

وزارة الصحة الاتحادية
الإدارة العامة لتنمية الموارد البشرية
ادارة الامتياز

Federal Ministry of Health
General Directorate of Human Resources
Development
Directorate of training

Name of the trainee:

Registration number.....National ID number
.....

E-mail Address:.....

Attending date:

Completing date:

This record book is designed primarily to guide preregistered pharmacists (PRP) and preceptors of various pharmacy disciplines in the training organization in coordinating activities and programs during the 52 weeks of training.

This record book will be the basis for the appraisal by all preceptors, which will be submitted to the Sudan medical council (SMC) for the purpose of registration as a Fully Registered Pharmacist (FRP)

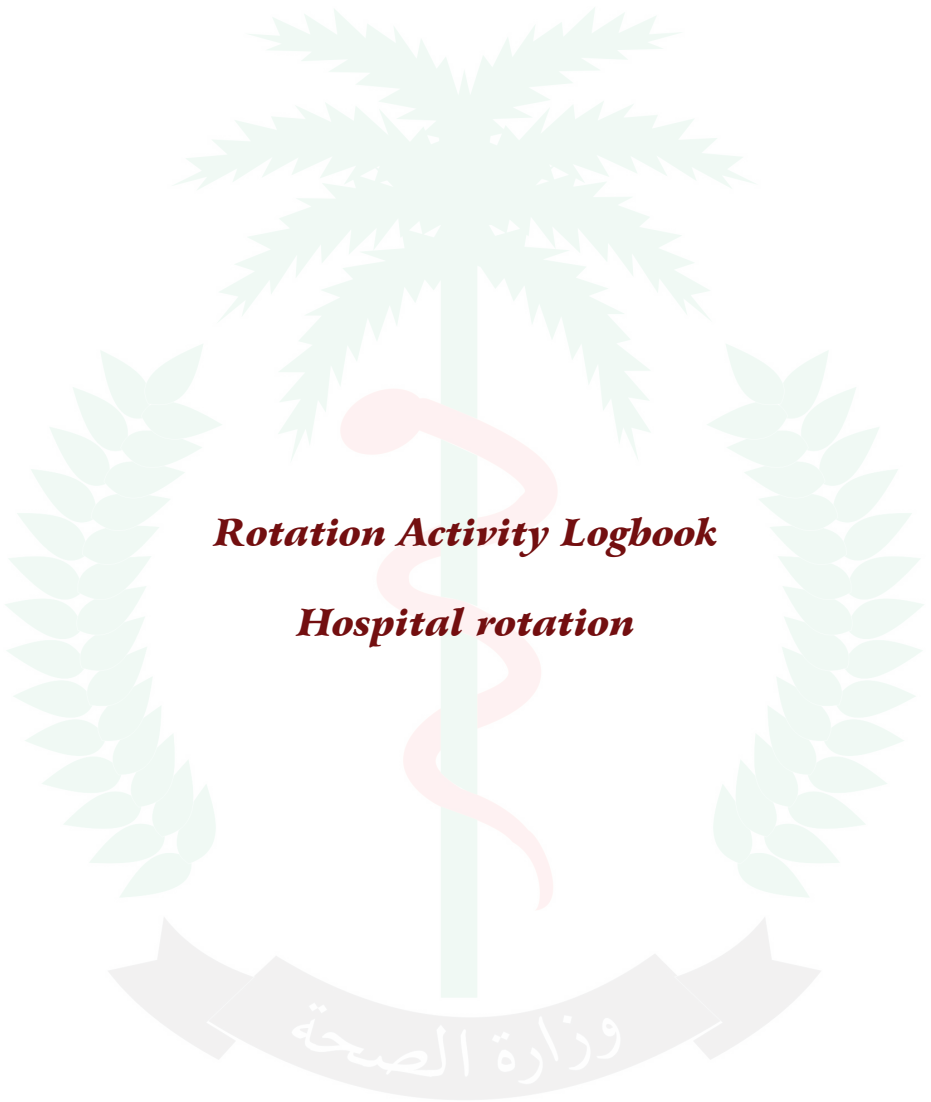
The PRP is required to fill the following information;

- Name, National ID Number, Name of organizations and period of training.
- Date of task completed and evidence of proof for each section/unit of attachment.
- Each evidence given is to be endorsed by the immediate preceptor/s of the section/unit.

