS									

SECTION 2: ISSUING

Target: 20 Items

No.	Date	ltem	Batch No/Expiry Date	Issued To	Quantity Issued	Issue Note No	Preceptor's Initial

No.	Date	ltem	Batch No/Expiry Date	Issued To	Quantity Issued	Issue Note No	Preceptor's Initial

SECTION 3: STOCK CHECKING

Target: 30 items

			Potob No/Evniny	Quantity	Check	*Statua Action	Preceptor's
No	Date	Item	Batch No/ Expiry Date	Inventory System	Physical	*Status Action (if required)	Initial
* 1 810	w-moving it	em 2. Fast moving item	3. Obsolete 4. Nea	ır Expiry	5. Others		

			Detab No/ Evening	Quantity	Check	*Status Astism	Preceptor's
No	Date	ltem	Batch No/ Expiry Date	Inventory System	Physical	*Status Action (if required)	Initial
* 1. Slo	ow-moving it	em 2. Fast moving item	3. Obsolete 4. Nea	ar Expiry	5. Others		

			Potch No/Expiry	Quantity	Check	*Status Action	Preceptor's			
No	Date	ltem	Batch No/ Expiry Date	Inventory System	Physical	(if required)	Initial			
	TOTAL ITEMS									

* 1. Slow-moving item

2. Fast moving item 3. Obsolete

4. Near Expiry

5. Others

SECTION 4: TEMPERATURE RECORDING

Target: 5 working days; 2 charts (room temperature and pharmaceutical fridge / cold room / etc)

Chart No.	Date	*Remarks	Preceptor's Initial
Chart 1			
Chart 2			
Chart 1			
Chart 2			
Chart 1			
Chart 2			
Chart 1			
Chart 2			
Chart 1			
Chart 2			

*If there is any temperature excursion

SECTION 5: STOCK MONITORING

(e.g., Slow moving / Near expiry /ABC/ VEN analysis)

Target: Analyze 1 report

No	Report	Recommendation	Preceptor's Initial

SECTION 6: COMPETENCY ASSESSMENT

		Townst	Completed	Percentage				Leve	l of P	erfo	rmar	nce				
No.	Task	Target		Task achieved (%)	1	2	3	4	5	6	7	8	9	10	NA	Comments
1.	Receiving Stock	20 Items														
2.	Issuing Stock s	20 Items														
3.	Stock Checking	30 items														
4.	Temperature Recording	5 working days; 2 charts														
5.	Stock Monitoring	Analyse 1 reports														

Private Hospital Pharmacy

MODULE 9: PHARMACY STORE MANAGEMENT

EVALUATION

GENERAL COMMENT ON OVERALL PERFORMANCE AND ATTITUDE

Marks	50	_x 100%				
=		_%				
Preceptor's	Name & Signa	ature:				
Date:						

A. INTRODUCTION

If training for optional modules (Clinical Pharmacokinetics, Parenteral Nutrition, Oncology Pharmacy) is not provided to PRP, PRP must obtain extra training at Outpatient Pharmacy Services (OPD) or Inpatient Pharmacy Services (IPD) or both.

- a) If training is not provided to all 3 optional modules, PRP must obtain extra 2 weeks training at OPD, extra 2 weeks training at IPD and extra 2 weeks training either at OPD or IPD
- b) If training is not provided to any 2 optional modules, PRP must obtain extra 2 weeks training at OPD and extra 2 weeks training at IPD
- c) If training is not provided to any 1 optional module, PRP must obtain extra 2 weeks training either at OPD or IPD

B. DURATION OF ATTACHMENT

2 Weeks

C. TRAINING COMPONENTS WITH TARGETS TO ACHIEVE

Section	Task	Target	Remarks
1	Screening	300 prescriptions screened	To record all the intervention in logbook
2	Labelling and Filling of Prescriptions	-	At least 5 prescriptions labelling and filling process must be assessed by the preceptor
3	Dispensing	300 prescriptions	Adhere to Good Dispensing Practice
4	Patient Medication Counseling	6 patients	-
5	Handling of Dangerous Drugs & Psychotropic Substances	10 prescriptions / *Case simulation	*Case simulation if prescriptions are not enough during attachment

Note: The number of cases in this logbook serves as a guideline and is subjected to the capacity of each hospital / institution. The preceptor can reduce the target with the approval of hospital / institution chief pharmacist if the case / prescription is insufficient.

