

**PHARMACEUTICAL FIELD TRAINING – III (PDFT531)
STUDENT PORTFOLIO**

KINGDOM OF SAUDI ARABIA
Ministry of Higher Education
University of Tabuk
Faculty of Pharmacy



المملكة العربية السعودية
وزارة التعليم العالي
جامعة تبوك
كلية الصيدلة



**PORTFOLIO FOR
PHARMACEUTICAL FIELD TRAINING — III (PDFT531)
ACADEMIC YEAR 1439-1440 H**

STUDENT NAME _____

STUDENT NUMBER _____

NAME OF THE PRECEPTOR _____

PHARMACEUTICAL FIELD TRAINING – III (PDFT531) STUDENT PORTFOLIO

PREFACE

GREETINGS FROM...



This portfolio represents a guide for the Pharmaceutical Field Training -III (PDFT531) at the College of Pharmacy, University of Tabuk. It is intended to be used as a planning tool, guide, form repository, and reference for preceptors and students.

Comments and suggestions are welcomed from preceptors and students who utilize this portfolio.

Please contact the Field Training Unit with any questions or suggestions.

Pharmaceutical Training Committee

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PHARMACEUTICAL FIELD TRAINING – III (PDFT531)
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COURSE SCHEDULE AND TASKS FOR THE STUDENTS

| Day | Objective / Task | Evaluation/Assignment |
|------------|---|---|
| 1 | The systematic approach in pharmacy management (organizing, staffing, directing, coordination control, budget planning, inventory control, etc.) | Student need to describe the systematic approach in pharmacy management in pharmacy 1. |
| 2 | The systematic approach in drug dispensing, patient counseling and checking for medication errors. | Student should understand and practice the procedure to dispense prescriptions, patient counseling and checking for medication errors in pharmacy 1. |
| 3 | The systematic approach in drug dispensing, patient counseling and checking for medication errors. | Student should understand and practice the procedure to dispense prescriptions, patient counseling and checking for medication errors in pharmacy 1. |
| 4 | The systematic approach in pharmacy management (organizing, staffing, directing, coordination control, budget planning, inventory control, etc.) | Student need to describe the systematic approach in pharmacy management in pharmacy 2. |
| 5 | The systematic approach in drug dispensing, patient counseling and checking for medication errors. | Student should understand and practice the procedure to dispense prescriptions, patient counseling and checking for medication errors in pharmacy 2. |
| 6 | The systematic approach in pharmacy management (organizing, staffing, directing, coordination control, budget planning, inventory control, etc.). | Student need to describe the systematic approach in pharmacy management in pharmacy 3. |
| 7 | Evaluation (1) | |
| 8 | The systematic approach in drug dispensing, patient counseling and checking for medication errors. | Practice the procedure performed to dispense prescriptions, patient counseling and checking for medication errors in pharmacy 3. |
| 9 | To participate in compounding sterile dosage forms and drug dispensing. | Student must participate in compounding of at least TWO sterile dosage form. |
| 10 | To participate in compounding non-sterile dosage forms and drug dispensing. | Student must participate in compounding of at least TWO non-sterile dosage form. |
| 11 | Participate in drug dispensing and write the drug information available in the hospital pharmacy. | Student need to write TWO drug information in the manual using pamphlets or leaflets. |
| 12 | Participate in drug dispensing and monitor prescription errors. | Monitor prescription errors at least TWO prescriptions |
| 13 | Evaluation (2) | |

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PHARMACEUTICAL FIELD TRAINING – III (PDFT531) STUDENT PORTFOLIO

Introduction

Course description

Pharmaceutical field training III is supervised advanced hospital pharmacy training. Through observation and practice, the student will learn the functions of various personnel which may include experiencing the roles of pharmacists in different specialty pharmacies. The students will learn advanced pharmacy practice experience including patient counseling, medication order review for individual patient. Students will gain experience in the pharmacy management including budget planning through inventory control activities. Finally, in working with many different levels of personnel throughout the training, the student will understand the importance of specialty pharmacy and pharmacy management.

