KINGDOM OF SAUDI ARABIA

Ministry of Higher Education

**University of Tabuk** 

Faculty of Pharmacy







# PORTFOLIO FOR PHARMACEUTICAL FIELD TRAINING – I (PDFT311) ACADEMIC YEAR 1438-1439 H

STUDENT NAME	
STUDENT NUMBER	
NAME OF THE PRECEPTOR	

# **PREFACE**

### **GREETINGS FROM...**



This portfolio represents a guide for the Pharmaceutical Field Training - I (PDFT311) 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.

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### Introduction

# Course description

Pharmaceutical field training I is a supervised pharmacy experience in a community pharmacy setting. Through observation and practice, students will develop and explore their roles in a community pharmacy practice. Students will provide patient education, interact with pharmacy staff, health care professionals, prepare and dispense medications and become familiar with management related issues. Students have the opportunity to provide patient oriented drug therapy education to a diverse patient population, with an emphasis on effective communication with patients and the other members of the health care community. Through this supervised experience, the student will be able to apply concepts from clinical didactic course work to situations which daily challenge the pharmacist in community settings.

### **Course Goals**

It is structured introductory practice experience after the third year of the Pharm. D program. It represents the students' first experience in a pharmacy environment, where they pass 4-week placement in a community pharmacy under the supervision of a pharmacist preceptor. It introduces the student to different activities performed in a community pharmacy.

# **Course Objectives**

# Knowledge domain

- Name the various components in pharmacy (Computer, Software, refrigerator etc.) and
- Describe the drug arrangement in the pharmacy.
- List major drug classes available in the Pharmacy.
- Understand and apply the systematic approach in patient interviewing and OTC drug choice.
- Understand and apply the systematic approach in drug dispensing (prescriptions).

### Skills domain

- Prepare and dispense OTC medications for minor illness.
- Plan and design patient interview.
- List major drug classes available in the community pharmacy.

# **Prerequisites**

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

### Orientation to the training

Every student is expected to read the Pharmaceutical Field Training Imanual and seek explanation when needed regarding training outcomes, activities and policies. At the practice site, each student will receive orientation by the Head - Department of Pharmacy Practice about:

- Hours of operation and expectations of student's check-in and check-out 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 (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.

# **Online Resources**

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

## Learning outcomes

By the end of the Pharmaceutical field training I, the students are able to understand the:

- Various components in community pharmacy
- Arrangement of drugs
- OTC drug products
- OTC drug dispensing for minor illness
- Patient interview
- Drug Information

# Training policies and procedures

# **Duration** of training

- Training is made up of 100 hours during the summer vacation.
- 5 hours per day, 5 days per week for 4 weeks to complete the training month.
- Training should be started at the summer vacation after completion of third 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 experiential 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 Pharmacy Practice Department immediately 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.

# 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 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 preceptorin regard to complete each task.
- 3. DO NOT COMPELL patients to participate inan 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.

# **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	40 *
the final day of training at the Faculty of Pharmacy – Tabuk	
university)	
Interview by training unit members (at the final day of training at	10 *
the Faculty of Pharmacy – Tabuk university)	
GRAND TOTAL	100 *
* The student must pass 60 % in each of the evaluation items to	pass this training

course

# COURSE SCHEDULE AND TASKS FOR THE STUDENTS

Day		Objective / Task	Evaluation/Assignment	
	1: Sunday	Introduction with Pharmacist preceptor in the Pharmacy to understand the: - components in pharmacy (Computer, Software, refrigerator etc.) and	Student need to describe the components in pharmacy.	
		- drug arrangement in the pharmacy.	Student need to describe how drugs are arranged.	
		- Learn about the different drug classes available in the Pharmacy.	Student should fill a list in the portfolio for ONE assigned drug class and write full information about one member of that class.	
	2: Monday	- Learn the systematic approach in patient interviewing and OTC drug choice.	Student should understand the basics of patient interviewing and OTC drug choice.	
		- Learn the systematic approach in drug dispensing (prescriptions).	Student should understand the procedure performed to dispense prescription drugs.	
		- Learn about the different drug classes available in the Pharmacy.	Student should fill a list in the portfolio for ONE assigned drug class and write full information about one member of that class.	
WEEK 1	3: Tuesday	- Learn the systematic approach in patient interviewing and OTC drug choice.	Student should understand the basics of patient interviewing and OTC drug choice.	
		- Learn the systematic approach in drug dispensing (prescriptions).	Student should understand the procedure performed to dispense prescription drugs.	
		- Learn about the different drug classes available in the Pharmacy.	Student should fill a list in the portfolio for ONE assigned drug class and write full information about one member of that class.	
	4: Wednesday	- Learn the systematic approach in patient interviewing and OTC drug choice.	Student should understand the basics of patient interviewing and OTC drug choice.	
		- Learn the systematic approach in drug dispensing (prescriptions).	Student should understand the procedure performed to dispense prescription drugs.	
	5: Thursday	- Learn about the different drug classes available in the Pharmacy.	Student should fill a list in the portfolio for ONE assigned drug class and write full information about one member of that class.	
		- Learn the systematic approach in patient interviewing and OTC drug choice.	Student should understand the basics of patient interviewing and OTC drug choice.	
		- Learn the systematic approach in drug dispensing (prescriptions).	Student should understand the procedure performed to dispense prescription drugs.	

	Day	Objective / Task	Evaluation/Assignment	
	6: Sunday	- Learn about the different drug classes available in the Pharmacy.	Student should fill a list in the portfolio for ONE assigned drug class and write full information about one member of that class.	
		Practice patient interview (OTC drug).	Student need to perform ONE patient interview and enter the details in the portfolio.	
		Participate in prescription drug dispensing.	Student need to participate in prescription drug dispensing.	
		- Learn about the different drug classes available in the Pharmacy.	Student should fill a list in the portfolio for ONE assigned drug class and write full information about one member of that class.	
	7: Monday	Practice patient interview (OTC drug).	Student need to perform ONE patient interview and enter the details in the portfolio.	
		Participate in prescription drug dispensing.	Student need to participate in prescription drug dispensing.	
X 2	8: Tuesday	- Learn about the different drug classes available in the Pharmacy.	Student should fill a list in the portfolio for ONE assigned drug class and write full information about one member of that class.	
WEEK 2		Practice patient interview (OTC drug).	Student need to perform ONE patient interview and enter the details in the portfolio.	
		Participate in prescription drug dispensing.	Student need to participate in prescription drug dispensing.	
	0.	- Learn about the different drug classes available in the Pharmacy.	Student should fill a list in the portfolio for ONE assigned drug class and write full information about one member of that class.	
	9: Wednesday	Practice patient interview (OTC drug).	Student need to perform ONE patient interview and enter the details in the portfolio.	
		Participate in prescription drug dispensing.	Student need to participate in prescription drug dispensing.	
	10: Thursday	- Learn about the different drug classes available in the Pharmacy.	Student should fill a list in the portfolio for ONE assigned drug class and write full information about one member of that class.	
		Practice patient interview (OTC drug).	Student need to perform ONE patient interview and enter the details in the portfolio.	
		Participate in prescription drug dispensing.	Student need to participate in prescription drug dispensing.	

