

Pharmaceutical Field Training-II PDPP432

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 – II (PDFT432) ACADEMIC YEAR 1439-1440 H

STUDENT NAME _____

STUDENT NUMBER _____

NAME OF THE PRECEPTOR _____

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PREFACE

GREETINGS FROM...



This manual represents a guide for the Pharmaceutical Field Training - II (PDFT432) at the Faculty 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 manual. Through the collaborative efforts of the Field training Committee, faculty, preceptors, and students, an academically sound practice experience can be provided that facilitates achievement of the introductory competencies expected in pharmacy practice.

Please contact the Field Training Committee at the Faculty of Pharmacy – Tabuk with any questions or suggestions.

Pharmaceutical Training Committee

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Faculty of Pharmacy

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COURSE SCHEDULE AND TASKS FOR THE STUDENTS

Name of the Course: Pharmaceutical Field Training – II

Course Code: PDFT432

Course in-charge: Field Training Committee

Time: Time: 8 – 12 AM and 1 – 3 PM

Week	Objective / Task	Evaluation/Assignment
1	Introduction with the pharmacist preceptor and discuss about the objectives of the training. To participate in compounding sterile dosage forms.	Student must participate in compounding of at least TWO sterile dosage form.
2	To participate in compounding sterile dosage forms and drug dispensing.	Student must participate in compounding of at least TWO sterile dosage form.
3	To participate in compounding non-sterile dosage forms and drug dispensing.	Student must participate in compounding of at least TWO non-sterile dosage form.
4	To participate in compounding sterile dosage forms and drug dispensing.	Student must participate in compounding of at least TWO non-sterile dosage form.
5	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.
6	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.
7	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.
	Evaluation (1)	Evaluation/Assignment
8	Participate in drug dispensing and monitor prescription errors in the hospital pharmacy.	Monitor prescription errors at least TWO prescriptions
9	Participate in drug dispensing and monitor prescription errors in the hospital pharmacy.	Monitor prescription errors at least TWO prescriptions
10	Participate in drug dispensing and monitor prescription errors in the hospital pharmacy.	Monitor prescription errors at least TWO prescriptions
11	Participate in unit dose preparation (solids) and Unit Dose Blister Card	Package, label, and store at least TWO prescriptions
12	Participate in unit dose preparation (liquid and injectable) and Syringe-type containers	Package, label, and store at least TWO prescriptions
13	Documentation in hospital pharmacy (Sales, purchase, controlled drugs and drug distribution etc.)	Identify special pharmacy records and purchase and inventory control.

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Introduction

Course description

Pharmaceutical field training II is a supervised pharmacy experience in a hospital pharmacy setting. The primary objective of this practice experience is to introduce students to a hospital pharmacy setting where they will develop basic technical skills, knowledge, application skills, professional judgment, communication skills, and competency necessary in the profession of pharmacy. Students gain experience in compounding the dosage forms, drug information and monitoring the prescription errors.

Training Goals

It is 13 full days (or 26 half days) placement in hospital pharmacy training during the fourth year - second semester of the Pharm.D program. It introduces the student to the basic role of hospital pharmacists in the healthcare system. The student will be trained to practice the prescription processing, monitoring prescription errors, compounding, drug information, documenting and ethics in pharmacy.

Training Objectives

Knowledge domain

- List the prescription and controlled drugs.
- List the controlled drugs.
- Write the various dosage form used in compounding pharmacy practice.
- Outline the documentation in hospital pharmacy.
- Define ethics and pharmacy laws in hospital pharmacy practice.

Skills domain

- Analyze the prescription during the process.
- Prepare and dispense various dosage forms.
- Prepare drug information from the available sources.
- Double lock system in dispensing narcotic drugs.

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Prerequisites

1. Students must have completed the Third year.
2. Students must have completed Introductory Pharmacy Practice Experience II (IPPE II).

Orientation

Every student is expected to read the Pharmaceutical Field Training II manual and seek explanation when needed regarding training outcomes, activities and policies. Before start the training, each student will receive orientation about:

1. 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 (<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

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Learning outcomes

By the end of the Field training-II, the following learning outcomes expected from the students are able to:

- Dispense the drugs in hospital pharmacy.
- Compound the various sterile and non-sterile dosage forms as needed.
- Provide the drug information to the health care professional and patients.
- Assess the prescription error and its management.