Course Goals

It is a 120 hour placement in a hospital pharmacy training that introduces the student to the pharmacy management and advances in pharmacy practice. The student will be trained to practice in specialty pharmacy about pharmacy management, budget planning, purchasing, inventory control, patient counseling and medication order review.

Course Objectives

Knowledge domain

- Name the different specialty pharmacies in a hospital.
- Outline the pharmacy management requirements
- Describe the budget planning in hospital pharmacy
- Write the purchasing and inventory control procedures.

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Skills domain

- Dispensing in different specialty pharmacies.
- Plan for patient counseling
- Interpret medication order review
- Develop purchase and budget planning for hospital pharmacy.
- Design inventory control in hospital pharmacy.

Prerequisites

Students must have completed the fourth year of Pharm. D program.

Orientation to the training

Every student is expected to read the Pharmaceutical Field Training III manual and seek explanation when needed regarding training outcomes, activities and policies. At the practice site, each student will receive orientation by the assigned supervisor about:

1. Hours of operation and expectations of student's check-in and checkout times.
2. Exchange contact information and discuss proper procedure to contact each other (phone or email).
3. Expectations of student and preceptor (activities, daily responsibility, break/prayer time, use electronic devices as cell phones, and assessment).
4. Introducing student to the staff pharmacy and other related department.
5. Introduce the student to pharmacy policies and procedures, drug information references, photocopier, computers, telephones, cafeteria etc.

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Online Resources

- Saudi Digital Library (<http://www.sdl.edu.sa>)
- Professionalism: <http://www.pharmacist.com/>
- Saudi Arabia Ministry of Health <http://www.moh.gov.sa>
- Saudi Food and Drug Administration <http://www.sfda.gov.sa>
- Saudi Pharmaceutical Society www.sps-sa.net
- The Institute for Safe Medication Practices (ISMP)
<http://www.ismp.org/>
- American Pharmacist Association www.aphanet.org
- The American Society of Health-System Pharmacists (ASHP)
www.ashp.org
- U.S. Pharmacopeia www.usp.org
- U.S. Food and Drug Administration www.fda.gov/medwatch
- Centers for Disease Control www.cdc.gov
- The Clinician Ultimate Reference Guide www.globalrph.com

Learning outcomes

By the end of the Pharmaceutical Field Training III, the following learning outcomes are expected from the students:

- Process the prescription
- Dispense the drugs in hospital pharmacy
- Store the prescription drugs, controlled drugs and drugs stored in refrigerator
- Compound the various dosage forms as needed
- Provide the drug information to the health care professional and patients
- Assess the medication error and its management.

PHARMACEUTICAL FIELD TRAINING – III (PDFT531) STUDENT PORTFOLIO

Training policies and procedures

Duration of training

- Training is made up of 120 hours (9 hours/week for 14 weeks) daily for during the second semester in fifth year of Pharm.D course.

Attendance/Leave of Absence

- Attendance is Mandatory. Student is expected to be punctual and document all his training hours.
- No absence or leave are allowed during the training if the student desires to attain full credit. However, any absences must be approved by the preceptor and the time must be made up.
- It is the responsibility of the student to notify the preceptor and the training committee when they will be absent.
- If a student is ill for more than one day the student shall notify the preceptor each day that they will be absent.
- The preceptor, in consultation with the department of pharmacy practice will determine how and when the time will be made up by the student.

Holiday vacation

When the experiential training coincides with an official national Holiday, student must arrange with site preceptor before taking this leave.

Dress Code

Students are expected to dress in a professional manner while at their pharmacy training sites. Be sure to check with your site regarding their dress code policy.

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Responsibilities and Expectations

College Faculty Responsibilities

- Faculty member from the college will visit training sites during training to discuss the progress in order to facilitate student learning and resolve any emergent issues.

