Pharm.D - Year 5

Clerkship

Complete subject manual: 8 practicals and activities. Each chapter includes a student observation or work record.

Use the PDF bookmarks to navigate. The table gives each practical's content-page count; the combined manual has continuous page numbers.

Contents

No.	Practical / activity	Content pages
1	Daily Ward-round Clerkship	2
2	Medication History and Reconciliation	2
3	Problem-oriented Case Presentation	2
4	Pharmaceutical Care Plan and Intervention	2
5	Adverse-effect and Medication-safety Review	2
6	Drug-information and Evidence Discussion	2
7	Patient Counselling and Discharge Handover	2
8	Therapeutic Monitoring Case Conference	2

Daily Ward-round Clerkship

Experiment 1 - Practical Notes

Name: _____ Roll no.: _____ Date: _____

Aim

To prepare a daily pharmacy contribution and maintain a ward-round activity record.

Principle

Daily preparation, participation and follow-up connect clinical observations with practical medicine-use decisions.

Requirements

- Allocated clinical notes or fictional case, current approved medicine information and local clinical policy.
- Case-record form, calculator where needed and supervising pharmacist.

Procedure

1. Prepare the case

Use the allocated clinical record or a fictional teaching case. Record a case code, setting and date; exclude names and personal identifiers.

2. Assess the required information

Confirm allocated ward and case list; new orders and latest clinical changes; previous unresolved pharmacy issues. Note missing information explicitly.

3. Develop the pharmacy assessment

Prepare a short medicine/problem list before the round. Present one prioritised issue with supporting evidence and a proposed action for discussion. After the round, record the decision, responsible person and planned review. The supplied syllabus describes daily morning ward rounds for half a day during Year 5.

4. Discuss and document

Present the assessment to the supervising pharmacist or treating team. Record the accepted action, responsible person and intended follow-up.

5. Evaluate the outcome

Review the agreed clinical or process endpoint. Record what changed, what remained unresolved and the next step.

Observations and Record

Record component	Student entry
Date / ward / hours	_____
Case codes reviewed	_____
Prioritised issue	_____
Team discussion and decision	_____
Action owner / follow-up	_____

Result

Assessment: ____. Proposed action: ____. Supervisor decision: ____. Follow-up outcome: ____.

Precautions

- Use the treating team and current patient-specific information for all actual medicine decisions.
- Maintain confidentiality and confirm allergy, medicine and timing information.
- Do not invent patient observations, acceptance of an intervention or follow-up outcomes.

Viva Questions and Answers

1. Why collect patient-specific information?

Medicine decisions depend on the individual indication, risks, current treatment and monitoring needs.

2. What makes a pharmacy intervention useful?

A specific identified problem, a justified action, a clear communication route and a documented outcome.

Weekly Activity Log

Date	Ward / activity	Hours	Preceptor review
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Medication History and Reconciliation

Experiment 2 - Practical Notes

Name: _____ Roll no.: _____ Date: _____

Aim

To establish an accurate medicine history and resolve care-transition discrepancies.

Principle

A verified medicine list includes actual use and makes intentional changes explicit.

Requirements

- Allocated clinical notes or fictional case, current approved medicine information and local clinical policy.
- Case-record form, calculator where needed and supervising pharmacist.

Procedure

1. Prepare the case

Use the allocated clinical record or a fictional teaching case. Record a case code, setting and date; exclude names and personal identifiers.

2. Assess the required information

Confirm prescribed/non-prescribed products and actual use; allergy reactions; independent information sources. Note missing information explicitly.

3. Develop the pharmacy assessment

Interview the patient/caregiver and check an available independent source. Record medicine name, formulation, prescribed and actual schedule, indication and last use. Compare with current orders, clarify unintended differences and communicate the verified list.

4. Discuss and document

Present the assessment to the supervising pharmacist or treating team. Record the accepted action, responsible person and intended follow-up.

5. Evaluate the outcome

Review the agreed clinical or process endpoint. Record what changed, what remained unresolved and the next step.

Observations and Record

Record component	Student entry
Case / sources	_____
Verified history	_____
Current orders	_____
Discrepancies / clarification	_____
Reconciled list / supervisor review	_____

Result

Assessment: ____. Proposed action: ____. Supervisor decision: ____. Follow-up outcome: ____.