Training policies and procedures

Duration of training

- Training should be started at the beginning of the fourth year second semester.
- Training is made up of One day (8 hours) in each week.

Attendance/Leave of Absence

- Attendance is Mandatory. Student is expected to be punctual and document all his/her hours.
- No absence or leave is allowed during the training if the student desire to attain full credit. However, any absences must be approved by the preceptor and the time must be made up, please use the form in **Appendix I**.
- It is the responsibility of the student to notify the preceptor and the Field Training Committee 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 Field training Committee, college of pharmacy will determine how and when the time will be made up by the student.

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Holiday vacation

When the 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 as well as when they participate in any other professional activities. Student must wear uniform and white coat or apron during the training.

Handling Conflicts

Conflicts may develop because of a misunderstanding regarding expectations, scheduling, philosophies, etc. Generally, most conflicts can be resolved quickly between student and the preceptor/supervisor. On occasion, a more serious conflict may develop (e.g. ethics, professionalism). It is very important that you let your college preceptor know when a major problem develops so that you and subsequent students are able to have a positive learning experience.

Responsibilities and Expectations

College Faculty Responsibilities:

- Faculty member from the college will visit training sites during training to facilitate student learning and resolve any emergent issues.
- The faculty will meet students and site training preceptors to discuss the progress of student training and any issue they may have before contacting the training unit.
- Students will be given the contact information of faculty member supervisors (email or phone numbers).

Pharmacist Preceptor Responsibilities

- Ensure students are aware of assigned responsibilities.
- Ensure students understand the requirements to successfully meet the rotation goals and objectives.
- Provide an atmosphere and create opportunities for students to accomplish the stated goals and objectives.

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Responsibilities of Students

- 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.
- Expect and encourage communication with all persons involved in their education including pharmacists, physicians, technicians, staff, other health professionals and patients.
- Respect all confidences revealed to them during the rotation, 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.**
- Follow rules of professional courtesy and common sense with all communications.
- Be constantly alert to the laws and regulations that govern pharmacy practice and seek clarification of all unclear points.

Minimum Requirement of Activities during Training

In Pharmaceutical Field Training II the student is required to complete at least:

1. Compounding of SIX sterile and SIX non-sterile dosage forms(**Appendix II**)
2. Prepare TWELVE drug information details (**Appendix III**)
3. Monitoring the prescription errors for SIX prescriptions (**Appendix IV**)

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Appendix I

Absence Request Form

I am requesting to be absent on (Date) _____

I will make arrangements with my preceptor to complete the missed hours at a time outside of scheduled dates. I will also complete the assignment that correlates to that training session within the due date prescribed by the corresponding faculty member.

Submitting this form does not guarantee approval of the absence from the training. Students should not proceed until approval has been provided by the Head of Field training Committee.

I. Student Information

Student Name: _____ Tel _____ Email _____

II. Training Preceptor Information

Preceptor Name: _____ Tel _____ Email _____

III. Reason for Absence

Medical Emergency

Family Emergency

Others (Details) _____

Forward completed form to: Field Training Committee

E-mail: pharmacy@ut.edu.sa or fax to ++966 1 4237748

Faculty Use Only

Action Taken:

Request Approved

Request Denied

Reason: _____

Signature of the Head of Field training Committee: _____ Date: _____

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Appendix II

Compounding Practice

COMPOUNDING PRACTICE IN STERILE DOSAGE FORMS

Instructions to the Students

1. Get the permission from the pharmacist preceptor before start the task.
2. Assist the pharmacist preceptor in compounding dosage forms.
3. Enter the details clearly without mistakes.
4. DO NOT COPY from the other student.
5. 0.5 marks will be reduced for each spelling mistakes.
6. Get the signature of the preceptor after the completion each task.
7. **The marks will not be awarded, if the preceptor signature not present in the concerned task.**
8. **Participate in drug dispensing with pharmacist preceptor before and after completion of the task.**