Pharmacist Preceptor Responsibilities

- Assume primary responsibility for the students.
- The preceptor is the primary course instructor, and will evaluate the pharmacy training activities.
- Provide orientation and definition of activities.
- Provide an atmosphere and create opportunities for students to accomplish the stated goals and objectives.
- Prepare and conduct discussion sessions of selected patient care topics to expand the student's knowledge base and experiences.
- Provide students with frequent and specific feedback on performance, including written evaluations with identification of strengths, weaknesses and progress toward the stated goals and objectives.

Student Responsibilities

- Exhibit a professional appearance in both manner and dress and adhere to the standards of behavior and dress specified by the preceptor to whom they are assigned.
- Be responsible for adhering to the time schedule agreed upon with the preceptor.
- Be familiar with routine procedural tasks performed in the pharmacy.
- Realize that to optimize the learning experience, mutual courtesy and respect is necessary between students and preceptor
- Respect all confidences revealed to them during the training, including

PHARMACEUTICAL FIELD TRAINING – III (PDFT531) STUDENT PORTFOLIO

pharmacy records, patient profiles, fee systems and professional policies.

- **Students MUST not make decisions without the knowledge of the Preceptor, particularly in regard to prescription dispensing, and patient counseling.**

Instructions to the Students and Marks distribution

Instructions to the Students

1. Get permission from the pharmacist preceptor before you start preparing the lists in this portfolio.
2. Discuss with the preceptor in regard to complete each task.
3. DO NOT COMPELL patients to participate in an interview.
4. Enter all the details clearly without mistakes and notice that marks may be reduced for spelling mistake.
5. Use additional sheets for writing, if required and attach in the same page of the concerned task.
6. DO NOT COPY from other students and in case of copying from other students, BOTH WILL GET ZERO MARKS at that task.
7. DO NOT REWRITE THE SAME DATA for similar tasks.
8. Get the signature of the preceptor after completion of each task.
9. **The marks will NOT be awarded, if the preceptor signature is not present.**

PHARMACEUTICAL FIELD TRAINING – III (PDFT531)
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OVERALL MARKS DISTRIBUTION

| TASKS/ASSIGNMENT | Total |
|---|--------------|
| Overall preceptor evaluation (attendance – behavior-) | 25 * |
| Overall faculty supervisor evaluation (attendance – behavior-) | 25 * |
| Portfolio evaluation (each student must submit his filled portfolio at the final day of training at the Faculty of Pharmacy – Tabuk university) | 40 * |
| Interview by training unit members (at the final day of training at the Faculty of Pharmacy – Tabuk university) | 10 * |
| GRAND TOTAL | 100 * |
| | |
| * The student must pass 60 % in each of the evaluation items to pass this training course | |

**PHARMACEUTICAL FIELD TRAINING – III (PDFT531)
STUDENT PORTFOLIO**

Pharmacy name (1): **Date:**

DRUG ARRANGEMENT IN THE PHARMACY

This Pharmacy uses the following system for arranging drugs:

For solid dosage forms:

.....
.....
.....
.....

For liquid dosage forms:

.....
.....
.....
.....

For topical dosage forms

.....
.....
.....

For cosmetics

.....
.....
.....

For products requiring special storage temperature

.....
.....
.....

Signature of the preceptor

PHARMACEUTICAL FIELD TRAINING – III (PDFT531)
STUDENT PORTFOLIO

Pharmacy name (1): **Date:**

INVENTORY CONTROL (Calculate the quantity of drugs to be ordered with the help of pharmacist preceptor)

| No. | Drug Name (Molecule Name) | Average monthly consumption (in units) | Stock in hand (in units) | Quantity of drugs to be ordered (in units) |
|-----|------------------------------|--|--------------------------------|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |

General notes:
.....
.....
.....