The preceptor is required to complete the record by filling the Following;

Endorse the completion of each task with signature, name and date in the column provided.

- **Level of performance is based on the following scale;**
 - 1- Unsatisfactory
 - 2- Satisfactory
 - 3- good
 - 4- Excellent or**N/A Not applicable**



Rotation Activity Logbook
Hospital rotation

وزارة الصحة

Rotation Activity Logbook Hospital rotation

Name of the trainee:

Attending date: Completing date:

Unit:

Trainee should complete the following proforma for each rotation, got it signed and submit to the general directorate of pharmacy.

Hospital Pharmacy Layout & Activities

1. Knowledge about Hospital Pharmacy Layout & Activities

	Level of performance					COMMENTS
	1	2	3	4	N.A	
<i>A. Understanding the principle of Hospital Layout</i>						
<i>B. Understanding the principle of emergency medication dispensing</i>						
<i>C. Understanding the principle of in patients dispensing system</i>						
<i>D. Understanding the principle of ordering or requesting medicines from the hospital store</i>						
<i>E. Understanding the principle of reporting and documenting pharmacy activity</i>						
<i>F. Understanding the principle of monthly, quarterly and annually inventory system</i>						

Name and signature of preceptor:

Date:

2. Knowledge about STGs and local protocols

1.	Level of performance					COMMENTS
	1	2	3	4	N.A	
Knowledge about hospital protocols						

Name and signature of preceptor:

Date:

3. Knowledge about INFECTION CONTROL COMMITTEE

3.	Level of performance					COMMENTS
	1	2	3	4	N.A	
Role And Functions Of Infection Control Committee						

Name and signature of preceptor:

Date:

4. Knowledge about quality control committee

4.	Level of performance					COMMENTS
	1	2	3	4	N.A	
Role And Functions of quality control committee						

Name and signature of preceptor:

Date:

5. Knowledge about control drugs and narcotics dispensing

5.	Level of performance					COMMENTS
	1	2	3	4	N.A	
<i>Regulations adopted in control drugs and narcotics dispensing as stated by GDOP</i>						

Name and signature of preceptor:

Date:

Management of Outpatient Pharmacy

The activities include in this department are:

- Screening
- Filling
- Dispensing
- Medication Counseling

1. Knowledge of stock movement and control, patient waiting time, peak hour management (staff mobilization), staff training, handling of drug information requests and pharmacy QAP.

Dispensing of medication / prescriptions

2. Proficient in prescription ordering & supply system (including Integrated Medication Supply System) and verification.

- Good communication skills and counter service.
- Documentation of relevant data and statistics.
- Proficient in reading.
- Interpretation of prescriptions and completeness of prescription (e.g. drug name, dose, frequency, duration etc).

3. Familiarity with drug range. Knowledge on generic names, proprietary names, pharmacological groupings, Hospital Formularies.

4. Proficient in the screening of prescriptions (e.g. Dosage regimen, polypharmacy, drug interactions, adequacy of instruction(s), contraindications, incompatibilities etc.). The screening of a prescription must be performed at any point of processing a prescription, e.g. during receiving, filling and dispensing.
5. Awareness of the importance of patient's medication record (e.g. warfarin medication card)
6. Ability to contact prescriber to discuss errors or ambiguous prescriptions.
7. Proficient in filling prescriptions.
8. Proficient in dispensing.
9. Knowledge on the pre-packing process, packaging and labeling of medication dispensed.