Precautions

- Use the treating team and current patient-specific information for all actual medicine decisions.
- Maintain confidentiality and confirm allergy, medicine and timing information.
- Do not invent patient observations, acceptance of an intervention or follow-up outcomes.

Viva Questions and Answers

1. Why collect patient-specific information?

Medicine decisions depend on the individual indication, risks, current treatment and monitoring needs.

2. What makes a pharmacy intervention useful?

A specific identified problem, a justified action, a clear communication route and a documented outcome.

Problem-oriented Case Presentation

Experiment 3 - Practical Notes

Name: _____ Roll no.: _____ Date: _____

Aim

To present a followed case with a clear pharmacy assessment.

Principle

A coherent case presentation connects the clinical course, therapeutic goals, medicine issues and outcome.

Requirements

- Allocated clinical notes or fictional case, current approved medicine information and local clinical policy.
- Case-record form, calculator where needed and supervising pharmacist.

Procedure

1. Prepare the case

Use the allocated clinical record or a fictional teaching case. Record a case code, setting and date; exclude names and personal identifiers.

2. Assess the required information

Confirm presenting problem and course; key objective findings and dates; medicine rationale and changes. Note missing information explicitly.

3. Develop the pharmacy assessment

Prepare a coded SOAP summary and a dated therapy timeline. Prioritise the pharmacy problem, compare reasonable options with current approved information and present the observed follow-up. End with a specific unresolved question or learning point.

4. Discuss and document

Present the assessment to the supervising pharmacist or treating team. Record the accepted action, responsible person and intended follow-up.

5. Evaluate the outcome

Review the agreed clinical or process endpoint. Record what changed, what remained unresolved and the next step.

Observations and Record

Record component	Student entry
Case / presentation date	_____
SOAP summary	_____
Therapy timeline	_____
Pharmacy issue and rationale	_____
Outcome / feedback	_____

Result

Assessment: ____. Proposed action: ____. Supervisor decision: ____. Follow-up outcome: ____.

Precautions

- Use the treating team and current patient-specific information for all actual medicine decisions.
- Maintain confidentiality and confirm allergy, medicine and timing information.
- Do not invent patient observations, acceptance of an intervention or follow-up outcomes.

Viva Questions and Answers

1. Why collect patient-specific information?

Medicine decisions depend on the individual indication, risks, current treatment and monitoring needs.

2. What makes a pharmacy intervention useful?

A specific identified problem, a justified action, a clear communication route and a documented outcome.

Pharmaceutical Care Plan and Intervention

Experiment 4 - Practical Notes

Name: _____ Roll no.: _____ Date: _____

Aim

To develop and evaluate a patient-specific pharmacy care proposal.

Principle

A care plan links an identified problem with a goal, proposed action, monitoring and evaluation.

Requirements

- Allocated clinical notes or fictional case, current approved medicine information and local clinical policy.
- Case-record form, calculator where needed and supervising pharmacist.

Procedure

1. Prepare the case

Use the allocated clinical record or a fictional teaching case. Record a case code, setting and date; exclude names and personal identifiers.

2. Assess the required information

Confirm indication and patient-specific risks; goal and measurable endpoint; feasibility of the action. Note missing information explicitly.

3. Develop the pharmacy assessment

Write a problem-goal-action-monitoring table. State the evidence and urgency of each proposal, discuss it with the treating team and record acceptance or rejection. Follow the agreed endpoint and document the actual result rather than an assumed improvement.

4. Discuss and document

Present the assessment to the supervising pharmacist or treating team. Record the accepted action, responsible person and intended follow-up.

5. Evaluate the outcome

Review the agreed clinical or process endpoint. Record what changed, what remained unresolved and the next step.

Observations and Record

Record component	Student entry
Problem / priority	_____
Goal	_____
Proposed action / basis	_____
Team decision	_____
Monitoring / actual outcome	_____

Result

Assessment: ____. Proposed action: ____. Supervisor decision: ____. Follow-up outcome: ____.

Precautions

- Use the treating team and current patient-specific information for all actual medicine decisions.
- Maintain confidentiality and confirm allergy, medicine and timing information.
- Do not invent patient observations, acceptance of an intervention or follow-up outcomes.

Viva Questions and Answers

1. Why collect patient-specific information?

Medicine decisions depend on the individual indication, risks, current treatment and monitoring needs.

2. What makes a pharmacy intervention useful?

A specific identified problem, a justified action, a clear communication route and a documented outcome.