Marks Distribution (Total 20marks)

Preceptor evaluation (10marks)	Teacher evaluation (10marks)
Satisfactory = 2; Needs improvement = 1; Not satisfied = 0 Maximum 5marks (5x2=10) (Each ONE criteria TWO marks)	Patient details (1mark) + Compounding details (9marks) Total = 10marks

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COMPOUNDING PRACTICE IN NON - STERILE DOSAGE FORMS

Instructions to the Students

1. Get the permission from the pharmacist preceptor before start the task.
2. Assist the pharmacist preceptor in compounding dosage forms.
3. Enter the details clearly without mistakes.
4. DO NOT COPY from the other student.
5. 0.5 marks will be reduced for each spelling mistakes.
6. Get the signature of the preceptor after the completion each task.
7. **The marks will not be awarded, if the preceptor signature not present in the concerned task.**
8. **Participate in drug dispensing with pharmacist preceptor before and after completion of the task.**

Marks Distribution (Total 20 marks)

Preceptor evaluation (10 marks)	Teacher evaluation (10marks)
Satisfactory = 2; Needs improvement = 1; Not satisfied= 0 Maximum 10 marks (5x2=10) (Each ONE criteria TWO marks)	Patient details (1mark) + Compounding details (9marks) Total – 10marks

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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 _____

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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 _____

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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 _____

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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 _____

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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 _____

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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 _____

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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 _____

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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 _____

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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 _____

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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 _____

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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 _____

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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 _____

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Appendix III

III. DRUG INFORMATION

Instructions to the Students

1. Obtain the permission from the pharmacist preceptor before start the task.
2. Refer and write the drug information the leaflets present in the drug container.
3. Handle the drug container and leaflets carefully.
4. Keep leaflets carefully after completing the task.
5. Enter ALL the details clearly without mistakes.
6. 0.5 marks will be reduced for each spelling mistakes.
7. Use additional sheets for writing, if required and attach the same in the page of concerned task.
8. DO NOT REPEAT same brand or drug in the task.
9. DO NOT COPY from the other student and the marks will not be awarded if the student found guilty.
10. Get the signature of the preceptor after the completion each task.
11. **The marks will not be awarded, if the preceptor signature not present in the concerned task.**
12. **Participate in drug dispensing with pharmacist preceptor before and after completion of the task.**

Marks Distribution – Drug information

Total 20marks

Preceptor evaluation (10marks)	Teacher evaluation (10marks)
Satisfactory = 2; Needs improvement = 1; Not satisfied = 0 Maximum 10 marks (5x2=10) (Each ONE criteria TWO marks)	Each ONE criteria ONE mark (10x1=10marks) Total – 10marks

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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_____

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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_____

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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_____

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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_____

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DRUG INFORMATION – 5
(ANY ONE LIQUID DOSAGE FORM – SYRUP)

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_____

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DRUG INFORMATION – 6
(ANY ONE LIQUID DOSAGE FORM – SYRUP)

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_____

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DRUG INFORMATION – 7
(ANY ONE LIQUID DOSAGE FORM – SUSPENSION)

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_____

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DRUG INFORMATION – 8
(ANY ONE LIQUID DOSAGE FORM – SUSPENSION)

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_____

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DRUG INFORMATION – 9
(ANY ONE SEMI SOLID DOSAGE FORM – OINTMENT)

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_____

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DRUG INFORMATION – 10
(ANY ONE SEMI SOLID DOSAGE FORM – OINTMENT)

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_____

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DRUG INFORMATION – 11
(ANY ONE SEMI SOLID DOSAGE FORM – CREAM)

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_____

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DRUG INFORMATION – 12
(ANY ONE SEMI SOLID DOSAGE FORM – CREAM)

