



**COUNCIL
OF
THE PHARMACEUTICAL SOCIETY
OF
UGANDA**

PHARMACY INTERNSHIP GUIDELINES

2012

1.0 Introduction

As prescribed in the Pharmacy and drugs act all persons seeking to become registered Pharmacists in Uganda should undergo practical training for a defined period of time as determined by the council of the Pharmaceutical society of Uganda .The purpose of the internship guidelines is to define set performance based indicators ,quality assurance measures and concrete assessment tools for the intern Pharmacist in order to optimize application of knowledge acquired during the undergraduate study period. At the end of the internship training program the intern pharmacist should be able to practice independently as a competent professional.

2.0 Objective

The general objective is to provide a structured internship guideline in order to adequately prepare and equip the intern pharmacist for their practicing roles as Pharmacist.

The specific objectives are :

- Equip Pharmacy graduates with practical skills in the various areas of Pharmacy practice that match the demands of the Pharmacy profession, the regulatory setting and legal requirements.
- Provide mentorship to Pharmacy graduates through interfaces with Practicing Pharmacists from the various Pharmacy practice sectors that will form basis for career growth.
- Build strong ethical foundations for their future practice as Pharmacists that is centered on the core professional values of the Pharmacy profession.
- Provide exposure to the interns to Pharmacy practice in the various settings and facilitate skill acquisition.
- Impart support skills that will aid the intern in applying their technical capabilities.

3.0 Admission into the Internship Program

Bachelor of Pharmacy graduates who have passed the pre-internship eligibility exams shall be eligible for internship

4.0 Scope of the Internship and guidelines.

The internship guideline shall be applicable to all intern Pharmacists. The internship program shall be structured as follows:

4.1 Hospital rotations –This shall be done for period of not less than 9 months in a hospital setting approved by the council of the Pharmaceutical society of Uganda. It shall be mandatory for each intern to complete attachment in this setting.

Any deviation from this should be justified and approval taken from the Council of PSU. The hospital setting should enable the intern to receive adequate exposure to the various aspects and fields of Pharmacy practice.

4.2 Optional rotations

In addition to the mandatory minimum 9 month attachment the intern pharmacist will be expected to work in any of the following areas for a period of not less than 2 months. These centres must be approved by the Council of PSU .They shall include:

- National drug Authority (Regulatory body)
- National Medical Stores (Procurement and drug logistics)
- A Pharmaceutical Industry
- A community Pharmacy

5.0 Internship Supervision

Each intern Pharmacist shall work under a Supervisor who shall be a Pharmacist who has been in active practice for not less than 3 years. It shall be the responsibility of the Internship supervisor to:

- Co-ordinate the internship program within the institution and ensure timely rotation of the interns.
- Implement the internship programme.
- Provide the necessary classroom and practical training
- Assign performance based tasks to the interns .
- Carry out assessment of the intern Pharmacists on a regular basis
- Submit evaluation reports of the intern to the Council of PSU on a regular basis.
- Recommend the intern through the Pharmacist in-charge of the facility to sit for the pre-registration exams.

In addition to the internal supervisors the council of PSU shall also carry out routine supervision of the internship centres.

6.0 Internship rotation

The intern pharmacist shall be expected to exhibit the highest level of professionalism in their duties and shall have to abide by the code of conduct for the Pharmacy interns and the rules and regulations of the of the internship institution. A file shall be maintained at PSU and at the Internship centre for each Intern Pharmacist.

5.1 Expected learning and skilling outcomes of an Intern Pharmacist

During and at the end of the internship program the intern Pharmacist is expected to be able to

- Apply legal and ethical principles to their daily practice roles as Pharmacists.
- Demonstrate a holistic approach to and accept responsibility for professional actions.
- Provide knowledge and expertise in conducting a patient oriented health service.
- Communicate ably with patients and other members of the healthcare team.

- Provide knowledge with regard to the general aspects of healthcare and diligently perform the roles of a pharmacist in the promotion of health and the prevention of illness.
- Make sound decisions relating to medicine and patient care related problems.
- Apply Pharmaceutical care principles with the goal of achieving definite therapeutic outcomes.
- Apply their knowledge and skills to the manufacture of various Pharmaceutical products that are safe, efficacious and of acceptable quality that meet the regulatory requirements.
- Manage and plan their own programs in terms of work flow and tasks.
- Carry out operational research under the various disciplines of Pharmacy.