	Day	Objective / Task	Evaluation/Assignment	
	11. Com los	- Learn about the different drug classes available in the Pharmacy.	Student should fill a list in the portfolio for ONE assigned drug class and write full information about one member of that class.	
	11: Sunday	Practice patient interview (OTC drug).	Student need to perform ONE patient interview and enter the details in the portfolio.	
		Participate in prescription drug dispensing.	Student need to participate in prescription drug dispensing.	
		- Learn about the different drug classes available in the Pharmacy.	Student should fill a list in the portfolio for ONE assigned drug class and write full information about one member of that class.	
	12: Monday	Practice patient interview (OTC drug).	Student need to perform ONE patient interview and enter the details in the portfolio.	
		Participate in prescription drug dispensing.	Student need to participate in prescription drug dispensing.	
K 3		- Learn about the different drug classes available in the Pharmacy.	Student should fill a list in the portfolio for ONE assigned drug class and write full information about one member of that class.	
WEEK 3	13: Tuesday	Practice patient interview (OTC drug).	Student need to perform ONE patient interview and enter the details in the portfolio.	
		Participate in prescription drug dispensing.	Student need to participate in prescription drug dispensing.	
	14:	- Learn about the different drug classes available in the Pharmacy.	Student should fill a list in the portfolio for ONE assigned drug class and write full information about one member of that class.	
	Wednesday	Practice patient interview (OTC drug).	Student need to perform ONE patient interview and enter the details in the portfolio.	
		Participate in prescription drug dispensing.	Student need to participate in prescription drug dispensing.	
	15. 77	- Learn about the different drug classes available in the Pharmacy.	Student should fill a list in the portfolio for ONE assigned drug class and write full information about one member of that class.	
	15: Thursday	Practice patient interview (OTC drug).	Student need to perform ONE patient interview and enter the details in the portfolio.	
		Participate in prescription drug dispensing.	Student need to participate in prescription drug dispensing.	

	Day Objective / Task		Evaluation/Assignment	
	16: Sunday	- Learn about the different drug classes available in the Pharmacy.	Student should fill a list in the portfolio for ONE assigned drug class and write full information about one member of that class.	
	10. Sunday	Practice patient interview (OTC drug).	Student need to perform ONE patient interview and enter the details in the portfolio.	
		Participate in prescription drug dispensing.	Student need to participate in prescription drug dispensing.	
	17: Monday	- Learn about the different drug classes available in the Pharmacy.	Student should fill a list in the portfolio for ONE assigned drug class and write full information about one member of that class.	
		Practice patient interview (OTC drug).	Student need to perform ONE patient interview and enter the details in the portfolio.	
		Participate in prescription drug dispensing.	Student need to participate in prescription drug dispensing.	
¥ 4		- Learn about the different drug classes available in the Pharmacy.	Student should fill a list in the portfolio for ONE assigned drug class and write full information about one member of that class.	
WEEK 4	18: Tuesday	Practice patient interview (OTC drug).	Student need to perform ONE patient interview and enter the details in the portfolio.	
		Participate in prescription drug dispensing.	Student need to participate in prescription drug dispensing.	
	19:	- Learn about the different drug classes available in the Pharmacy.	Student should fill a list in the portfolio for ONE assigned drug class and write full information about one member of that class.	
	Wednesday	Practice patient interview (OTC drug).	Student need to perform ONE patient interview and enter the details in the portfolio.	
		Participate in prescription drug dispensing.	Student need to participate in prescription drug dispensing.	
	20. TIL 1	- Learn about the different drug classes available in the Pharmacy.	Student should fill a list in the portfolio for ONE assigned drug class and write full information about one member of that class.	
	20: Thursday	Practice patient interview (OTC drug).	Student need to perform ONE patient interview and enter the details in the portfolio.	
		Participate in prescription drug dispensing.	Student need to participate in prescription drug dispensing.	

Examples of drug classes (action/use)			
Abdominal pain	Controlled drugs		
Acne	Cough		
Adrenergic agonists	Diarrhea		
Adrenergic antagonists	Estrogen agonist or antagonist		
Analgesic	Fever		
Androgen agonist or antagonist	Headache		
Anemia	Heart failure		
Angina	Hyperlipidemia		
Antihistamine	Hypertension		
Arrhythmia	Infection		
Asthma	Peptic ulcer		
Burn	Shock		
Cholinergic agonists	Skeletal muscle relaxants		
Cholinergic antagonists	Thyroid disorders		
CNS depressants	Type II diabetes		
CNS stimulants	Type I diabetes		
Constipation	Other classes		

# Week (1), Day (1): DETAILS OF VARIOUS COMPONENTS IN THE PHARMACY

Each Community Pharmacy must contain the following:
Requirements for license:
Institutional requirements:
Other Requirements:
Software / Databases:
Documentaion:
Signature of the preceptor

# Week (1), Day (1): DRUG ARRANGEMENT IN THE COMMUITY PHARMACY

This community Pharmacy uses the following system for arranging drugs:
- For solid dosage forms:
- For liquid dosage forms:
- For topical dosage forms
- For cosmotics
- For products requiring special storage temperature
Signature of the preceptor

# Week (1), Day (2):

### DRUG CLASSES AVAILABLE IN THE COMMUNITY PHARMACY

(Pharmacological class: .....)

	Trade name	Active ingredients	Dosage form	Uses
1				
2				
3				
4				
5				

# Detailed drug information (most commonly sold drug in the previous list; based on the experience of the Pharmacist preceptor) Adult dose Mechanism of action (briefly) Other dosage form(s) available Adverse effects (ONLY TWO) Contraindications Drug interactions (Any TWO) Pregnancy warnings Breast feeding warning Other Notes: Signature of the preceptor

# Week (1), Day (2):

# Learn the systematic approach in patient interviewing and OTC drug choice.

2- What were the questions that the pharmacist preceptor ask the patien (write them in the exact order)
•••••••••••••
3- What was the drug preparation (OTC) chosen by the pharmacist preceptor
Trade name Dosage form Price Regimen Diagnosis made by the Pharmacist
1
2

Signature of the preceptor .....

# Week (1), Day (2):

	Learn the sy	stematic app	roach ii	n drug dispens	sing (prescriptions).
1. \	_				or said to the patient ?
1- 1	vnat was the n	ist tilling that	the phai	macist precept	or said to the patient.
• • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • •	• • • • • •	• • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •
• • •	• • • • • • • • • •	• • • • • • • • • •	• • • • • •	• • • • • • • • • • •	• • • • • • • • • • • •
2- V	What were the	steps/proced	dure tha	nt the pharmac	ist preceptor did after
				_	
rece	erving the presc	ripuon ; (wri	te them	in the exact ord	ier)
•••	• • • • • • • • • • • •	• • • • • • • • •	• • • • • •	• • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •
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• • •		• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • •	• • • • • • • • • • • •
3_ V	What were the d	rugs dispense	d in this	prescription by	the nharmacist
		rugs dispense	d in this	prescription by	the <b>pharmacist</b>
	ceptor ?				
		rugs dispense	d in this	prescription by	the <b>pharmacist</b> Indications for use
	ceptor ?				
pre	Ceptor ?	Dosage form	Price	Regimen	Indications for use
pre	Trade name	Dosage form	Price	Regimen	Indications for use
<b>pre</b>	Trade name	Dosage form	Price	Regimen	Indications for use
<b>pre</b>	Trade name	Dosage form	Price	Regimen	Indications for use
1 2	Trade name	Dosage form	Price	Regimen	Indications for use
1 2	Trade name	Dosage form	Price	Regimen	Indications for use
1 2 3	Trade name	Dosage form	Price	Regimen	Indications for use
1 2 3	Trade name	Dosage form	Price	Regimen	Indications for use
1 2 3 4 5	Trade name	Dosage form	Price	Regimen	Indications for use
1 2 3 4 5	Trade name	Dosage form	Price	Regimen	Indications for use

Signature of the preceptor.

