

PHARMACIST INTERN EVALUATION FORM (HOSPITAL/COMMUNITY PHARMACY)

This form should be completed by the Tutor/Supervising pharmacist who has had the greatest opportunity to observe the intern pharmacist's skills during the internship period.

Against each item in turn tick the box which best fits the pharmacist intern's usual performance. If necessary please qualify by short comment, e.g. if more experience is required or if any requirement cannot be fulfilled in your pharmacy/hospital.

Please note that the assessment is against a standard of what would be expected at the intern's current level of experience.

Pharmacist intern name and Signature	
Tutor name and signature	
Name of internship site	
Address of workplace:	
Davied of intermedia (from to)	
Period of internship (from - to)	
Month/Day/Year	

Telephone: (+250)784614601 E-mail: info@pharmacycouncil.rw, rwandanpc@gmail.com



Area	5	4	3	2	1	NA
1. Professional and ethical practice		l.	<u> </u>			l
Exhibit awareness on the requirements to practice pharmacy						
Follows procedures at work place as instructed						
Displays personal and professional integrity						
Applies accepted standards of practice and professional competence						
Maintains confidentiality						
Establishes and maintains good professional relationships						
Interprets and complies with relevant codes of ethics						
Shows awareness of consumer needs						
Produces accurate written records and reports						
Identifies own learning needs						
Reflects and responds to feedback						
Contributes to the continuous quality improvement of pharmacy services						
2. Communication, collaboration and self-manage	ement					
Knows and applies key principles of						
communication						
Communicate with patients in a professional and respectful manner						
Demonstrates basic negotiation skills						
Negotiates tasks and shares ideas, communicating respectfully						
Identifies and addresses problems						
Observes and discusses situations of conflict						
Effectively plans and manages work time						
Works effectively within the structure of the						
organization						
Observes supervision approaches used by Tutor						
Contributes to the promotion of a safe working environment						
On time attendance at workplace and respect of procedures regulating other staff						



Area	5	4	3	2	1	NA
3. Review and supply prescribed medicines						
Accurately reads and interprets prescriptions						
Establishes the validity of the prescription						
Assesses appropriateness of prescribed medicines						
Elicits, reviews and assesses consumer's history against prescription when necessary						
Contributes to optimizing the efficacy and safety of dispensed medicines (provides useful information)						
Demonstrates a systematic dispensing procedure						
Effectively and efficiently maintains records						
Appropriately labels dispensed medicines						
4. Deliver primary and preventative health						
Refers consumers to other health professionals when appropriate						
Selects and advises on the use of pharmacological and non-pharmacological treatment strategies and options, including no treatment						
Selects and advises on the use and care of therapeutic goods and appliances						
Advises on the use of pharmacological and non- pharmacological treatment strategies and options selected by the consumer						
Provides advice to support the use of selected or recommended medicines						
Counsels and educates for the promotion of good health and reduction of incidence of illness						
Provides health care/disease prevention information to consumers						
Evaluates the outcomes of provision of primary health care						
5. Promote and contribute to optimal use of medic	ines			,		,
Identifies and accesses relevant consumer and clinical information						
Uses accepted protocols to facilitate consumer interaction						
Assists self-management by consumer						



Area	5	4	3	2	1	NA
Participates in adverse drug reaction management and reporting programs						
Participates in drug usage evaluation programs						
Recognizes own limitations and seeks advice from Tutor and/or refers to appropriate health professional						
5. Critical analysis, research and education						
Retrieves relevant and accurate information using current reference sources						
Accurately interprets and evaluates information						
Relates information to the specific situation, consumer or request						
Formulates accurate responses to medicines information questions						
Total						

Tutor's comment	Tutor's comment						



PHARMACIST INTERN EVALUATION FORM (SUPPLY CHAIN)

This form should be completed by the Tutor/Supervising pharmacist who has had the greatest opportunity to observe the intern pharmacist's skills during the internship period.

Against each item in turn tick the box which best fits the pharmacist intern's usual performance. If necessary please qualify by short comment, e.g. if more experience is required or if any requirement cannot be fulfilled in your pharmacy.

Please note that the assessment is against a standard of what would be expected at the intern's current level of experience.

