

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

Name of intern (in full)	Surname/last name										
	First names (in full)										
	Title	Initials (first names)									
Registration number of intern											
ID and/or P-number											
Name and address of approved pharmacy where 400 hours of practical training took place	Name of approved pharmacy										
	Postal Address										
		Postal code									
	Physical Address										
Street code											
Date of assessment			/			/	2	0			
Name of approved tutor	Surname/last name										
	First names (in full)										
	Title	Initials (first names)									
Name of pharmacist supervising period of practical training in community or institutional pharmacy	Surname/last name										
	First names (in full)										
	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:**

	responsible	conscientious	Reliable	punctual	assertive
	tidy	positive attitude	Helpful	courteous	interested
	professional	accurate	Careful	co-operative team member	unreliable
	untidy	careless	negative attitude	disinterested	impolite
	aggressive	unprofessional	not punctual	unco-operative team member	shy
	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:	Merit:
<ul style="list-style-type: none"> The intern fails to complete duties to a minimum acceptable level 	<ul style="list-style-type: none"> The intern performs duties to an acceptable level with considerable guidance and supervision. Much improvement is required to demonstrate competence. 	<ul style="list-style-type: none"> The intern is responsible and perform duties with a minimum of supervision and consistently achieves acceptable levels of competence 	<ul style="list-style-type: none"> The intern performs duties with distinction and consistently achieves a standard beyond that expected at this stage of the pre-registration period.
<ul style="list-style-type: none"> The intern's conduct or attitude is unsatisfactory, or 			
<ul style="list-style-type: none"> The intern fails to act on constructive guidance and counselling. 			

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	

Comments of Pharmacist Intern	

State here the number of days absent from pre-registration training					
Days Leave		Days Sickness		Other	
Signatures					

Signatures										
Signature of pharmacist who performed assessment		Date			/			/	2	0
Signature of Tutor		Date			/			/	2	0
Signature of Intern		Date			/			/	2	0