# Week (1), Day (3): DRUG CLASSES AVAILABLE IN THE COMMUNITY PHARMACY

(Pharmacological class:	
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	Trade name	Active ingredients	Dosage form	Uses
1				
2				
3				
4				
5				

# Week (1), Day (3):

# Learn the systematic approach in patient interviewing and OTC drug choice.

1- V	Vhat was the fi	rst thing that	the phai	macist precept	or said to the patient ?
• • •	• • • • • • • • • • •	• • • • • • • • •	•••••	• • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •
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2- V	Vhat were the	questions th	at the p	harmacist prec	eptor ask the patient ?
(wri	te them in the	exact order)			
• • •		• • • • • • • • •	•••••	• • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •
• • •		• • • • • • • • • • • • • • • • • • • •	• • • • • •	• • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •
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3- W	hat was the dr	ug preparatio	n (OTC)	chosen by the	pharmacist preceptor?
	Trade name	Dosage form	Price	Regimen	Diagnosis made by
					the Pharmacist
1					
2					
					<del></del>

Signature of the preceptor .....

# Week (1), Day (3):

	Learn the sy		roach ii		sing (prescriptions).		
1- What was the first thing that the pharmacist preceptor said to the patient?							
- '	, ilde was one il	_	_		_		
•••	• • • • • • • • • • • • • • • • • • • •			• • • • • • • • • • • • • • • • • • • •			
				nt the pharmac	ist preceptor did after ler)		
	• • • • • • • • • • • • •	• • • • • • • • •	•••••		• • • • • • • • • • • • • • • • • • •		
•••	• •• • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		
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••••••••••••							
3- W	That were the d	rugs dispense	ed in this	prescription by	the <b>pharmacist</b>		
	That were the d	rugs dispense	ed in this	prescription by	the <b>pharmacist</b>		
		rugs dispense	ed in this	prescription by	the <b>pharmacist</b> Indications for use		
	ceptor ?						
pre	ceptor ?		Price				
pre	ceptor ?		Price				
<b>pre</b>	ceptor ?	Dosage form	Price				
<b>pre</b>	ceptor ?	Dosage form	Price				
1 2	ceptor ?	Dosage form	Price				
1 2	ceptor ?	Dosage form	Price				
1 2 3 4	ceptor ?	Dosage form	Price				
1 2 3	ceptor ?	Dosage form	Price				
1 2 3 4 5	Trade name	Dosage form	Price				
1 2 3 4 5	ceptor ?	Dosage form	Price				

# Week (1), Day (4): DRUG CLASSES AVAILABLE IN THE COMMUNITY PHARMACY

	Trade name	Active ingredients	Dosage form	Uses
1				
2				
3				
4				
5				

# Detailed drug information (most commonly sold drug in the previous list; based on the experience of the Pharmacist preceptor) Adult dose Mechanism of action (briefly) Other dosage form(s) available Adverse effects (ONLY TWO) Contraindications Drug interactions (Any TWO) Pregnancy warnings Breast feeding warning Other Notes:

# Week (1), Day (4):

# Learn the systematic approach in patient interviewing and OTC drug choice.

1- V	Vhat was the fi	rst thing that	the phai	macist precept	or said to the patient ?
• • •	• • • • • • • • • • •	• • • • • • • • •	•••••	• • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •
• • •		• • • • • • • • • • • • • • • • • • • •	• • • • • •	• • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •
2- V	Vhat were the	questions th	at the p	harmacist prec	eptor ask the patient ?
(wri	te them in the	exact order)			
• • •	• • • • • • • • • • • • •	• • • • • • • • •	•••••		
• • •		• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •	
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• • •		• • • • • • • • • •	• • • • • •	• • • • • • • • • • •	• • • • • • • • • • •
3- W	hat was the dr	ug preparatio	n (OTC)	chosen by the	pharmacist preceptor?
	Trade name	Dosage form	Price	Regimen	Diagnosis made by
					the Pharmacist
1					
2					

Signature of the preceptor .....

# Week (1), Day (4):

	Learn the sy	stematic app	roach ii	n drug dispens	sing (prescriptions).
1- V	What was the fi	rst thing that	the phai	macist precept	or said to the patient ?
		g			<b>P</b>
• • •	• • • • • • • • • • •	• • • • • • • • • •	•• • • • • •	• • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •
• • •	• •• • • • • • • •	• • • • • • • • • •	• • • • • •	• • • • • • • • • • • •	• • • • • • • • • • • •
2- <b>\</b>	What were the	steps/proced	dure tha	it the pharmac	ist preceptor did after
rece	eiving the preso	eription ? (wri	ite them	in the exact ord	ler)
	• • • • • • • • • •	• • • • • • • • •	•••••		• • • • • • • • • • • • • • • • • •
• • ••	••••••	• • • • • • • • •	• • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •
• • •	• • • • • • • • • •	••••••	• • • • •		• • • • • • •
• • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • •	•••••	• • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •
	• • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • •	• • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •
3- V	What were the d	rugs dispense	ed in this	prescription by	the pharmacist
		rugs dispense	d in this	prescription by	the <b>pharmacist</b>
	What were the deceptor?		ed in this		the pharmacist  Indications for use
pre	Ceptor ?	Dosage form	Price	Regimen	
	ceptor ?				Indications for use
pre	Trade name	Dosage form	Price	Regimen	Indications for use
<b>pre</b>	Trade name	Dosage form	Price	Regimen	Indications for use
<b>pre</b>	Trade name	Dosage form	Price	Regimen	Indications for use
1 2	Trade name	Dosage form	Price	Regimen	Indications for use
1 2	Trade name	Dosage form	Price	Regimen	Indications for use
1 2 3	Trade name	Dosage form	Price	Regimen	Indications for use
1 2 3	Trade name	Dosage form	Price	Regimen	Indications for use
1 2 3 4 5 5	Trade name	Dosage form	Price	Regimen	Indications for use
1 2 3 4 5 5	Trade name	Dosage form	Price	Regimen	Indications for use
1 2 3 4 5 5	Trade name	Dosage form	Price	Regimen	Indications for use

# Week (1), Day (5):

# DRUG CLASSES AVAILABLE IN THE COMMUNITY PHARMACY

(Pharmacological class:
(1 mannacorogical class

	Trade name	Active ingredients	Dosage form	Uses
1				
2				
3				
4				
5				

# Detailed drug information

(most commonly sold drug in the previous list; based on the experience of the	16
Pharmacist preceptor)	

Pharmacist preceptor)
Adult dose
Mechanism of action (briefly)
Other dosage form(s) available
Adverse effects (ONLY TWO)
Contraindications
Drug interactions (Any TWO)
Pregnancy warnings
Breast feeding warning
Other Notes:
Signature of the preceptor