Pharmacist intern name and Signature	
Tutor name and Signature	
Name of internship site	
Address of workplace:	
Period of internship (from - to)	
Month/Day/Year	

Telephone: (+250)784614601 E-mail: info@pharmacycouncil.rw, rwandanpc@gmail.com



Area	5	4	3	2	1	NA
1. Professional and ethical practice			<u> </u>	l.		l
Exhibit awareness on the requirements to practice pharmacy						
Follows procedures at work place as instructed						
Displays personal and professional integrity						
Applies accepted standards of practice and professional competence						
Maintains confidentiality						
Establishes and maintains good professional relationships						
Interprets and complies with relevant codes of ethics						
Shows awareness of consumer needs						
Produces accurate written records and reports						
Identifies own learning needs						
Reflects and responds to feedback						
Contributes to the continuous quality improvement of pharmacy services						
2. Communication, collaboration and self-manage	ement					
Knows and applies key principles of						
communication						
Communicate with patients in a professional and respectful manner						
Demonstrates basic negotiation skills						
Negotiates tasks and shares ideas, communicating respectfully						
Identifies and addresses problems						
Observes and discusses situations of conflict						
Effectively plans and manages work time						
Works effectively within the structure of the						
organization						
Observes supervision approaches used by Tutor						
Contributes to the promotion of a safe working environment						
On time attendance at workplace and respect of procedures regulating other staff						



Area	5	4	3	2	1	NA
3. Manage supply chain system						
Use records to collect needed logistics data						
Apply and respect good storage guidelines						
Assess stock status						
Take part in the quantification, monitoring and supply planning of medicines and other health supplies						
Assess logistics systems for continuous improvement						
5. Critical analysis, research and education						
Retrieves relevant and accurate information using current reference sources						
Accurately interprets and evaluates information						
Relates information to the specific situation, consumer or request						
Formulates accurate responses to medicines information questions						
Total						

Tutor's comment			
	•		



EVALUATION OF INTERNSHIP SITE

NOTE: This form must be completed by the pharmacist intern and submitted to the National Pharmacy Council within 30 days upon completion of each internship experience.

Pharmacist intern Phone Number Current Address Internship Site		T
Current Address	Pharmacist intern	
	Phone Number	
Internship Site	Current Address	
	Internship Site	
Approved Tutor	Approved Tutor	
Dates covered by report (from - to)	Dates covered by report (from - to)	
Month/Day/Year	Month/Day/Year	
Email Address	Email Address	

Please rate the amount of exposure to the following areas of pharmacy practice:

1 = Minimal 2 = Moderate 3 = Extensive 4 = None

No.	Area	1	2	3	4
1	Drug distribution systems including dispensing activities				
2	The use of drug products and dosage forms in practice settings				
3	Sterile and/or non-sterile compounding				
4	Daily operations and routines of the pharmacy				
5	Management of inventory, purchasing, recalls				
6	Accounting, budgeting and data management				
7	Providing direct pharmaceutical care for patients				
8	Counseling and monitoring for prescription and OTC products				
	Counseling and assessment for naturopathic, herbal, and other				
9	alternative products				

Telephone: (+250)784614601 E-mail: info@pharmacycouncil.rw, rwandanpc@gmail.com

Website: www.pharmacycouncil.rw



No.	Area	1	2	3	4
	Teaching about medical/surgical, supplies, devices and				
10	equipment				
11	Interacting with other members of the health care team				
12	Responding to drug information requests				
13	Applying laws and regulations to the practice of pharmacy				

Using the scale described below, please rate the following items:

1 = Needs Improvement 2 = is satisfactory 3 = is excellent NA - Not Applicable

No.	Area	1	2	3	NA
1	The Tutor 's teaching ability				
2	The Tutor 's responsiveness to the intern's learning needs				
3	The Tutor 's supervision of the intern				
4	The Tutor 's ability to communicate with the intern				
5	The orientation to the pharmacy operation on the first day				
	The responsiveness of other pharmacists to the intern's learning				
6	needs				
7	The friendliness and helpfulness of other pharmacy employees				
8	The availability of references at the site				
9	The diversity of the learning experience at the site				

Comments on your expe		

Telephone: (+250)784614601 E-mail: info@pharmacycouncil.rw, rwandanpc@gmail.com



Would you recommend this as an internship site to other interns? Yes	0	No O
I have complied with all National Pharmacy Council regulations and the ins	truction	s for
internship furnished to me at the time of my internship registration. I consid	er the al	bove
progress report of internship training to be a correct statement of fact.		
Names, date and Signature		

Website: www.pharmacycouncil.rw



PHARMACY GRADUATE- INTERNSHIP EVALUATION FORM (REGULATORY-RWANDA FDA)

This form should be completed by the Tutor/Supervising pharmacist who has had the greatest opportunity to observe the intern pharmacy graduate's skills during the internship period.