SECTION 1: SCREENING

Target: 300 prescriptions

	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				

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

Private Hospital Pharmacy

MODULE: OUTPATIENT PHARMACY SERVICES (EXTRA)

No.	Date	Number of Prescriptions Screened	Patient's IC/RN (Prescription with intervention)	PDI (if any)	Type of INT (If any)	Preceptor's Initial		
	TOTAL NUMBER OF PRESCRIPTIONS SCREENED							

SECTION 2: LABELLING AND FILLING OF PRESCRIPTIONS

(At least 5 prescriptions filling process must be assessed by the preceptor)

Week 1

Date	Patient's IC / RN	Number of Items in Prescriptions	Remarks	Preceptor's Initial

SECTION 2: LABELLING AND FILLING OF PRESCRIPTIONS

(At least 5 prescriptions filling process must be assessed by the preceptor)

Week 2

Date	Patient's IC / RN	Number of Items in Prescriptions	Remarks	Preceptor's Initial

SECTION 3: DISPENSING

Target: 300 prescriptions

No.	Date	Number of Prescriptions Dispensed	Preceptor's Initial

No.	Date	Number of Prescriptions Dispensed	Preceptor's Initial
	1	TOTAL NUMBER OF PRESCRIPTION DISPENSED	

MODULE 2: OUTPATIENT PHARMACY SERVICES

SECTION 4: PATIENT MEDICATION COUNSELING

Target: 6 patients

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

* 1. Device (e.g insulin pen, inhaler, nasal spray) 2. Disease

3. Medications

4. Others

Note:

5. PRP must undergo counseling validation / evaluation before performing actual activity

6. Counseling form (Appendix 1) can be used to record counseling activity if counseling form is not available at facility

SECTION 5: HANDLING OF DANGEROUS DRUGS AND PSYCHOTROPIC SUBSTANCES

Target: 10 prescriptions / *case simulation

*Case simulation if preparations are not enough during attachment

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

ASSESSMENT: OUTPATIENT PHARMACY SERVICES (EXTRA)

SECTION 6: COMPETENCY ASSESSMENT

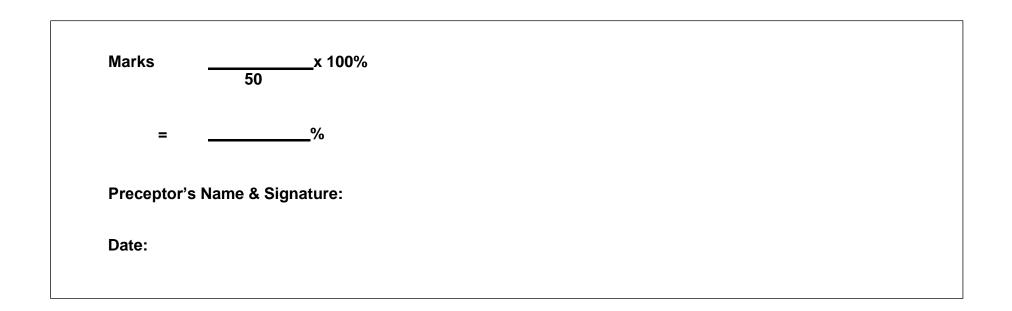
Na	Task	Townst	Completed	Percentage	Level of Performance											
No.	Task	Target	task	Achieved (%)	1	2	3	4	5	6	7	8	9	10	NA	Comments
1.	Screening	300 prescriptions														
2.	Labelling and Filling of Prescription s	-														
3.	Dispensing	300 prescriptions														
4.	Patient Medication Counseling	6 patients														
5.	Handling of Dangerous Drugs & Psychotropic Substances	10 prescriptions / case simulation														

