ASSESSMENT FORM FOR INTERN PHARMACIST IN COMMUNITY PHARMACY

Name of Intern Pharmacist : .....

Index Number : .....

Name and address of Internship Location (Pharmacy Outlet) :

.....

Period of Internship : From..... To.....

	Performance criteria	**Scores**	**Remarks**
1	**Inventory management**		
1.1	Guideline for purchasing medicine for sale		
1.2	Purchase order generation and supplier handling		
1.3	Receiving medicine and checking the pharmaceuticals		
1.4	Identify medicines and describe the correct optimum storage conditions.		
1.5	Describe the correct storage conditions and handling procedures for controlled drugs: psychotropic, narcotics		
1.6	Quantify medicine consumption in the pharmacy or over a given period and re-ordering level		
1.7	Demonstrate the ability to check correctly the receipt of a medicine order from a supplier, using the invoice, packaging slip or purchase order, and all these medicines to be taken into stock records of the pharmacy (Warehouse)		
1.8	Demonstrate the use of different medicines arrangement in the storeroom in accordance with FEFO and FIFO inventory management. (Ware house)		

	Performance criteria	Scores	Remarks
2	**Rational use of medicines**		
2.1	Read, interpret and evaluate prescriptions.		
2.2	Demonstrate the ability to perform pharmacists' intervention activities by identifying and solving problems that may appear on a prescription in terms of dosages, drug-drug interactions, drug disease interactions, incompatibilities, drug administration problems and drug utilization anomalies		
2.3	Carry out the following functions for randomly selected prescriptions. 2.3.1.1 Prepare the label correctly 2.3.1.2 Select the correct drug from the stock 2.3.1.3 Accurately count or measure the product place it in the proper container 2.3.1.4 Complete the necessary records and documents 2.3.1.5 Calculate correctly the charges for the prescription, where applicable		
2.4	Provide information to the patient on the correct use of the prescribed medicines, side effects, special precautions, storage conditions and other aspects of the use of the medicine to ensure the optimum use of medicine by the patient.		

	Performance criteria	Scores	Remarks
3	**Provide pharmaceutical care to patients/clients**		
3.1	Ability to communicate with patients, be able to determine the rationale for intended medications.		
3.2	Ability to provide recommendations to doctors on appropriate medications for the patients		
3.3	Ability to take history for the purpose of establishing proper patients' disease management		
3.5	Ability to counsel patients on lifestyle (example patients with chronic diseases) on use of monitoring medical devices e.g. glucometer, blood pressure machine.		
3.6	Ability to provide information on rational use of medicines to prescribers, dispensers and patients.		
3.7	Demonstrate the ability to refer the patient to other health care professionals where appropriate.		

3.8	Demonstrate the ability to identify patient signs and symptoms for minor or self-limiting conditions.		
3.9	Identifying possible ADRs		
3.10	Demonstrate the ability to check correctly the receipt of a medicine order from a ware house , using the invoice, packaging slip or purchase order, and all these medicines to be taken into stock records of the pharmacy (Retail)		
3.11	Demonstrate the use of different medicines arrangement in the storeroom in accordance with FEFO and FIFO inventory management. (Retail)		

	Performance criteria	**Scores**	**Remarks**
4	**Provide information and education to promote community health**		
4.1	Demonstrate the ability to provide information regarding disease states, the nature and use of medicines and general health matters to the patient, caregiver and information to the community		
4.2	Identify and explain the application of medical devices most encountered in the pharmacy.		

	Performance criteria	**Scores**	**Remarks**
5	**Professional Attitude**		
5.1	General appearance		
5.2	Team relationship		
5.3	Sense of responsibility		
5.4	Self-confidence		
5.5	Confidentiality		
5.6	Compliance		
5.7	Punctuality		
5.8	Initiative		
5.9	Ability to contribute to discussion		
TOTAL SCORES	AVERAGE	GRADE	

Overall Assessment and comments of the supervisor/pharmacist who performed assessment:

Name .....

SLMC registration number.....

Signature.....

Date.....

Designation.....

Official Stamp.....