Signature of the preceptor

**PHARMACEUTICAL FIELD TRAINING – III (PDFT531)
STUDENT PORTFOLIO**

Pharmacy name (1): **Date:**

PATIENT COUNSELING

Patient details:

| | | | | | |
|--------------------------------------|-------------|-------------|-------|-------------|-------|
| Name: | ..... .. | Age: | ..... | Sex: | ..... |
| Present Complaints/Diagnosis: |  | ..... .. |  |  |  |

Details of medications and counseling on drugs dispensed

| Drug name | Dose | Route | Frequency | Before/After food |
|-----------|------|-------|-----------|-------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Non-drug therapy counseling (√ the appropriate Yes or No and write the details)

| Counseling done | Yes | No | Recommendations |
|---------------------------------------|-----|----|-------------------------|
| Diet | | | |
| Exercise | | | |
| Others (Smoking, disease etc.) | | | |

General notes:
.....

Signature of the preceptor

**PHARMACEUTICAL FIELD TRAINING – III (PDFT531)
STUDENT PORTFOLIO**

Pharmacy Name : **Date:**

MEDICATION ORDER REVIEW (Chronic illness i.e. DM, Cardiovascular disease, Asthma etc.)

Patient details:

| | | |
|--|-------------------|-------------------|
| Name: | Age: | Sex: |
| Present Complaints/Diagnosis: | | |

Name of the prescriber:

Prescription details

| Drug name | Dose | Route | Freq. | Indication (use) | Duration |
|------------------|-------------|--------------|--------------|-------------------------|-----------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| Medication review | Yes | No | Details & Recommendations |
|--|------------|-----------|--------------------------------------|
| Is the patient allergic to any medication? | | | |
| Any contraindications observed? | | | |
| Any prescription error observed? | | | |

General notes:
.....
.....

Signature of the preceptor

PHARMACEUTICAL FIELD TRAINING – III (PDFT531)
STUDENT PORTFOLIO

Pharmacy name (2): **Date:**

DRUG ARRANGEMENT IN THE PHARMACY

This Pharmacy uses the following system for arranging drugs:

For solid dosage forms:

.....
.....
.....
.....

For liquid dosage forms:

.....
.....
.....
.....

For topical dosage forms

.....
.....
.....

For cosmetics

.....
.....
.....

For products requiring special storage temperature

.....
.....
.....

Signature of the preceptor

PHARMACEUTICAL FIELD TRAINING – III (PDFT531)
STUDENT PORTFOLIO

Pharmacy name: **Date:**

INVENTORY CONTROL (Calculate the quantity of drugs to be ordered with the help of pharmacist preceptor)

| No. | Drug Name (Molecule Name) | Average monthly consumption (in units) | Stock in hand (in units) | Quantity of drugs to be ordered (in units) |
|-----|------------------------------|--|--------------------------------|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |

General notes:
.....
.....
.....

Signature of the preceptor

**PHARMACEUTICAL FIELD TRAINING – III (PDFT531)
STUDENT PORTFOLIO**

Pharmacy name (2): **Date:**

THE SYSTEMIC APPROACH IN DRUG DISPENSING

1- What was the first thing that the pharmacist preceptor said to the patient?

.....
.....

2- What were the steps/procedure that the pharmacist preceptor did after receiving the prescription? (write them in the exact order)

.....
.....
.....
.....

3- What were the drugs dispensed in this prescription by the pharmacist preceptor?

| | Trade name | Dosage form | Regimen | Indications |
|---|-------------------|--------------------|----------------|--------------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |

Signature of the preceptor

**PHARMACEUTICAL FIELD TRAINING – III (PDFT531)
STUDENT PORTFOLIO**

Pharmacy name (2): **Date:**

PATIENT COUNSELING

Patient details:

| | | | | | |
|--------------------------------------|-------------|-------------|-------|-------------|-------|
| Name: | ..... .. | Age: | ..... | Sex: | ..... |
| Present Complaints/Diagnosis: |  | ..... |  |  |  |

Details of medications and counseling on drugs dispensed

| Drug name | Dose | Route | Frequency | Before/After food |
|-----------|------|-------|-----------|-------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Non-drug therapy counseling (√ the appropriate Yes or No and write the details)

| Counseling done | Yes | No | Recommendations |
|---------------------------------------|-----|----|-------------------------|
| Diet | | | |
| Exercise | | | |
| Others (Smoking, disease etc.) | | | |

General notes:
.....