Adverse-effect and Medication-safety Review

Experiment 5 - Practical Notes

Name: _____ Roll no.: _____ Date: _____

Aim

To recognise, document and communicate a suspected medicine-related safety problem.

Principle

A safety assessment uses chronology, clinical evidence, alternative causes and seriousness; an association is not automatically a proven causal effect.

Requirements

- Allocated clinical notes or fictional case, current approved medicine information and local clinical policy.
- Case-record form, calculator where needed and supervising pharmacist.

Procedure

1. Prepare the case

Use the allocated clinical record or a fictional teaching case. Record a case code, setting and date; exclude names and personal identifiers.

2. Assess the required information

Confirm event and medicine chronology; severity/seriousness and relevant findings; other plausible causes. Note missing information explicitly.

3. Develop the pharmacy assessment

Construct a dated timeline, record the suspected medicine(s), describe the event and identify urgent clinical needs. Communicate to the supervisor and use the authorised local safety-reporting route. Record the report status and subsequent findings without fabricating a causality score.

4. Discuss and document

Present the assessment to the supervising pharmacist or treating team. Record the accepted action, responsible person and intended follow-up.

5. Evaluate the outcome

Review the agreed clinical or process endpoint. Record what changed, what remained unresolved and the next step.

Observations and Record

Record component	Student entry
Case / suspected event	_____
Chronology	_____
Relevant findings / other causes	_____
Urgent action and report status	_____
Follow-up / assessment	_____

Result

Assessment: ____. Proposed action: ____. Supervisor decision: ____. Follow-up outcome: ____.

Precautions

- Use the treating team and current patient-specific information for all actual medicine decisions.
- Maintain confidentiality and confirm allergy, medicine and timing information.
- Do not invent patient observations, acceptance of an intervention or follow-up outcomes.

Viva Questions and Answers

1. Why collect patient-specific information?

Medicine decisions depend on the individual indication, risks, current treatment and monitoring needs.

2. What makes a pharmacy intervention useful?

A specific identified problem, a justified action, a clear communication route and a documented outcome.

Drug-information and Evidence Discussion

Experiment 6 - Practical Notes

Name: _____ Roll no.: _____ Date: _____

Aim

To answer a clinically useful question arising during clerkship.

Principle

A focused question and a transparent appraisal of evidence produce a more useful answer than an isolated product fact.

Requirements

- Allocated clinical notes or fictional case, current approved medicine information and local clinical policy.
- Case-record form, calculator where needed and supervising pharmacist.

Procedure

1. Prepare the case

Use the allocated clinical record or a fictional teaching case. Record a case code, setting and date; exclude names and personal identifiers.

2. Assess the required information

Confirm question and decision deadline; patient/product context; current approved information and relevant evidence. Note missing information explicitly.

3. Develop the pharmacy assessment

Define a focused patient-intervention-comparator-outcome question when appropriate. Search the authorised information sources, assess relevance and limitations, and provide a concise answer with uncertainty stated. Record how the response was used and any unanswered question.

4. Discuss and document

Present the assessment to the supervising pharmacist or treating team. Record the accepted action, responsible person and intended follow-up.

5. Evaluate the outcome

Review the agreed clinical or process endpoint. Record what changed, what remained unresolved and the next step.

Observations and Record

Record component	Student entry
Question / urgency	_____
Clinical context	_____
Search / appraisal log	_____
Supported response	_____
Use of answer / follow-up	_____

Result

Assessment: ____. Proposed action: ____. Supervisor decision: ____. Follow-up outcome: ____.

Precautions

- Use the treating team and current patient-specific information for all actual medicine decisions.
- Maintain confidentiality and confirm allergy, medicine and timing information.
- Do not invent patient observations, acceptance of an intervention or follow-up outcomes.

Viva Questions and Answers

1. Why collect patient-specific information?

Medicine decisions depend on the individual indication, risks, current treatment and monitoring needs.

2. What makes a pharmacy intervention useful?

A specific identified problem, a justified action, a clear communication route and a documented outcome.

Patient Counselling and Discharge Handover

Experiment 7 - Practical Notes

Name: _____ Roll no.: _____ Date: _____

Aim

To communicate an authorised medicine plan and verify understanding.

Principle

Patient-centred communication considers the exact product, the patient's routine and practical barriers.

Requirements

- Allocated clinical notes or fictional case, current approved medicine information and local clinical policy.
- Case-record form, calculator where needed and supervising pharmacist.