5.2 Roles during Hospital Attachments

During the hospital attachment the intern Pharmacist will be expected to take part in the following various roles as a minimum:

- **Pharmacy based roles**-they will be required to assist in dispensing, patient counseling, prescription evaluation ,identification of medication errors, ensuring timely replenishment of stocks, monitoring prescribing patterns, drug quality monitoring ,costing treatments and evaluating treatment options, developing or ensuring compliance to prescribing guidelines and drug needs assessment .
- **Stores based roles**-the intern pharmacist will be required to assist in ensuring that drugs are stored within their prescribed storage conditions, temperature is monitored within the environment, tracking of stocks is maintained, identification of expired stocks with investigation of the associated causes, create a system for the retesting of medicines, assist in stock taking ,drug distribution and monitoring.
- **Ward based** –the intern pharmacist should assist in guiding medicine prescribing by the doctors, parenteral drug administration, patient counseling, drug adherence monitoring, therapeutic monitoring ,patient medication evaluation, identification of medication and dispensing errors, taking part in ward rounds, develop guidelines for injection preparation and administration, drug distribution, detecting and reporting adverse drug reactions and drug quality monitoring.
- **Compounding based** –depending on the unit the intern should participate in drug compounding and preparation, development of Good Manufacturing guidelines of processes that take place within the hospital including quality manuals, develop, review and implement standard operating procedures, testing specification, reconstitution of medicines and compounding of patient specific products.
- **Procurement based** –the intern pharmacist is expected to assist in the procurement of medicines within the facility. Right from the pre-qualification and selection process to the ordering, distribution and use he or she shall be expected to assist in achieving the necessary objectives. The intern should participate in the development of a need-based hospital formulary where possible.

5.3 Roles during Optional attachments

The interns role during the optional attachments shall be defined by their supervisors in the respective internship centres.

6.0 Internship Assessment

The internship program shall be evaluated quarterly during their hospital attachment using Form A and Form B during their optional attachment. The scores during all these rotations shall be tallied and the average determined at the end of internship. Each intern Pharmacist will be expected to obtain an overall average score of not less than 50% to be eligible to sit for the pre-registration exams. All interns will also be required to make a final report of their internship program and submit a copy to the council of PSU.

6.1 Practice Tools

The following practice tools (attached) as a minimum will be used by the Intern to aid in their various aspects of Intern Pharmacist Practice.

- Drug utilization review forms
- Drug quality monitoring forms
- Medication review forms
- Adverse drug reaction reporting form
- Any other practice tools as available within the practice setting.

NB: The formats given for the practice tools may be substituted with those available within the internship centre. However, in the event that they are not available these can be used.

Signed:

**Secretary,
Council of the Pharmaceutical Society of Uganda**

DRUG UTILIZATION REVIEW FORM

Patient Information		
Date _____	Hospital No. _____	ID _____
Patient's Name _____	Sex _____	Age _____
Weight _____	Occupation _____	Pregnancy(Yes/No) _____
Ward _____	Bed _____	Intern Pharmacist _____
Diagnosis (Confirmed/Impression)		Clinician's status (e.g. intern doctor/consultant/specialist/others)
Line of Drugs Prescribed	Therapeutic Groups of Drugs Prescribed	
No. of Drugs prescribed	First Line:	
First Line	Second Line:	
Second Line:	Third line:	
Third line:	Others:	
Others:		
NB: References should be made to the national or standard treatment guidelines		
List of Drugs Prescribed		
First line _____		
Second line _____		
Third line _____		
Others _____		
Brand Names	Generic Names	
No. of Drugs Prescribed by Brand name:	No. of drugs Prescribed by Generic Names:	
Necessary Drugs	Possible Unnecessary Drugs	
No. of drugs necessary for the diagnosed illness:	No. of Drugs Not necessary for diagnosed illness:	
Therapeutic Group:	Therapeutic group(s):	
	Justification:	
Dosage	Recommended Dosage (mention reference)	
No. of drugs prescribed in underdose:		
No. prescribed in overdose:		
Any justification for under or overdose:		
Drug interaction (Food, Drug etc-Describe and name the drugs and outcome)	No of drugs present in the prescription	
	Antibiotics _____ Multivitamin _____ Injectables _____	
	Painkillers _____	
Treatment Costs	Cost of drugs if unnecessary drugs are excluded	Are drugs purchased always by patient
Cost of drugs in the prescription:		
No. of Drugs purchased	Reason for not purchasing other drugs(e.g. cost, availability)	
Therapeutic alternatives	Cost alternatives	
<i>Does the prescription contain any newer drug with the same therapeutic value as older drug:</i>	<i>Does the prescription contain any expensive drug with the same therapeutic value as a cheaper drug:</i>	
Newer drug _____	Expensive drug _____	
Older drug _____	Cheaper drug _____	
<i>Does the prescription contain any unavailable drug /form with the same therapeutic value as an available drug/form :</i>		
Unavailable drug/form _____		
Available drug/form _____		

INTERN PHARMACIST DRUG QUALITY REPORTING FORM

(This form is to be filled by the Intern Pharmacist in the event of any suspected drug quality related problems. Upon completion of the form it should be submitted to PSU which shall then forward it to the relevant supervising Pharmacist of the local technical representative of the product in the country for further investigation. Information provided shall be treated with confidentiality.)