Patient medication counseling

10. Ability to advice/ counsel on patient drug regimen/ therapy, indications, storage conditions, precautions, side effects, Food / drug interactions, dosage regimen, compliance and missed doses, use of devices (e.g. inhalers, insulin pens, interferon pens).
11. Ability to perform in conducting group / individual counseling sessions

SCREENING

Date	Type of intervention				Point of Screening (*R/F/D)	Description of intervention(s)
	Incomplete Prescriptions	Inappropriate Regimens	Inappropriate Prescriptions	Other		

Type of Interventions:

1. Incomplete Prescriptions

- (a) Frequency (b) Duration
- (c) Signature & chop (d) Countersignature

2. Inappropriate Regimens

- (a) Medicine (b) Duration
- (c) Dose
- (d) Frequency

3. Inappropriate Prescriptions

- (a) Spelling (b) Wrong Identification (c) Polypharmacy (d) Interaction (e) Contraindication

4. Other

- (a) Not in the hospital drug formulary (b) Authenticity
- (c) Illegibility

* R: Receiving

F: Filling

D: Dispensing

Name of Preceptor:.....

Signature:.....

General Remarks:

Knowledge about general principle of screening prescriptions

	Level of performance					COMMENTS
	1	2	3	4	N.A	
<i>Knowledge about general principle of screening prescriptions</i>						

Name and signature of preceptor:

Date:

COMPETENT Assessment

Task	Level of performance					COMMENTS
	1	2	3	4	N.A	
Screening						
Filling of Prescriptions						
Dispensing						
Medication Counseling						
Preparation/ Observation/ Counter-Checking of Job Sheet of Extemporaneous						
Management of Outpatient Pharmacy						

GENERAL COMMENT ON ATTITUDE

Preceptor's Name & Signature:

.....

وزارة الصحة

The Final Assessment Report

Name of Provisionally Registered Pharmacist [PRP]:.....

Place of Training:.....

Assessment:

Completed the shift satisfactorily

Unsatisfactory

- State reasons:

- Was She/he counseled and advised about his unsatisfactory performance midway during the shift:

YES NO

- in case of an adverse report was the candidate informed by the evaluator

YES NO

Recommendation:

A- To repeat the shift

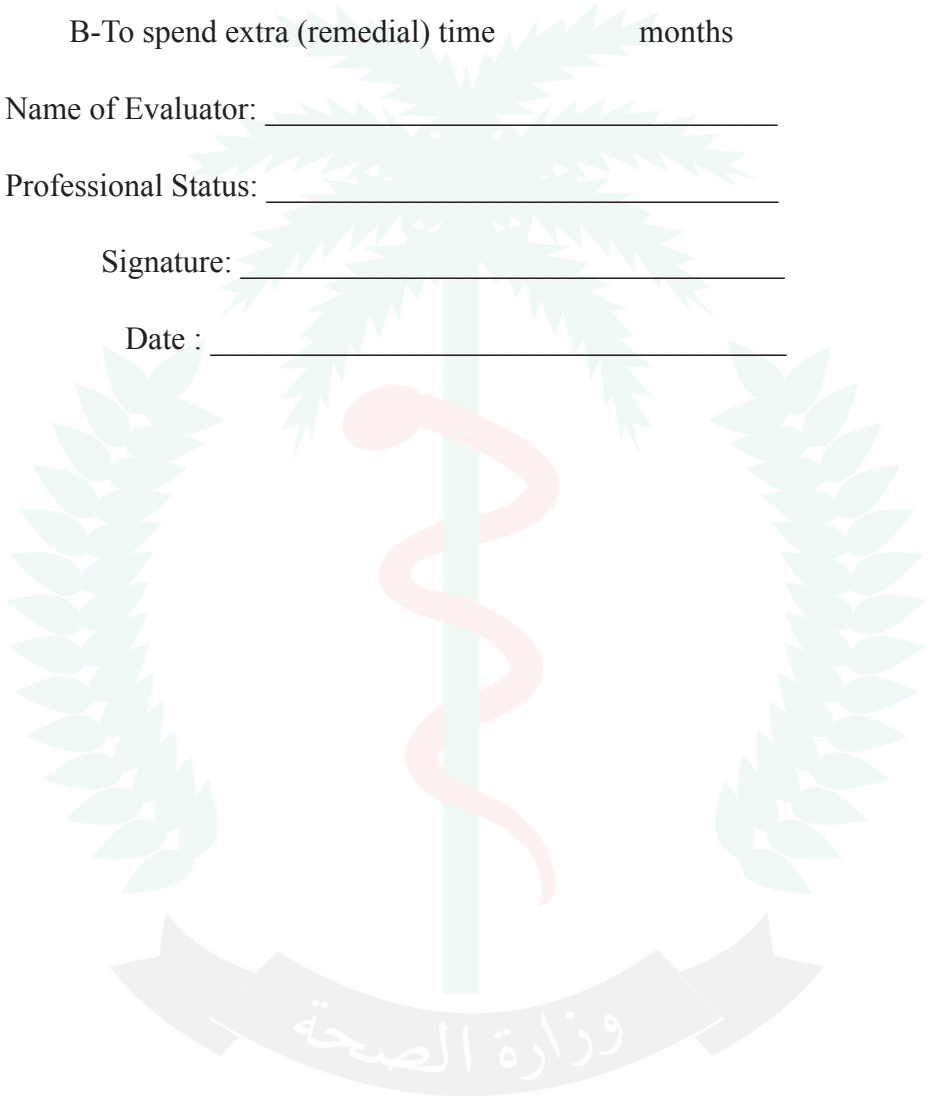
B-To spend extra (remedial) time _____ months