# Week (1), Day (5):

# Learn the systematic approach in patient interviewing and OTC drug choice.

2- What were the questions that the pharmacist preceptor ask the patient?  (write them in the exact order)  3- What was the drug preparation (OTC) chosen by the pharmacist preceptor  Trade name Dosage form Price Regimen Diagnosis made by the Pharmacist  1	1- What was the first thing that the pharmacist preceptor said to the patient?									
(write them in the exact order)  3- What was the drug preparation (OTC) chosen by the pharmacist preceptor  Trade name Dosage form Price Regimen Diagnosis made by the Pharmacist  1	• • •	• • • • • • • • • • •	• • • • • • • • •	• • • • • •	• • • • • • • • • • •					
(write them in the exact order)  3- What was the drug preparation (OTC) chosen by the pharmacist preceptor  Trade name Dosage form Price Regimen Diagnosis made by the Pharmacist  1	• • •	• •• • • • • • • •	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •				
(write them in the exact order)  3- What was the drug preparation (OTC) chosen by the pharmacist preceptor  Trade name Dosage form Price Regimen Diagnosis made by the Pharmacist  1										
3- What was the drug preparation (OTC) chosen by the pharmacist preceptor    Trade name   Dosage form   Price   Regimen   Diagnosis made by the Pharmacist	2- V	Vhat were the	questions th	at the p	harmacist prec	eptor ask the patient?				
Trade name Dosage form Price Regimen Diagnosis made by the Pharmacist	(wri	te them in the	exact order)							
Trade name Dosage form Price Regimen Diagnosis made by the Pharmacist	• • •	• • • • • • • • • •	• • • • • • • • •		• • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •				
Trade name Dosage form Price Regimen Diagnosis made by the Pharmacist	• • •		• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •				
Trade name Dosage form Price Regimen Diagnosis made by the Pharmacist			• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •				
Trade name Dosage form Price Regimen Diagnosis made by the Pharmacist	• • •			• • • • •		• • • • • • •				
Trade name Dosage form Price Regimen Diagnosis made by the Pharmacist										
Trade name Dosage form Price Regimen Diagnosis made by the Pharmacist					• • • • • • • • • • • •	• • • • • • • • • • • •				
Trade name Dosage form Price Regimen Diagnosis made by the Pharmacist										
the Pharmacist	3- W	hat was the dr	ug preparatio	n (OTC)	chosen by the	pharmacist preceptor ?				
1		Trade name	Dosage form	Price	Regimen	Diagnosis made by				
						the Pharmacist				
2	1									
2										
	2									

Signature of the preceptor .....

# Week (1), Day (5):

	Learn the sy	stematic app	roach ii	n drug dispens	sing (prescriptions).				
1- What was the first thing that the pharmacist preceptor said to the patient ?									
• • •	• • • • • • • • • • •	• • • • • • • • • •		• • • • • • • • • • •					
		• • • • • • • • • •		• • • • • • • • • • • •	• • • • • • • • • • • • •				
2- V	Vhat were the	steps/proced	dure tha	nt the pharmac	ist preceptor did after				
				in the exact ord					
1000	aving the prese	_							
• • •	• • • • • • • • • • •	• • • • • • • • • •	•••••	• • •• • • • • • • • •	• • • • • • • • • • • • • • • • • • • •				
• • •	• •• • • • • • • •	• • • • • • • • • •	• • • • • •	•••••	• • • • • • • • • • • • • • • • • • •				
• • ••	• • • • • • • • • •	• • • • • • • • •	• • • • • •	• • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •				
• • •	• • • • • • • • • •		• • • • •		• • • • • •				
	• • • • • • • • • • • • •	• • • • • • • • •			• • • • • • • • • • • • • • • • • • • •				
					• • • • • • • • • • • •				
2 1	714		مائمة مائلة		- 41. a nhauma aist				
		rugs dispense	a m tms	prescription by	the <b>pharmacist</b>				
pred	ceptor ?			L	T				
	Trade name	Dosage form	Price	Regimen	Indications for use				
1									
2									
3									
4									
5									
Spec	iality of the phy	ysician:							
Sign									

# Week (2), Day (6):

# DRUG CLASSES AVAILABLE IN THE COMMUNITY PHARMACY

(Pharmacological class:
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	Trade name	Active ingredients	Dosage form	Uses
1				
2				
3				
4				
5				

# 

# Week (2), Day (6):

# Practice patient interviewing and OTC drug choice.

<b>Patient</b>	Details
rauciii	Details

Age: Years	Gender: Male / Female	
Present Complaints:		•

# TICK the appropriate column (Yes or No) and write the relevant details in\_\_\_\_\_

S.No.	Questions	Yes	No	Details
	Do you have this present			If yes,
1	complaint for a long time?			How long
	(More than three days)			
	Did you take any other			If yes,
	medication for this			Details of medicines
2	complaint already?			
	(including herbal			
	medicines)			
	Do you have any other			If yes,
3	chronic illness?			Details of disease
	cinome inicos.			How long
				If yes,
4	Are you allergic to any drug?			Details of drugs
	The you aneight to any drug.			
				•
	Are you having any doubt in			If yes,
5	the dispensed drugs?			Details
	the dispensed drugs:			•••••

# Chosen drugs (with aid of the Pharmacist preceptor):

	Trade name	Dosage form	Price	Regimen	Diagnosis made by
					the Pharmacist
1					
2					

Signature of the	preceptor	 	

# Week (2), Day (6):

# Participate in drug dispensing (prescriptions).

1- T	he steps/proc	edure done a	ıfter rece	eiving the presc	ription ? (write them in					
the	exact order)									
• • •	• • • • • • • • • •	• • • • • • • • •	•• • • • • •							
	•••••••••••••••••									
• • ••	••••••••••••									
• • •	• • • • • • • • • •	••••••	• • • • • •		• • • • • •					
• • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • •								
					• • • • • • • • • • • •					
2- W	That were the d	rugs dispense	d in this	prescription by	the pharmacist					
	ceptor ?	2080 moberno		processperous	VIII PIIII III					
prec	_	<u> </u>	Τ=.							
	Trade name	Dosage form	Price	Regimen	Indications for use					
1										
2										
3										
3										
4										
4 5										
4 5										

# Week (2), Day (7):

# DRUG CLASSES AVAILABLE IN THE COMMUNITY PHARMACY

(Pharmacological	class: .				)
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	Trade name	Active ingredients	Dosage form	Uses
1				
2				
3				
4				
5				

# Detailed drug information (most commonly sold drug in the previous list; based on the experience of the Pharmacist preceptor) Adult dose Mechanism of action (briefly) Other dosage form(s) available Adverse effects (ONLY TWO) Contraindications Drug interactions (Any TWO) Pregnancy warnings Breast feeding warning Other Notes:

# Week (2), Day (7):

# Practice patient interviewing and OTC drug choice.

# **Patient Details**

Age: Years	Gender: Male / Female	
Present Complaints:		•

# TICK the appropriate column (Yes or No) and write the relevant details in\_\_\_\_\_

S.No.	Questions	Yes	No	Details
	Do you have this present			If yes,
1	complaint for a long time?			How long
	(More than three days)			
	Did you take any other			If yes,
	medication for this			Details of medicines
2	complaint already?			
	(including herbal			
	medicines)			
	Do you have any other			If yes,
3	chronic illness?			Details of disease
	cinome inicos.			How long
				If yes,
4	Are you allergic to any drug?			Details of drugs
	The you aneight to any drug.			• • • • • • • • • • • • • • • • • • • •
				•
	Are you having any doubt in			If yes,
5	the dispensed drugs?			Details
	the dispensed drugs:			

# Chosen drugs (with aid of the Pharmacist preceptor):

	Trade name	Dosage form	Price	Regimen	Diagnosis made by
					the Pharmacist
1					
2					

Signature of the preceptor		
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# Week (2), Day (7):

# Participate in drug dispensing (prescriptions).

1- The steps/procedure done after receiving the prescription? (write them in					
the	exact order)				
	• • • • • • • • • • •	• • • • • • • • •			• • • • • • • • • • • • • • • • • • •
• • ••	• • • • • • • • • • •	• • • • • • • • •	• • • • • •		• •• • • • • • • • • • • • • • • • • • •
• • •	• • • • • • • • • • •	•• • • • • • • • •	• • • • •		• • • • • • •
• • •	• • • • • • • • • • • • •	• • • • • • • • •	•••••	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •
		• • • • • • • • • • • • • • • • • • • •			• • • • • • • • • • •
2- W	That were the d	rugs dispense	d in this	prescription by	the pharmacist
	ceptor ?	B		r	, <b>F</b>
pre	Trade name	D C	D	D	Indications for use
	Trade name	Dosage form	Price	Regimen	Indications for use
1					
1 2					
2					
2					
3					
2					
3 4 5					
3 4 5					