1. Name of the Hospital/Organization _____ Location _____
2. Name of Intern _____
3. Physical Address _____ Phone Contact _____
4. Category (Tick as appropriate) : Pharmacy Ward Others
5. Name of Complainant _____
6. Occupation of Reporter : Pharmacist Doctor Nurse Clinical Officer Others
7. Brand name of drug _____ Generic Name _____
8. Batch No _____ Mfg date _____ Expiry date _____
9. Name of the Manufacturer _____ Address _____
10. Dosage form: Tablet Capsules Powder Syrup/Suspension Sterile Parental Preparation
Cream/Ointment Pessaries Others
11. Which of the following best describes the drug quality problem (Tick as appropriate)?
 - a. Tablets/capsule discoloration
 - b. Leaking vials/Containers
 - c. Inaccurate/unreadable label
 - d. Presence of foreign matter
 - e. Lack of effect
 - f. Packaging/Product mix up
 - g. Closure defect
 - h. Abnormal odour or taste
 - i. Adverse drug reaction
 - j. Missing vital information on the packagingOthers _____
12. Describe the quality problem above in detail including where it was purchased from.

Signature /Date/Mobile Phone contact: _____

For Official Use only

Problem forwarded to Supervising Pharmacist of relevant entity Assessment/Investigations done

Feedback given Further action

Remarks

Signature/Designation (PSU)-----

**INTERN PHARMACIST
ADVERSE DRUG REACTION REPORTING FORM**

Patient Information					
Date		Hospital No			
Patient's Name					
Sex		Date of Birth		Weight	
Suspected Drug (State trade name, generic name, manufacturer and batch number)					
Name of Drug taken	Route of Administration	Daily Dose	Date		Indication for Use
			Started	Ended	
Other drugs used concomitantly					
Suspected Reaction (Clearly described)	Date		Outcome		
	Started	Ended	(Died, Alive and well, Alive with Medical Problems)		
Additional Information(Include laboratory data and treatment administered)					
Intern Pharmacist Remark /Investigative causes e.g. dose related					
Name & Signature_____					
Internship centre_____					
Supervisor's remark					
Name & Signature_____					

Patient Medication Review Form (Pharmacy Ward Round)

Selection Criteria For patients for Medication review (Tick as appropriate)

1. Patients who are particularly vulnerable to adverse effects because they are physiologically compromised (e.g. infants; the elderly; those with kidney, liver or respiratory failure)
2. Patients with medical conditions that require ongoing evaluation and modification of drug therapy to achieve optimal results (e.g. diabetes mellitus; asthma; hypertension; congestive heart failure).
3. Patients who are taking multiple medication thereby placing them at higher risk for complex drug-drug or drug-disease interactions and drug-food interactions.
4. Patients requiring therapy with drugs that can be extremely toxic, especially if they are dosed, administered or used improperly (e.g. cancer chemotherapeutic agents, anticoagulants, parenteral narcotics.)
5. Patients whose acute illnesses can become life threatening if the prescribed medications are ineffective or used improperly (e.g. certain infections, severe diarrhea)

General Data

Patient Name _____ Hospital No. _____ File No _____
Ward _____ Bed _____ Date of Admission _____ Discharge date _____
Age _____ Sex _____ Occupation _____ Residence _____

Medication history

- a. Current medication taken (Last 24 hrs-Generic Names/trade names, start/stop dates. dose, schedule, indication and outcome)
- a. Past medication taken (more than 24 hrs -Generic Names/trade names, start/stop dates. dose, schedule, indication and outcome)

Doctor's Examination Report ,Laboratory report & diagnosis

(Vital signs(Heart rate, Blood pressure, temperature, weight, system review, physical examination)

Allergies

Sulphur: Describe (Rashes, Sensitivity to sunlight , Vomiting sensations, Itchy skin or eyes, Swelling of the lips, face or tongue ,Wheezing, Accelerated heart rate, Difficulty swallowing, Anaphylaxis and seizures etc).