Signature of the preceptor

**PHARMACEUTICAL FIELD TRAINING – III (PDFT531)
STUDENT PORTFOLIO**

Pharmacy name (2): **Date:**

MEDICATION ORDER REVIEW (Chronic illness i.e. DM, Cardiovascular disease, Asthma etc.)

Patient details:

| | | | | | |
|--------------------------------------|-------------|-------------|-------|-------------|-------|
| Name: | ..... .. | Age: | ..... | Sex: | ..... |
| Present Complaints/Diagnosis: |  | ..... .. |  |  |  |

Name of the prescriber:

Prescription details

| Drug name | Dose | Route | Freq. | Indication (use) | Duration |
|------------------|-------------|--------------|--------------|-------------------------|-----------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| Medication review | Yes | No | Details & Recommendations |
|--|------------|-----------|--------------------------------------|
| Is the patient allergic to any medication? | | | |
| Any contraindications observed? | | | |
| Any prescription error observed? | | | |

General notes:
.....
.....

Signature of the preceptor

PHARMACEUTICAL FIELD TRAINING – III (PDFT531)
STUDENT PORTFOLIO

Pharmacy name (3): **Date:**

DRUG ARRANGEMENT IN THE PHARMACY

This Pharmacy uses the following system for arranging drugs:

For solid dosage forms:

.....
.....
.....
.....

For liquid dosage forms:

.....
.....
.....
.....

For topical dosage forms

.....
.....
.....

For cosmetics

.....
.....
.....

For products requiring special storage temperature

.....
.....
.....

Signature of the preceptor

**PHARMACEUTICAL FIELD TRAINING – III (PDFT531)
STUDENT PORTFOLIO**

Specialty Pharmacy (3): **Date:**

INVENTORY CONTROL (Calculate the quantity of drugs to be ordered with the help of pharmacist preceptor)

| No. | Drug Name (Molecule Name) | Average monthly consumption (in units) | Stock in hand (in units) | Quantity of drugs to be ordered (in units) |
|-----|------------------------------|--|--------------------------------|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |

General notes:

Signature of the preceptor

**PHARMACEUTICAL FIELD TRAINING – III (PDFT531)
STUDENT PORTFOLIO**

Specialty Pharmacy (3): **Date:**

THE SYSTEMIC APPROACH IN DRUG DISPENSING

1- What was the first thing that the pharmacist preceptor said to the patient ?

.....

2- What were the steps/procedure that the pharmacist preceptor did after receiving the prescription ? (write them in the exact order)

.....

3- What were the drugs dispensed in this prescription by the pharmacist preceptor ?

| | Trade name | Dosage form | Regimen | Indications |
|---|-------------------|--------------------|----------------|--------------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |

Signature of the preceptor

**PHARMACEUTICAL FIELD TRAINING – III (PDFT531)
STUDENT PORTFOLIO**

Pharmacy name (3): **Date:**

PATIENT COUNSELING

Patient details:

| | | | | | |
|--------------------------------------|-------|-------------|-------|-------------|-------|
| Name: | ..... | Age: | ..... | Sex: | ..... |
| Present Complaints/Diagnosis: |  | ..... |  |  |  |

Details of medications and counseling on drugs dispensed

| Drug name | Dose | Route | Frequency | Before/After food |
|-----------|------|-------|-----------|-------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Non-drug therapy counseling (√ the appropriate Yes or No and write the details)

| Counseling done | Yes | No | Recommendations |
|---------------------------------------|-----|----|-------------------------|
| Diet | | | |
| Exercise | | | |
| Others (Smoking, disease etc.) | | | |

General notes:
.....
.....