# Week (2), Day (8):

# DRUG CLASSES AVAILABLE IN THE COMMUNITY PHARMACY

(Pharmacological	class: .				)
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	Trade name	Active ingredients	Dosage form	Uses
1				
2				
3				
4				
5				

# 

# Week (2), Day (8):

# Practice patient interviewing and OTC drug choice.

# **Patient Details**

Age: Years	Gender: Male / Female
Present Complaints:	
•••••	

# TICK the appropriate column (Yes or No) and write the relevant details in\_\_\_\_\_

S.No.	Questions	Yes	No	Details
	Do you have this present			If yes,
1	complaint for a long time?			How long
	(More than three days)			
	Did you take any other			If yes,
	medication for this			Details of medicines
2	complaint already?			
	(including herbal			
	medicines)			
	Do you have any other			If yes,
3	chronic illness?			Details of disease
	cinome inicos.			How long
				If yes,
4	Are you allergic to any drug?			Details of drugs
	The you aneight to any drug.			• • • • • • • • • • • • • • • • • • • •
				•
	Are you having any doubt in			If yes,
5	the dispensed drugs?			Details
	the dispensed drugs:			

# Chosen drugs (with aid of the Pharmacist preceptor):

	Trade name	Dosage form	Price	Regimen	Diagnosis made by
					the Pharmacist
1					
			• • • • • • •		• • • • • • • • • • • • • • • • • • • •
2					

Signature of the preceptor	
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# Week (2), Day (8):

# Participate in drug dispensing (prescriptions).

1- The steps/procedure done after receiving the prescription? (write them in										
the exact order)										
••••••••••••••••										
•••••••••••••••••										
•••••										
•••••••••••••••										
2- W	2- What were the drugs dispensed in this prescription by the <b>pharmacist</b>									
		rugs dispense	d III tilis	prescription by	the pharmacist					
pre	preceptor ?									
	Trade name	Dosage form	Price	Regimen	Indications for use					
				8						
1										
1				<u> </u>						
1 2										
2										
2										
2										
3										
3										
3 4 5										
3 4 5										
3 4 5										

# Week (2), Day (9):

# DRUG CLASSES AVAILABLE IN THE COMMUNITY PHARMACY

(Pharmacological class:		. )
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	Trade name	Active ingredients	Dosage form	Uses
1				
2				
3				
4				
5				

# 

# Week (2), Day (9):

# Practice patient interviewing and OTC drug choice.

#### **Patient Details**

Age: Years	Gender: Male / Female
Present Complaints:	

#### TICK the appropriate column (Yes or No) and write the relevant details in\_\_\_\_\_

S.No.	Questions	Yes	No	Details
1	Do you have this present complaint for a long time? (More than three days)			If yes, How long
2	Did you take any other medication for this complaint already? (including herbal medicines)			If yes, Details of medicines
3	Do you have any other chronic illness?			If yes,  Details of disease
4	Are you allergic to any drug?			If yes, Details of drugs
5	Are you having any doubt in the dispensed drugs?			If yes, Details

	Trade name	Dosage form	Price	Regimen	Diagnosis made by
					the Pharmacist
1					
2					

Signature of the	preceptor	 	

# Week (2), Day (9):

1- T	The steps/proc	edure done a	fter rec	eiving the presc	ription ? (write them i	n
the exact order)						
	• • • • • • • • • •	• • • • • • • • •	•••••			•
• • ••	• • • • • • • • • •	• • • • • • • • • •	• • • • • •	• • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	•
• • •	• • • • • • • • • • •	•• • • • • • • • •	• • • • •	••••••	• • • • • • •	
• • •	• • • • • • • • • • • •	• • • • • • • • •	•••••	• • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	•
• • •	• • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • •	• • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	
2- W	That were the d	rugs dispense	d in this	prescription by	the pharmacist	
pre	ceptor ?					
	Trade name	Dosage form	Price	Regimen	Indications for use	
1						
2						
3						
4						
5						
	iality of the phy					

#### Week (2), Day (10):

#### DRUG CLASSES AVAILABLE IN THE COMMUNITY PHARMACY

(Pharmacological class:		. )
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	Trade name	Active ingredients	Dosage form	Uses
1				
2				
3				
4				
5				

# Detailed drug information (most commonly sold drug in the previous list; based on the experience of the Pharmacist preceptor) Adult dose ... Mechanism of action (briefly) ... Other dosage form(s) available ... Adverse effects (ONLY TWO) ... Contraindications ... Drug interactions (Any TWO) ... Pregnancy warnings ... Breast feeding warning ... Other Notes: ... Signature of the preceptor

# Week (2), Day (10):

# Practice patient interviewing and OTC drug choice.

#### **Patient Details**

Age: Years	Gender: Male / Female	
Present Complaints:		•

#### TICK the appropriate column (Yes or No) and write the relevant details in\_\_\_\_\_

S.No.	Questions	Yes	No	Details
1	Do you have this present complaint for a long time? (More than three days)			If yes, How long
2	Did you take any other medication for this complaint already? (including herbal medicines)			If yes, Details of medicines
3	Do you have any other chronic illness?			If yes,  Details of disease
4	Are you allergic to any drug?			If yes, Details of drugs
5	Are you having any doubt in the dispensed drugs?			If yes, Details

	Trade name	Dosage form	Price	Regimen	Diagnosis made by
					the Pharmacist
1					
					• • • • • • • • • • • • • • • • • • • •
2					

Signature of the preceptor		
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# Week (2), Day (10):

1- T	The steps/proc	edure done a	fter reco	eiving the presc	ription ? (write them in	
the exact order)						
	• • • • • • • • • • •	• • • • • • • • •			• • • • • • • • • • • • • • • • • •	
• • ••	• • • • • • • • • • •	• • • • • • • • • •	•••••	• • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	
• • •	• • • • • • • • • • •	•• • • • • • • • •	• • • • • •		• • • • • • •	
• • •	• • • • • • • • • • • • •	• • • • • • • • •	•••••	• • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	
• • •	• •• • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • •	•••••	• • • • • • • • • • • • • • • • • • • •	
2- W	That were the d	rugs dispense	d in this	prescription by	the pharmacist	
pre	ceptor ?					
	Trade name	Dosage form	Price	Regimen	Indications for use	
1						
2						
3						
4						
5						
Spec	iality of the phy	sician:				
Sign	nature of the pr	eceptor				

# Week (3), Day (11):

#### DRUG CLASSES AVAILABLE IN THE COMMUNITY PHARMACY

	Trade name	Active ingredients	Dosage form	Uses
1				
2				
3				
4				
5				

Detailed drug information
(most commonly sold drug in the previous list; based on the experience of the
Pharmacist preceptor)
Adult dose
Mechanism of action (briefly)
Other dosage form(s) available
Adverse effects (ONLY TWO)
Contraindications
Drug interactions (Any TWO)
Pregnancy warnings
Breast feeding warning
Other Notes:
Signature of the preceptor

# Week (3), Day (11):

# Practice patient interviewing and OTC drug choice.

#### **Patient Details**

Age: Years	Gender: Male / Female
Present Complaints:	
	•••••

#### TICK the appropriate column (Yes or No) and write the relevant details in\_\_\_\_\_

S.No.	Questions		No	Details
	Do you have this present			If yes,
1	complaint for a long time?			How long
	(More than three days)			
	Did you take any other			If yes,
	medication for this			Details of medicines
2	complaint already?			
	(including herbal			
	medicines)			
	Do you have any other			If yes,
3	chronic illness?			Details of disease
	cinome inicos.			How long
				If yes,
4	Are you allergic to any drug?			Details of drugs
	The you aneight to any drug.			• • • • • • • • • • • • • • • • • • • •
				•
	Are you having any doubt in			If yes,
5	the dispensed drugs?			Details
	the dispensed drugs:			

