



## **INTERNSHIP PROGRESS REPORT**

This form must be completed by the intern and be submitted to the Pharmacy Council of The Gambia in due time.

### **INTERN DETAILS**

<b>Intern Name</b>			
<b>Residential Address</b>			
<b>Phone</b>		<b>Email</b>	

### **SITE DETAILS**

<b>Internship site</b>			
<b>Site Address</b>			
<b>Preceptor name</b>			
<b>Registration number</b>		<b>Email</b>	
<b>Dates covered by report (from - to)</b>			

### **EVALUATION OF INTERNSHIP SUPERVISION**

Using the scale below, please rate the following items:

**1 = Excellent 2 = Satisfactory 3 = Needs Improvement, 4 = Not Applicable**

<b>1.</b>	The preceptor's teaching ability was	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
<b>2.</b>	The preceptor's responsiveness to the intern's learning needs was	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
<b>3.</b>	The preceptor's supervision of the intern was	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
<b>4.</b>	The preceptor's ability to communicate with the intern was	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
<b>5.</b>	The orientation to the pharmacy operation on the first day was	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
<b>6.</b>	The responsiveness of other pharmacists to the intern's learning needs was	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
<b>7.</b>	The friendliness and helpfulness of other pharmacy employees was	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
<b>8.</b>	The availability of references at the site was	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
<b>9.</b>	The diversity of the learning experience at the site was	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

### EVALUATION OF INTERNSHIP PHARMACY PRACTICE

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

**1 = Extensive, 2 = Moderate, 3 = Minimal, 4 = Not applicable**

1.	Medicine distribution systems including dispensing activities	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
2.	The use of medicines and dosage forms in practice settings	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
3.	Sterile and/or non-sterile compounding	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
4.	Daily operations and routines of the pharmacy	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
5.	Management of inventory, purchasing, recalls	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
6.	Accounting, budgeting and data management	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
7.	Providing direct pharmaceutical care for patients	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
8.	Counselling and monitoring for prescription and OTC products	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
9.	Counselling and assessment for herbal and other alternative products	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
10.	Teaching about medical/surgical supplies, devices and equipment	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
11.	Interacting with other members of the health care team	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
12.	Responding to medicine information requests	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
13.	Applying laws and regulations to the practice of pharmacy	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

**Please comment on your experience during this internship period:**

(if space provided is not enough, please use separate page)

Would you recommend this as an internship site of other students?

☐ Yes

☐ NO

**Please explain:**

(if space provided is not enough, please use separate page)

**Documents Submitted with this Report**

<b>DOCUMENTS</b>	<b>CONFIRMED by PCG</b>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

**DECLARATION:**

I, the undersigned certify that I have complied with the instructions for internship furnished to me at the time of my internship registration and that the information in this report is correct and true.

**Signature of Intern:** ..... **Date:** .....

**OFFICIAL USE**

<b>DATE OF RECEPTION:</b>		<b>STAMP</b>
<b>NAME OF RECEIVER:</b>		
<b>NAME OF REGISTRAR</b>		
<b>REMARKS/RECOMMENDATIONS BY REGISTRAR</b> ..... ..... ..... ..... .....		
<b>Signature:</b> ..... <b>Date:</b> .....		