Signature of the preceptor

**PHARMACEUTICAL FIELD TRAINING – III (PDFT531)
STUDENT PORTFOLIO**

Pharmacy name (3): **Date:**

MEDICATION ORDER REVIEW (Chronic illness i.e. DM, Cardiovascular disease, Asthma etc.)

Patient details:

| | | | | | |
|--------------------------------------|-------------|-------------|-------|-------------|-------|
| Name: | ..... .. | Age: | ..... | Sex: | ..... |
| Present Complaints/Diagnosis: |  | ..... .. |  |  |  |

Name of the prescriber:

Prescription details

| Drug name | Dose | Route | Freq. | Indication (use) | Duration |
|------------------|-------------|--------------|--------------|-------------------------|-----------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| Medication review | Yes | No | Details & Recommendations |
|--|------------|-----------|--------------------------------------|
| Is the patient allergic to any medication? | | | |
| Any contraindications observed? | | | |
| Any prescription error observed? | | | |

General notes:
.....
.....

Signature of the preceptor

**PHARMACEUTICAL FIELD TRAINING – III (PDFT531)
STUDENT PORTFOLIO**

Appendix I

COMPOUNDING PRACTICE - STERILE DOSAGE FORM

Patient details:

| | | |
|--------------------------------------|------------------------|-------------------------|
| Name: | Age: ____ Years | Sex: Male/Female |
| Present Complaints/Diagnosis: | | |
| Prescription number: | | |

Compounding details:

| | |
|-------------------------------------|------------------------|
| Name of the dosage form: | |
| Name of the drug: | |
| Quantity of drug compounded: | |
| Procedure (Briefly): | |
| Calculation: | |
| Date of preparation: | Date of expiry: |
| Reference book: | |

Signature of the preceptor_____

**PHARMACEUTICAL FIELD TRAINING – III (PDFT531)
STUDENT PORTFOLIO**

COMPOUNDING PRACTICE - NON-STERILE DOSAGE FORM

Patient details:

| | | |
|--------------------------------------|------------------------|-------------------------|
| Name: | Age: ____ Years | Sex: Male/Female |
| Present Complaints/Diagnosis: | | |
| Prescription number: | | |

Compounding details:

| | |
|-------------------------------------|------------------------|
| Name of the dosage form: | |
| Name of the drug: | |
| Quantity of drug compounded: | |
| Procedure (Briefly): | |
| Calculation: | |
| Date of preparation: | Date of expiry: |
| Reference book: | |

Signature of the preceptor _____

**PHARMACEUTICAL FIELD TRAINING – III (PDFT531)
STUDENT PORTFOLIO**

COMPOUNDING PRACTICE - STERILE DOSAGE FORM

Patient details:

| | | |
|--------------------------------------|------------------------|-------------------------|
| Name: | Age: ____ Years | Sex: Male/Female |
| Present Complaints/Diagnosis: | | |
| Prescription number: | | |

Compounding details:

| | |
|-------------------------------------|------------------------|
| Name of the dosage form: | |
| Name of the drug: | |
| Quantity of drug compounded: | |
| Procedure (Briefly): | |
| Calculation: | |
| Date of preparation: | Date of expiry: |
| Reference book: | |

Signature of the preceptor _____

**PHARMACEUTICAL FIELD TRAINING – III (PDFT531)
STUDENT PORTFOLIO**

COMPOUNDING PRACTICE - NON-STERILE DOSAGE FORM

Patient details:

| | | |
|--------------------------------------|------------------------|-------------------------|
| Name: | Age: ____ Years | Sex: Male/Female |
| Present Complaints/Diagnosis: | | |
| Prescription number: | | |