Against each item in turn tick the box which best fits the pharmacist intern's usual performance. If necessary, please qualify by short comment, e.g. if more experience is required or if any requirement cannot be fulfilled in your department.

Please note that the assessment is against a standard of what would be expected at the intern's current level of experience.

Pharmacy graduate 's name and Signature	
Tutor name and Signature	
Name of internship site	
Address of workplace:	
Period of internship (from - to) Month/Day/Year	



Rwanda Please rate the following area on a scale of 1 to 5,

5=Excellent	4=Good	3= Average	2=Fair 1 =Poor		NA=None			
Area			5	4	3	2	1	NA
1. Professional	and ethical p	oractice						
Follows procedu	ires at work p	lace as instructed						
Displays person	al and profess	sional integrity						
Applies accepted professional con		f practice and						
Maintains confid	lentiality							
Interprets and coethics	omplies with	relevant codes of						
Reflects and resp	onds to feed	back						
2. Communicat	ion, collabor	ation and self-man	ageme	ent				
Knows and apple communication	ies key princi	ples of						
Establishes and relationships	maintains goo	od professional						
Collaboration w	ith cross-func	tional teams						
Effectively plans	and manages	s work time						
Works effectivel organization								
Observes superv	vision approa	ches used by Tutor						
Contributes to the environment	ne promotion	of a safe working						
On time attenda	nce at interns	hip site						



	_	4	0			77.4
Area	5	4	3	2	1	NA
3. Application at internship site		1				
Demonstrate self-initiative at the internship site						
Organized and confident at internship site						
Demonstrate lifelong learning and critical						
thinking ability Reliable and available						
Effective use of available resources						
4. Critical analysis, research and education						
Retrieves relevant and accurate information using current reference sources						
Produces accurate written records and reports						
Accurately interprets and evaluates information						
Relates information to the specific situation,						
consumer or request						
Willingness to learn and seek opportunities for						
professional growth						
5. Training Outcomes						
Gains insight into the regulatory processes go	overi	ning p	harm	aceutio	cals, in	cluding
but not limited to:						
Evaluation of application for registration						
of products						
2. The process of registration of						
premises (GMP compliance)						
3. Protocol for clinical trial						
Demonstrates an understanding of the role of ro	egula	tory b	odies	in ens	uring	<u> </u>
compliance with pharmaceutical laws and stanc	lards	;				
4. Ability to perform procedures and						
regulations for importation of medicines,						
medical devices and cosmetics						
5. Ability to identify falsified and						
substandard medicines, medical devices						
and cosmetics						
6. Acquires knowledge on pharmacovigilance						
and adverse drug reaction reporting						
7. Develops skills in conducting inspections						
and audits to assess compliance with						
regulatory requirements						

Telephone: (+250)784614601 E-mail: info@pharmacycouncil.rw, rwandanpc@gmail.com Website: www.pharmacycouncil.rw



Learns about the processes involved in licensing pharmaceutical establishments			
 Gains experience in conducting risk assessments and implementing risk management strategies 			
Total			

Tutor's comment		

.....

Names, Date, Signature and Stamp

Telephone: (+250)784614601 E-mail: info@pharmacycouncil.rw, rwandanpc@gmail.com

Website: www.pharmacycouncil.rw



EVALUATION OF THE INTERNSHIP SITE BY THE INTERN

NOTE: This form must be completed by the pharmacy graduate who undertook the internship and submit it to the National Pharmacy Council within 30 days upon completion of each internship experience.

Pharmacy Graduate's names	
Phone Number	
Current Address	
Internship Site	
Approved Tutor	
Dates covered by report (from - to)	
Month/Day/Year	
Email Address	

Telephone: (+250)784614601 PO Box: 1858-Kigali, Rwanda E-mail: info@pharmacycouncil.rw, rwandanpc@gmail.com KN2 Avenue, Nyarugenge, Kigali



Using the scale described below, please rate the following items:

1 = Needs Improvement 2 = is satisfactory 3 = is excellent NA - Not Applicable

No.	Area	1	2	3	NA
	The orientation on the institution operation at the beginning of the internship				
1	The Tutor 's teaching ability				
2	The Tutor 's responsiveness to the intern's learning needs				
3	The Tutor 's supervision of the intern				
4	The Tutor 's ability to communicate with the intern				
7	The friendliness and helpfulness of the Tutor				
8	The availability of references at the site				
9	The diversity of the learning experience at the site		·		