Procedure

1. Prepare the case

Use the allocated clinical record or a fictional teaching case. Record a case code, setting and date; exclude names and personal identifiers.

2. Assess the required information

Confirm verified discharge or ongoing plan; language/device/learning needs; access and follow-up arrangements. Note missing information explicitly.

3. Develop the pharmacy assessment

Explain the purpose and authorised use of the exact medicines or devices, relevant precautions and follow-up. Use teach-back or return-demonstration to identify unclear instructions. Communicate medicine changes and unresolved issues to the next care provider.

4. Discuss and document

Present the assessment to the supervising pharmacist or treating team. Record the accepted action, responsible person and intended follow-up.

5. Evaluate the outcome

Review the agreed clinical or process endpoint. Record what changed, what remained unresolved and the next step.

Observations and Record

Record component	Student entry
Case / counselling need	_____
Verified plan	_____
Explanation / demonstration	_____
Understanding and barriers	_____
Handover / follow-up	_____

Result

Assessment: ____. Proposed action: ____. Supervisor decision: ____. Follow-up outcome: ____.

Precautions

- Use the treating team and current patient-specific information for all actual medicine decisions.
- Maintain confidentiality and confirm allergy, medicine and timing information.
- Do not invent patient observations, acceptance of an intervention or follow-up outcomes.

Viva Questions and Answers

1. Why collect patient-specific information?

Medicine decisions depend on the individual indication, risks, current treatment and monitoring needs.

2. What makes a pharmacy intervention useful?

A specific identified problem, a justified action, a clear communication route and a documented outcome.

Therapeutic Monitoring Case Conference

Experiment 8 - Practical Notes

Name: _____ Roll no.: _____ Date: _____

Aim

To interpret a supplied or allocated monitoring case in context.

Principle

A medicine concentration is interpretable only with dose history, sampling time, clinical response and the applicable analytical/clinical method.

Requirements

- Allocated clinical notes or fictional case, current approved medicine information and local clinical policy.
- Case-record form, calculator where needed and supervising pharmacist.

Procedure

1. Prepare the case

Use the allocated clinical record or a fictional teaching case. Record a case code, setting and date; exclude names and personal identifiers.

2. Assess the required information

Confirm exact medicine and administration history; collection time and specimen/result units; clinical response and organ-function context. Note missing information explicitly.

3. Develop the pharmacy assessment

Build a timeline of administration and sampling. Check whether the concentration was collected for the intended monitoring question and whether the stated target applies. Present a product-specific review request to the supervisor, with the information needed before any regimen change. Use no invented patient dosing plan.

4. Discuss and document

Present the assessment to the supervising pharmacist or treating team. Record the accepted action, responsible person and intended follow-up.

5. Evaluate the outcome

Review the agreed clinical or process endpoint. Record what changed, what remained unresolved and the next step.

Observations and Record

Record component	Student entry
Medicine / indication	_____
Administration and sampling timeline	_____
Result / units / method	_____
Clinical context / applicable target	_____
Supervisor decision / follow-up	_____

Result

Assessment: ____. Proposed action: ____. Supervisor decision: ____. Follow-up outcome: ____.

Precautions

- Use the treating team and current patient-specific information for all actual medicine decisions.
- Maintain confidentiality and confirm allergy, medicine and timing information.
- Do not invent patient observations, acceptance of an intervention or follow-up outcomes.

Viva Questions and Answers

1. Why collect patient-specific information?

Medicine decisions depend on the individual indication, risks, current treatment and monitoring needs.

2. What makes a pharmacy intervention useful?

A specific identified problem, a justified action, a clear communication route and a documented outcome.

First Hope

COMPLETE NOTES

Click here to visit our website

PHARMACY PRACTICAL NOTES

Complete subject and semesters are available on FirstHope app only.

Scan or click here

Click here to get the app >

Available on Google Play

JOIN THE FIRSTHOPE COMMUNITY

Join our Telegram channel

Click here to join Telegram >

Scan or click here

@FirstHopeNotes

Instagram

@firsthope.official

Click here to follow >

YouTube channel

FirstHope-Pharmacy / Live streams

Click here to watch >

WhatsApp channel

Follow FirstHope on WhatsApp

Click here to join >

FirstHope website

firsthope.co.in

Click here to visit >

B.Pharm / D.Pharm / M.Pharm / Pharm.D

Complete subjects and semesters are available in the FirstHope app.