Private Hospital Pharmacy

ASSESSMENT: OUTPATIENT PHARMACY SERVICES (EXTRA)

EVALUATION

GENERAL COMMENT ON OVERALL PERFORMANCE AND ATTITUDE



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A. DURATION OF ATTACHMENT:

2 weeks

B. TRAINING COMPONENTS WITH TARGETS TO ACHIEVE

Section	Task	Target	Remarks
1	Screening	300 *prescriptions	*1 Item=1 Prescription
2	Labelling and Filling of Prescriptions	-	 At least 5 complete filling processes must be assessed by the preceptor 1 Item=1 Prescription
3	Counterchecking and/or Supply of Prescriptions / Indent Orders	300 indents or prescriptions	
4	Medication Counseling (Bedside/Discharge)	10 patients	PRP must undergo counseling validation / evaluation before performing actual activity
5	Bedside/Discharge Dispensing	10 prescriptions	

Note: The number of cases in this logbook serves as a guideline and is subjected to the capacity of each hospital / institution. The preceptor can reduce the target with the approval of hospital / institution chief pharmacist if the case / prescription is insufficient.

SECTION 1: SCREENING

Target: 300 *prescriptions (*1 Item=1 Prescription)

	Type of Intervention (INT)								
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									

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

Private Hospital Pharmacy

MODULE: INPATIENT PHARMACY SERVICES (EXTRA)

No.	Date	Number of Prescriptions Screened	Patient's IC/RN (Prescription with intervention)	PDI (if any) (if any) (if any)		Preceptor's Initial
	1					

SECTION 2: LABELLING AND FILLING OF PRESCRIPTIONS (At least 5 complete filling process must be assessed by the preceptor)

WEEK 1

Date	Patient's IC/ RN	Number of Prescriptions	Remarks	Preceptor's Initial

Note: 1 item = 1 prescription

WEEK 2

Date	Patient's IC/ RN	Number of Prescriptions	Remarks	Preceptor's Initial

SECTION 3: COUNTERCHECKING AND/OR SUPPLY OF PRESCRIPTIONS / INDENT ORDERS

Target: 300 indents or prescriptions

No	Date	Number of indents / prescriptions Counterchecked	Number of Items Wrongly Filled	Description of Error	Preceptor's Initial

No	Date	Number of indents / prescriptions Counterchecked	Number of Items Wrongly Filled	Description of Error	Preceptor's Initial				
	TOTAL NUMBER OF INDENTS OR PRESCRIPTIONS CHECKED								

Private Hospital Pharmacy

MODULE: INPATIENT PHARMACY SERVICES (EXTRA)

SECTION 4: MEDICATION COUNSELING (BEDSIDE/DISCHARGE)

Target: 10 patients

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

* 1. Device (e.g insulin pen, inhaler, nasal spray) 2. Disease

e 3. Medications

4. Others

Note:

3. PRP must undergo counseling validation / evaluation before performing actual activity

4. Counseling form (Appendix 1) can be used to record counseling activity if counseling form is not available at facility

Date	Patient's IC/RN	*Type of Counseling	Preceptor's Initial
	AL NUMBER OF PATIENTS		
	Date		Date Patient's IC/RN *Type of Counseling Image: Constraint of the second se

* 1. Device (e.g insulin pen, inhaler, nasal spray) 2. Disease

se 3. Medications

4. Others

Note:

3. PRP must undergo counseling validation / evaluation before performing actual activity

4. Counseling form (Appendix 1) can be used to record counseling activity if counseling form is not available at facility

SECTION 5: BEDSIDE/DISCHARGE DISPENSING

Target: 10 prescriptions

No	Date	Number of Prescriptions dispensed	Number of items dispensed	Preceptor's Initial			