	Trade name	Dosage form	Price	Regimen	Diagnosis made by
					the Pharmacist
1					
2					

Signature of the preceptor		
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# Week (3), Day (11):

1- The steps/procedure done after receiving the prescription? (write them in							
the	the exact order)						
• • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • •			• • • • • • • • • • • • • • • • • • •		
• • ••	• • • • • • • • • • •	• • • • • • • • • •	• • • • • •		• • • • • • • • • • • • • • • • • • • •		
• • •	• • • • • • • • • • •	••••••	• • • • •	••••••	• • • • • • •		
• • •	• • • • • • • • • • •	• • • • • • • • •	•••••	• • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		
• • •		• • • • • • • • • • • • • • • • • • • •	• • • • • •	• • • • • • • • • • • • •	• • • • • • • • • • • • •		
2- W	hat were the d	rugs dispense	d in this	prescription by	the pharmacist		
prec	ceptor ?	-			_		
	Trade name	Dosage form	Price	Regimen	Indications for use		
1							
2							
3							
4							
5							
_							
Speci	iality of the phy	ysician:					

#### Week (3), Day (12):

#### DRUG CLASSES AVAILABLE IN THE COMMUNITY PHARMACY

(Pharmacological class:		. )
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	Trade name	Active ingredients	Dosage form	Uses
1				
2				
3				
4				
5				

# 

# Week (3), Day (12):

# Practice patient interviewing and OTC drug choice.

#### **Patient Details**

Age: Years	Gender: Male / Female	
Present Complaints:		•

#### TICK the appropriate column (Yes or No) and write the relevant details in\_\_\_\_\_

S.No.	Questions		No	Details
	Do you have this present			If yes,
1	complaint for a long time?			How long
	(More than three days)			
	Did you take any other			If yes,
	medication for this			Details of medicines
2	complaint already?			
	(including herbal			
	medicines)			
	Do you have any other			If yes,
3	chronic illness?			Details of disease
	cinome inicos.			How long
				If yes,
4	Are you allergic to any drug?			Details of drugs
	The you aneight to any drug.			• • • • • • • • • • • • • • • • • • • •
				•
	Are you having any doubt in			If yes,
5	the dispensed drugs?			Details
	the dispensed drugs:			

	Trade name	Dosage form	Price	Regimen	Diagnosis made by
					the Pharmacist
1					
2					

Signature of the preceptor	
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# Week (3), Day (12):

1- The steps/procedure done after receiving the prescription? (write them in							
the	exact order)						
	• • • • • • • • • • • •	• • • • • • • • •			• • • • • • • • • • • • • • • • • • • •		
• • ••	• • • • • • • • • • •	• • • • • • • • •	• • • • • •		• •• • • • • • • • • • • • • • • • • • •		
• • •	• • • • • • • • • • •	•• • • • • • • • •	• • • • •		• • • • • • •		
• • •	• • • • • • • • • • • • •	• • • • • • • • •	•••••	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		
		• • • • • • • • • • • • • • • • • • • •			• • • • • • • • • • •		
2- W	That were the d	rugs dispense	d in this	prescription by	the pharmacist		
	ceptor ?	B		r	, <b>F</b>		
pre	Trade name	D C	D	D	Indications for use		
	Trade name	Dosage form	Price	Regimen	Indications for use		
1							
1 2							
2							
2							
3							
2							
3 4 5							
3 4 5							

#### Week (3), Day (13):

#### DRUG CLASSES AVAILABLE IN THE COMMUNITY PHARMACY

(Pharmacological	class: .				)
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	Trade name	Active ingredients	Dosage form	Uses
1				
2				
3				
4				
5				

# Detailed drug information (most commonly sold drug in the previous list; based on the experience of the Pharmacist preceptor) Adult dose ... Mechanism of action (briefly) ... Other dosage form(s) available ... Adverse effects (ONLY TWO) ... Contraindications ... Drug interactions (Any TWO) ... Pregnancy warnings ... Breast feeding warning ... Other Notes: ... Signature of the preceptor

# Week (3), Day (13):

# Practice patient interviewing and OTC drug choice.

#### **Patient Details**

Age: Years	Gender: Male / Female	
Present Complaints:		•

#### TICK the appropriate column (Yes or No) and write the relevant details in\_\_\_\_\_

S.No.	Questions	Yes	No	Details
1	Do you have this present complaint for a long time? (More than three days)			If yes, How long
2	Did you take any other medication for this complaint already? (including herbal medicines)			If yes, Details of medicines
3	Do you have any other chronic illness?			If yes,  Details of disease
4	Are you allergic to any drug?			If yes, Details of drugs
5	Are you having any doubt in the dispensed drugs?			If yes, Details

	Trade name	Dosage form	Price	Regimen	Diagnosis made by
					the Pharmacist
1					
2					

Signature of the preceptor		
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# Week (3), Day (13):

1- The steps/procedure done after receiving the prescription ? (write them in								
the	exact order)							
• • •								
• • ••	• • • • • • • • •	• • • • • • • • • •	• • • • • •	• • • • • • • • • • • •				
• • •	• • • • • • • • • • • • •		• • • • • •		• • • • • •			
• • •	• • • • • • • • • • • •	• • • • • • • • •		• • • • • • • • • • •				
• • •				• • • • • • • • • • •	• • • • • • • • • • • •			
2- W	That were the d	ruos dispense	ed in this	nrescription by	the pharmacist			
		rugs dispense	A III UIIS	prescription by	the pharmacist			
pred	ceptor ?				1			
	Trade name	Dosage form	Price	Regimen	Indications for use			
1								
2								
3								
3								
3								
4								
4 5								
4 5								

#### Week (3), Day (14):

#### DRUG CLASSES AVAILABLE IN THE COMMUNITY PHARMACY

(Pharmacological class:		. )
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	Trade name	Active ingredients	Dosage form	Uses
1				
2				
3				
4				
5				

# Detailed drug information (most commonly sold drug in the previous list; based on the experience of the Pharmacist preceptor) Adult dose Mechanism of action (briefly) Other dosage form(s) available Adverse effects (ONLY TWO) Contraindications Drug interactions (Any TWO) Pregnancy warnings Breast feeding warning Other Notes: Signature of the preceptor

# Week (3), Day (14):

# Practice patient interviewing and OTC drug choice.

#### **Patient Details**

Age: Years	Gender: Male / Female	
Present Complaints:		•

#### TICK the appropriate column (Yes or No) and write the relevant details in\_\_\_\_\_

S.No.	Questions	Yes	No	Details
1	Do you have this present complaint for a long time? (More than three days)			If yes, How long
2	Did you take any other medication for this complaint already? (including herbal medicines)			If yes, Details of medicines
3	Do you have any other chronic illness?			If yes,  Details of disease
4	Are you allergic to any drug?			If yes, Details of drugs
5	Are you having any doubt in the dispensed drugs?			If yes, Details

	Trade name	Dosage form	Price	Regimen	Diagnosis made by
					the Pharmacist
1					
2					

Signature of the preceptor.		
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# Week (3), Day (14):