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_____

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Appendix IV

IV. MONITROING THE PRESCRIPTION ERRORS

Instructions to the Students

1. Obtain the permission from the pharmacist preceptor before start the task.
2. Write the prescription information carefully and monitor for prescription errors.
3. Mention prescription error and the correction needed in the concerned columns.
4. Enter ALL the details clearly without mistakes.
5. 0.5 marks will be reduced for each spelling mistakes.
6. Use additional sheets for writing, if required and attach the same in the page of concerned task.
7. DO NOT COPY from the other student and the marks will not be awarded if the student found guilty.
8. Get the signature of the preceptor after the completion each task.
9. **The marks will not be awarded, if the preceptor signature not present in the concerned task.**
10. **Participate in drug dispensing with pharmacist preceptor before and after completion of the task.**

Total 20marks

Preceptor evaluation (10marks)	Teacher evaluation (10marks)
Satisfactory – 2; Needs improvement – 1; Not satisfied – 0 Maximum 5marks (5x2=10) (Each ONE criteria TWO marks)	Prescription details (Each 2marks) Total – 10marks (5x2marks)

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Prescription 1

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

Prescription 2

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

Signature of the preceptor _____

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Prescription 3

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

Prescription 4

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

Signature of the preceptor _____

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Prescription 5

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

Prescription 6

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

Signature of the preceptor _____

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Prescription 7

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

Prescription 8

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

Signature of the preceptor _____

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Prescription 9

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

Prescription 10

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

Signature of the preceptor _____

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Prescription 11

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

Prescription 12

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

Signature of the preceptor _____

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Prescription 13

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

Prescription I4

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

Signature of the preceptor _____

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Prescription 15

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

Prescription 16

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

Signature of the preceptor _____

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APPENDIX V: Unit Dose Preparation (Solid dosage form)

Information that printed on the label of the solid unit dose includes:

- 1-
- 2-
- 3-
- 4-
- 5-
- 6-
- 7-

- **Medication Example (1):**

- **Medication Example (2):**

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Patient and medication information that mentioned on the label of prescribed unit dose drug includes:

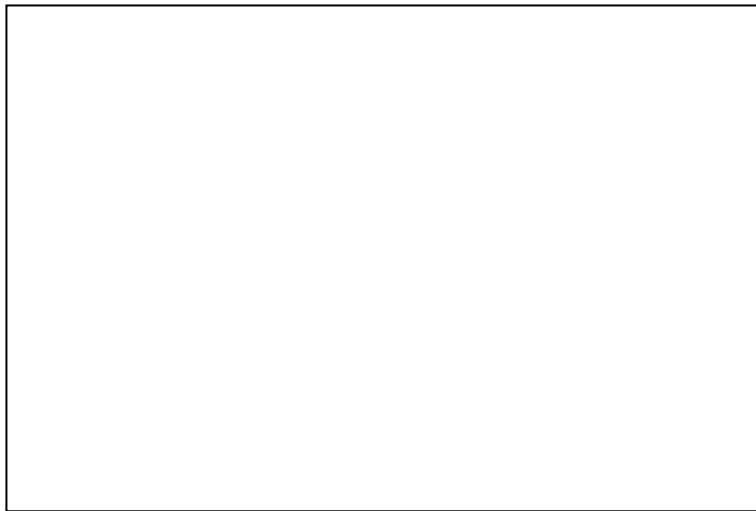
1- Patient information:

-
-
-
-
-

2- Medication information:

-
-
-
-
-
-

➤ Prescription Example (1)



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APPENDIX VI

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 be 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: _____

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APPENDIX VII

OVERALL MARKS DISTRIBUTION

TASKS/ASSIGNMENT	Total
I. Compounding practice in sterile dosage forms	
Preceptor evaluation	10
Teacher evaluation	10
Total	20
I. Compounding practice in non-sterile dosage forms	
Preceptor evaluation	10
Teacher evaluation	10
Total	20
III. Drug information	
Preceptor evaluation	10
Teacher evaluation	10
Total	20
IV. Monitoring the prescription errors	
Preceptor evaluation	10
Teacher evaluation	10
Total	20
V. Unit dose calculation and preparation	
Preceptor evaluation	10
Teacher evaluation	10
Total	20
GRAND TOTAL	100

OVERALL EVALUATION BY THE PHARMACIST PRECEPTOR

Satisfactory = 4; Needs improvement =2; Not satisfied = 0

Maximum **20 marks** (5x4=20)