Name of Evaluator: _____

Professional Status: _____

Signature: _____

Date : _____



Rotation Activity Logbook Hospital rotation

Name of the trainee:

Attending date: Completing date:

Unit:

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	Level of performance					COMMENTS
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<i>D. Understanding the principle of ordering or requesting medicines from the hospital store</i>						
<i>E. Understanding the principle of reporting and documenting pharmacy activity</i>						
<i>F. Understanding the principle of monthly, quarterly and annually inventory system</i>						

Name and signature of preceptor:

Date:

2. Knowledge about STGs and local protocols

2	Level of performance					COMMENTS
	1	2	3	4	N.A	
Knowledge about hospital protocols						

Name and signature of preceptor:

Date:

3. Knowledge about INFECTION CONTROL COMMITTEE

3	Level of performance					COMMENTS
	1	2	3	4	N.A	
Role And Functions Of Infection Control Committee						

Name and signature of preceptor:

Date:

4. Knowledge about quality control committee

4	Level of performance					COMMENTS
	1	2	3	4	N.A	
Role And Functions of quality control committee						

Name and signature of preceptor:

Date:

5. Knowledge about control drugs and narcotics dispensing

5	Level of performance					COMMENTS
	1	2	3	4	N.A	
Regulations adopted in control drugs and narcotics dispensing as stated by GDOP						

Name and signature of preceptor:

Date:

Management of Outpatient Pharmacy

The activities include in this department are:

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- Filling
- Dispensing
- Medication Counseling

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- Good communication skills and counter service.
- Documentation of relevant data and statistics.
- Proficient in reading.
- Interpretation of prescriptions and completeness of prescription (e.g. drug name, dose, frequency, duration etc).

3. Familiarity with drug range. Knowledge on generic names, proprietary names, pharmacological groupings, Hospital Formularies.

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5. Awareness of the importance of patient's medication record (e.g. warfarin medication card)

6. Ability to contact prescriber to discuss errors or ambiguous prescriptions.

7. Proficient in filling prescriptions.

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Food / drug interactions, dosage regimen, compliance and missed doses, use of devices (e.g. inhalers, insulin pens, interferon pens).

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SCREENING

Date	Type of intervention				Point of Screening (*R/F/D)	Description of intervention(s)
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Type of Interventions:

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- (a) Spelling (b) Wrong Identification (c) Polypharmacy (d) Interaction (e) Contraindication

4. Other

- (a) Not in the hospital drug formulary (b) Authenticity
- (c) Illegibility

* R: Receiving

F: Filling

D: Dispensing

Name of Preceptor:.....