1- T	The steps/proc	edure done a	fter rec	eiving the presc	ription ? (write them i	n
the	exact order)					
	• • • • • • • • • •	• • • • • • • • •	•••••			•
• • ••	• • • • • • • • • •	• • • • • • • • • •	• • • • • •	• • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	•
• • •	• • • • • • • • • • •	•• • • • • • • • •	• • • • •	••••••	• • • • • • •	
• • •	• • • • • • • • • • • •	• • • • • • • • •	•••••	• • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	•
• • •	• •• • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • •	• • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	
2- W	That were the d	rugs dispense	d in this	prescription by	the pharmacist	
pre	ceptor ?					
	Trade name	Dosage form	Price	Regimen	Indications for use	
1						
2						
3						
4						
5						
	iality of the phy					

#### Week (3), Day (15):

#### DRUG CLASSES AVAILABLE IN THE COMMUNITY PHARMACY

(Pharmacological class:		. )
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	Trade name	Active ingredients	Dosage form	Uses
1				
2				
3				
4				
5				

# Detailed drug information (most commonly sold drug in the previous list; based on the experience of the Pharmacist preceptor) Adult dose Mechanism of action (briefly) Other dosage form(s) available Adverse effects (ONLY TWO) Contraindications Drug interactions (Any TWO) Pregnancy warnings Breast feeding warning Other Notes:

# Week (3), Day (15):

# Practice patient interviewing and OTC drug choice.

#### **Patient Details**

Age: Years	Gender: Male / Female
Present Complaints:	
	•••••

#### TICK the appropriate column (Yes or No) and write the relevant details in\_\_\_\_\_

S.No.	Questions	Yes	No	Details
1	Do you have this present complaint for a long time? (More than three days)			If yes, How long
2	Did you take any other medication for this complaint already? (including herbal medicines)			If yes, Details of medicines
3	Do you have any other chronic illness?			If yes,  Details of disease
4	Are you allergic to any drug?			If yes, Details of drugs
5	Are you having any doubt in the dispensed drugs?			If yes, Details

	Trade name	Dosage form	Price	Regimen	Diagnosis made by
					the Pharmacist
1					
2					

Signature of the preceptor.		
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# Week (3), Day (15):

1- T	he steps/proc	edure done a	ıfter rece	eiving the presc	ription ? (write them i
the	exact order)				
• • •	• • • • • • • • • •	• • • • • • • • •	•• • • • • •	• • •• • • • • • • • •	
• • ••	• • • • • • • • •	• • • • • • • • • •	• • • • • •	• • • • • • • • • • • •	
• • •	• • • • • • • • • • • • • • • • • • • •		• • • • • •		• • • • • •
• • •	• • • • • • • • • • • •	• • • • • • • • •		• • • • • • • • • • •	
• • •				• • • • • • • • • • •	• • • • • • • • • • • •
2- W	That were the d	ruos dispense	ed in this	nrescription by	the pharmacist
		rugs dispense	A III UIIS	prescription by	the pharmacist
pred	ceptor ?		,		1
	Trade name	Dosage form	Price	Regimen	Indications for use
1					
2					
3					
3					
3					
4					
4 5					
4 5					

#### Week (4), Day (16):

#### DRUG CLASSES AVAILABLE IN THE COMMUNITY PHARMACY

(Pharmacological	class: .				)
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	Trade name	Active ingredients	Dosage form	Uses
1				
2				
3				
4				
5				

# Detailed drug information (most commonly sold drug in the previous list; based on the experience of the Pharmacist preceptor) Adult dose Mechanism of action (briefly) Other dosage form(s) available Adverse effects (ONLY TWO) Contraindications Drug interactions (Any TWO) Pregnancy warnings Breast feeding warning Other Notes: Signature of the preceptor

# Week (4), Day (16):

# Practice patient interviewing and OTC drug choice.

#### **Patient Details**

Age: Years	Gender: Male / Female	
Present Complaints:		•

#### TICK the appropriate column (Yes or No) and write the relevant details in\_\_\_\_\_

S.No.	Questions	Yes	No	Details
	Do you have this present			If yes,
1	complaint for a long time?			How long
	(More than three days)			
	Did you take any other			If yes,
	medication for this			Details of medicines
2	complaint already?			
	(including herbal			
	medicines)			
	Do you have any other			If yes,
3	chronic illness?			Details of disease
	cinome inicos.			How long
				If yes,
4	Are you allergic to any drug?			Details of drugs
	The you allergie to any drug.			
				•
	Are you having any doubt in			If yes,
5	the dispensed drugs?			Details
	the dispensed drugs:			

	Trade name	Dosage form	Price	Regimen	Diagnosis made by
					the Pharmacist
1					
2					

Signature of the preceptor	
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# Week (4), Day (16):

1- T	The steps/proc	edure done a	fter reco	eiving the presc	ription ? (write them in
the	exact order)				
• • •	• • • • • • • • • •	• • • • • • • • •			
• • ••	••••••	• • • • • • • • • •	• • • • • •	• • • • • • • • • • • • • • • • • • • •	• •• • • • • • • • • • • • • • • • • • •
• • •	• • • • • • • • • • •	••••••	• • • • •		• • • • • • •
• • •	• • • • • • • • • • •	• • • • • • • • •	•••••	• • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •
• • •	• •• • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •
2- V	What were the d	rugs dispense	d in this	prescription by	the pharmacist
	ceptor ?				-
	Trade name	Dosage form	Price	Regimen	Indications for use
1					
2					
3					
4					
5					
Spec	iality of the phy	sician:			

#### Week (4), Day (17):

#### DRUG CLASSES AVAILABLE IN THE COMMUNITY PHARMACY

	Trade name	Active ingredients	Dosage form	Uses
1				
2				
3				
4				
5				

# 

60

# Week (4), Day (17):

# Practice patient interviewing and OTC drug choice.

#### **Patient Details**

Age: Years	Gender: Male / Female
Present Complaints:	
	•••••

#### TICK the appropriate column (Yes or No) and write the relevant details in\_\_\_\_\_

S.No.	Questions	Yes	No	Details
	Do you have this present			If yes,
1	complaint for a long time?			How long
	(More than three days)			
	Did you take any other			If yes,
	medication for this			Details of medicines
2	complaint already?			
	(including herbal			
	medicines)			
	Do you have any other			If yes,
3	chronic illness?			Details of disease
	cinome inicos.			How long
				If yes,
4	Are you allergic to any drug?			Details of drugs
	The you allergie to any drug.			• • • • • • • • • • • • • • • • • • • •
				•
	Are you having any doubt in			If yes,
5	the dispensed drugs?			Details
	the dispensed drugs:			

#### Chosen drugs (with aid of the Pharmacist preceptor):

	Trade name	Dosage form	Price	Regimen	Diagnosis made by
					the Pharmacist
1					
2					

Signature of the preceptor		
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61

# Week (4), Day (17):

1- The steps/procedure done after receiving the prescription? (write them in									
the exact order)									
• • ••	• • • • • • • • • • •	• • • • • • • • • •	•••••	• • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •				
• • •	• • • • • • • • • • •	•• • • • • • • • •	• • • • • •		• • • • • • •				
• • •	• • • • • • • • • • • • •	• • • • • • • • •	•••••	• • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •				
• • •	• •• • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • •	•••••	• • • • • • • • • • • • • • • • • • • •				
2- W	That were the d	rugs dispense	d in this	prescription by	the pharmacist				
pre	ceptor ?								
	Trade name	Dosage form	Price	Regimen	Indications for use				
1									
2									
3									
4									
5									
Spec	iality of the phy	sician:							
Signature of the preceptor									

# Week (4), Day (18):

#### DRUG CLASSES AVAILABLE IN THE COMMUNITY PHARMACY

	Trade name	Active ingredients	Dosage form	Uses
1				
2				
3				
4				
5				

Detailed drug information
(most commonly sold drug in the previous list; based on the experience of the
Pharmacist preceptor)
Adult dose
Mechanism of action (briefly)
Other dosage form(s) available
Adverse effects (ONLY TWO)
Contraindications
Drug interactions (Any TWO)
Pregnancy warnings
Breast feeding warning
Other Notes:
Signature of the preceptor

