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: …….. .....

Rotation Activity Logbook
DIC & MS Rotation

Drug INFORMATIONCenter
(Minimum of 10 cases)

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 (9-13) 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

Medicine INFORMATION center

(Minimum of 10 cases)

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.

Task	*Level of performance*					*COMMENTS*
	1	*2*	*3*	*4*	*N.A*	
Retrieve, analyze drug information with documentation from relevant sources						
Receiving of medicine Queries						
Answering of medicine Queries						
Documentation and Reporting						
Participation in presentation						
Preparing Bulletins						
Communication with Public						

Name and signature of preceptor:

…… ……

Date: ……

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 : _____

General Directorate of Pharmacy

Name of the trainee: ……

……

Attending date: ……Completing date: ……..

Unit: ……

Task	*Level of performance*					*COMMENTS*
	1	*2*	*3*	*4*	*N.A*	
Knowing role of health care system and the pharmacist in health care delivery						
Understanding the activities of the Directorate of Pharmacy within state level						
Acquiring of professional and administration skills						
Differentiating between the institutions of directorate of pharmacy and understanding structure and organ gram						
Knowing reporting, documentation and archiving						

Name and signature of preceptor:

…… ……

Date: ……

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 : _____

Medical supply

Medical supply

Name of the trainee: ……

……

Attending date: ……..Completing date: ……

Unit: ……

Objectives of training:

By the end of training participants will be acquainted by methods of

1: pharmaceuticals management:

1-1managing medicine selection:

1-1-1 Implication of essential medicines concept.

1-1-2 Selection criteria.

1-1-3 Approaches to developing medical essential list, formularies, and treatment guidelines.

1-2 Managing procurement.

1-2-1 Quantifying pharmaceuticals requirements.

1-2-2 Methods of pharmaceuticals procurement.

1-2-3 Managing the tender process

1-3 Good storage practice.

1-4 Managing distribution and inventory management.

2: pharmaceutical pricing policy.

3: pharmaceutical financing strategies.

4: quality assurance in pharmaceutical supply system.

Task	*Level of performance*					*COMMENTS*
	1	*2*	*3*	*4*	*N.A*	
implication of essential medicines concept s						
Selection criteria						
Approaches to developing medical essential list, formularies, and treatment guidelines.						
quantifying pharmaceuticals requirements						
Methods of pharmaceuticals procurement						
Managing the tender process						
good storage practice						
Managing distribution and inventory management.						
Pharmaceutical pricing policy.						
pharmaceutical financing strategies						
quality assurance in pharmaceuticals supply system						

Name and signature of preceptor:

……. .....

Date: ……**.....**

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 : _____