Penicillin: Describe (Hives,Rash,Itchy skin, Wheezing, Swollen lips, tongue or face (angioedema),Difficulty in breathing,Wheezing,Drop in blood pressure, Swelling of the throat or tongue, Dizziness, Loss of consciousness, Rapid or weak pulse etc)

Others ,Explain:

Dietary Information(Restrictions, supplements etc-state the foods and fruits taken over the last 48 hours)

Describe any Medication Related Problem experienced by the Patient

Possible Problems: Inappropriate medication , untreated indication, Inappropriate dose, dosage form, duration, route Or method of administration, Therapeutic duplication ,allergy to medication ,Adverse drug reaction, Drug-drug/drug-disease/drug-nutrient/drug-laboratory test interaction, Lack of efficacy, Non-adherence etc

Pharmaceutical Care Plan

Medication related Problem	Therapeutic goal	Intervention/Monitoring Plan

Intervention Accepted Rejected

Reasons for rejection:

Notes and Final Review of the Patient:

Name, Signature & date : _____

Intern Pharmacist

Supervisor's remarks: _____

Signature: _____



COUNCIL OF THE PHARMACEUTICAL SOCIETY OF UGANDA
INTERN PHARMACIST
QUARTELY PERFORMANCE APPRAISAL FORM (FORM A, Version 01)
(HOSPITAL ATTACHMENTS)

To be filled by the Intern Pharmacist

Date _____ Month _____

1. Name of Intern Pharmacist _____
2. Internship Centre _____
3. Name of Supervisor _____
4. Unit of rotation(last 3 months) _____
5. Intern Pharmacist's role (Tick as applicable)
Pharmacy –based Procurement-based Compounding-based Stores-based
Ward-based
6. Which of the following activities did you participate in during the rotation
Prescription evaluation & Dispensing Patient Counseling Drug procurement
Pharmacy Ward Rounds
Others
Describe _____
7. Which of the following practice tools did you use (should be evaluated and signed by the Supervisor)?
Patient Medication reviews Drug Quality Monitoring Drug Utilization reviews
Adverse Drug reaction reporting form Others _____
8. In relation to 6 fill in the information below
 - a) No. of Patient Medication Reviews done _____
 - b) No. of Drug utilization reviews done _____
 - c) No. of Drug quality monitoring reports made _____
 - d) No. of adverse drug reactions detected and reported _____Indicate if Operational research was carried out _____
Others _____
9. Describe any Interventions that you made during the rotation in the unit(s) (If applicable)

10. Describe any challenges that you faced during rotation and whether and how you overcame them

11. List the trainings/topics on Continous Pharmacy education that you attended during the period

12. List the skills acquired during the period(s) of rotation?

I hereby certify that the information provided above is true to the best of my knowledge.

Signature of Intern Pharmacist:-----

(Each intern will be required to submit a report to the Council of PSU upon completion of their internship)

For Official Use only (To be filled by the Intern Supervisor)

Information verified and found to be true Yes No

Intern Pharmacist's score sheet

No.	Parameter	Marks
01	Punctuality & Discipline (x/15)	
02	Ethics & professionalism at work(x/10)	
03	Knowledge & skill in carrying out activities (x/15)	
04	Patient Communication & case presentation skills (x/10)	
05	Operational research/ Interventions (x/15)	
06	Attendance in Continous Pharmacy education (x/15)	
07	Attendance and satisfactory participation in ward rounds (x/20)	
	Total Score (x/100)	

Remarks

Supervisor's Signature/Designation _____



COUNCIL OF THE PHARMACEUTICAL SOCIETY OF UGANDA
INTERN PHARMACIST
PERFORMANCE APPRAISAL FORM (OPTIONAL ATTACHMENTS)
FORM B, Version 01

To be filled by the Intern Pharmacist

Date _____ Month _____

1. Name of Intern Pharmacist _____
2. Internship Centre & rotation period _____
3. Name of Supervisor _____
4. Describe the Unit(s) of rotation within the internship setting

5. Describe your role as an intern Pharmacist in the internship centre

6. List any activities that you participated in within the roles stated above

7. Describe any Interventions that you made during the rotation in the unit(s) (If applicable)

8. Describe any challenges that you faced during rotation and whether and how you overcame them

9. List the skills you acquired during the period(s) of rotation?

I hereby certify that the information provided above is true to the best of my knowledge.

Signature of Intern Pharmacist:-----

For Official Use only (To be filled by the Intern Supervisor)

Information verified and found to be true Yes No

Intern Pharmacist's score sheet

No.	Parameter	Marks
01	Punctuality & Discipline (x/15)	
02	Ethics & professionalism at work(x/10)	
03	Knowledge & skill in carrying out activities (x/15)	
04	Communication & presentation skills (x/10)	
05	*Report writing (x/50)	
	Total Score (x/100)	

* A report should be written by the Intern Pharmacist at the end of completion of their optional attachment and shall be evaluated by the supervisor.

Remarks

Supervisor's Signature/Designation _____