

Honored colleague;

We're writing to request your cooperation in fulfilling the internship requirements of Bahçeşehir University Faculty of Pharmacy students. Per Turkish Council of Higher Education guidelines, the PHARM 5997: Internship III requires each student to intern in an active hospital pharmacy for a minimum of 30 working days. We would like to thank you for providing this opportunity for our students, as well as your support and assistance to our faculty.

We'd like to inform you that our students are insured during workdays (and workdays only) within their internship period, and that they are required to be physically present in the pharmacy during this time. We ask you to please plan the internship according to the guidelines provided below and, should you deem it adequate, stamp and sign the report prepared by the intern at the end of the internship period (note that each page must be stamped and signed). In addition, please complete the Internship Evaluation Form, seal it in a stamped and signed envelope, and return it to the intern for delivery to our department.

We thank you for your assistance to us and our students, and wish you success in your work.

Addendum 1. Internship learning benchmarks.

Addendum 2. Internship Evaluation Report.

Bahçeşehir University  
Faculty of Pharmacy  
Internship Commission

## **Addendum 1. Internship learning outcomes.**

### **INTERNSHIP III PHAR5997**

#### **INTERNSHIP III PHAR 5997- HOSPITAL PHARMACY INTERNSHIP**

1. Explain the following basic information about the hospital where the internship is being conducted:
  - a. The type of hospital (university, state, high specialization, training and research, private, etc.)
  - b. The number and names of hospital departments; the number and names of outpatient clinics; and the number of intensive care units
  
2. Explain the following basic information about the hospital pharmacy where the internship is being conducted:
  - a. The number of pharmacists, clinical pharmacy specialists, and pharmacology specialists in the hospital pharmacy
  - b. The roles and responsibilities of a pharmacist as a healthcare professional in the hospital pharmacy
  - c. The number, qualifications, and responsibilities of auxiliary personnel
  - d. The location of the hospital pharmacy within the hospital; its sections and their functions; the storage areas belonging to the pharmacy and their appropriate locations within the hospital; and the procedures for transferring medications between storage areas, the pharmacy, and hospital departments
  - e. The classification, shelving, and storage system of medications
  - f. The equipment and devices used in the hospital pharmacy
  - g. The working hours of the hospital pharmacy and the on-call duty system
  - h. The average number of prescriptions prepared daily in the hospital pharmacy
  - i. Explains the legislation that forms the basis for all hospital operations and governs the professional conduct and responsibilities of hospital pharmacy staff.
  - j. The procurement procedures for medicines and medical devices, annual tender procedures, and tender laws, as well as the pharmacist's role in the decision-making process for purchases
  - k. The documentation and recording procedures for purchased medicines and medical devices

3. Explain the processes related to the preparation and distribution of medicines and medical devices listed in prescriptions and physician order/request forms:
  - a. The medication distribution system used in the hospital (unit-dose, etc.)
  - b. The compatibility and connection of these systems with the free market and other hospitals, as well as their relationship with the provision system
  - c. The components of prescriptions and physician order/request forms
  - d. The steps involved in the verification and preparation of medicines, medical devices, and medical consumables listed in prescriptions and physician order/request forms
4. Explain the procedures for the registration, storage, and distribution of narcotic drugs.
5. Describe the procedures for maintaining records of medicines within the scope of purple and orange prescriptions and their submission to the relevant institution.
6. List the committees in which pharmacists participate or hold membership (e.g., infection control committee, etc.).
7. Explain the necessary safety precautions when working with hazardous drugs (e.g., cytotoxic drugs).
8. Describe the preparation stages of intravenous solutions and cytotoxic drugs and the critical factors to be considered.
9. Evaluate Total Parenteral Nutrition (TPN) Units and the responsibilities of pharmacists in these units.
10. Oncology & Chemotherapy: Explains the pharmacist's responsibilities regarding medication orders, preparation, and administration in chemotherapy units.
11. Medication Reconciliation: Checks and manages the medications that patients bring to the hospital for their existing chronic conditions.
12. Hygiene Standards: Applies hygiene protocols in the hospital pharmacy and maintains a clean working environment.
13. Waste Management: Manages waste protocols, including the separation and disposal processes for hazardous and pharmaceutical waste.

14. Cold Chain Storage: Explains the proper use of pharmacy refrigerators and identifies medications that must be stored under refrigeration.
15. Environmental Monitoring: Performs temperature and humidity measurements within the pharmacy.
16. Calibration: Applies routine calibration procedures for refrigerators, thermometers, hygrometers, and weighing devices.
17. Cold Storage Facilities: Identifies cold rooms associated with the pharmacy, monitors their temperatures, and implements cold chain protocols.
18. Inventory Awareness: Identifies the essential medications that must be stocked in the pharmacy.
19. High-Alert Medications: Explains "high-risk/high-alert medications" and the special procedures applied to them (e.g., specialized packaging, labeling with specific warnings).
20. Specialized Storage Conditions: Explains the storage and warehousing processes for medications requiring specific conditions (e.g., protection from light, refrigeration, dry environments, etc.).

## Addendum 2



## T.C. BAHÇEŞEHİR UNIVERSITY SCHOOL OF PHARMACY INTERNSHIP EVALUATION REPORT

### I. Student and internship information

Student no:

Name:

Contact information for  
interned pharmacy:

Phone/Address:

Internship start date:

Internship end date:

### II. Internship evaluation

	20 points inadequate	40 points below average	60 points average	80 points above average	100 points excellent
Daily attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality regarding work times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obedience to work rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interactions with patients/customers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to communicate and work in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Desire for improving professional knowledge and skill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Desire for self-improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of duty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional skill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### III. Other observation and suggestions

### IV. Overall evaluation of the intern

Success evaluation: ( ) Successful ( ) Unsuccessful

Date of evaluation:

Supervising pharmacist's

Name Stamp and signature

\* To be delivered to the office of the dean in a sealed envelope after signing and stamping.