Confidential

ASSESSMENT FORMS



PHARMACIST INTERNS IN MANUFACTURING/ACADEMIC PHARMACY

After the completion of a period of not less than 400 hours of practical training in a
Community or Institutional (Hospital) Pharmacy
PERSONAL AND PROFESSIONAL DEVELOPMENT
PRE-REGISTRATION EXPERIENCE APPRAISAL FORM

	Surname/last name															Т	
Name of intern (in full)	First names (in full)																
	Title					Initials (first names)											
Registration number of intern																	
ID and/or P-number																	
	Name of approved pharmacy																
	Postal Address															Į	
Name and address of approved				-	+	+			-		+	+	+	-	+	+	+
pharmacy where 400 hours of				\dashv	+	+				Pr	sta	L CO	de		+	+	+
practical training took place				-	$^{+}$				T	Ť	Jotai	T	T	T	+	+	+
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	Physical Address					T							T	1	T	T	+
					İ			Street code								1	
Date of assessment					/				/		2	()				
	Surname/last name																
Name of approved tutor	First names (in full)																
	Title					Initials (first names)											
Name of pharmacist supervising	Surname/last name					I				I			1		I	L	
period of practical training in community or institutional	First names (in full)																
pharmacy	Title				Initials (first names)												

SECTION 1: APPRAISAL OF PERFORMANCE CRITERIA

Academic Pharmacist Interns Personal and Professional Development Report - After the completion of a period of not less than 400 hours of practical training in a Community or Institutional (Hospital) Pharmacy

	PERFORMANCE CRITERIA	Evidence indicates that intern has or no experience	Evidence indicates that intern requires further training or experience to reach the required standard	Evidence demonstrates that intern consistently achieves the required standard with little or no intervention
The	intern demonstrates the ability to -			
1	Communicate verbal and written information in an appropriate manner	0	1	3
2	Work effectively within the structure of the pharmacy	0	1	3
3	Apply accepted standards of professional and practice competence	0	1	3
4	Interpret and apply the code of ethics in pharmacy practice	0	1	3
5	Make a commitment to quality of pharmaceutical care of the patient	0	1	3
6	Adopt a professional approach which instils confidence	0	1	3
7	Establish and maintain good professional relationships	0	1	3
8	Show initiative in the provision of information on medicines and health matters	0	1	3
9	Recognise personal limitations and accept assistance where necessary	0	1	3
10	Perform functions in the pharmacy in an organised and thorough manner	0	1	3
11	Identify problems or potential problems and take the appropriate corrective action to solve these problems	0	1	3
12	Respond to new situations with flexibility and willingness	0	1	3
13	Handle stressful situations professionally	0	1	3
14	Make decisions which demonstrate the ability to think clearly and logically	0	1	3
15	Approach tasks and situations with due regard to legal implications	0	1	3
16	Use equipment required for the task in hand effectively	0	1	3
17	Maintain the safety of the working area at all times so that the health and safety of colleagues and the public is not compromised	0	1	3
18	Undertake self-evaluation of his/her competency achieved	0	1	3
19	Improve competence by using feedback on performance	0	1	3
20	Accept responsibility for self development and demonstrate achievement of targets	0	1	3
21	Undertake continuing education	0	1	3

SECTION 2: OVERALL IMPRESSION

Manufacturing Pharmacist Interns Personal and Professional Development Report - After the completion of a period of not less than 400 hours of practical training in a Community or Institutional (Hospital) Pharmacy

In this section, the pharmacist performing the assessment is required to provide an overall impression of the intern's attitudes to work and progress to date. Although this is a subjective assessment on the part of the assessor, it is nevertheless a valuable part of the assessment process.

Listed below are a number of descriptive words and phrases which may best describe the attitude/s of the intern for this appraisal period. **Encircle those which may apply to the intern**:

<u> </u>	responsible	conscientious	Reliable	punctual	assertive
Ô	tidy	positive attitude	Helpful	courteous	interested
60	professional	accurate	Careful	co-operative team member	unreliable
99	untidy	careless	negative attitude	disinterested	impolite
Š	aggressive	unprofessional	not punctual	unco-operative team member	shy
<u> </u>	confident	quiet	Talkative	mature	immature
	resourceful	imaginative	independent	dependent	

SECTION 3: OVERALL PERFORMANCE

Academic Pharmacist Interns Personal and Professional Development Report - After the completion of a period of not less than 400 hours of practical training in a Community or Institutional (Hospital) Pharmacy

This section describes the overall performance of the intern for this appraisal period. The pharmacist performing the assessment is required to tick the appropriate box indicating the evaluation of overall performance of the intern for this period.

LEVELS OF PERFORMANCE											
Below the required standard	Meets the required standards with supervision:		Meets the required standards:	k	Merit:						
The intern fails to com- plete duties to a minimum acceptable level	The intern performs duties to an accep- table level with		The intern is responsible and perform duties		The intern performs duties with distinction						
The intern's conduct or attitude is unsatisfactory, or	considerable guidance and supervision. Much improvement is		with a minimum of supervision and consistently achieves		and consistently achieves a standard beyond that expected at						
The intern fails to act on constructive guidance and counselling.	required to demonstrate competence.		acceptable levels of competence		that expected at this stage of the pre-registration period.						

SECTION 4: GENERAL COMMENTS

Manufacturing Pharmacist Interns Personal and Professional Development Report - After the completion of a period of not less than 400 hours of practical training in a Community or Institutional (Hospital) Pharmacy

Comments of Tutor																
Comments of Pharmacist who performed assessment																
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		ere the num	be	er of days ab	sent	rom p	re-	-reç				n tr	rain	ing		
	Days Leave			Sickness					Ot	ther						
Signatures																
			1	Signa	ature	S					ı	ı	1	ı		
	Signature of ph performed as	armacist who ssessment				Date			1			1	2	0		
	Signature	of Tutor				Date			1			1	2	0		
	Signature	of Intern				Date			1			1	2	0		