



ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ,ಕರ್ನಾಟಕ

4 ನೇ 'ಟಿ' ಬ್ಲಾಕ್, ಜಯನಗರ, ಬೆಂಗಳೂರು - 560 041

RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA

4TH 'T' BLOCK, JAYANAGAR, BANGALORE - 560 041

Tele Fax: 080 26961937, Website: www.rguhs.ac.in

Ref: RGU/DCD/Pharm.D/2019-20

Date: 01/08/2019

NOTIFICATION

Sub: Guidelines for 5th Year Pharm.D Clerkship activity.

- Ref:
- 1) Minutes of BOS Pharm.D held on 09/04/2019
 - 2) Proceedings of Faculty meeting held on 16/05/2019
 - 3) Proceedings of AC meeting held on 17/06/2019
 - 4) Proceedings of Syndicate meeting held on 29/06/2019

In exercise of the powers vested under Section 35 of RGUHS Act, 1994, the Guidelines for 5th Year Pharm.D Clerkship activity and for evaluation during internal and external exams is notified herewith as per Annexure.

The above guidelines shall be applicable with immediate effect.

Sd/-

REGISTRAR

To

The Principals of all Pharmaceutical Sciences colleges of RGUHS, Bangalore

Copy to :

1. The Principal Secretary to Governor, Raj Bhavan, Bangalore - 560001
2. The Principal Secretary Medical Education, Health & Family Welfare Dept., M S Building, Dr.B.R. Ambedkar Veedhi, Bangalore - 01
3. PA to Vice - Chancellor/PA to Registrar/Registrar (Eva.)/Finance Officer, Rajiv Gandhi University Health Sciences, Bangalore
4. All Officers of the University Examination Branch/ Academic Section.
5. Guard File / Office copy.

[Name & Address of College]

PHARM D 5TH YEAR CLERKSHIP ACTIVITY REPORT

Name of the Student:

Reg No:

Sl No	Activity	Activity prescribed [Minimum]	Activity carried out	Performance* (on 0 to 5 scale)
I Mandatory Activities				
1	Case presentation	9		
2	Patient history review	9		
3	Treatment chart review	9		
4	Patient counselling and education(attach proof)	9		
5	Prescription Audit	9		
6	Drug information	06		
7	Seminar	02		
8	Journal club	02		
AVERAGE SCORE				
II Optional Activities (To be decided by College)				
1	Therapeutic intervention(if required)			
2	TDM			
3	Health outreach programme or camps (attach proof)			
4	Adverse Drug Reaction Reporting			

**Use the given or similar formats for evaluation of student for each activity*

Overall Scoring of the Candidate:

Particulars	Poor	Fair	Below Average	Average	Above average	Excellent
Score	0	1	2	3	4	5

Name and Signature of the teacher

Name and signature of Head of the Department:

Name and signature of the examiner:

CHECK LIST FOR EVALUATION OF CASE PRESENTATION

IP/OP NO –

DATE -

Sl No	Particulars	Score(0 To 5 Scale)
1	Regular Documentation of Case Records	
2	Communication with Health Care Team	
3	Communication with Patient	
4	Review of treatment chart	
5	Conducting medication history interview	
6	Identifying Disease & Medication Related issues	
7	Counseling of patients on Disease & Medication	
8	Therapeutic Interventions (if necessary)	
9	Preparation of SOAP Notes	
10	Ability to Respond to the Question	
11	Extent of Understanding Case Presented	
12	Clarity of Case Presentation	
AVERAGE SCORE		

Particulars	Poor	Fair	Below Average	Average	Above average	Excellent
Score	0	1	2	3	4	5

Name and sign of teacher

CHECKLIST FOR EVALUATION OF PATIENT HISTORY REVIEW

IP/OP NO –

DATE -

Sl No	Particulars	Score (0 To 5 Scale)
1	Selection of appropriate patient	
2	Collection of demographic data	
3	Collection of personal history	
4	Collection of past medical history	
5	Collection of past medication history	
6	Collection of past surgical history	
7	Collection of allergic history	
AVERAGE SCORE		

Particulars	Poor	Fair	Below Average	Average	Above average	Excellent
Score	0	1	2	3	4	5