Compounding details:

| |
|--|
| Name of the dosage form: |
| Name of the drug: |
| Quantity of drug compounded: |
| Procedure (Briefly): |
| Calculation: |
| Date of preparation: _____ Date of expiry: _____ |
| Reference book: |

Signature of the preceptor _____

PHARMACEUTICAL FIELD TRAINING – III (PDFT531)
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APPENDIX II

DRUG INFORMATION – 1
(ANY ONE SOILD DOSAGE FORM – TABLET)

Name of the Drug (molecule name not brand name) _____

1. Indication (Use) _____

2. Adult dose _____

3. Mechanism of action (briefly) _____

4. Other dosage form(s) available for this drug _____

5. Route of Administration(s) _____

6. Adverse effects (Any TWO) _____

7. Contraindications (Any TWO) _____

8. Drug interactions (Any TWO) _____

9. Pregnancy warnings _____

10. Breast feeding warning _____

Signature of the preceptor _____

PHARMACEUTICAL FIELD TRAINING – III (PDFT531)
STUDENT PORTFOLIO

DRUG INFORMATION – 2
(ANY ONE SOILD DOSAGE FORM – TABLET)

Name of the Drug (molecule name not brand name)_____

1. Indication (Use) _____

2. Adult dose_____

3. Mechanism of action (briefly) _____

4. Other dosage form(s) available for this drug_____

5. Route of Administration(s)_____

6. Adverse effects (Any TWO)_____

7. Contraindications (Any TWO)_____

8. Drug interactions (Any TWO)_____

9. Pregnancy warnings_____

10. Breast feeding warning_____

Signature of the preceptor_____

PHARMACEUTICAL FIELD TRAINING – III (PDFT531)
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DRUG INFORMATION – 3
(ANY ONE SOILD DOSAGE FORM – CAPSULE)

Name of the Drug (molecule name not brand name)_____

1. Indication (Use) _____

2. Adult dose_____

3. Mechanism of action (briefly) _____

4. Other dosage form(s) available for this drug_____

5. Route of Administration(s)_____

6. Adverse effects (Any TWO)_____

7. Contraindications (Any TWO)_____

8. Drug interactions (Any TWO)_____

9. Pregnancy warnings_____

10. Breast feeding warning_____

Signature of the preceptor_____

PHARMACEUTICAL FIELD TRAINING – III (PDFT531)
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DRUG INFORMATION – 4
(ANY ONE SOILD DOSAGE FORM – CAPSULE)

Name of the Drug (molecule name not brand name)_____

1. Indication (Use) _____

2. Adult dose_____

3. Mechanism of action (briefly) _____

4. Other dosage form(s) available for this drug_____

5. Route of Administration(s)_____

6. Adverse effects (Any TWO)_____

7. Contraindications (Any TWO)_____

8. Drug interactions (Any TWO)_____

9. Pregnancy warnings_____

10. Breast feeding warning_____

Signature of the preceptor_____

**PHARMACEUTICAL FIELD TRAINING – III (PDFT531)
STUDENT PORTFOLIO**

APPENDIX III

MONITORING THE PRESCRIPTION ERRORS

Prescription 1

| Drug Name | Dosage forms | Dose | Route | Frequency | Details of prescription error (IF ANY) (Name, dose, route, frequency etc.) | Correction needed |
|-----------|--------------|------|-------|-----------|--|-------------------|
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Prescription 2

| Drug Name | Dosage forms | Dose | Route | Frequency | Details of prescription error (IF ANY) (Name, dose, route, frequency etc.) | Correction needed |
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Signature of the preceptor _____

PHARMACEUTICAL FIELD TRAINING – III (PDFT531)
STUDENT PORTFOLIO

Prescription 3

| Drug Name | Dosage forms | Dose | Route | Frequency | Details of prescription error (IF ANY) (Name, dose, route, frequency etc.) | Correction needed |
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Prescription 4

| Drug Name | Dosage forms | Dose | Route | Frequency | Details of prescription error (IF ANY) (Name, dose, route, frequency etc.) | Correction needed |
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Signature of the preceptor _____

