

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 PHARM4999: Internship II class requires each student to intern in an active hospital pharmacy for a minimum of thirty 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 benchmarks.**

### **INTERNSHIP II PHAR4999**

#### **HOSPITAL PHARMACY INTERNSHIP**

1. **Explains the basic information about the hospital where the internship is being conducted.**
  - a. Defines the type of hospital (university, state, high specialization, training and research, private, etc.).
  - b. Specifies the number and names of hospital services; the number and names of outpatient clinics; and the number of intensive care units.
  
2. **Explains the basic information about the hospital pharmacy where the internship is being conducted.**
  - a. Determines the number of pharmacists, clinical pharmacy specialists, and pharmacology specialists in the hospital pharmacy.
  - b. Describes the roles and responsibilities of a pharmacist as a healthcare professional in the hospital pharmacy.
  - c. Describes the number, qualifications, and responsibilities of auxiliary personnel.
  - d. Evaluates the hospital pharmacy's location 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. Assesses the classification, shelving, and storage system of medications.
  - f. Identifies the equipment and devices used in the hospital pharmacy.
  - g. Determines the working hours of the hospital pharmacy and explains the on-call duty system.
  - h. Identifies the average number of prescriptions prepared daily in the hospital pharmacy.
  - i. Describes the regulations that form the basis of all hospital practices and that hospital pharmacy staff must comply with.
  - j. Explains 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. Implements the documentation and recording procedures for purchased medicines and medical devices.

- 3. Manages the preparation and distribution of medicines and medical devices listed in prescriptions and physician order/request forms.**
  - a. Explains the medication distribution system used in the hospital (unit-dose, etc.).
  - b. Evaluates the compatibility of these systems with the free market and other hospitals, as well as their connection to the provision system; and identifies the components of prescriptions and physician order/request forms.
  - c. Implements the control and preparation of medicines, medical devices, and medical consumables listed in prescriptions and physician order/request forms.
- 4. Implements the registration, storage, and distribution procedures for narcotic drugs.**
- 5. Maintains records of medicines within the scope of purple and orange prescriptions and applies the submission procedure to the relevant institution.**
- 6. Identifies the committees in which pharmacists participate or hold membership (e.g., infection control committee, etc.).**
- 7. Implements the necessary safety precautions when working with hazardous drugs (e.g., cytotoxic drugs).**
- 8. Evaluates the preparation of intravenous solutions and cytotoxic drugs.**
- 9. Assesses Total Parenteral Nutrition (TPN) Units and the responsibilities of pharmacists in these units.**

## 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.