# Week (4), Day (18):

# Practice patient interviewing and OTC drug choice.

#### **Patient Details**

Age: Years	Gender: Male / Female	
Present Complaints:		•

#### TICK the appropriate column (Yes or No) and write the relevant details in\_\_\_\_\_

S.No.	Questions	Yes	No	Details
	Do you have this present			If yes,
1	complaint for a long time?			How long
	(More than three days)			
	Did you take any other			If yes,
	medication for this			Details of medicines
2	complaint already?			
	(including herbal			
	medicines)			
	Do you have any other			If yes,
3	chronic illness?			Details of disease
	cinome inicos.			How long
				If yes,
4	Are you allergic to any drug?			Details of drugs
	The you aneight to any drug.			
				•
	Are you having any doubt in			If yes,
5				Details
	the dispensed drugs?			•••••

	Trade name	Dosage form	Price	Regimen	Diagnosis made by
					the Pharmacist
1					
2					

Signature of the preceptor		
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# Week (4), Day (18):

1- The steps/procedure done after receiving the prescription? (write them in						n		
the exact order)								
	• • • • • • • • • • •	• • • • • • • • •	•• • • • •					
•••	• •• • • • • • • • •	• • • • • • • • • •	• • • • • •		• • • • • • • • • • • • • • • • • • • •	•		
• • ••	• • • • • • • • • •	• • • • • • • • •	• • • • • •	• • • • • • • • • • •	• •• • • • • • • • • • • • • • • •	•		
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					• • • • • • • • • • • •			
2 1	771 4		. d 1		de mhamma aigt			
		rugs aispense	ea in this	prescription by	the pharmacist			
pre	ceptor ?							
	Trade name	Dosage form	Price	Regimen	Indications for use			
1								
2								
3								
4								
4								
4 5	islity of the phy	veician						
4 5	iality of the phy							

#### Week (4), Day (19):

#### DRUG CLASSES AVAILABLE IN THE COMMUNITY PHARMACY

(Pharmacological class:		. )
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	Trade name	Active ingredients	Dosage form	Uses
1				
2				
3				
4				
5				

# Detailed drug information (most commonly sold drug in the previous list; based on the experience of the Pharmacist preceptor) Adult dose ... Mechanism of action (briefly) ... Other dosage form(s) available ... Adverse effects (ONLY TWO) ... Contraindications ... Drug interactions (Any TWO) ... Pregnancy warnings ... Breast feeding warning ... Other Notes: ... Signature of the preceptor

# Week (4), Day (19):

# Practice patient interviewing and OTC drug choice.

#### **Patient Details**

Age: Years	Gender: Male / Female	
Present Complaints:		•

#### TICK the appropriate column (Yes or No) and write the relevant details in\_\_\_\_\_

S.No.	Questions	Yes	No	Details
	Do you have this present			If yes,
1	complaint for a long time?			How long
	(More than three days)			
	Did you take any other			If yes,
	medication for this			Details of medicines
2	complaint already?			
	(including herbal			
	medicines)			
	Do you have any other			If yes,
3	chronic illness?			Details of disease
	cinome inicos.			How long
				If yes,
4	Are you allergic to any drug?			Details of drugs
	The you aneight to any drug.			• • • • • • • • • • • • • • • • • • • •
				•
	Are you having any doubt in			If yes,
5	the dispensed drugs?			Details
	the dispensed drugs:			

	Trade name	Dosage form	Price	Regimen	Diagnosis made by
					the Pharmacist
1					
2					

Signature of the preceptor	
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# Week (4), Day (19):

1- T	The steps/proc	edure done a	after reco	eiving the presc	ription ? (write them in
the	exact order)				
	• • • • • • • • • • •	• • • • • • • • •	•• • • • • •		• • • • • • • • • • • • • • • • • • • •
•••	• • • • • • • • • • • • • • • • • • • •	•••••	• • • • • •		
• • ••	• • • • • • • • • •	• • • • • • • • •	•••••	• • • • • • • • • •	• • • • • • • • • • • • • • • • • •
• • •	• • • • • • • • • • • •		• • • • • •		• • • • • • •
	• • • • • • • • • • • • •	• • • • • • • • •	•• • • • •		
	• •• • • • • • • • •				• • • • • • • • • • • •
2 17	What was the dis	mana diamana	منطه سناء	mussavintian h-	z tha nhavmaaist
		rugs dispense	ea in this	prescription by	the <b>pharmacist</b>
pre	ceptor ?				
	Trade name	Dosage form	Price	Regimen	Indications for use
1					
1					
2					
2					
3					
2					
3 4					
3					
3 4 5					
3 4 5					
3 4 5					

#### Week (4), Day (20):

#### DRUG CLASSES AVAILABLE IN THE COMMUNITY PHARMACY

(Pharmacological class:		. )
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	Trade name	Active ingredients	Dosage form	Uses
1				
2				
3				
4				
5				

# 

# Week (4), Day (20):

# Practice patient interviewing and OTC drug choice.

#### **Patient Details**

Age: Years	Gender: Male / Female	
Present Complaints:		•

#### TICK the appropriate column (Yes or No) and write the relevant details in\_\_\_\_\_

S.No.	Questions	Yes	No	Details
	Do you have this present			If yes,
1	complaint for a long time?			How long
	(More than three days)			
	Did you take any other			If yes,
	medication for this			Details of medicines
2	complaint already?			
	(including herbal			
	medicines)			
	Do you have any other			If yes,
3	chronic illness?			Details of disease
	cinome inicos.			How long
				If yes,
4	Are you allergic to any drug?			Details of drugs
	The you aneight to any drug.			• • • • • • • • • • • • • • • • • • • •
				•
	Are you having any doubt in			If yes,
5	the dispensed drugs?			Details
	the dispensed drugs:			

	Trade name	Dosage form	Price	Regimen	Diagnosis made by
					the Pharmacist
1					
2					

Signature of the preceptor		
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# Week (4), Day (20):

1- T	The steps/proc	edure done a	ıfter reco	eiving the presc	ription ? (write them in
the	exact order)				
	• • • • • • • • • •	• • • • • • • • •	•••••		
• • ••	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • •	• • • • • •	• • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •
• • •	• • • • • • • • • • •	•• • • • • • • • •	• • • • •	••••••	• • • • • • •
• • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • •	•••••		
					• • • • • • • • • • • •
2 W	771a a4a na 41a a 41		مائمة المائمة		- 41. a mhaumaaist
		rugs aispense	ea in this	prescription by	the pharmacist
pre	ceptor ?				
	Trade name	Dosage form	Price	Regimen	Indications for use
1					
2					
3					
4					
5					
Space	iality of the phy	roioion.			
Spec	ianty of the phy	sician;			

# **Attendance sheet:**

Student name/No.:					
Preceptor name:					
	Day	Date	Attendance time		Preceptor
			Start	End	signature
WEEK 1	1: Sunday				
	2: Monday				
	3: Tuesday				
	4: Wednesday				
	5: Thursday				
WEEK 2	6: Sunday				
	7: Monday				
	8: Tuesday				
	9: Wednesday				
	10: Thursday				
WEEK 3	11: Sunday				
	12: Monday				
	13: Tuesday				
	14: Wednesday				
	15: Thursday				
WEEK 4	16: Sunday				
	17: Monday				
	18: Tuesday				
	19: Wednesday				
	20: Thursday				
General notes:					
••••••					
Student signature:					
Preceptor signature:					
Training supervisor signature:					