PHARMACEUTICAL FIELD TRAINING – III (PDFT531)
STUDENT PORTFOLIO

Prescription 5

| Drug Name | Dosage forms | Dose | Route | Frequency | Details of prescription error (IF ANY) (Name, dose, route, frequency etc.) | Correction needed |
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Prescription 6

| Drug Name | Dosage forms | Dose | Route | Frequency | Details of prescription error (IF ANY) (Name, dose, route, frequency etc.) | Correction needed |
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Signature of the preceptor _____

PHARMACEUTICAL FIELD TRAINING – III (PDFT531)
STUDENT PORTFOLIO

Prescription 7

| Drug Name | Dosage forms | Dose | Route | Frequency | Details of prescription error (IF ANY) (Name, dose, route, frequency etc.) | Correction needed |
|-----------|--------------|------|-------|-----------|--|-------------------|
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Prescription 8

| Drug Name | Dosage forms | Dose | Route | Frequency | Details of prescription error (IF ANY) (Name, dose, route, frequency etc.) | Correction needed |
|-----------|--------------|------|-------|-----------|--|-------------------|
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Signature of the preceptor _____

**PHARMACEUTICAL FIELD TRAINING – III (PDFT531)
STUDENT PORTFOLIO**

APPENDIX IV

Attendance sheet:

Student name/No.:

Preceptor name:

| Day | Date | Attendance time | | Preceptor signature |
|-----|------|-----------------|-----|---------------------|
| | | Start | End | |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
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| 10 | | | | |
| 11 | | | | |
| 12 | | | | |
| 13 | | | | |
| 14 | | | | |

General notes:

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Student signature:

Preceptor signature:

Training supervisor signature:

PHARMACEUTICAL FIELD TRAINING – III (PDFT531)
STUDENT PORTFOLIO

APPENDIX V

Student Evaluation of Preceptor/Site

Your responses are important to us. Please use the following checklist to evaluate your preceptor and site. Please complete all sections. Written comments are encouraged and required if you give a *Sometimes* or *Never* rating. All comments are to written in a professional and constructive manner.

Ratings: **A** – Always **U** – Usually **S** – Sometimes **N** – Never

Tick (✓) the appropriate box for your rating.

| A | U | S | N | CRITERIA (S) |
|---|---|---|---|---|
| | | | | Interest - My preceptor took an active interest in me and my learning experience. My preceptor spent quality time with me throughout the experience and was available for me when I sought help or advice. |
| | | | | Communication - My preceptor openly and honestly communicated with me throughout the experience regarding expectations, policies, procedures and responsibilities. He provided me with constructive criticism and did so in a supportive, non-demeaning manner. He or she recognized me for jobs well done. |
| | | | | Enthusiasm - My preceptor demonstrated genuine enthusiasm for the pharmacy profession. He was current on new trends and directions for pharmacy. He motivated me to do my best and encouraged me in my professional growth. |
| | | | | Professionalism - My preceptor exhibited professionalism in all interactions including those with myself, other colleagues, and patients. He practiced within ethical boundaries and demonstrated honesty and integrity in all actions. To the best of my understanding, the site was in compliance with all pharmacy laws and regulations. |
| | | | | Teaching - My preceptor had the knowledge to teach me the necessary skills pertinent to the site. He guided me when necessary, but also allowed me to make decisions based upon my level of knowledge. My preceptor instructed me in all aspects of the site as they related to the established goals and objectives. He was sufficiently organized and prepared to instruct me and provided me with meaningful activities and/or assignments. |
| | | | | Training and Resources - The site provided adequate space for training as well as resources and reference material. I felt that there was an appropriate level and quantity of training activities, and that the training was consistent with rotation objectives. |

Student name: _____ Signature: _____

Date: _____