



Module 1: Ward Pharmacy Practice

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

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

A. DURATION OF TRAINING

8 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 pharmacotherapy
4. Identify pharmaceutical care issues and recommend pharmacotherapy regimen
5. Document all clinically relevant data such as patient condition, pharmaceutical care issues, interventions in the designated format of Medication History Assessment (CP1), Pharmacotherapy Review (CP2), Clinical Pharmacy Report (CP3), and Patient Referral Notes (CP4)
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

C. TRAINING COMPONENTS WITH TARGETS TO ACHIEVE

NO	ACTIVITY	TARGET	REMARKS
1	Medication History Taking	80 cases	<ul style="list-style-type: none"> Use the Medication History Assessment form (CP1) Medication history taking should be taken within 24 hours (preferable) of admission
2	Case Clerking & Discussion	Clerking: 80 cases Discussion: 24 cases	<ul style="list-style-type: none"> Use the Pharmacotherapy Review form (CP2) To obtain patient's demography, relevant clinical history, medication list, treatment plans and pharmaceutical care issues (PCI)
3	Medication Counseling	80 cases	<ul style="list-style-type: none"> To provide relevant information on disease, medications and medical devices
4	Bedside Dispensing	40 prescriptions	
5	Enquiry/ Drug Information	40 enquires (if any)	To provide drug information upon query
6	Case Presentation & Case Report	2 cases	<ul style="list-style-type: none"> To assess the ability to comprehend the case and skill for the case presentation To assess the ability in summarizing and writing case reports with evidence-based approach
7	Patient Referral Note	If any	Use the Patient Referral Notes (CP4) form to ensure the continuity patient care
8	ADR & Medication Error Report	If any	<ul style="list-style-type: none"> To assess the ability to identify ADR and Medication Error To perform ADR and Medication Error Report

D. TRAINING COMPONENT TO OBTAIN BRIEFING

1. Principles of Antimicrobial Stewardship

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.

CASE CLERKING & DISCUSSION

No	Date	Patient's IC/RN	Number of PCI identified (if any)	Case Discussion Tick (✓)	Preceptor's Initial
TOTAL CASES CLERKED					
TOTAL CASE DISCUSSED					

BEDSIDE DISPENSING

Target of the activity : **40 prescriptions**

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

ENQUIRY/ DRUG INFORMATION

Target of the activity : **40 enquiries (if any)**

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

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

ENQUIRY/ DRUG INFORMATION

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

- | | | | |
|---------------------|------------------------|---------------------------------|--------------------------------|
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ENQUIRY/ DRUG INFORMATION

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

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

ENQUIRY/ DRUG INFORMATION

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

- | | | | |
|---|---|---|--|
| <ul style="list-style-type: none"> 1. Indication 5. Contraindication 9. Others | <ul style="list-style-type: none"> 2. Dose/Administration 6. Adverse Effect | <ul style="list-style-type: none"> 3. Interaction 7. Pharmaceutical compatibility | <ul style="list-style-type: none"> 4. General Product Information 8. Pharmaceutical availability |
|---|---|---|--|

CASE PRESENTATION & CASE REPORT

Target of the activity:

- A. Case Presentation : 2 cases
- B. Case Report : 2 cases

Date	Patient IC /RN	Topic	Case Presentation Tick (✓)	Case Report Tick (✓)	Preceptor's Initial

PATIENT REFERRAL NOTE

A. Target of the activity : if any

Date	Patient's R/N	*Reason for Referral	Preceptor's Initial

1. Medication Counseling 2. Adherence assessment 3. Therapeutic Drug Monitoring
4. Drug Storage Issue 5. Others; please specify

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 – WARD PHARMACY PRACTICE

No.	Task	Target	Completed Task	Percentage achieved (%)	Level of Performance											Comments	
					1	2	3	4	5	6	7	8	9	10	NA		
1.	Medication History Taking	80 cases															
2.	Case Clerking & Discussion	Clerking: 80 cases Discussion: 24 cases															
3.	Medication Counseling	80 cases															
4.	Bedside Dispensing	40 prescriptions															
5.	Enquiry/Drug Information	40 enquires (if any)															
6.	Case Presentation & Case Report	2 cases															
7.	Patient Referral Note	If any															
8.	Adverse Drug Reaction (ADR) & Medication Error Report	If any															

ASSESSMENT – WARD PHARMACY PRACTICE

GENERAL COMMENT ON ATTITUDE

Marks = x 100%

80

= %

Preceptor's Name & Signature: