JSS ACADEMY OF HIGHER EDUCATION & RESEARCH
(DEEMED TO BE UNIVERSITY) MYSURU

JSS Academy of Higher Education & Research
JSS Colleges of Pharmacy
Mysuru and Ooty

Preceptor Manual

NAAC A+ 2018 | CATEGORY 1 University Grants Commission | 2019 nirf NATIONAL INSTITUTIONAL RANKING FRAMEWORK 34th in INDIA | 2019 TIMES HIGHER EDUCATION WORLD UNIVERSITY RANKINGS World University Ranking 401-500 3rd in INDIA Subject Ranking 251-300 1st in INDIA (Clinical, Pre-Clinical & Health) | 2019 ARIIA ATAL RANKING OF INSTITUTIONS ON INNOVATION ACHIVEMENTS 4th in INDIA

Preface

Experiential learning is one of the best ways to foster young minds towards achieving the learning objectives. For this, able faculty members were chosen to be preceptors to facilitate education. Being a preceptor, one will have the access to the kernel of learning, adapting and involving in the latest educational trends and research activities.

This manual describes anticipated learning outcomes of PharmD students, roles and responsibilities of preceptor policies and guidelines for students. Further, internship log books are introduced to the project as to evaluate students' activities during their posting. Regulation of PharmD are provided for the understanding of the preceptors. Also, an addendum of list of clinicians and academic clinical pharmacist preceptors, rotation details of students and preceptors are provided for continuous interprofessional communication to enhance students learning.

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I. Overview of Pharmacy Practice Experience Program

Pharmacy Practice Experience Program facilitates effective learning through well-structured and mentored educational activities. The experiential component of this curriculum is designed in such a manner that it provides in-depth exposure to curriculum and creates active participation of students in selected pharmacy practice settings. Students are exposed to prescription processing, compounding, documenting services, obtaining drug histories, drug therapy monitoring, patient counselling, evaluating drug usage, drug distribution systems, and other relevant pharmacy practice activities. Students also experience the community pharmacy practice in second year (3hrs/week or 50hrs/Year), clinical pharmacy practice (3hrs/week or 50hrs/Year) and hospital pharmacy (3hrs/week or 50hrs/Year) activities during fourth year of PharmD program. Also, in second, third and fourth year of PharmD program/curriculum pharmacotherapeutic studies are provided with opportunities to learn therapeutics (clinical uses of drugs) through the real life situation and also through case based learning (practical of therapeutics second, third and fourth year of PharmD program). In addition, students are introduced to clinical practice experience (Clerkship) during the fifth year of curriculum (20hrs/week or 600hrs/year). Such exposure to the students at various level of their course work from second year through fourth year PharmD is expected to provide them with enough basic knowledge and training of community and hospital pharmacy and clinical practice and prepares them for advanced practice experience in the sixth year PharmD. Also, students become familiar with the functioning of healthcare set-up and learn to work as partners with patients, physicians, nurses, and other healthcare professionals and it prepares them for advanced practice experiences (internship) in sixth year of PharmD program.

The internship training in the final year (VI PharmD) of the course provides a variety of clinical settings, which provides an opportunity to learn about patient care and disease states and also to deliver pharmaceutical care services. Internship training includes mandatory postings of six months in internal medicine department and two months posting in any three other specialty departments such as paediatrics, surgery, gynaecology and obstetrics, psychiatry, dermatology, and orthopaedics.

The objective of pharmacy practice experience program is to create and facilitate the actual professional life experience in practice settings so that interns obtain an opportunity to integrate and apply their knowledge based on the knowledge and experience of various phases of

curriculum. Pharmacy practice experience program helps them develop critical thinking skill and use it in the actual practice of pharmacy, thereby playing a key role in patient care. It also cultivates the qualities of professionalism in interns/student pharmacist and makes the intern practice more independently in variety of clinical settings. Overall, the pharmacy practice experience program produce a well-rounded, competent, caring, and responsible professional who can deliver exemplary pharmaceutical care and communicate effectively with diverse patient population, health care professionals and colleagues.

Following information is provided as a basis for pharmacy practice experience program which is a curricular reflection and continuous quality improvement, driven by the mission and goals of the college.

II. Contact Details

Dr Madhan Ramesh Professor & Head Department of Pharmacy Practice JSS College of Pharmacy S S Nagar, Mysuru-15 Phone: +91 9901218640 Email: mramesh@jssuni.edu.in	**Dr Ponnusankar Sivasankaran** Professor & Head Department of Pharmacy Practice JSS College of Pharmacy Rocklands, Ooty Phone: +91 9489613428 Email: drsponnusankar@jssuni.edu.in

III. Interns Expected Learning Outcomes for Required Rotations

The prime objective of rotations is to provide experiential learning to the interns giving them an opportunity to refine their patient care and pharmacy practice skills in a variety of clinical situations. Internship consists of progressive rotations that prepare an intern to independently and competently provide primary pharmaceutical care. After completion of rotation the intern is expected to:

1. Demonstrate knowledge of pathophysiology and pharmacotherapy of the most common disease states seen in patients in the practice setting (as listed under the respective rotation units).
2. Knowledge of rational use of drugs and interpretation of laboratory investigations to aid in drug therapy decision- making.
3. Demonstrate ability to retrieve and integrate patient data along with prioritizing patient

problems and design suitable pharmacotherapeutic regimens for the patients.

4. Demonstrate skills needed to identify, analyze and resolve drug related problems. This includes the ability to assess current drug therapy and compliance along with detection and management of drug related problems.
5. Monitor patient's drug therapy using patient-specific, drug-specific and disease specific parameters at appropriate intervals and frequencies.
6. Provide concise, relevant and timely responses to requests for drug information from patients/career, and health care professionals using appropriate literature/reference searches and reviews.
7. Demonstrate the skills needed for patient counseling according to priority of cases.
8. Demonstrate acceptable communication techniques with patients, healthcare professionals and other personnel in the hospital setting.
9. Document pharmaceutical care activities appropriately.
10. Display appropriate professional attitudes, habits, values and behavior.

Listed below are the objectives that are specific to respective departments/specialties. Interns posted to respective departments during internship is required to demonstrate knowledge and skills mentioned under individual department/specialty in addition to the general learning outcomes mentioned above. Interns are required to enhance the learning process by regular discussions with preceptor during respective rotations. A minimum of **TWO** patient cases per week must be discussed with the preceptor and the therapeutic plan recorded in the Pharmacotherapeutic Plan format provided in the internship log book.

1. General Medicine

a) Demonstrate knowledge of pathophysiology and pharmacotherapy of the most common disease states seen in patients in a general medicine practice setting. This includes but is not limited to:

   Hypertension, Diabetes Mellitus, Thyroid disorders, Heart failure, Malaria, AIDS, Ischaemic Heart Diseases, Anemia, Rheumatoid arthritis, Malaria, AIDS, Meningitis and other infectious diseases and Poisoning

b) Knowledge of rational use of drugs and interpretation of laboratory investigations to aid in drug therapy decision making. This includes but not limited to hematological tests,

liver function tests and microbiological culture sensitivity tests.

c) Continuously build the information database needed to design a pharmacotherapeutic regimen for general internal medicine patients. This includes the ability to retrieve and integrate patient data along with prioritizing patient problems.

d) Monitor the safety of drugs in all patients with emphasis to special population like pregnancy, lactating women and geriatric patients.

e) Demonstrates the skills needed for patient counseling with special emphasis to patients with chronic diseases, on polypharmacy and with multiple co-morbidities, patients receiving drug(s) with narrow therapeutic index.

2. Surgery

a) Demonstrate knowledge of pathophysiology and pharmacotherapy of the most common disease states seen in patients in Surgery. This includes but is not limited to: Deep vein thrombosis, Cancer chemotherapy, Cellulitis, Cholelithiasis, Diabetic foot ulcers, Pancreatitis

b) Prepare regimens for various types of carcinoma with adequate knowledge regarding the duration, administration technique and cost of the regimens.

c) Knowledge of rational use of antibiotics, laboratory tests to direct antimicrobial therapy and selection of antimicrobial drug regimen with respect to surgical prophylaxis and treatment of various surgical infections.

3. Pediatrics

a) Demonstrate knowledge of pathophysiology and pharmacotherapy of the most common disease states seen in pediatric units. This includes but is not limited to : Bronchopneumonia, Lower Respiratory Tract Infections (LRTI), Upper Respiratory Tract Infections (URTI), Nephrotic Syndrome, Gastroenteritis, Rheumatic Fever, Seizure disorder.

b) Gain an understanding of the role of the clinical pharmacist in a pediatric setting. Specific activities include but are not limited to,

- Identifying patients who are at greater risk of developing medication related problems

- Building the paediatric patient specific database via chart review and ward rounds
- Provision of updated information on routine childhood immunizations and management of adverse events following immunization(AEFI)
- Managing chronic illness in children and methods for improving adherence

c) Gain an understanding of the provision of complete pharmaceutical care services to the NICU patient population. Specific activities include but are not limited to,

- Management of neonatal sepsis, meningitis and jaundice (hyperbilirubinemia); empiric antibiotic selection
- Designing and communicating information on early initiation of nutritional support
- Use of drugs in the newborn

4. Orthopedics

a) Demonstrate knowledge of pathophysiology and pharmacotherapy of the most common disease states seen in patients in orthopedic practice setting. This includes but is not limited to: *Arthritis, Septic Arthritis, Spondylitis, Osteoporosis, Disc prolapse*

b) Knowledge of appropriate use of anti-inflammatory-analgesics, muscle relaxants

5. Psychiatry

a) Demonstrate knowledge of pathophysiology and pharmacotherapy of the most common psychiatry disorders in patients in a Psychiatry wards. This includes but is not limited to disease *like schizophrenia, depression, anxiety, sleep disorders and social drug abuse.*

b) Demonstrate knowledge of treatment strategies for but not limited to the above mentioned disorders and follow up plan for patients who are put on drugs that have potential to cause ADRs, drug-drug interactions and drug-food interactions.

6. Neurology

a) Demonstrate knowledge of pathophysiology and pharmacotherapy of the most common disease states seen in patients in a Neurology practice setting. This includes but

is not limited to: Stroke, Transient ischemic attack, Migraine, Neuralgias, Parkinson's, and Seizure Disorder

b) Assist the neuro-physician in rational selection of antiepileptic agent (s) for the management of different types of seizures.

7. Nephrology/ Hemodialysis

a) Demonstrate knowledge of pathophysiology and pharmacotherapy of the most common disease states seen in patients in nephrology practice setting. This includes but is not limited to the following: *Acute and chronic renal failure, acid base disorders (metabolic and respiratory acidosis/alkalosis), urinary tract infections- cystitis and pyelonephritis, renal artery stenosis, hypertension, polycystic kidney disease, glomerulonephritis and nephrotic syndrome.*

b) Demonstrate skills in performing dosage adjustments, knowledge of maximum daily dose, contraindications and typical length of therapy of major drugs used in nephrology practice. These include *corticosteroids, antihypertensives, antibiotics and immunosuppressants among others.*

c) Demonstrate knowledge about various techniques of dialysis (haemo, peritoneal and continuous dialysis) and management of complications of dialysis procedure (hypotension, cramps, air embolism, peritonitis, hernias, dialysate leaks etc).

d) Demonstrate an understanding of the psychosocial implications of end stage renal disease (ESRD), provide longitudinal follow-up of patients on maintenance haemodialysis

e) Demonstrate skills in the area of nutrition and management of complications of CKD/ESRD (control of secondary hyperparathyroidism, prevention of anemia and osteodystrophy), knowledge of dialyzable and non-dialyzable drugs.

8. Pulmonology

a) Demonstrate knowledge of pathophysiology and pharmacotherapy of the most common respiratory diseases seen in patients in a Pulmonology wards. This includes but is not limited to disease *like asthma, chronic obstructive lung disease (COPD), tuberculosis and pneumonia.*

b) Demonstrate knowledge of and ability to interpret PFT's

c) Demonstrate knowledge of treatment strategies and follow up plan for emergency conditions like acute exacerbation of asthma, COPD and pneumonia in RICU settings.

d) Design individualized drug regimen for tuberculosis patients, to suggest appropriate prophylactic and definite antibiotic therapy for respiratory tract infections.

e) Educate the patients about life style modifications required, to manage each respiratory disorder in ambulatory settings and to prevent transmission of communicable diseases to the community.

9. Gastroenterology

a) Demonstrate knowledge of pathophysiology and pharmacotherapy of the most common disease states seen in patients in Gastroenterology department. This includes but is not limited to disorders of the following: *Hepatitis, Peptic Ulcer, Inflammatory Bowel Disease, Gastro Esophageal reflux disease, Cirrhosis, Alcoholic liver disease, Cirrhosis and Pancreatitis.*

b) Demonstrate knowledge of treatment strategies and follow up plan for emergency conditions like *acute pancreatitis, varices, hepatic encephalopathy, gastric hemorrhage.*

c) Understand the differential diagnosis of GI bleeding based on Endoscopy and describe the therapeutic maneuvers necessary to identify the cause and control gastrointestinal hemorrhage.

10. Dermatology

a) Demonstrate knowledge of pathophysiology and pharmacotherapy of the most common disease states seen in patients in Dermatology. This includes but is not limited to disorders of the following*: Psoriasis, Stevenjohnson's Syndrome, Systemic Lupes Erythematous, urticaria, eczema, dermatitis, Herpes infections, acne, Syphilis and gonorrhea.*

b) Able to analyze the Adverse Drug Reaction with respect to various suspected drugs for the referred patient case to clinical pharmacist and identify the offending drug by referring different data bases and literatures.

c) Demonstrate the knowledge of various non pharmacological treatment for variety of

skin disease like phototherapy, UV therapy etc.

d) Demonstrate the knowledge of topical and systemic antibiotics (including cause and availability) for different skin infections

e) Able to design follow up plan for life threatening skin disease like psoriasis, Steven Johnson syndrome, toxic epidermal necrolysis etc.

f) Should demonstrate knowledge of various skin infections present in immunocompromised patients

11. Obstetrics and Gynaecology

a) Demonstrate knowledge of pathophysiology and pharmacotherapy of the most common disease states seen in OBG wards. This includes but not limited to : Fibroid uterus, uv prolapse, ovarian cyst, ectopic pregnancy.

b) Monitor the safety of drugs in pregnant and lactating women.

c) Assist the gynecologist in rational selection of drugs for management of various ailments during pregnancy.

12. Anaesthesia

a) Demonstrate knowledge of basic pharmacology and pharmacokinetics of common premedication agents including dosage schedules and relative and absolute contraindications for their use

b) Demonstrate knowledge of the objectives of effective pre-anesthesia medication and suggest medications that can relieve anxiety, cause sedation and reduce gastric acidity and volume

c) Demonstrate knowledge of procedures of induction of regional, local and general anesthesia and appreciate the advantages and disadvantages of various local and general anesthetic medications

d) Demonstrate knowledge of assessing and managing post-operative pain including dose equivalents of opioids and conversion of parenteral to oral dose; and monitor the patient for post-operative recovery

13. Oncology

a) Demonstrate knowledge of pathophysiology of cancer and general principles of cancer chemotherapy, surgery and radiation therapy.
b) Demonstrate knowledge of pathophysiology and pharmacotherapy of the most common types of cancers. This includes but is not limited to breast cancer, lung cancer, colorectal cancer, cervical cancer, prostate cancer and head & neck cancers.
c) Demonstrate the knowledge and ability to prepare and provide cancer chemotherapy protocols for individual patient which includes dose of each drug required for individual patient, pre regimen medications, administration guidelines and monitoring parameters.
d) Demonstrate knowledge and ability of identifying adverse drug reactions to anti-cancer agents and providing appropriate management for the same.
e) Demonstrate knowledge and ability to educate clinically challenged cancer patients and their care taker for appropriate life style modifications and adherence to their suggested clinical care.
f) Demonstrate knowledge of basic concept and practice scenario of palliative care and pain management.
g) Demonstrate basic knowledge of different modalities of treatment for cancer other than chemotherapy, like surgery and radiations
h) Demonstrate ability to identify different types of drug related problems and medication errors in ongoing cancer chemotherapy.
i) Demonstrate knowledge of management of commonly occurring co-morbid conditions during standard care of cancer.
j) Demonstrate knowledge and ability to provide drug updates and/or monograph of newly introduced anti-cancer drug(s) in the market to various health care professionals in the form of seminar or group discussion as requested.
k) Demonstrate knowledge and ability to alert the clinicians and to educate the nursing staff wherever necessary regarding follow up of the patient.

14. Urology

a) Demonstrate knowledge of pathophysiology and pharmacotherapy of common disease states seen in patients in Urology practice setting. This includes but not limited to the

following: Urinary Tract infections, cystitis, urethral strictures, benign prostatic hyperplasia, bladder outlet obstruction, renal calculi, etc

b) Demonstrate basic knowledge and understanding and interpret common genitourinary diagnostic tests performed in Urology including genitourinary imaging studies, urologic laboratory tests, and cystoscopy.

c) Demonstrating and understanding of non-pharmacological management of selected diseases.

d) Demonstrate knowledge of management of common disease states seen in patients in Urology Outpatient department like urethral strictures, Urinary retention, urinary calculi, erectile dysfunction, benign prostatic hyperplasia, dysuria, etc

e) To be able to review treatment charts and identify and act upon common drug related problems, medication errors and inappropriate drug use situations and prepare strategies to improve the quality use of medications in these patients.

f) To be able to provide drug information for immediate patient-care and when requested

15. Infectious diseases

a) Demonstrate knowledge of pathophysiology and pharmacotherapy of the most common disease states seen in patients in a general medicine practice setting. This includes but is not limited to: *Dengue fever, Leptospirosis, Tuberculosis, Typhoid fever, Herpes infections, Pneumonia, upper and lower respiratory infections, AIDS, Malaria, hepatitis, peptic ulcer, gastroenteritis, urinary tract infection, meningitis, septicemia.*

b) Knowledge of common microbiological and other laboratory tests used in the diagnosis of infectious diseases.

c) Knowledge of rational use of antibiotics and interpretation of laboratory investigations to aid in drug therapy decision-making. This includes but not limited to hematological tests, liver function tests and microbiological culture sensitivity tests.

d) Continuously build the information database needed to design a pharmacotherapeutic regimen for infectious disease patients. This includes the ability to retrieve and integrate presenting symptoms with patient laboratory data along with prioritizing patient problems.

e) Monitor the safety of antibiotics in all patients with emphasis to special population like pregnancy, lactating women and geriatric patients.

f) Demonstrates the skills needed for patient counseling with respect to adherence to regimens and special emphasis to patients with communicable diseases.

16. Hospital Pharmacy

a) Understand the policies and procedures of Hospital Pharmacy and Pharmacy & Therapeutic Committee.

b) Demonstrate the ability to handle drug distribution systems existing in the hospital pharmacy

c) Demonstrate the ability to maintain the inventory and purchasing system in the Hospital Pharmacy.

d) Demonstrate the knowledge of storage requirements of medicines in Hospital Pharmacy.

e) Demonstrate the ability to operate the billing system and verify the bills against the dispensed medicines

f) Demonstrate the ability to review and analyze the prescription to identify and resolve the prescription errors, if any (E.g., illegible prescription, unauthorized prescription, incomplete prescription etc.)

g) Demonstrate the ability to identify and resolve the dispensing errors.

h) Demonstrate the skills required for counseling the patients on common disease conditions, medication use while recognizing and reporting adverse reactions to medications.

i) Demonstrate the ability to design and develop a Hospital Formulary.

17. Community Pharmacy

a) Understand the drug laws that govern community pharmacy practice.

b) Demonstrate the skills in assessing the accuracy of the prescriptions received.

c) Able to fill the prescriptions accurately.

d) Able to prepare dispensing labels for the prescription medicines.

e) Demonstrate the ability to provide medication counselling.

f) Able to carry out health screening services.

g) Demonstrate the ability to maintain the inventory control and medicines ordering

process.

h) Demonstrate the knowledge about medicines storage technique in the community pharmacy.

IV. Preceptor

A preceptor is defined as "a teacher or an instructor or an expert or specialist, such as a pharmacist/physician/other healthcare professional, who gives practical experience and training to a student pharmacist

a) Roles and Responsibilities of Preceptor

- Monitor the attendance of interns/students allotted
- Supervise the student and review the expectations for the students with respect to attitude, appearance and patient care responsibilities
- Monitor students ward activities preferably on daily basis or at least on alternate days
- Review and discuss all the cases in brief at least ONCE a week
- Allow adequate time for communication and be willing to discuss all aspects of professional practice
- Identify suitable cases for discussion with students. Attempt should be made to discuss all the cases as mentioned in Interns learning outcomes for particular rotations
- Make sure that minimum of 2 cases/ week should be discussed and student should document the same in their Internship log book and get it signed by preceptor on the same day and once in a week by head of the department
- Provide necessary support systems to allow an atmosphere of optimal learning for student
- Encourage the student for journal club by aiding in identification of suitable article for presentation &discussion. Minimum of one hour/ month should be spent on discussion with student and same should be documented by the student
- Minimum of 2 hours/week/project should be dedicated for discussion on PharmD projects and same should be documented by the student in a project log book maintained, signed by preceptor on the same day and endorsed by head of the department once a month
- Offer constructive criticism in a professional manner as well as praise for achievements

- Evaluation of student performance in ward activities should be done at entry and at exit level of each rotation. Entry level evaluation for all the activities should be done within two weeks of entry of student to the particular rotation. Similarly exit level evaluation must be done for all the ward activities in the last week of rotation and same should be documented in Internship log book and endorsed by head of the department
- Preceptor should not enter into any personal or professional arrangement with a student that would jeopardize or interfere with learning objectives or effective teaching. Not to seek any personal favors from the students
- Preceptor should uphold the dignity and honor of the profession and accept its moral and ethical principles

b) Benefits of Being Preceptor

Preceptorship is source of gratification and helps to learn latest educational trends, and to involve in research activities. Preceptor can be a part of Department research activities, and can conduct collaborative research activities. Preceptor can also be benefited with authorship in the publication and can become a part of funding projects as investigator or co-investigator. Preceptor can have free access to the library resources including the databases.

c) List of Clinician Preceptors

JSS College of Pharmacy, Mysuru

Sl. No.	Name	Designation & Department	Nature of work
1.	Dr. D. Narayanappa	Professor Dept. of Paediatrics JSS Hospital, Mysuru	Preceptor/Co-guide
2.	Dr. M. D. Ravi	Professor Dept. of Paediatrics JSS Hospital, Mysuru	Preceptor/Co-guide
3.	Dr. K. B. Mahendrappa	Professor Dept. of Paediatrics JSS Hospital, Mysuru	Preceptor

4.	Dr. Jagadish Kumar. K	Professor & Head Dept. of Paediatrics JSS Hospital, Mysuru	Preceptor
5.	Dr. S. N. Prashanth	Professor Dept. of Paediatrics JSS Hospital, Mysuru	Preceptor
6.	Dr. V. G. Manjunath	Associate Professor Dept. of Paediatrics JSS Hospital, Mysuru	Preceptor
7.	Dr. Srinivasa Murthy D.	Professor Dept. of Paediatrics JSS Hospital, Mysuru	Preceptor/Co-guide
8.	Dr. B. J. Subhash Chandra	Professor & Head Dept. of Medicine JSS Hospital, Mysuru	Preceptor/Co-guide
9.	Dr. Y. S. Ravikumar	Professor Dept. of Medicine JSS Hospital, Mysuru	Preceptor/ Co-guide
10.	Dr. Pratibha Pereira	Professor Dept. of Medicine JSS Hospital, Mysuru	Preceptor/Co-guide
11.	Dr. K. M. Srinath	Professor Dept. of Medicine JSS Hospital, Mysuru	Preceptor/Co-guide
12.	Dr. H. S. Kiran	Associate Professor Dept. of Medicine JSS Hospital, Mysuru	Preceptor
13.	Dr. M. Bhanukumar	Professor Dept. of Medicine JSS Hospital, Mysuru	Preceptor/Co-guide
14.	Dr. Thippeswamy	Associate Professor Dept. of Medicine JSS Hospital, Mysuru	Preceptor/ Co-guide
15.	Dr. Ashok P.	Assistant Professor Dept. of Medicine JSS Hospital, Mysuru	Preceptor
16.	Dr. Adarsh L. S.	Assistant Professor Dept. of Medicine JSS Hospital, Mysuru	Preceptor
17.	Dr. Manjappa M.	Associate Professor Dept. of Cardiology JSS Hospital, Mysuru	Preceptor

18.	Dr. Sunil Kumar S.	Associate Professor Dept. of Cardiology JSS Hospital, Mysuru	Preceptor/ Co-guide
19.	Dr. Kishor M.	Assistant Professor Dept. of Psychiatry JSS Hospital, Mysuru	Preceptor/Co-guide
20.	Dr. B. J. Sharath Chandra	Professor Dept. of Surgery JSS Hospital, Mysuru	Preceptor/ Co-guide
21.	Dr. M. S. Anil Kumar	Associate Professor Dept. of Surgery JSS Hospital, Mysuru	Preceptor
22.	Dr. S. Harsha	Professor & Head Dept. of Neurology JSS Hospital, Mysuru	Preceptor
23.	Dr. P. A. Mahesh	Professor & Head Dept. of Pulmonology JSS Hospital, Mysuru	Preceptor/Co-guide
24.	Dr. B.S. Jayaraj	Professor Dept. of Pulmonology JSS Hospital, Mysuru	Preceptor/ Co-guide
25.	Dr. Chaya S K	Assistant Professor Dept. of Pulmonology JSS Hospital, Mysuru	Preceptor
26.	Dr. Manjunath S. Shetty	Professor & Head Dept. of Nephrology JSS Hospital, Mysuru	Preceptor/ Co-guide
27.	Dr. Chetan C. S.	Assistant Professor Dept. of Nephrology JSS Hospital, Mysuru	Preceptor
28.	Dr. Kiran K. K.	Assistant Professor Dept. of Nephrology JSS Hospital, Mysuru	Preceptor
29.	Dr. H. P. Nandeesh	Professor & Head Dept. of Gastroenterology JSS Hospital, Mysuru	Preceptor/ Co-guide
30.	Dr. Vijay Kumar	Assistant Professor Dept. of Gastroenterology JSS Hospital, Mysuru	Preceptor
31.	Dr. Aradhya H.V.	Assistant Professor Dept. of Gastroenterology JSS Hospital, Mysuru	Preceptor
32.	Dr. S. Veeranna	Professor Dept. of Dermatology JSS Hospital, Mysuru	Preceptor

33.	Dr. G. R. Kanthraj	Professor Dept. of Dermatology JSS Hospital, Mysuru	Preceptor
34.	Dr. Ashwini P. K.	Assistant Professor Dept. of Dermatology JSS Hospital, Mysuru	Preceptor
35.	Dr. Mruthyunjaya	Professor & Head Dept. of Orthopedics JSS Hospital, Mysuru	Preceptor
36.	Dr.Purushothama Sastry	Professor Dept. of Orthopedics JSS Hospital, Mysuru	Preceptor
37.	Dr. Gurudath C. L.	Professor & Head Dept. of Anaesthesia JSS Hospital, Mysuru	Preceptor
38.	Dr. Nalini Kotekar	Professor Dept. of Anaesthesia JSS Hospital, Mysuru	Preceptor
39.	Dr. Vijay Shankar	Asst. Professor & Head Dept. of Urology JSS Hospital, Mysuru	Preceptor
40.	Dr. Madhavi Y. S.	Senior Radiation Oncologist Bharat Hospital and Institute of Oncology	Preceptor/ Co-guide
41.	Dr. Srinivas K. J.	Medical Oncologist Bharat Hospital and Institute of Oncology, Mysuru	Preceptor/Co-guide
42.	Dr. M. S. Vishveshwara	Chief Radiation Oncologist Bharat Hospital and Institute of Oncology, Mysuru	Preceptor/Co-guide
43.	Dr. V. H. T. Swami	HIV Specialist Asha Kirana Hospital, Mysuru	Preceptor/ Co-guide
44.	Dr. Dileep Kumar	Deputy Medical Superintendent Narayana Hrudayalaya Hospital, Mysuru	Preceptor

JSS College of Pharmacy, Ooty

Sl. No.	Name	Designation and Department	Nature of work
1.	Dr. Hiriyan Ravikumar	Chief Civil Surgeon	Preceptor
2.	Dr. V. Balasubramaniam	Senior Civil Surgeon	Preceptor
3.	Dr. N. Loghraj	Assistant Surgeon	Preceptor
4.	Dr. Mohan prasad	Assistant Surgeon	Preceptor
5.	Dr. R. Vinodh	Assistant Surgeon	Preceptor
6.	Dr. B. Jeyaganesh Moorthy	Senior Assistant Surgeon	Preceptor
7.	Dr. Amaravathy Rajan	Chief Civil Surgeon	Preceptor
8.	Dr. N. Nalini	Assistant Surgeon	Preceptor
9.	Dr. V. Arunkumar	Assistant Surgeon	Preceptor
10.	Dr. P. Thangamani	Assistant Surgeon	Preceptor
11.	Dr. H. Sivakumar	Child Health	Preceptor
12.	Dr. Ashok Indersen	Assistant Surgeon	Preceptor
13.	Dr. F. Biravinth Solaman	Assistant Surgeon	Preceptor
14.	Dr. L. Dilip	Senior Assistant Surgeon	Preceptor
15.	Dr. S. Aranya	Assistant Surgeon	Preceptor
16.	Dr. H. Anu	Assistant Surgeon	Preceptor
17.	Dr. P. Divya	Assistant Surgeon	Preceptor
18.	Dr. R. Gurumoorthy	Assistant Surgeon	Preceptor
19.	Dr. S. Nithiya	Assistant Surgeon	Preceptor
20.	Dr. K. M. Poornajith	Assistant Surgeon	Preceptor
21.	Dr. R. Ravishankar	Senior Assistant Surgeon	Preceptor
22.	Dr. Karthik Balaji	Assistant Surgeon	Preceptor
23.	Dr. Hiriyan Ravikumar	Chief Civil Surgeon	Preceptor
24.	Dr. Priya Sundar	Assistant Surgeon	Preceptor
25.	Dr. Keerthnakumar	Assistant Surgeon	Preceptor
26.	Dr. D. Udaya	Assistant Surgeon	Preceptor
27.	Dr. S. Arunkumar	Assistant Surgeon	Preceptor
28.	Dr. R. Mytherya	Assistant Surgeon	Preceptor
29.	Dr. U. Janaranjani	Assistant Surgeon	Preceptor
30.	Dr. Savitha Ratnam	Assistant Surgeon	Preceptor
31.	Dr. G. Sahnmuga Sundar	Assistant Surgeon	Preceptor
32.	Dr. R. Nandhini	Assistant Surgeon	Preceptor
33.	Dr. S. Nithiyan	Assistant Surgeon	Preceptor
34.	Dr. I. Kittu	Assistant Surgeon	Preceptor

35.	Dr. N. Kohilarajan	Assistant Surgeon	Preceptor
36.	Dr. S. Gowtham	Assistant Surgeon	Preceptor
37.	Dr. S. Naveenraj	Assistant Surgeon	Preceptor
38.	Dr. V. Prithiviraj	Assistant Surgeon	Preceptor
39.	Dr. S. Dhanraj	Assistant Surgeon	Preceptor
40.	Dr. Dinesh Kumar	Senior Assistant Surgeon	Preceptor
41.	Dr. G. Karthikeyan	Assistant Surgeon	Preceptor
42.	Dr. S. Dhanraj	Assistant Surgeon	Preceptor

d) List of Academic Clinical Pharmacists as Preceptors

JSS College of Pharmacy, Mysuru

Sl. No.	Name	Qualification	Licensure details
1.	Dr. Ramesh Madhan	M. Pharm., Ph.D., Dip ClinPharm, FICP (Australia)	Karnataka State Pharmacy Council (Reg. No: 42125)
2.	Ms. Savitha R. Sanathan	M.Pharm	Karnataka State Pharmacy Council (Reg. No:21528)
3.	Ms. Shilpa Palaksha	M.Pharm	Karnataka State Pharmacy Council (Reg. No:52838)
4.	Mr. Jaidev B.R. Kumar	M.Pharm.	Karnataka State Pharmacy Council (Reg. No: 20069)
5.	Dr. Umesh Marappa	PharmD	Karnataka State Pharmacy Council (Reg. No: 36042)
6.	Dr. Juny Sebastian	M.Pharm, Ph.D	Kerala State Pharmacy Council (Reg. No: 36036)
7.	Dr. Krishna Undela	M.Pharm, Ph.D	Andhra Pradesh State Pharmacy Council (Reg. No: A2046589)
8.	Mr. Balaji S.	M.Pharm	Karnataka State Pharmacy Council (Reg No: 56344)

9.	Dr. Sri Harsha Chalasani	M.Pharm, Ph.D	Karnataka State Pharmacy Council (Reg. No:48186)
10.	Dr. Srikanth M.S.	M.Pharm, Ph.D	Karnataka State Pharmacy Council (Reg. No: 42834)
11.	Dr. Rakshith U.R.	PharmD	Karnataka State Pharmacy Council (Reg. No:51806)
12.	Dr. Siddartha N. Dhurappanavar	PharmD	Karnataka State Pharmacy Council (Reg. No: 57023)
13.	Dr. Ann V. Kuruvilla	PharmD	Kerala State Pharmacy Council (Reg. No: 56465)

JSS College of Pharmacy, Ooty

Sl. No.	Name	Qualification	Licensure details
1.	Dr. Ponnusankar S.	M.Pharm., Ph.D.	Tamil Nadu State Pharmacy Council (Reg. No: 5178/A1)
2.	Dr. Arun K. P.	M. Pharm, Ph.D.	Tamil Nadu State Pharmacy Council (Reg. No: 2331/A1)
3.	Dr. Deepalakshmi M.	M.Pharm, Ph.D.	Tamil Nadu State Pharmacy Council (Reg. No: 2992/A1)
4.	Mrs. Roopa B. Satyanarayan	M.Pharm.	Karnataka State Pharmacy Council (Reg. No: 45387)
5.	Dr. Sadagoban G. K.	PharmD	Tamil Nadu State Pharmacy Council (Reg. No: 16197/A1)
6.	Dr. Swathi Swaroopa B.	PharmD	Karnataka State Pharmacy Council (Reg. No: 46432)
7.	Dr. Keerthana C.	PharmD	Tamil Nadu State Pharmacy Council (Reg. No: 35)
8.	Dr. Aneena Suresh	PharmD	Kerala State Pharmacy council (Reg. No: 52664)

9.	Dr. Khayati Moudgil	PharmD	Haryana State Pharmacy Council (Reg. No: 27107)
10.	Mr. H. N. Vishwas	M.Pharm	Karnataka State Pharmacy Council (Reg. No: 39765)
11.	Dr. Santhosh Reddy	PharmD	Tamilnadu State Pharmacy Council (Reg. No: 355)

e) Student and Preceptor Rotation Details (From July 2015 to June 2016)

JSS College of Pharmacy, Mysuru

Name of the Intern	R1	R2	R3	R4	R5	R6
Almana Rodriques	ORT	MED	ANA	PAE	MED	SUR
Amal Anand	MED	GAS	ORT	PUL	NH	SUR
Amala Elizabeth Sunny	MED	PUL	PAE	SH	SUR	BC
Archa Anna George Fenn	NH	MED	SUR	DER	PAE	MED
Dona Mary Kennedy	NH	PAE	BC	SUR	MED	NEU
Greeshma Philip	MED	SUR	BC	NEU	PAE	MED
G Keerthana	MED	NH	OBG	URO	SUR	ASK
Jenie Anil	MED	SUR	NICU	NH	NEP	MED
Jitha . Y	MED	CA	PAE	NH	PSY	SUR
Jobin Sam Joseph	SUR	EME	GAS	MED	NH	ORT
Johny Rosangkima	AH	PAE	DER	BC	MED	SUR
Joslin Mariya Jose	SUR	BC	MED	OBG	NEP	SIUE
Leenu Sam Benji	SUR	PSY	ASK	MED	PAE	BC
Likhitha M	SUR	RHE	MED	NEP	NICU	OBG
Lubna Hamsa	DER	OBG	SH	SUR	EME	NH
Mandalapu.laasya	PAE	ANA	PSY	GAS	MED	SUR
Merlin Susan paul	PAE	ASK	CCU	MED	GAS	SUR
Nino Zachariah	ANA	MED	NH	SUR	DER	MED
Padmasree Karanam	URO	NICU	CA	SUR	MED	PSY
patil pranavi	ASK	DER	MED	PAE	URO	CCU
Krishna Sai .P	ICCU	MED	NH	SUR	PAE	NEP
Ray Mahima Janardan	PUL	AH	SUR	MED	OBG	NH
Reethu Baby	CCU	SH	MED	CA	SUR	NICU
Rithika V R	PSY	MED	PUL	PAE	CA	GAS
Roona Ann Raju	CA	MED	SUR	ANA	UNC	BC
Sai Meghana Kolupoti	NEU	SUR	MED	CCU	AH	PAE

S Prabatha lakshmi	NEP	NH	SUR	MED	ANA	PAE
Vizhivendan	PAE	MED	NEP	BC	SUR	NEP
Thulasi Balasubramanian	SUR	BC	PAE	MED	NEU	URO
Adarsh C	BC	NEP	SUR	ORT	MED	EME
Aleena Annu Philip	OBG	PAE	MED	NICU	SUR	HU
David Jimson Gangte	NICU	MED	AH	EME	SUR	DER
Francis Lalhmingliana	PAE	SUR	ICU	AH	MED	ORT
Hemani Bhatia	SUR	URO	PAE	ASK	MED	CCU

Jehath Majid Syed	EME	CCU	MED	MED	BC	PAE
jithendra	BC	PAE	SUR	MED	ASK	ICU
Jithin Joseph	MED	SUR	URO	ICU	ORT	ASK
Jiya joshy	MED	SUR	EME	PAE	BC	MED
Visal S Vinod	SH	ORT	MED	SUR	NH	PAE

Legends: R1= 1st Jul 2019 to 31st Aug 2019; **R2**: 1st Jul 2019 to 31st Aug 2019; **R3**: 1st Nov 2019 to 31st Dec 2019; **R4**: 1st Jan 2020 to 29th Feb 2020; **R5**: 1st Mar 2020 to 30th Apr 2020; **R6**: 1st May 2020 to 30th Jun 2020; **White Boxes:** General Medicine at JSSH, Mysore; **Grey Bold:** Specialty at JSSH, Mysore; **Blue Bold:** Specialty Rotations at outside JSS-U;

Abbreviations: ORT: Orthopaedics; MED: Medicine; ANA: Anaesthesia; PAE: Paediatrics; SUR: Surgery; GAS: Gastroenterology; PUL: Pulmonology; DER: Dermatology; NEU: Neurology; NEP: Nephrology; URO: Urology; PSY: Psychiatry; EME: Emergency; RHE: Rheumatology; OBG: Obstetrics and Gynecology; ICCU: Intensive Cardiac Care Unit; CCU: Cardiac Care Unit; NICU: Neonatal Intensive Care Unit; BC: Bharath Cancer Hospital and Institute of Oncology; ASK: Ashakirana Hospital; CA: Columbia Asia Multi-speciality Hospital; NH: Narayana Multi-speciality Hospital; AH: Apollo Multi-speciality Hospital; SH: Suyog Hospital; SIUE: Southern Illinois University, USA; UNC: University of North Carolina, USA.

JSS College of Pharmacy, Ooty

Name of the Intern	Rotations					
	R1	**R2**	**R3**	**R4**	**R5**	**R6**
Aishwarya Gowda.M.B.	General Surgery	Cardiology Manipal, Bangalore	ICU	FM	MM	Neurology, Global
Angela Abraham Edayadi	ICU	Gastroenterology, VGM	FM	Cardiology, Renai Medicity	MM	Paediatrics
Bhaskar Phanindra Sharma	Dermatology, JSS, Mysuru	ICU	FM	MM	Endocrinology, Royal Care	General Surgery
Castelino Renita Edwin	ICU	FM	Oncology, Tata Memorial, Mumbai	MM	UNC, USA	Endocrinology, Royal Care
Chris Elizabeth Vinod	Neurology, Hamad, Qatar	OBG	ICU	FM	Endocrinology, Royal Care	MM
Deepan.B	Paediatrics	ICU	Nephrology, Royal Care	FM	Gastroenterology, GEM	MM
Deo Shefali Kamalnayan	MM	Cardiology, Fortis, Mumbai	General Surgery	ICU	FM	Psychiatry, SIUE & Mysuru

Dinesh.R	MM	Paediatrics	Urology, Royal Care	ICU	Gastroenterology, Gem	FM
Diya.C	ICU	FM	Cardiology, GKNM	Endocrinology, Royal Care	MM	Paediatrics
Gopika Nair.H.C.	FM	MM	Cardiology, GKNM	Nephrology Royal Care	Paediatrics	ICU
Hassan Elrufaie Hassan Abdalla	Cardiology, Global	Oncology, JSS, Mysuru	MM	Paediatrics	ICU	FM
Hosannah Shammah Paul	Paediatrics	MM	Infectious Diseases, Royal Care	Psychiatry, JSS, Mysuru	FM	ICU
Jegathis Kumar.M	FM	Paediatrics	Gastroenterolo, VGM	MM	Endocrinology, Royal Care	ICU
Jitha Thankachan	MM	FM	Neurology, Rajagiri Hospital	ICU	General Surgery	Urology, Royal Care
Lisa Mathew Adackapara	General Surgery	ICU	MM	Oncology/Em, Aster Mims, Calicut	FM	Howard University
Nina K. Mathew	MM	Gastroenterolo, VGM	FM	Cardiology, Chazikattu Hospital, Kerala	ICU	Paediatrics
Pooja Sudarsan	Neurology, Astermedcity, Kerala	MM	Paediatrics	FM	Oncology, GKNM	ICU
Preetha.S	Neurology, Global	ICU	MM	Urology, Royal Care	Paediatrics	FM
Priyatharisini.P	Neurology, Global	OBG	ICU	General Surgery	FM	MM
Ramya.S	ICU	FM	Nephrology, Royal Care	Paediatrics	Gastroenterology, Gem	MM
Resia Varghese	Neurology, Astermedcity, Kerala	ICU	Paediatrics	MM	Oncology, Gknm	FM
Roshan Tiwari	FM	Cardiology Manipal, Bangalore	General Surgery	ICU	MM	Neurology, Global
Bhagirati.S	Neurology, Global	Nephrology, Kauveri Medical Center, Trichy	MM	OBG	ICU	FM
Sandra Mariam Robin	ICU	Gastroenterolo, VGM	Paediatrics	Cardiology, Renai Medicity	FM	MM
Sayoojya R.Nair	FM	MM (Jul-Aug2020)	Gastroenterology, Gem (Sep-Oct 2020)	Oncology/Em, Aster Mims, Calicut	ICU	General Surgery
Shilpa Rachel Thomas	FM	MM	Nephrology, Royal Care	Psychiatry, JSS, Mysuru	Paediatrics	ICU
Shruthi Jaya Saju	Neurology, Astermedcity, Kerala	FM	ICU	Obg	Endocrinology, Royal Care	MM
Stephy P. Titus	MM	Cardiology, Renai Medicity	Nephrology, Royal Care	Paediatrics	ICU	FM
Anuvikashini R	Neurology, Global	MM	FM	OBG, Bloom Fertility & Healthcare Hospital	Paediatrics	ICU
Asif S	Gastroenterology, GEM	Cardiology, Appolo, Delhi	FM	MM	ICU	OBG

Jerlin Anusha	Gastroenterology, GEM	Cardiology, Appolo, Delhi	ICU	FM	MM	OBG
Sumit Kumar Rai	Gastroenterology, GEM	Cardiology, Appolo, Delhi	MM	ICU	FM	OBG

Legends: R1= 1st Jul 2019 to 31st Aug 2019; **R2**: 1st Jul 2019 to 31st Aug 2019; **R3**: 1st Nov 2019 to 31st Dec 2019; **R4**: 1st Jan 2020 to 29th Feb 2020; **R5**: 1st Mar 2020 to 30th Apr 2020; **R6**: 1st May 2020 to 30th Jun 2020; **White Boxes:** General Medicine at GHQH, Ooty; **Grey Bold**: Specialty at GHQH, Ooty; **Blue *Italics*:** Specialty Rotations at outside JSS-U **Green Bold**: Specialty at JSSH, Mysuru*

**** Specialty Rotations at JSS Hospital, Mysuru is subject to approval.***

V. Important Policies and Guidelines for Students

The following policies have been established to assure quality rotation experiences for PharmD Interns.

a) ***Internship or Residency Training****:* It is a phase of training wherein a student is exposed to actual pharmacy practice or clinical pharmacy services and acquires skills under supervision so that he or she may become capable of functioning independently. Internship includes posting in specialty units. Student should independently provide clinical pharmacy services to the allotted wards. The training includes posting for six months in Internal Medicine Wards & two months each in any three other specialty departments as prescribed by the Pharmacy Council of India (PCI). Interns should follow at least minimum of eight cases per week right from the day of patients' admission till discharge.

b) ***Outside Employment:*** Concurrent employment of any nature during the experiential rotations is not allowed as internship training is a full-time experiences.

c) ***Dress Code:*** The pharmacist-intern MUST be in professional attire, which includes clean apron and identification badges, at all times while on-campus and off-campus pharmacy functions. Professional attire includes dress slacks, dress shirt for male interns and salwar suits or saris for female interns. Jeans, T-shirts or any other casual wear is not permitted. Formal shoes are recommended.

d) ***Personal Appearance:*** Fake nails or nail polishes are not permitted for hospital. Regular clipping of nails is recommended to keep them short. The intern's hair, personal hygiene

and use of fragrances should be appropriate for the professional setting.

e) ***Communication:*** Keeping informed of department and program information during the experiential year is a shared responsibility between the college and the intern. Interns are responsible for published information distributed either in print, web, or electronically, including program policies and experiential workbooks. The college and the Department of Pharmacy Practice will communicate additional information throughout the year using available technology. Interns should *check Notice Board and E-mail daily for up-dates .It is a requirement of the experiential program that all interns have Internet access and a current useable e-mail account on file with the department/College Office.* It is the intern's responsibility to make sure the department/College Office has the intern's current address, phone numbers and e-mail address. Any change in the address, and phone number should be reported to the Office immediately.

f) ***Schedules and Scheduling:*** Final rotation assignments are at the discretion of the Head of the Department of Pharmacy Practice. Interns' academic standing in both didactic and practical courses as well as the interns' professional experiences will be considered in this process. Faculty availability and site characteristics also play a significant role in the rotation assignments. In unforeseen circumstances, a change in the interns schedule may become unavoidable. Rescheduling of these changes will be based on availability of rotation sites, intern performance to date, and type of rotation required.

g) ***Legal Responsibility:*** Intern should constantly be alert to and obey the laws and regulations that govern pharmacy profession and follow the code of conduct for pharmacists. Interns should seek clarification of any points that are not clear from the preceptors. Interns are not to perform medical procedures or otherwise act outside the scope of pharmacy practice.

h) ***Patient Confidentiality:*** Interns are responsible for maintaining site and patient confidentiality. Any breach of site or patient confidentiality is grounds for immediate dismissal from the experiential program and may also result in additional disciplinary action as deemed necessary by the institution. Discussion of patient information is limited to the medical team or preceptor. Discussions with other personnel are prohibited. Interns should familiarize themselves with and adhere to Code of Ethics of Pharmacy Council of India.

Follow the guidelines governing patient confidentiality at the rotation site. Do not leave patient profiles or other documents in public areas. Patient case sheets are to remain located at the nursing station and photocopying of the charts is prohibited. Videotaping, picture taking, etc. of patients or patient's information are also prohibited.

i) ***Cell phone Use****:* Interns should turn off their cell phones during ward activities and be kept in silent mode during other working hours.

j) ***Attendance:*** The preceptor determines the schedule for the intern's activities. In general, the intern is expected to work a normal 8 hours a day of 8:30 a.m. to 5:30 p.m., Monday through Saturday. Irregularity and not being punctual could result in automatic removal from department and a failing grade for that rotation. No holidays/vacation permitted during the internship. For any sort of absence, internship will be extended by the same duration of absence.

k) ***Unexcused Absences****:* Leaving the rotation site early without preceptor permission and lack of attendance to assigned activities are considered unexcused absences. Unexcused absences will result in withdrawal from the rotation site and a failing grade for the rotation. Excessive absences, tardiness, or failure to notify the preceptor in a timely manner on a single rotation is grounds for failure.

l) ***Computer, E-mail & Internet Use Policy:*** Interns are expected to use the internet responsibly and productively. Internet access should be limited to send and receive e-mails, for research and academic work, accessing medical and pharmacy databases etc.

Unacceptable use of internet by students includes, but is not limited to:

- Accessing sites that contain obscene, unlawful or otherwise illegal material, social networking/auction sites, online purchase sites, downloading movies etc.
- Downloading, copying or pirating software and electronic files that are copyrighted
- Hacking unauthorized websites
- Sending or posting chain letters or advertisements not related to academics

m) ***Case Presentations/Journal Clubs:*** A minimum of 07 cases must be presented by the intern during the internship. Interns should attend case presentations and journal clubs regularly.

n) ***Research Activities:*** Interested interns may prepare a research proposal (considering an important, current and clinically relevant question, feasibility in the time frame and minimal expenses) and conduct an appropriate clinically-oriented research project under the guidance of a suitable preceptor. The proposal may be an extension of the project work carried out in the fifth year. The results of the same may be made into a verbal or poster presentation suitable for a national/international pharmacy conference or submitted in a form suitable for publication (manuscript).

VI. Evaluations:

Preceptor evaluation of student is an internship requirement. The preceptor assesses and monitors intern's performance, and identifies strengths & weaknesses & provides necessary guidance/constructive feedbacks to ensure interns development in core competency areas. Intern is evaluated on a timed basis during each rotation by the preceptor; one week after rotation begins, end-of-rotation (last week of the rotation) and as required. The preceptor may also interact with respective unit heads and/or healthcare team for feed-back about the intern. Interns are graded based on the knowledge and skills in performing a task and how independently a task is performed.

a) Preceptor Evaluation of Students

Preceptor evaluation of student is considered as an internship requirement. The preceptor assesses and monitors intern's performance identifies strengths & weaknesses & provides necessary guidance/constructive feedbacks to ensure student development in core competency areas. During each rotation, intern is evaluated on a timely basis by the preceptor using standard evaluation criteria one week after rotation begins, end-of-rotation (last week of the rotation) (Appendix A.1) and as required on various factors/competencies. Additionally, the preceptor may obtain feedback from clinician preceptors at practice sites/unit heads and/or healthcare team. Intern will also evaluate self using the same evaluation criteria at the beginning and at the end of each rotation. Grading is based on student's knowledge, skills in

performing a task and ability to work independently. Grades ranges from 1 to 4 (Grade 1: Does not know; Grade2: Knows but cannot perform; Grade 3: Knows and can perform with assistance/supervision; Grade4: Does independently) (Appendix A.2).

b) Evaluation of Preceptor

The interns are required to give their unbiased feedback about the preceptor in the 'student's debriefing report' in the intern log book. The method of assessment of the preceptor is designed to promote the development in the student of their ability to offer constructive criticism in a manner appropriate to interprofessional relationships. The assessment includes each preceptor's ability to facilitate learning, communication skills, quality as a professional role model and adequate knowledge related to pharmacy education (Appendix A.3).

JSS Academy of Higher Education & Research
S S Nagar, Mysuru – 570 015

Pharm. D. and Pharm. D. (Post Baccalaureate)

REGULATIONS

These regulations shall be called as "The Regulations for the PharmD and PharmD (Post Baccalaureate) Degree courses of the J.S.S. University, Mysuru". They shall come into force from the Academic Year 2008 – 2009.The regulations and syllabi framed are subject to modifications from time to time by the Academic Council.

Minimum Qualification for admission to the course

a) **PharmD**

A pass in any of the following examinations -

(1) 10+2 examination with Physics and Chemistry as compulsory subjects along with one of the two subjects: Mathematics or Biology.

(2) A pass in D.Pharm course from an institution approved by the Pharmacy Council of India under section 12 of the Pharmacy Act.

(3) Any other qualification approved by the Pharmacy Council of India as equivalent to any of the above examinations.

(3) Provided that a student should complete the age of 17 years on or before 31st December of the year of admission to the course.

(4) Provided that there shall be reservation of seats for the students belonging to the Scheduled Castes, Scheduled Tribes and other Backward Classes in accordance with the instructions issued by the Central Government/State Government/Union Territory Administration as the case may be from time to time.

b**) PharmD (Post Baccalaureate)**

A pass in B.Pharm from an institution approved by the Pharmacy Council of India under section 12 of the Pharmacy Act:

Provided that there shall be reservation of seats for the students belonging to the Scheduled Castes, Scheduled Tribes and other Backward Classes in accordance with the instructions issued by the Central Government/State Government/Union Territory Administration as the case may be from time to time.

Duration of the course

a) **PharmD**: The duration of the course shall be six academic years (five years of study and one year of internship or residency). The period of six years duration is divided into two phases

Phase I – consisting of First, Second, Third, Fourth and Fifth academic year.

Phase II – consisting of internship or residency training during sixth year involving posting in specialty units. It is a phase of training wherein a student is exposed to actual pharmacy practice or clinical pharmacy services and acquires skill under supervision of a preceptor so that he or she may become capable of functioning independently.

b) **PharmD (Post Baccalaureate):**The duration of the course shall be for three academic years (two years of study and one year internship or residency). The period of three years duration is divided into two phases –

Phase I –consisting of First and Second academic year.

Phase II – consisting of Internship or residency training during third year involving posting in specialty units. It is a phase of training wherein a student is exposed to actual pharmacy practice or clinical pharmacy services, and acquires skill under supervision of a preceptor so that he or she may become capable of functioning independently.

Medium of Instruction and Examinations

Medium of Instruction and Examination shall be English.

Working days in the academic year

Each academic year shall consist of not less than 200 working days.

Attendance and Progress

A candidate is required to put in at least 80% attendance in theory and practical subjects separately. The candidate shall complete the prescribed course satisfactorily to be eligible to appear for the respective examinations.

Course of study

The course of study for PharmD shall include the subjects as given in the Tables 1 to 5. The number of hours in a week, devoted to each subject for its teaching in theory, practical and tutorial shall not be less than that noted against it in columns (3), (4) and (5) below.

Table 1: Pharm. D – First Year

Sl. No.	Name of Subject	No. of hours of Theory	No. of hours of Practical	No. of hours of Tutorial
(1)	**(2)**	**(3)**	**(4)**	**(5)**
1.1	Human Anatomy and Physiology	3	3	1
1.2	Pharmaceutics	2	3	1
1.3	Medicinal Biochemistry	3	3	1
1.4	Pharmaceutical Organic Chemistry	3	3	1
1.5	Pharmaceutical Inorganic Chemistry	2	3	1
1.6	Remedial Mathematics/ Biology	3	3*	1
	Total hours	**13/16^{+}**	**15/18***	**5/6^{+}* = 33/37^{+}/40***

$^{+}$ For Mathematics (PCB students) * For Biology (PCM students)

Table 2: Pharm. D – Second Year

Sl.No.	Name of Subject	No. of hours of Theory	No. of hours of Practical	No. of hours of Tutorial
(1)	**(2)**	**(3)**	**(4)**	**(5)**
2.1	Pathophysiology	3	-	1
2.2	Pharmaceutical Microbiology	3	3	1
2.3	Pharmacognosy & Phytopharmaceuticals	3	3	1
2.4	Pharmacology-I	3	-	1
2.5	Community Pharmacy	2	-	1
2.6	Pharmacotherapeutics-I	3	3	1
	Total hours	**17**	**9**	**6**
	Grand Total	**32 hrs/ week**		

Table 3: Pharm. D – Third Year

Sl.No.	Name of Subject	No. of hours of Theory	No. of hours of Practical	No. of hours of Tutorial
(1)	(2)	(3)	(4)	(5)
3.1	Pharmacology-II	3	3	1
3.2	Pharmaceutical Analysis	3	3	1
3.3	Pharmacotherapeutics-II	3	3	1
3.4	Pharmaceutical Jurisprudence	2	-	-
3.5	Medicinal Chemistry	3	3	1
3.6	Pharmaceutical Formulations	2	3	1
Total hours		**16**	**15**	**5**
Grand Total		**36 hrs/ week**		

Table 4: Pharm. D – Fourth Year

Sl.No.	Name of Subject	No. of hours of Theory	No. of hours of Practical/ Hospital Posting	No. of hours of Tutorial
(1)	(2)	(3)	(4)	(5)
4.1	Pharmacotherapeutics-III	3	3	1
4.2	Hospital Pharmacy	2	3	1
4.3	Clinical Pharmacy	3	3	1
4.4	Biostatistics & Research Methodology	2	-	1
4.5	Biopharmaceutics & Pharmacokinetics	3	3	1
4.6	Clinical Toxicology	2	-	1
4.7	Pharmacotheraputics I & II*	3	3	1
	Total hours	**15/18**	**12/15**	**6/7 = 33/40***

***** Additional subject for Post Baccalaureate students

Table 5: Pharm. D – Fifth Year

Sl.No.	Name of Subject	No. of hours of Theory	No. of hours of Practical/ Hospital Posting	No. of hours of Seminar
(1)	(2)	(3)	(4)	(5)
5.1	Clinical Research	2	--	1
5.2	Pharmacoepidemiology and Pharmacoeconomics	3	--	1
5.3	Clinical Pharmacokinetics & Pharmacotherapeutic Drug Monitoring	2	--	1
5.4	Clerkship *	--	--	1
5.5	Project work (Six Months)	--	20	--
	Total hours	**7**	**20**	**4**
	Grand Total	**31 hrs/ week**		

Sixth Year:

Internship or residency training including postings in speciality units. Student should provide the clinical pharmacy services to the allotted wards, under the supervision of a preceptor.

(i) Six months in General Medicine department, and

(ii) Two months each in three other specialty departments

Academic Work

A regular record of attendance both in Theory and Practical shall be maintained by the teaching staff of respective subjects.

Internal Assessment Marks:

Theory: Three sessional examinations evenly spread during the academic year shall be conducted by the constituent colleges. The average marks of the best two examinations shall be computed out of a maximum of 30 marks and shall constitute the sessional award in theory. Provided further the colleges may conduct one special theory sessional examination towards the end of the academic session for those who might have missed any one of the regular sessional examination on genuine grounds.

Practical: Students are expected to perform the experiment listed in the respective syllabus. Marks shall be awarded out of a maximum of 10 to each of the practical exercise and an average of those shall be computed out of maximum of 10 marks. In addition, three practical examinations evenly spread during each academic year shall be conducted. The average marks of the best of two practical examinations shall be computed out of a maximum of 20 marks. A total of 30 marks shall constitute the sessional award in practical. While awarding the sessional marks for practical experiments, the following considerations should be taken into account.

1. Preparation of the candidate.
2. Manipulative skills.
3. Results of the experiment.
4. Knowledge of the experiment
5. Viva voce pertaining to the experiments only.

The college shall maintain the sessional books of the students and the record of sessional award of the students. A regular record of both theory and practical class work and sessional examinations conducted in an institution imparting the course shall be maintained for each student in the institution. Marks shall be awarded as per the schemes given in Tables 6 to 10

Conditions under which candidates are permitted to appear for university examination

The candidates are required to score a minimum of 50% marks in each of the subjects (Theory and practicals separately) in the sessional examination to be eligible to appear for university examination in the respective subject.

University Examinations

(1) Every year there shall be an examination to examine the students.

(2) Each examination will be held twice every year. The first examination in a year shall be the annual examination and the second examination shall be supplementary examination.

(3) The examinations shall be of written and practical (including oral nature) carrying maximum marks for each part of a subject as indicated in Tables 6 to 10.

Table-6 First Year Examination

Sl. No.	Name of Subject	Maximum marks for Theory			Maximum marks for Practicals		
		University	Sessional	Total	University	Sessional	Total
1.1	Human Anatomy and Physiology	70	30	100	70	30	100
1.2	Pharmaceutics	70	30	100	70	30	100
1.3	Medicinal Biochemistry	70	30	100	70	30	100
1.4	Pharmaceutical Organic Chemistry	70	30	100	70	30	100
1.5	Pharmaceutical Inorganic Chemistry	70	30	100	70	30	100
1.6	Remedial Mathematics/ Biology	70	30	100	70*	30*	100*
				500/600			**1000/1100/1200**

*For Biology. For PCMB students: 1000 marks, For PCB students: 1100 marks, For PCM students: 1200 marks

Table-7 Second Year Examination

Sl. No.	Name of Subject	Maximum marks for Theory			Maximum marks for Practicals		
		University	Sessional	Total	University	Sessional	Total
2.1	Pathophysiology	70	30	100	-	-	-
2.2	Pharmaceutical Microbiology	70	30	100	70	30	100
2.3	Pharmacognosy & Phytopharmaceuticals	70	30	100	70	30	100
2.4	Pharmacology-I	70	30	100	-	-	-
2.5	Community Pharmacy	70	30	100	-	-	-
2.6	Pharmacotherapeutics-I	70	30	100	70	30	100
				600			**300 = 900**

Table-8 Third Year Examination

Sl. No.	Name of Subject	Maximum marks for Theory			Maximum marks for Practicals		
		University	Sessional	Total	University	Sessional	Total
3.1	Pharmacology-II	70	30	100	70	30	100
3.2	Pharmaceutical Analysis	70	30	100	70	30	100
3.3	Pharmacotherapeutics-II	70	30	100	70	30	100
3.4	Pharmaceutical Jurisprudence	70	30	100	-	-	-
3.5	Medicinal Chemistry	70	30	100	70	30	100
3.6	Pharmaceutical Formulations	70	30	100	70	30	100
				600			**500 = 1100**

Table-9 Fourth Year Examination

Sl. No.	Name of Subject	Maximum marks for Theory			Maximum marks for Practicals		
		University	Sessional	Total	University	Sessional	Total
4.1	Pharmacotherapeutics-III	70	30	100	70	30	100
4.2	Hospital Pharmacy	70	30	100	70	30	100
4.3	Clinical Pharmacy	70	30	100	70	30	100
4.4	Biostatistics & Research Methodology	70	30	100	-	-	-
4.5	Biopharmaceutics& Pharmacokinetics	70	30	100	70	30	100
4.6	Clinical Toxicology	70	30	100	-	-	-
				600			**400 = 1000**
4.7	Pharmacotherapeutics I & II*	70	30	100	70	30	100
				700			**500 = 1200**

* Additional subject for PharmD (Post Baccalaureate) students

Table-10 Fifth Year Examination

Sl. No.	Name of Subject	Maximum marks for Theory			Maximum marks for Practicals		
		University	Sessional	Total	University	Sessional	Total
5.1	Clinical Research	70	30	100	-	-	-
5.2	Pharmacoepidemiology and Pharmacoeconomics	70	30	100	-	-	-
5.3	Clinical Pharmacokinetics &Pharmacotherapeutic Drug Monitoring	70	30	100	-	-	-
5.4	Clerkship *	-	-	-	70	30	100
5.5	Project work (Six Months)	-	-	-	100**	-	100
				300			**200 = 500**

***** Clerkship examination – Oral examination shall be conducted after the completion of clerkship of students. An external and an internal examiner will evaluate the student. Students may be asked to present the allotted medical cases followed by discussion. Students' capabilities in delivering clinical pharmacy services, pharmaceutical care planning and knowledge of therapeutics shall be assessed.

**** 30 marks – viva-voce (oral), 70 marks – Thesis work**

Question Paper Pattern

MCQs	=	20 X 1	=	20 marks
Long Essay 2/3	=	2 x 10	=	20 marks
Short Essay 6/8	=	6 X 5	=	30 marks
		Total		70 marks

Criteria for pass

a) Candidates who have secured a minimum of 50% marks in the Theory (including sessionals) and Practical (including sessionals) separately in any subject or subjects shall be declared to have passed in that subject/s and exempted from appearing in that subject/s at subsequent examination.

b) Theory and Practical of a particular subject are considered as individual subjects for the purpose of pass criteria.

c) Those candidates who fail in one or more subjects shall have to appear only in the subject so failed, in the subsequent examinations.

Conditions under which candidates are permitted to proceed to next higher class:

a) **PharmD**

1. Candidates of I PharmD are permitted to carry not more than any two subjects (Two Theory/ Two Practicals / One theory & one practical of same or different subjects) to II PharmD and appear for II PharmD examination concurrently along with failed subjects of I PharmD However, these candidates have to pass all the failed subjects of I PharmD to become eligible to III PharmD
2. Similarly, candidates of II PharmD who have completely passed all the subjects of I PharmD but have failed in II PharmD are permitted to carry not more than any two subjects (Two Theory/ Two Practicals/ One theory & one practical of same or different subjects) of II PharmD to III PharmD and appear for III PharmD concurrently along with failed subjects of II PharmD However, these candidates have to pass all the failed subjects of II PharmD to become eligible to proceed to IV PharmD
3. Candidates of III PharmD who have completely passed all the subjects of II PharmD but have failed in III PharmD are permitted to carry not more than any two subjects (Two Theory/ Two Practicals/ One theory & one practical of same or different subjects) of III PharmD to IV PharmD and appear for IV PharmD examination concurrently along with failed subjects of III PharmD However, these candidates have to pass all the failed subjects of III PharmD to become eligible to proceed to V PharmD
4. Candidates of IV PharmD who have completely passed all the subjects of III PharmD but have failed in IV PharmD are permitted to carry not more than any two subjects (Two Theory/ Two Practicals/ One theory & one practical of same or different subjects) of IV PharmD to V PharmD and appear for V PharmD examination concurrently along with failed subjects of IV PharmD However, these candidates have to pass all the failed subjects of IV and V Pharm. D to become eligible to proceed to VI Pharm. D., to undergo internship.

b) **PharmD (Post Baccalaureate)**

Candidates of PharmD (Post Baccalaureate) admitted directly to IV year course are permitted to carry not more than any two subjects (Two Theory/ Two Practical / One theory & one practical of same or different subjects) to V PharmD and appear for V PharmD examination concurrently along with failed subjects of IV PharmD However, these candidates have to

pass all the subjects of IV & V PharmD to become eligible to proceed to VI PharmD , to undergo internship.

Declaration of class

a) **PharmD**

Class shall be awarded at the end of I, II, III, IV and V year of PharmD examination as shown below:

1) Distinction	75% and above
2) First Class	60% and above and less than 75%
3) Second class	50% and above and less than 60%

The result of the successful candidate shall be classified at the end of the final year examination on the basis of the aggregate of all subjects, theory and practicals, secured by the candidate in the I to V year examinations and completes the course in 5 years, as indicated below.

I Class : 60% and above

II Class: 50%-59%

Candidate securing aggregate of 75% or above marks and have passed in all the subjects in a year in first attempt shall be declared to have obtained Distinction.

Internship

Internship is a phase of training wherein a student is expected to conduct actual practice of pharmacy and healthcare and acquires skills under the supervision so that he or she may become capable of functioning independently. Every student has to undergo one year internship as per Pharmacy Council of India regulations.

Practical training

1. **Hospital posting**.— Every student shall be posted in constituent hospital for a period of not less than fifty hours to be covered in not less than 200 working days in each of second, third & fourth year course of PharmD and in first and second year of PharmD (Post

Baccalaureate).Each student shall submit report duly certified by the preceptor and duly attested by the Head of the Department or Institution as prescribed. In the fifth year, every student shall spend half a day in the morning hours attending ward rounds on daily basis as a part of clerkship. Theory teaching may be scheduled in the afternoon.

2. Project work —

(1) To allow the student to develop data collection and reporting skills in the area of community, hospital and clinical pharmacy, a project work shall be carried out under the supervision of a teacher. The project topic must be approved by the Head of the Department or Head of the Institution. The same shall be announced to students within one month of commencement of the fifth year classes of PharmD and second year of PharmD (Post Baccalaureate). Project work shall be presented in a written report and as a seminar at the end of the year. External and the internal examiners shall do the assessment of the project work.

(2) Project work shall comprise of objectives of the work, methodology, results, discussions and conclusions.

3. Objectives of project work —The main objectives of the project work is to**—**

(i) show the evidence of having made accurate description of published work of others and of having recorded the findings in an impartial manner; and

(ii) develop the students in data collection, analysis and reporting and interpretation skills.

4. Methodology — To complete the project work following methodology shall be adopted, namely: **—**

(i) students shall work in groups of not less than *two* and not more than *four* under an authorised teacher;

(ii) project topic shall be approved by the Head of the Department or Head of the Institution;

(iii) project work chosen shall be related to the pharmacy practice in community, hospital and clinical setup. It shall be patient and treatment (Medicine) oriented, like drug utilisation reviews, pharmacoepidemiology, pharmacovigilance or pharmacoeconomic

(iv) project work shall be approved by the institutional ethics committee

(v) student shall present at least three seminars, one in the beginning, one at middle and one at the end of the project work and

(vi) two-page write-up of the project indicating title, objectives, methodology anticipated benefits and references shall be submitted to the Head of the Department or Head of the Institution.

5. Reporting —

(1) Student working on the project shall submit jointly to the Head of the Department or Head of the Institution a project report of about 40-50 pages. Project report should include a certificate issued by the authorised teacher, Head of the Department as well as by the Head of the Institution

(2) Project report shall be computer typed in double space using Times Roman font on A4 paper. The title shall be in bold with font size 18, sub-tiles in bold with font size 14 and the text with font size 12. The cover page of the project report shall contain details about the name of the student and the name of the authorised teacher with font size 14.

(3) Submission of the project report shall be done at least one month prior to the commencement of annual or supplementary examination.

6. Evaluation — The following methodology shall be adopted for evaluating the project work—

(i) Project work shall be evaluated by internal and external examiners.

(ii) Students shall be evaluated in groups for four hours (i.e., about half an hour for a group of four students).

(iii)Three seminars presented by students shall be evaluated for twenty marks each and the average of best two shall be forwarded to the university with marks of other subjects.

(iv) Evaluation shall be done on the following items: **Marks**

a) Write up of the seminar	(7.5)
b) Presentation of work	(7.5)
c) Communication skills	(7.5)
d) Question and answer skills	(7.5)
Total	(30 marks)

v) Final evaluation of project work shall be done on the following items: **Marks**

a) Write up of the seminar	(17.5)
b) Presentation of work	(17.5)
c) Communication skills	(17.5)
d) Question and answer skills	(17.5)
Total	(70 marks)

Explanation.— For the purposes of differentiation in the evaluation in case of topic being the same for the group of students, the same shall be done based on item numbers b, c and d mentioned above.

Explanation.— For the purposes of differentiation in the evaluation in case of topic being the same for the group of students, the same shall be done based on item numbers b, c and d mentioned above.

Award of Ranks

Ranks and Medals shall be awarded on the basis of aggregate of all the five and two university examinations of PharmD and PharmD (Post Baccalaureate), respectively. However, candidates who fail in one or more subjects during the PharmD / PharmD (Post Baccalaureate) courses shall not be eligible for award of ranks.

Moreover, the candidates should have completed the PharmD course in minimum prescribed number of years, (five years for PharmD and two years for PharmD (Post Baccalaureate))for the award of Ranks.

Award of degree

Candidates who fulfil the requirements mentioned above will be eligible for award of degree during the ensuing convocation.

Duration for completion of the course of study

The duration for the completion of the course shall be fixed as double the actual duration of the course and the students have to pass within the said period, otherwise they have to get fresh Registration.

Revaluation *I* Re totalling of answer papers

There is no provision for revaluation of the answer papers of failed candidates in any examination. However, the failed candidates can apply for re totalling.

Re-admission after break of study

Candidate who seeks re-admission to the course after break of study has to get the approval from the university by paying a condonation fee.

No condonation is allowed for the candidate who has more than 2 years of break up period and he/she has to re-join the course by paying the required fees.

Appendix A.1

Student Evaluation (by Preceptor and Student)

(At Entry)

Select the rating that most accurately reflects the student's performance

Sl. No.	Competency	Grade	
		Self Evaluation	Preceptor Evaluation
1.	Develops a professional relationship with the patient		
2.	Gathers and documents patient information		
3.	Performs treatment chart review & recognizes drug related problems (DRP's)		
4.	Suggestion of remedies to DRP's		
5.	Monitors and reports ADR's		
6.	Provision of Drug & Poison Information		
7.	Patient counselling skills		
8.	Attends to patient referrals effectively		
9.	Maintains rapport with physician/unit head		
10.	Consistent documentation of clinical pharmacy activities		
11.	Interpersonal & intergroup behaviour		
12.	Personal & Professional behaviour		
Overall Performance	**□ Grade 1 □ Grade 2 □ Grade 3 □ Grade 4**		

Remarks of Preceptor: (Specific observations to be recorded)

Signature of Head of the Department:

Student Evaluation (by Preceptor and Student)

(At end of rotation)

Sl No	Competency	Grade	
		Self Evaluation	Preceptor Evaluation
1.	Develops a professional relationship with the patient		
2.	Gathers and documents patient information		
3.	Performs treatment chart review & recognizes drug related problems (DRP's)		
4.	Suggestion of remedies to DRP's		
5.	Monitors and reports ADR's		
6.	Provision of Drug & Poison Information		
7.	Patient counselling skills		
8.	Attends to patient referrals effectively		
9.	Maintains rapport with physician/unit head		
10	Consistent documentation of clinical pharmacy activities		
11	Interpersonal & intergroup behaviour		
12	Personal & Professional behaviour		

Select the rating that most accurately reflects the student's performance

Overall Performance	**□ Grade 1 □ Grade 2 □ Grade 3 □ Grade 4**

Remarks of Preceptor: (Specific observations and comments to be provided)

Signature of Head of the Department:

Appendix A.2

Evaluation Criteria

Grades	Performance criteria
1 Does not know	Student does not have knowledge how to perform task
2 Knows but cannot perform	Student has knowledge/skills of how to perform task Needs extensive training; sometimes instructor/preceptor needs to complete the work
3 Knows and can perform with assistance/supervision	Students can apply knowledge/skills to perform task. Needs some assistance; Instructor/preceptor must provide directed questioning in a problem solving manner.
4 Does independently	Student can perform task in an independent situation. Requires no assistance; Performs within expectation

Appendix A.3

Preceptor Evaluation Tool (by Student)

Criteria	*Grade*
How was the quality of orientation provided in the beginning of rotation?	☐ Good ☐ Satisfactory ☐ Average ☐ Poor
How preceptor followed up your activities?	☐ Good ☐ Satisfactory ☐ Average ☐ Poor
How preceptor provided you with feedback on your activities?	☐ Good ☐ Satisfactory ☐ Average ☐ Poor
How exposure to real life cases was provided by preceptor?	☐ Good ☐ Satisfactory ☐ Average ☐ Poor
How preceptor shared his/her clinical knowledge with student?	☐ Good ☐ Satisfactory ☐ Average ☐ Poor
How preceptor motivated you for better learning?	☐ Good ☐ Satisfactory ☐ Average ☐ Poor
How was the attitude and behavior of preceptor?	☐ Good ☐ Satisfactory ☐ Average ☐ Poor
Overall feedback about preceptor	☐ Good ☐ Satisfactory ☐ Average ☐ Poor
Was rotation found to be satisfactory?	☐ Yes ☐ No

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