Signature:.....

General Remarks:

Knowledge about general principle of screening prescriptions

5	Level of performance					COMMENTS
	1	2	3	4	N.A	
<i>Knowledge about general principle of screening prescriptions</i>						

Name and signature of preceptor:

Date:

COMPETENT Assessment

TASK	Level of performance					COMMENTS
	1	2	3	4	N.A	
Screening						
Filling of Prescriptions						
Dispensing						
Medication Counseling						
Preparation/ Observation/ Counter-Checking of Job						
Sheet of Extemporaneous						
Management of Outpatient Pharmacy						

GENERAL COMMENT ON ATTITUDE

Preceptor's Name & Signature: -----

وزارة الصحة

The Final Assessment Report

Name of Provisionally Registered Pharmacist [PRP]:.....

Place of Training:.....

Assessment:

Completed the shift satisfactorily

Unsatisfactory

- State reasons:

- Was She/he counseled and advised about his unsatisfactory performance midway during the shift:

YES

NO

- in case of an adverse report was the candidate informed by the evaluator

YES

NO

Recommendation:

A- To repeat the shift

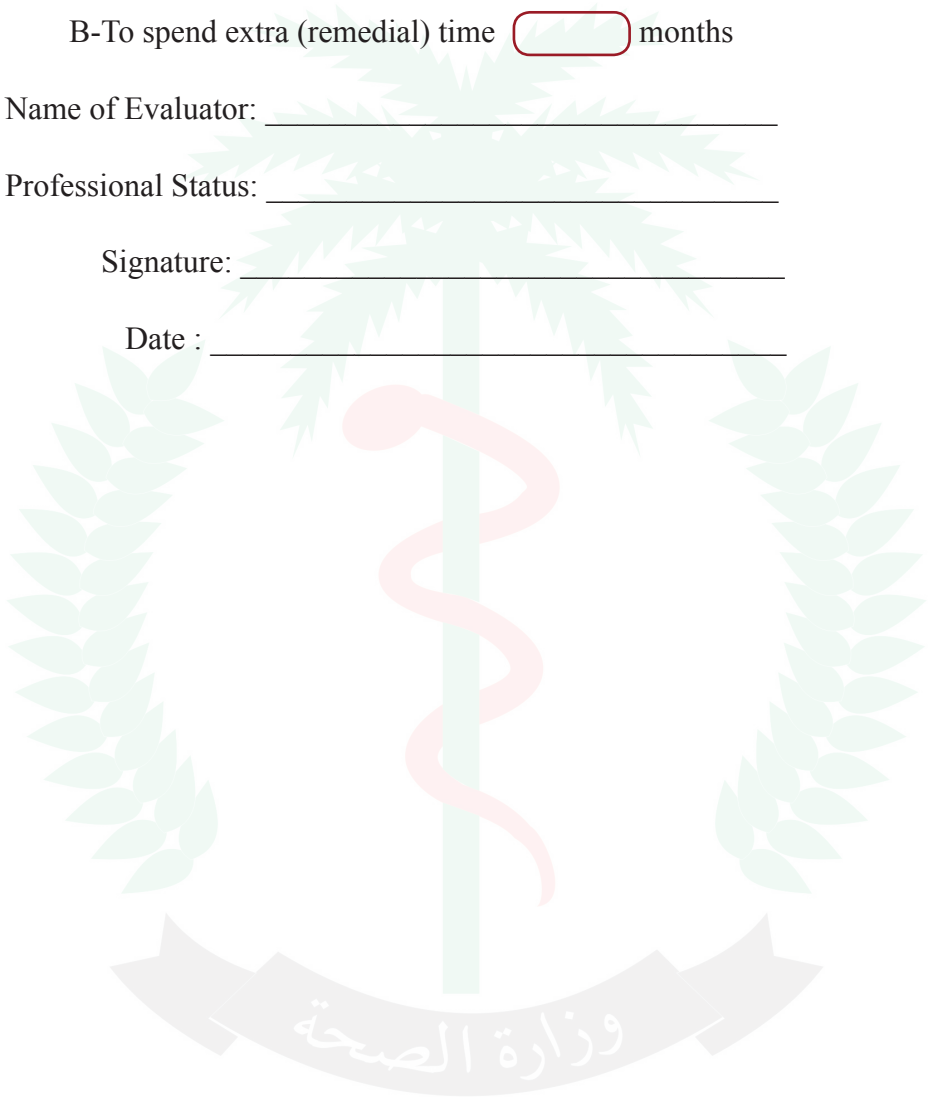
B-To spend extra (remedial) time months

Name of Evaluator: _____

Professional Status: _____

Signature: _____

Date : _____



Rotation Activity Logbook Hospital rotation

Name of the trainee:

Attending date: Completing date:

Unit:

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<i>E. Understanding the principle of reporting and documenting pharmacy activity</i>						
<i>F. Understanding the principle of monthly, quarterly and annually inventory system</i>						

2. Knowledge about STGs and local protocols

2	Level of performance					COMMENTS
	1	2	3	4	N.A	
Knowledge about hospital protocols						

Name and signature of preceptor:

Date:

3. Knowledge about INFECTION CONTROL COMMITTEE

3	Level of performance					COMMENTS
	1	2	3	4	N.A	
Role And Functions Of Infection Control Committee						

Name and signature of preceptor:

Date:

4. Knowledge about quality control committee

4	Level of performance					COMMENTS
	1	2	3	4	N.A	
Role And Functions of quality control committee						

Name and signature of preceptor:

Date:

5. Knowledge about control drugs and narcotics dispensing