No	Date	Number of Prescriptions dispensed	Number of items dispensed	Preceptor's Initial
		TOTAL NUMBER	OF PRESCRIPTIONS DISPENSED	

ASSESSMENT: INPATIENT PHARMACY SERVICES (EXTRA)

SECTION 6: COMPETENCY ASSESSMENT

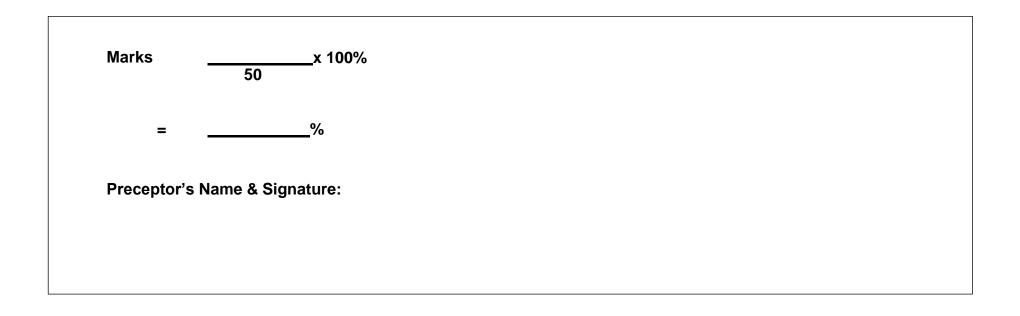
		Torrat	Completed	Percentage				I	Level o	of Perfo	orman	ce				
No.	. Task ^{Targer}	Target	arget task (%)	1	2	3	4	5	6	7	8	9	10	NA	Comments	
1.	Screening	300 prescriptions														
2.	Labelling and Filling of Prescriptio ns	-														
3.	Counterchec king and/or Supply of Prescription s / Indent Orders	300 indents or prescriptions														
4.	Medication Counseling (Bedside/ Discharge)	10 patients														
5.	Bedside/ Discharge Dispensing	10 prescriptions														

Private Hospital Pharmacy

ASSESSMENT: INPATIENT PHARMACY SERVICES (EXTRA)

EVALUATION

GENERAL COMMENT ON OVERALL PERFORMANCE AND ATTITUDE



(Note: Personal assessment can be done upon consensus decision by preceptors from various department)

SECTION 1: DEMONSTRATE A PROFESSIONAL APPROACH

No.	Assessment		Level of Performance						Comments				
		1	2	3	4	5	6	7	8	9	10	NA	Comments
1.	A commitment to provide quality pharmaceutical care of patients is demonstrated												
2.	A polite and helpful manner is demonstrated												
3.	Dress code and behavior meet the requirements of the organization												
4.	Reliability is demonstrated												
5.	Initiative is demonstrated												
6	Adaptability, flexibility and willingness are demonstrated in new situations												
7.	Understanding of personal limitation is demonstrated												
8.	Work is carried out in an organized and systematic manner with attention to detail so that the desired result is achieved												

SECTION 1: DEMONSTRATE A PROFESSIONAL APPROACH

No.	No. Assessment				L	evel o	f Perf	orman	ice				Comments
		1	2	3	4	5	6	7	8	9	10	NA	Comments
9.	Work is prioritized effectively												
10.	Tasks are pursued to completion and within agreed time limits												
11.	Problems or potential problems are identified and the appropriate corrective action taken or solution found												
12.	Stressful situations are handled effectively												
13.	Use professional judgement in a decision making												
	TOTAL MARKS (SECTION 1)												
	MARKS (%)(SECTION 1)			Marks =X 100 130									
		=	%										

SECTON 2: TEAMWORK

No.	Assessment				L	evel o	f Perf	orman	ce				Comments
		1	2	3	4	5	6	7	8	9	10	NA	Comments
1.	Able to collaborate with other team members to achieve organizational goals												
2.	Able to provide constructive feedback to colleagues in a respect manner												
3.	Constructive criticism is received in a positive manner												
	TOTAL MARKS (SECTION 2)												
	MARKS (%)(SECTION 2)			Marks =X 100 									
		=	_%										