Comments on your experience	:

Telephone: (+250)784614601 E-mail: info@pharmacycouncil.rw, rwandanpc@gmail.com



Would you recommend this as an internship site to other interns? Yes O No C
I have complied with all National Pharmacy Council regulations and the instructions
for internship furnished to me at the time of my internship registration. I consider
the above progress report of internship training to be a correct statement of fact.
Names, date and Signature

Telephone: (+250)784614601 E-mail: info@pharmacycouncil.rw, rwandanpc@gmail.com Website: www.pharmacycouncil.rw



PHARMACIST INTERN EVALUATION FORM (NPC)

This form should be completed by the Tutor/Supervising pharmacist who has had the greatest opportunity to observe the intern pharmacist's skills during the internship period.

Against each item in turn tick the box which best fits the pharmacist intern's usual performance. If necessary, please qualify by short comment, e.g. if more experience is required or if any requirement cannot be fulfilled in your pharmacy/hospital.

Please note that the assessment is against a standard of what would be expected at the intern's current level of experience.

Pharmacist intern name and Signature	
Tutor name and signature	
Name of internship site	
Address of workplace:	
Period of internship (from - to) Month/Day/Year	

Telephone: (+250)784614601 E-mail: info@pharmacycouncil.rw, rwandanpc@gmail.com



Please rate the following area on a scale of 1 to 5,

5=Excellent 4=Good 3= Average	2=F	air	1 =Poor		NA=None	
Area	5	4	3	2	1	NA
1. Professional and ethical practice						
Exhibit awareness on the requirements to						
practice pharmacy						
Follows procedures at work place as instructed						
Displays personal and professional integrity						
Applies accepted standards of practice and professional competence						
Maintains confidentiality						
Establishes and maintains good professional relationships						
Interprets and complies with relevant codes of ethics						
Shows awareness of consumer needs						
Produces accurate written records and reports						
Identifies own learning needs						
Reflects and responds to feedback						
Contributes to the continuous quality improvement of pharmacy services						
2. Communication, collaboration and self-ma	anagem	ent	"	<u> </u>		l
Knows and applies key principles of communication						
Collaboration with cross-functional teams						
Demonstrates basic negotiation skills						
Negotiates tasks and shares ideas, communicati respectfully	ng					
Identifies and addresses problems						
Observes and discusses situations of conflict						
Effectively plans and manages work time						
Works effectively within the structure of the organization						
Observes supervision approaches used by Tuto						
Contributes to the promotion of a safe working environment						
On time attendance at workplace and respect of procedures regulating other staff						

Telephone: (+250)784614601 E-mail: info@pharmacycouncil.rw, rwandanpc@gmail.com

Website: www.pharmacycouncil.rw



Area	5	4	3	2	1	NA
3. Application at work						
Demonstrate self-initiative at the workplace						
Organized and confident at work						
Demonstrate lifelong learning and critical						
thinking ability						
Readiness and punctuality						
Reliable and available						
Effective use of available resources						
4. Critical analysis, research and education						
Retrieves relevant and accurate information using						
current reference sources						
Accurately interprets and evaluates information						
Relates information to the specific situation,						
consumer or request						
Willingness to learn and seek opportunities for						
professional growth						
5. Training Outcomes						
Gains insight into the regulatory processes						
governing pharmaceuticals, including drug						
registration, licensing, and quality control						
Demonstrates an understanding of the role of						
regulatory bodies in ensuring compliance with pharmaceutical laws and standards						
Acquires knowledge of pharmacovigilance						
systems and adverse drug reaction reporting.						
Develops skills in conducting inspections and						
audits to assess compliance with regulatory						
requirements						
Learns about the processes involved in licensing						
pharmacies and healthcare facilities						
Gains experience in conducting risk assessments						
and implementing risk management strategies						
Total						

Telephone: (+250)784614601 E-mail: info@pharmacycouncil.rw, rwandanpc@gmail.com Website: www.pharmacycouncil.rw



Tutor's comment	
ames, Date, Signature and Stamp	

Telephone: (+250)784614601 E-mail: info@pharmacycouncil.rw, rwandanpc@gmail.com Website: www.pharmacycouncil.rw