5	Level of performance					COMMENTS
	1	2	3	4	N.A	
Regulations adopted in control drugs and narcotics dispensing as stated by GDOP						

Name and signature of preceptor:

Date:

Management of Outpatient Pharmacy

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SCREENING

Date	<i>Incomplete Prescriptions</i>	Type of intervention			Point of Screening (*R/F/D)	Description of intervention(s)
		Inappropriate Regimens	Inappropriate Prescriptions	Other		



Type of Interventions:

1. Incomplete Prescriptions

- (a) Frequency (b) Duration
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- (a) Medicine (b) Duration
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- (a) Spelling (b) Wrong Identification (c) Polypharmacy (d) Interaction (e) Contraindication

4. Other

- (a) Not in the hospital drug formulary (b) Authenticity
- (c) Illegibility

* R: Receiving

F: Filling

D: Dispensing

Name of Preceptor:.....

Signature:.....

General Remarks:

Knowledge about general principle of screening prescriptions

5	Level of performance					COMMENTS
	1	2	3	4	N.A	
<i>Knowledge about general principle of screening prescriptions</i>						

Name and signature of preceptor:.....

Date:

COMPETENT Assessment

TASK	Level of performance					COMMENTS
	1	2	3	4	N.A	
<i>Screening</i>						
<i>Filling of Prescriptions</i>						
<i>Dispensing</i>						
<i>Medication Counseling</i>						
<i>Preparation/ Observation/ Counter-Checking of Job</i>						
<i>Sheet of Extemporaneous</i>						
<i>Management of Outpatient Pharmacy</i>						

GENERAL COMMENT ON ATTITUDE

Preceptor's Name & Signature: -----

وزارة الصحة

The Final Assessment Report

Name of Provisionally Registered Pharmacist [PRP]:.....

Place of Training:.....

Assessment:

Completed the shift satisfactorily

Unsatisfactory

- State reasons:

- Was She/he counseled and advised about his unsatisfactory performance midway during the shift:

YES

NO

- in case of an adverse report was the candidate informed by the evaluator

YES

NO

Recommendation:

A- To repeat the shift

B-To spend extra (remedial) time months

Name of Evaluator: _____

Professional Status: _____

Signature: _____

Date : _____