SECTION 3: UNDERTAKE PERSONAL AND PROFESSIONAL DEVELOPMENT

89	10	NA	Comments						
Marks =X 100 X = %									

SECTION 4: COMMUNICATION SKILLS

				0									
No.	Assessment		2	3	4	5	6	7	8	9	10	NA	Comments
1.	A sufficient command of the <i>Bahasa Malaysia</i> and English Language is demonstrated												
2.	Conversations are conducted confidentially and with empathy												
3.	Questioning is used effectively to elicit necessary information and increase understanding												
4.	Responses in conversation are helpful and clear												
5.	Body language is appropriate to the situation												
6.	Clear, concise and well-structured written material isprovided when required												
7.	All responses are tailored to the needs of the recipient												
8.	Complaints or demands are responded to in a professional manner												
	TOTAL MARKS (SECTION 4)												
	MARKS (%)(SECTION 4)	Marl	(S =	8		X 1	00						
		=	_%										

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SECTION 5: INTEGRITY

Ne	Accomment			Commonto										
No.	Assessment	1	2	3	4	5	6	7	8	9	10	NA	Comments	
1.	Subscribes to the organization's core values													
2.	Tasksand situation are approached with compliance to organizational policy and legalities													
3.	Accountable, follows the rule of law and guidelines to prevent corruption.													
4.	Honest, being open and not taking advantage of others													
	TOTAL MARKS (SECTION 5)													
	MARKS (%)(SECTION 5)			Marks =X 100 										
		=%												
	MARKS (%)(SECTION 1 – SECTION 5)			Marks =X 100 310										
						%)							

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APPENDIX A

SUMMARY OF PERFORMANCE FOR EACH CLINICAL SECTION AND PERSONAL ASSESSMENT

	CLINICAL SECTION	MARKS (%)						
1.	Ward Pharmacy Practices							
2.	Outpatient Pharmacy Services							
3.	Inpatient Pharmacy Services							
4.	Clinical Pharmacokinetic Services (Optional)							
5.	Parenteral Nutrition / Intravenous Additive Services (Optional)							
6.	Oncology Pharmacy Services (Optional)							
7.	Drug Information Services							
8.	Manufacturing and Repacking							
9.	Pharmacy Store Management							
10.	Outpatient Pharmacy Services (Extra)							
11.	Inpatient Pharmacy Services (Extra)							
	PRP PERSONAL ASSESSMENT AVERAGE P	ERFORMANCE						
1.	Demonstrate a Professional Approach							
2.	Work Effectively as Part of a Team							
3.	Undertake Personal and Professional Development							
4.	Communication Skills							
5.	Integrity							
	AVERAGE MARK							

Preceptor's Name, Signature & Stamp:

Date:

APPENDIX A1

TO BE FILLED BY MASTER PRECPTOR FOR EXTENDED PRP

SUMMARY OF PERFORMANCE FOR EACH CLINICAL SECTION AND PERSONAL ASSESSMENT

	CLINICAL SECTION	MARKS (%)
1.	Ward Pharmacy Practices	
2.	Outpatient Pharmacy Services	
3.	Inpatient Pharmacy Services	
4.	Clinical Pharmacokinetic Services (Optional)	
5.	Parenteral Nutrition / Intravenous Additive Services (Optional)	
6.	Oncology Pharmacy Services (Optional)	
7.	Drug Information Services	
8.	Manufacturing and Repacking	
9.	Pharmacy Store Management	
10.	Outpatient Pharmacy Services (Extra)	
11.	Inpatient Pharmacy Services (Extra)	
	AVERAGE MARK	
	PRP PERSONAL ASSESSMENT AVERAGE P	ERFORMANCE
1.	Demonstrate a Professional Approach	
2.	Work Effectively as Part of a Team	
3.	Undertake Personal and Professional Development	
4.	Communication Skills	
5.	Integrity	
	AVERAGE MARK	

Preceptor's Name, Signature & Stamp:

Date:

APPRAISAL BY MASTER PRECEPTOR

Setiausaha

Lembaga Farmasi Malaysia Bahagian Perkhidmatan Farmasi Lot 36, Jalan Universiti, 46200 Petaling Jaya, Selangor.