Name and signature of the teacher

CHECKLIST FOR EVALUATION OF TREATMENT CHART REVIEW

IP/OP NO –

DATE -

Sl No	Particulars	Score (0 To 5 scale)
1	Selection of drugs as per indication	
2	Proper selection of dosage form, dose and frequency	
3	Assessment of drug drug interactions	
4	Assessment of drug food interactions	
5	Assessment of ADR	
AVERAGE SCORE		

Particulars	Poor	Fair	Below Average	Average	Above average	Excellent
Score	0	1	2	3	4	5

Name and signature of the teacher

CHECK LIST FOR EVALUATION OF PATIENT COUNSELING

IP/OP NO –

DATE -

Sl No	Particulars	Score (0 To 5 Scale)
1	Selects right patient Case for Counseling	
2	Communication Skills	
3	Preparation for Counseling	
4	Counseling on diseases	
5	Counseling on Medication	
6	Counseling on Life Style Modification	
7	Use of Counseling aids	
AVERAGE SCORE		

Particulars	Poor	Fair	Below Average	Average	Above Average	Excellent
Score	0	1	2	3	4	5

Name and sign of teacher

CHECKLIST FOR EVALUATION OF PRESCRIPTION AUDIT

IP/OP NO –

DATE -

Sl No	Particulars (Audit Parameters)	Score (0 To 5 Scale)
1	Patient parameters	
2	Hospital parameters	
3	Prescription parameters	
4	Prescriber parameters	
5	Assessment by WHO core prescribing indicators	
6	Assessment of polypharmacy	
AVERAGE SCORE		

Particulars	Poor	Fair	Below Average	Average	Above average	Excellent
Score	0	1	2	3	4	5

Signature of the teacher

**CHECK LIST FOR EVALUATION OF DRUG & POISON
INFORMATION**

IP/OP NO –

DATE

Sl No	Particulars	Score (0 To 5 Scale)
1	Assess the purpose of Query	
2	Selects suitable source for answering query	
3	Collects proper information & Evaluates	
4	Prepares written/verbal reports based on particular query	
5	provides accurate & concise information within specified time in a professional manner	
AVERAGE SCORE		

Particulars	Poor	Fair	Below Average	Average	Above Average	Excellent
Score	0	1	2	3	4	5

Signature of teacher

CHECK LIST FOR EVALUATION OF SEMINAR PRESENTATION

Topic:

Date:

Sl. No	Particulars	Score (0 TO 5 SCALE)
1	Topic selected	
2	Preparation of topic for presentation	
3	Extent of understanding the topic	
4	Capability of Explanation	
5	Use of audio and visual aids	
6	Use of relevant references	
7	Ability to respond to the question	
8	Clarity of presentation	
AVERAGE SCORE		

Particulars	Poor	Fair	Below Average	Average	Above Average	Excellent
Score	0	1	2	3	4	5

Signature of teacher

CHECK LIST FOR EVALUATION OF JOURNAL CLUB PRESENTATION

Paper Presented:

Date:

Name of journal:

Sl. No.	Particular	Score (0 TO 5 SCALE)
I	Introduction	
1	Extent of understanding scope	
2	Described the relevancy of study objective and hypothesis	
II	Assessment of methodology	
3	Explain the study design and its relevance	
4	Understanding the methodology adopted	
III	Assessment of study result	
5	Interpretation of study results	
6	Evaluation of study results	
IV	Others	
7	Article chosen	
8	Use of cross reference	
9	Ability to answer the questions	
10	Clarity of presentation	
AVERAGE SCORE		

Particulars	Poor	Fair	Below Average	Average	Above Average	Excellent
Score	0	1	2	3	4	5

Signature of teacher

SCHEME FOR PRACTICAL EXAMINATION OF CLERKSHIP

	SESSIONAL	Marks	FINAL EXAMINATION	Marks
Major experiment	Case presentation	10	Case presentation	30
Minor experiment	Perform clinical pharmacy activities as per defined objectives	05	Perform clinical pharmacy activities as per defined objectives	20
Clerkship activity	Reviewing of clerkship activity carried out by the student	03	Reviewing of clerkship activity carried out by the student	10
Viva	-	02	Viva	10
Regularity and promptness	-	10	-	-
Maximum marks		30	-	70
Duration	3 hours		6 hours	