PROVISIONALLY REGISTERED PHARMACIST'S DETAILS

Name of Provisionally Registered Pharmacist		
I/C Number		
Provisional Registration Number		Insert photo
Place of Training		
Duration of Training	to	

I certify that the above PRP has completed his/her training as required under subsection 6A(2) of the Registration of Pharmacist Act 1951.

PROPOSAL

Tick where appropriate

Α	Certificate of satisfactory experience in accordance to sub-regulation 7(1) Registration of Pharmacists Regulations 2004 is recommended to be given to him/her.
В	Certificate of satisfactory experience in accordance to sub-regulation 7(1) Registration of Pharmacists Regulations 2004 is <u>not</u> <u>recommended</u> to be given to him/her.

MASTER PRECEPTOR'S DETAILS

Name	
Address of Training Premise	
Master Preceptor's Signature	
Date	

APPRAISAL BY PRP OF PRECEPTOR

Setiausaha Lembaga Farmasi Malaysia Bahagian Perkhidmatan Farmasi Lot 36, Jalan Universiti,46200 Petaling Jaya, Selangor.

Name of Provisionally Registered Pharmacist	•
I/C Number	:
PRP Registration Number	•
Place of Training	:
I have undergone training at the above mentioned place from	m (date):
Name of Preceptor	• • • • • • • • • • • • • • • • • • • •

No	No Subject		Grade									Comments
		1	2	3	4	5	6	7	8	9	10	
1	Facilities of Training Place											
2	Professional Exposure by the Preceptor											
3	Professional Guidance by the Preceptor											
4	Training Skills of the Preceptor											

*To be sent by PRP directly to Pharmacy Board Malaysia

APPENDIX 1



BORANG KAUNSELING PESAKIT INDIVIDU

	Jabatan Farma	asi	
Individu	Bed	lside	No Rujukan
Susulan	Dise	caj	Tarikh
Nama			IC/RN
Jantina	Lelaki	Perempuan	
Bangsa	Melayu	Cina	India Lain-lain
Alamat			
Tinggi		Berat	BMI
Tujuan Kauns	eling:		
	Kaunseling I	Ubat-ubatan	Kaunseling Alat Ubatan
	Kaunseling I	Penyakit	Penilaian Komplians
	Lain-lain		7
Diagnosis			—
Sejarah Penya	akit		—
Alergi ubat	Tidak	Ya	Nyatakan:
Kad Alegi	Tidak	Ya	No. Kad:
Merokok	Tidak	Ya	Nyatakan:
Alkohol	Tidak	Ya	Nyatakan:
Mengandung		Ya	Trimester:
Menyusu	Tidak	Ya	Nuetakanu
отс	Tidak	Ya	Nyatakan:
Se	ejarah Pengubat	an (jika ada)	Senarai Ubat Terkini
	lama ubat, Dos o		Nama ubat, Dos & Frekuensi
1)	-		1)
2)			2)
3)			3)
4)			4)
5)			5)
6)			6)
7)			7)
8)			8)
9)			9)
10)			10)
		PENILAIAN TAHA	AP KEFAHAMAN PESAKIT
			Tahap Kefahaman
		Baik	Sederhana Lemah
Komplians			
Ubat-ubat/al	at ubatan		
		ULASAN PE	EGAWAI FARMASI
Kaunseling Su	usulan Tid	ak Ya	Tarikh Temujanji
MTAC	Tid		Jenis MTAC & Tarikh
	10		
Fandatangan Nama & Cop F	Pegawai Farmasi	i)	
			Tarikh: