

# **MODULE**

## **PHARMACY PROFESSIONAL WORK PRACTICES (PPWP) IN PHARMACEUTICAL SERVICE FACILITIES IN HEALTH SERVICE AND COMMUNITY HEALTH CENTER**



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## **Foreword**

*Bismillahirrahmanirrahim*

Alhamdulillahirabbalalamin

All praise and glory belongs only to Allah. The owner of science and knowledge who has given us the ability to think and analyze and will conduct hisab for the use of that science and knowledge. May Allah SWT make us His servants who are able to be grateful for the grace and blessings of knowledge given. Aamiiin

With God's grace, grace and guidance, we have compiled a guidebook "Pharmacy PPWP" which can be used in implementing Pharmacy Professional Work Practices (PPWP) in the Fikes Pharmacist Professional study program at UIN Syarif Hidayatullah Jakarta. We hope that this book can be used as a guide and help prospective pharmacists in implementing PPWP activities.

We hope this work is evaluated as a form of our gratitude for the blessings of knowledge and knowledge that God has given.

Ciputat, June 2024

Head of the Pharmacist Study Program

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# **CHAPTER I**

## **INTRODUCTION**

### **A. Pharmacist's Oath**

By God, I swear:

I will dedicate my life for the benefit of humanity, especially in the health sector;

1. I will keep everything I know confidential because of my work and my knowledge as a pharmacist;
2. Even if threatened, I will not use my pharmaceutical knowledge for something that is contrary to humanitarian law;
3. I will carry out my duties to the best of my ability in accordance with the dignity and noble traditions of the pharmaceutical position
4. In carrying out my obligations, I will make serious efforts so as not to be influenced by considerations of religion, nationality, ethnicity, party politics and social position.
5. I swear this oath seriously and with full conviction

Almighty God protect me.



(PP No. 20 of 1962)

## **B. Indonesian Pharmacist Code of Ethics**

### **Preface**

That a pharmacist, in carrying out his duties and practicing his expertise, must always hope for the guidance and pleasure of God Almighty. Pharmacists in their service and in practicing their expertise always adhere to the pharmacist's oath/promise. Being aware of this, the PUSKESMAS calls pharmacists in their professional service guided by one moral bond, namely:

### **CHAPTER I**

#### **GENERAL OBLIGATIONS**

##### **Article 1**

A pharmacist must uphold, live and practice the pharmacist's oath.

##### **Article 2**

A pharmacist must try to seriously understand and practice the Indonesian Pharmacist Code of Ethics.

##### **Article 3**

A pharmacist must always carry out his profession according to the competence of Indonesian pharmacists and always prioritize and adhere to humanitarian principles in carrying out his obligations.

##### **Article 4**

A pharmacist must always actively follow developments in the health sector in general and in the pharmaceutical sector in particular.

##### **Article 5**

In carrying out their duties, every Pharmacist must distance themselves from seeking personal gain which is contrary to the dignity and noble traditions of the pharmaceutical position.

##### **Article 6**

A Pharmacist must be virtuous and be a good example to others.

Article 7

A pharmacist must be a source of information in his profession.

Article 8

A pharmacist must actively follow developments in legislation in the health sector in general and the pharmaceutical sector in particular.

**CHAPTER II**

**PHARMACY'S OBLIGATIONS TOWARDS PATIENTS**

Article 9

A pharmacist in carrying out pharmaceutical practice must prioritize the interests of society and respect the human rights of sufferers and protect human beings.

**CHAPTER III**

**PHARMACY'S OBLIGATIONS TOWARDS COLLEAGUES**

Article 10

A pharmacist must treat his colleagues as he himself would like to be treated.

Article 11

Fellow pharmacists must always remind and advise each other to comply with the provisions of the Code of Ethics.

Article 12

A pharmacist must use every opportunity to increase good cooperation among pharmacists in maintaining the noble dignity of the pharmaceutical position, as well as strengthening mutual trust in carrying out their duties.

**CHAPTER IV**  
**PHARMACY'S OBLIGATIONS**  
**OTHER HEALTH OFFICER COLLEAGUES**

Article 13

A pharmacist must use every opportunity to build and improve professional relationships, mutual trust, respect and respect for fellow health workers.

Article 14

A pharmacist should abstain from actions or actions that could result in reduced/lost public trust in other health workers.

**CHAPTER V**

**CLOSURE**

Article 15

A bePUSKESMA Pharmacist truly appreciates and practices the code of ethics for Indonesian pharmacists in carrying out their daily pharmaceutical duties. If a pharmacist, whether intentionally or unintentionally, violates or does not comply with the Indonesian Pharmacist code of ethics, then he is obliged to acknowledge and accept sanctions from the government, the association/organization is accountable to God Almighty.

(XVII ISFI National Congress 2005)

### **C. Indonesian Pharmacist Competency Standards**

The Indonesian Pharmacist Competency Standards consist of 10 (ten) competency standards. Competency in these ten standards is a requirement to enter the world of work and undertake professional practice.

#### **Competency standards:**

01. Practice pharmacy professionally and ethically
02. Optimizing the use of pharmaceutical preparations
03. Dispensing pharmaceutical preparations and medical devices
04. Providing information on pharmaceutical preparations and medical devices
05. Formulation and production of pharmaceutical preparations
06. Preventive and promotive efforts for public health
07. Management of pharmaceutical supplies and medical devices
08. Effective communication
09. Organizational skills and interpersonal relationships
10. Increasing personal competence

A detailed explanation of each standard can be seen in the complete text of the Indonesian pharmacist competency standards published by the Indonesian Pharmacists Association.



## **D. PPWP Rules and Regulations**

While carrying out Pharmacist Professional Work Practices, all participants are required to comply with the following rules:

- 1) Following the supply held both by the study program and by the PPWP implementation site
- 2) Wear practice clothes
- 3) Wear personal identification
- 4) Follow all applicable procedures in the area where the practice is carried out. 5) Maintain the good name of the institution, both the campus institution and the practice site. 6) Fill in the daily activity logbook. This logbook will be one of the parts that will be assessed by the supervisors
- 7) Carry out guidance with both supervisors (preceptor and campus supervisor)
- 8) Make a final practice report including special assignments given

## **E. Pharmacist Learning Achievements**

The learning outcomes of the pharmacist professional study program can be described as follows:

### **1. Mastery of knowledge**

- [1] Able to solve problems in the development and management of pharmaceutical preparations using a pharmaceutical science approach
- [2] Able to manage and solve problems related to current issues of health services and community welfare

### **2. Work ability**

- [1] Able to evaluate and develop strategies with an evidence-based approach in design, manufacture/preparation. Distribution, management and/or service of pharmaceutical preparations to optimize the success of therapy
- [2] Able to carry out pharmaceutical practice professionally and responsibly in accordance with the provisions of laws and regulations and the pharmacist's code of ethics
- [3] Actively involved in monitoring drug use, collaborative work between professions, public health services by maintaining/maintaining a patient or consumer centered perspective
- [4] Carrying out research, identifying and solving problems to contribute to improvements in pharmaceutical science
- [5] Be assertive in leadership, be a role model, have an entrepreneurial attitude, have decision-making skills and self-management skills

### **3. Authority and responsibility**

- [1] Able to make decisions on strategic matters in the pharmaceutical sector in his professional work independently, lead and manage group work, and be responsible for achieving group work results in accordance with statutory regulations invitations that take place
- [2] Able to communicate and collaborate interpersonally and interprofessionally to solve problems related to pharmaceutical practice,

develop and maintain working networks with the professional community and clients

[3] Able to evaluate oneself and manage one's own learning in an effort to improve the practice ability of the pharmacist profession

[4] Applying statutory regulations and their meanings to pharmaceutical practice, pharmaceutical affairs and public health, in particular regulating the preparation and delivery of pharmaceutical preparations and related products (“quasi” medicines, cosmetics, medical devices and regenerative medicines)

## **F. PPWP Qualification**

**Preceptor qualifications** are as follows:

1. Pharmacists work full time at PPWP premises
2. Have STRA, SIPA and/or SIKA
3. Have been practicing for at least 2 years.
4. The minimum qualifications of a preceptor from Industry are to hold a position *supervisor*. Preceptors from community health centers are recommended as pharmacist practitioners who are actively involved in public health efforts.
5. Have adequate pedagogical skills so that they are able to adapt to learner needs as evidenced by participation in preceptor training held by PTF or the Association of Pharmacy Colleges or others
6. Have a commitment to educating and taking a role in modeling *preceptorship* marked with a letter of readiness.
7. Willing to provide clinical supervision according to the Semester Learning Plan (RPS) and guidelines provided by PPA.
8. Carry out professional practices in accordance with Indonesian pharmacist competency standards in an ethical and professional manner

9. Support professional development by continuously developing skills as a preceptor, for example through training and certification from professional organizations.

### Qualifications of Supervisors

The requirements for PPWP supervisors are as follows:

1. Minimum academic qualification is a master's degree or applied master's degree relevant to the study program
2. PPWP supervisors are certified as educators.
3. At least 2 (two) years of teaching experience.

### Role of Lecturers and Preceptors

The roles of preceptors and supervisors can be described in the following table: *Table 1. Role of Lecturers and Preceptors*

Lecturer's Role	The Role of the Preceptor
<ol style="list-style-type: none"> <li>1. Provide material supplies and <i>soft skill</i>.</li> <li>2. Communicate with preceptors regarding practical student development.</li> <li>3. Monitoring and evaluating (supervising) the implementation of PPWP</li> <li>4. Ensure (validate) learning outcomes for the pharmacist profession</li> <li>5. Carry out assessments or convey assessments from preceptors for the benefit of higher education.</li> </ol>	<ol style="list-style-type: none"> <li>1. Become an adherent (<i>role model</i>)</li> <li>2. Become a facilitator (motivate, provide opportunities)</li> <li>3. Becoming <i>educator</i>(educate, teach)</li> <li>4. Become an evaluator (assess and provide feedback)</li> </ol>

### **Preceptor Ratio: Students and Lecturer Ratio: Students**

The ideal number or ratio of preceptors and students can be influenced by the mentoring model (*preceptorship*) used. The optimal preceptor:student ratio following the LAMPTKES accreditation assessment reference is 1:5, or can use 1:10 if the preceptor is assisted by *co-preceptor* (eg. PPWP in hospitals). Meanwhile, the ideal lecturer: student ratio is 1:4.

## **CHAPTER II**

### **MATRIX OF PPWP ACTIVITIES IN DINCHES AND PUSKESMAS**

The Community Health Center, hereinafter referred to as the Community Health Center, is the technical implementation unit of the district/city health service which is responsible for carrying out health development in a work area. Pharmaceutical services are one form of important health service provided by community health centers. There are two standards of pharmaceutical services at the Health Office and Community Health Centers which include:

a. management of Pharmaceutical Preparations and Consumable Medical Materials

- (1) needs planning;
- (2) request;
- (3) acceptance;
- (4) storage;
- (5) distribution;
- (6) control;
- (7) recording, reporting and archiving; And
- (8) management monitoring and evaluation.

b. Clinical pharmacy services which include:

- (1) review of prescriptions, delivery of drugs, and provision of drug information; (2) Drug Information Services (PIO);
- (3) counseling;
- (4) patient rounds/visits (especially inpatient health centers);
- (5) monitoring and reporting of drug side effects;
- (6) monitoring drug therapy; And
- (7) evaluation of drug use.

#### **PPWP objectives**

The work practice of the pharmacist profession has the main objective, namely to prepare prospective pharmacists who can exceed learning achievements and are ready to face work in accordance with the minimum competency of their profession. Additional goals for PPWP students are:

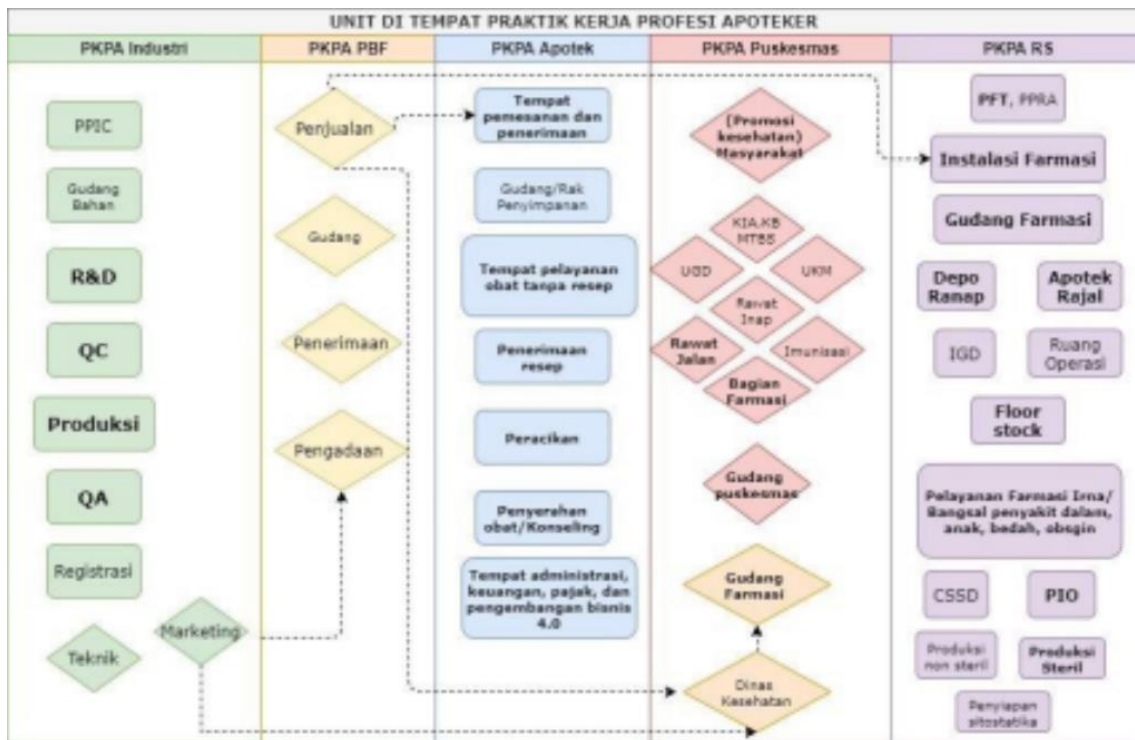
1. Provide opportunities for prospective pharmacists to see a real picture of the role, function, position and responsibilities of pharmacists in pharmaceutical work at pharmaceutical service facilities, namely community health centers
2. Provide specific responsibilities in accordance with student learning goals.
3. Provide students with experience in applying the knowledge they have to develop good values, attitudes and behavior in pharmaceutical work at community health centers.
4. Provide critical thinking skills to analyze the suitability between theory and practice, so that you are expected to be able to become a pharmacist who is ready to face work challenges.
5. Provide experience of being involved in cross-professional education with other health workers at the community health center
6. Providing experience to students to build the mentality of lifelong learners who can keep up with developments in knowledge and technology

**Supervision**

Students are guided by 2 supervisors (puskesmas/dinkes supervisor (preceptor) and supervisor from campus/PPSP).

**Material :**

The material that professional pharmacist students are expected to receive while taking PPWP at the health office/puskesmas is presented in the following picture.



*Bold print is the minimum rotation to fulfill the study material in accordance with pharmaceutical service standard references. Image taken from the PPWP guide issued by APTFI).*

Apart from the above, students are also asked to study the following things: A.

### **Administrative and Legislative Aspects**

Administrative and legislative aspects related to PUSKESMAS and DINKES.

### **B. PUSKESMAS organization**

- Goals, tasks, functions of PUSKESMAS/DINKES
- Vision, Mission of PUSKESMAS/DINKES
- Classification of PUSKESMAS/DINKES
- PUSKESMAS/DINKES Organizational Structure
- Existing Functional Medical Staff (SMF).
- Implementation of Regulation of the Minister of Health of the Republic of Indonesia Number 74 of 2016



## Activity Matrix

While carrying out PPWP, students are required to be able to learn about various diseases and how to deal with them as stated in table 2, a number of medicines as in table 3, and the medical equipment available at the PPWP site.

*Table 2. Complaint classification table and resolution for minor complaints*

<b>Disease Class</b>	<b>Major Complaint (health centers and hospitals)</b>	<b>Minor Complaints (pharmacies and health centers)</b>	<b>Drug OTC to resolve minor complaints</b>
Gastrointestinal	Acute and chronic abdominal pain Susp. hernia hiatus Gastric erosion soup Peptic ulcer Chronic diarrhea Chronic constipation Intestinal inflammation Severe food poisoning	Dyspepsia GERD Heartburn Morning sickness Pin Nausea, vomiting Travel sickness Mild food poisoning Non-chronic diarrhea and traveler's diarrhea Mild stomach pain Hemorrhoids	Antacid Medicines to treat stomach acid Laxative Antemintic Antidiarrhoeal Oral rehydration Anti-nausea-vomiting
Respiratory system	Asthma Bronchitis Pneumonia Streptococcus infection Pertussis Meningitis COPD	ISPA Influenza Allergic Rhinitis Sore throat Sinusitis	Antitussive Expectorant-mucolytic Oral antihistamines Bronchodilator Decongestant Analgesic and antipyretic Inhalation Vitamin C Oral antiseptic Mouthwash
Oropharyngeal system		Canker sores/inflammation of the mouth	Anti-inflammatory

<b>Disease Class</b>	<b>Major Complaint (health centers and hospitals)</b>	<b>Minor Complaints (pharmacies and health centers)</b>	<b>Drug <i>OTC</i> to resolve minor complaints</b>
		Toothache Dental disease Oral candidiasis Herpes simplex	Mouthwash Analgesic Dental care supplements
Integumentary System (skin)	Chronic dermatitis Psoriasis ADR Rashes Bacterial infection Melanoma	Acne Mild dermatitis Fungal infection Viral infection (herpes) Lice Scabies Diaper rash Insect bites Dandruff Paronychia Urticaria Pruritus	Emollient Antihistamines Hydrocortisone Antifungal Antiherpes Keratolytic Antiacne Insecticide Wart medication Acne therapy Sunscreen Antiseptic and disinfectant Nicotinic acid Antipruritic
Headache	Head hemorrhage (subarachnoid) Meningitis Trauma	Tension Migraine Dizziness due to common cold, sinusitis, or eye problems	Antipyretic analgesic Antimigrain Decongestant
Overcoming problem with women	Amenorhe Dysmenorrhea Kidney infection Cystitis Vaginal discharge Endometriosis	Dysmenorrhea Premenstrualsyndrome Cystitis Vaginal Candidiasis	Analgesic NSAIN Antispasmodic Anti-infective/antibacterial Pyridoxine Potassium/sodium citrate Hexam Magnesium supplements
Ear disease	Severe otitis media Glue ear Chronic ear pain	Mild pain Cerumen/Wax Mild otitis media	Oral analgesic Cerumolytic Decongestant
Eye disease	Severe conjunctivitis	Mild conjunctivitis	Anti-infective

<b>Disease Class</b>	<b>Major Complaint (health centers and hospitals)</b>	<b>Minor Complaints (pharmacies and health centers)</b>	<b>Drug <i>OTC</i> to resolve minor complaints</b>
	Cross-eyed Herpes simplex Blurred vision Glaucoma	Red eye Timbil Dry eyes Blepharitis Allergy Contact lens care	Eye wash Antihistamines Kormoglicate Artificial tears (Artificial tears) Contact lenses
Musculoskeletal system	Big wound Reumotoid arthritis Chronic back pain Sciatica Gout Fibrosis Neuralgia Trigeminal	Joint/muscle pain Minor injuries Arthritis	Analgesic NSAID Liniment (rubs/rubafecient)
Miscellaneous	Supplement		Vitamins and Minerals Tonic Antioxidant Fish oil
	Malaria		Antimalarial agent Insect exterminator
	Contraception		Spermicide Barrier contraception (condoms, tampons, etc.)

*OTC: Over the counter; drugs that can be given to patients without a prescription*

Services at the hospital include outpatients, inpatients and referral patients for health facilities 2 and health facilities 3. The drug reference that PPSP students must master is the national list of essential medicines (DOEN).

*Table 3. List of Medicines that must be mastered in each PPWP place in the field of service  
(W=preferred, √=given if in a PPWP place where W has not been given)*

Group (DOING)	Sub Groups (DOING)	Types of Medicine	RS	Pharmacy	PKM	UKAI
1. Analgesic	1.1. analgetik drugs	fentanyl, codeine, morphine, pethidine sufentanyl	IN	√	√	Nervous system and mental health (8-10%)
	1.2. Analgetik non narcotic	ibuprofen, ketoprofen, diclofenac, paracetamol	√	IN	IN	
	1.3. Antipyres	Allopurinol, colchicine	√	IN	IN	
2. Anesthetic	2.1. Local anesthetic	Bupivacaine, lidocaine, ethyl chloride	IN	√	√	
	2.2. General anesthetic and oxygen	Halothane, isoflurane, ketamine, NO, oxygen, propofol, thiopental	IN	√	√	
	2.3. Surgical procedure medication	Atropin, diazepam, midazolam	IN	√	√	
3. Antiallergic and medication for anaphylaxis		Dexamethasone, diphenhydramine, epinephrine, chlorpheniramine, loratadine, cetirizine	√	√	√	
4. Antidote and medicine for poisoning		Atropine, calcium gluconate, naloxone, sodium bicarbonate, sodium thiosulfate, protamine sulfate, magnesium sulfate	√	√	√	
5. Antiepileptic anticonvulsants		Diazepam, phenytoin, phenobarbital, carbamazepine, magnesium sulfate, valproic acid	√	√	√	Nervous system and mental health (8-10%)
6. Anti-infective	6.1. Anthelmintic	Antelmintik intestinal (albendazol, mebendazol, pirantel pamoat), antifilaria (dietil karbamazepin), antisistosoma (prazikuantel),	√	IN	IN	Infection (20-25%)
	6.2. Antibacterial	Beta lactams, tetracyclines, chloramphenicol, co-trimoxazole, macrolides, aminoglycosides, quinolones, others (metronidazole,	IN	√	IN	

		vancomycin)				
	6.3. Anti-infective special	Antilepra (dapson, clofazimine, rifampicin), antituberculosis (bedaquine fumarate, isoniazid, KDT, kombipak, antifungi	√	√	IN	
	6.4 Antifungals	Amphotericin, fluconazole, griseofulvin, ketoconazole, nystatin	IN	IN	IN	
	6.5. Antiprotozoa	Antiamoebic, antimalarial	IN	√	IN	
	6.6. Antivirus	Antiherpes, ARV (NRTI/NNRTI), protease inhibitor, kombinasi NRTI-NNRTI,	√	IN	IN	
7. Antimigren		Ergotamine, kafein	√	IN	IN	Nervous system and mental health (8-10%)
8. Antineoplastics, immunosuppressants, palliative drugs	8.1. Hormones and antihormon	Anastrozole, dexamethasone, methyprednisolone, tamoxifen	IN	IN	√	Endocrine System (5- 10%)
	8.2. Immunosuppressants	Azathioprine, hydroxychloroquine, methotrexate, cyclosporine	IN	√	√	Oncology etc. 8-10%
	8.3. Cytotoxic	asparaginase, bleomycin, busulfan, dacabazin, dactinomycin, daunorubicin, doxorubicin, decetaxel, etoposide, fluorouracil, hydroxyurea, ifosfamide, chlorambucil, melphalan, mercaptopurine, methotrexate, paclitaxel, cyclophosphamide, cisplatin, cytarabine, vinblastine, vincristine	IN	√	√	Oncology etc. 8-10%
	8.4. others	calcium folinate, mesna	IN	IN	IN	Oncology etc. 8-10%
9. Antiparkinson		combination antiparkinsonian (KDT/FDC)	IN			
10. Medicine influence blood	10.1. Antianemia	folic acid, iron salts,	√	IN	IN	
	10.2. The	fitomeadion, heparin, protamin,	IN	√	√	

	medicine that influence coagulation	warfarin				
	10.3. Iron intoxication	deferoksamin	IN	√	√	
11. Blood products and substitutes plasma	11.1. Blood products	factor VIII, factor IX	IN	√	√	
	11.2. Replacement plasma	plasma protein fraction, gelatin gol plasma substitute	IN	√	√	
12. Agent diagnostic	12.1. Radiological contrast material	barium sulfate, iohexol, iopomidol	IN	√	√	
	12.2. Function test	Eyes (sodium fluorescein, tropicamide), skin (tuberculin protein)	IN	√	√	
13. Antiseptic and disinfectant	13.1. Antiseptic	hydrogen peroxide, chlorhexidine, povidone iodine	IN	√	√	
	13.2. Disinfectant	ethanol, calcium hypochlorite	IN	√	IN	
	13.3. Others	paraformaldehyd	IN	√	√	
14. Medicinal ingredients medicine and dentistry mouth	14.1. Antiseptic and root canal treatment material	eugenol, formocresol, gutta percha, calcium hydroxide, chlorphenol camphor menthol, chlorhexidine, sodium hypochlorite, root canal filling paste	√	IN	IN	
	14.2. Antifungal orofaringeal	nystatin	√	IN	IN	
	14.3. Medicine for caries prevention	fluor	√	√	IN	
	14.4. Dense material	temporary dense material, ionomet gas	√	√	IN	
	14.5. Prepare other	dental local anesthetic, articulating agent, ethylchloride, lidocaine, devitalizing paste, surgical gingivalic pack	√	√	IN	
15. Diuretic		furosemid, manitol, spironolakton	IN	√	√	System cardiova

						scular 10- 12%
16. Hormones, other endocrine drugs, contraception	16.1. Hormone ADH	desmopressin, vasopressin	IN	√	√	Endocri ne system 5- 10%
	16.2. Antidiabetic	antidiabetes oral (sulfoniurea, metformin), antidiabetes parenteral	IN	IN	IN	
	16.3. Hormones sex and medicine fertility	androgens (testosterone), estrogen, progesterone (MPA, norethisterone), contraceptives,	√	IN	IN	
	16.4 Thyroid and antithyroid hormones	levotiroksin, lugol, propiltiourasil, tiamazol	IN	IN	v	
	16.5. Corticosteroids	dexamethasone, hydorcortisone, methylprednisolone, prednisone	IN	IN	v	
17. Medicine cardiovascular	17.1. Antiangina	atenolol, diltiazem, gliseril trinitrat, ISDN	√	√	√	System cardiova scular 10- 12%
	17.2. Antiaritmia	amiodarone, digoxin, lidocaine, propranolol, verapamil,	√	√	√	
	17.3. Antihypertensi ve	amlodipine, bisoprolol, diltiazem, hydrochlorthiazide, kandesartan, captopril, clonidine, lisinopril, methyldopa, nifedipine, nicardipine, valsartan	IN	IN	√	
	17.4. Anti-platele t aggregation	acetylsalicylic acid, clopidogrel,	IN	√	√	
	17.5. Thrombolytic	streptokinase	IN	√	√	
	17.6. Medicine for heart failure	bisoprolol, digoxin, furosemide, ISDN, captopril, carvedilol, ramipril	IN	√	√	
	17.7. Shock medication cardiogenic	dobutamine, dopamine, epinephrine, norepinephrine	IN	√	√	

	17.8. Antihyperlipidemia	fenofibrat, gemfibrozil, simvastatin,	IN	IN	IN	
18. Topical medication for the skin	18.1. Antiakne	retinoic acid	√	IN	IN	Leather 3-5%
	18.2. Antibacterial	chloramphenicol, sodium fusidate, silver sulfadiazine,	√	IN	IN	
	18.3. Antifungal	KDT (benzoic-salicylic acid), ketoconazole, miconazole, nystatin	√	IN	IN	
	18.4. Anti-inflammatory and Anti-pruritic	betamethasone, hydrocortisone, mometasone	√	IN	IN	
	18.5. Antiscabies and antipediculosis	permethrin, ointment 2-4	√	IN	IN	
	18.6. Caustic	silver nitrate podophylline	√	√	IN	
	18.7. Keratolytic	salicylic acid, carbonic liquor	√	IN	IN	
	18.8. Others	salicyl powder, urea	√	IN	√	
19. Peritoneal dialysis solution		peritoneal dialysis, hemodialysis	IN	√	√	
20. Solution Electrolytes, nutrients, etc	20.1. Oral electrolytes	ORS, potassium chloride, sodium bicarbonate	√	IN	IN	
	20.2. Electrolyte parenteral	solutions contain amino acids, solutions contain electrolytes, solutions contain carbohydrates, solutions contain carbohydrates + electrolytes, solutions contain lipids	IN	√	√	
	20.3. Water for injection		IN	√	√	
21. Medicine for eye	21.1. Local anesthetic	Tetrakain	√	IN	IN	eyes, nose, ears 3-5%
	21.2. Antimicrobial	Gentamicin, chloramphenicol, oxytetracycline ointment and eye drops	√	IN	√	



	21.3. Anti-inflammatory		√	IN	√	
	21.4. from Mydria		√	IN	√	
	21.5. Miotic and antiglaucoma	Asetazolamid, pilokarpin, timolol	√	IN	√	
22. Oxytoxic		Methylergometer, oxytocin	IN	√	√	
23. Psychopharmaceuticals	23.1. Antiansietas	diazepam, lorazepam	IN	√	√	Nervous System
	23.2. Antidepressant	amitriptilin	IN	√	√	
	23.3. Anti-obsession compulsively		IN	√	√	
	23.4. Antipsychosis	haloperidol, chlorpromazine	IN	√	√	
	23.5. Medicine for ADHD	methylphenidate	IN	IN	IN	
	23.6. Medication for bipolar disorder	lithium carbonate, valproate	IN	√	v	
	23.7. Medicine for methadone maintenance program	methadone	IN	√	√	
24. Muscle relaxants and cholinesterase inhibitors	24.1. Inhibitors and promoters of neuromuscular transmission	atrakurium, neostigmin, rokuronium	IN	√	√	
	24.2. Medicine for myasthenia gravis	pyridostigmine, neostigmine	IN	√	√	
25. Medicine for gastrointestinal tract	25.1. Antacid and	Antacids, omeprazole, ranitidine	√	IN	IN	Gastrointestinal 10-

	antiulcer					15%
	25.2. Antiemetic	Dimenhydrinate, domperidone, chlorpromazine, metoclopramide	IN	IN	√	
	25.3. Antihemoroid	Bismuth subgallate, hexachlorophene, lidocaine, zinc oxide	IN	√	√	
	25.4. Antispasmodic	Atropin, hiosin, butilbromid	√	IN	IN	
	25.5. Medicine for diarrhea	ORS salt, zinc	√	IN	IN	
	25.6. They are cathartic	Glycerin, bisacodyl, lactulose	√	IN	IN	
	25.7. Medicine for anti-inflammatory	Sulfasalazine	IN	√	√	
26. Medicine for airway	26.1. Antiasthma	Aminophylline, budesonide, dexamethasone, epinephrine, ipatropium bromide, methylprednisolone, salbutamol, terbutaline	√	IN	IN	throat and nose 3-5%
	26.2. Antitussive	Codeine	√	IN	IN	
	26.3. Expectorant	n-acetylcysteine	√	IN	IN	
	26.4. Medicine for COPD	Ipratropium bromide, salbutamol	√	IN	IN	
27. Medicine that influence immune system	27.1. Serum and immunoglobulin (P)	Hepatitis B immunoglobulin, human tetanus immunoglobulin, anti-snake venom serum, ABU I, ABU II, anti-diphtheria serum, anti-rabies serum, anti-tetanus serum	√	√	√	
	27.2. Vaccine	Polio, BCG, DPT, HiB, DT, TD, MR, Rabies	√	√	IN	
28. ENT medicine		Hydrogen peroxide, carboglycerin, lidocaine, oxymetazoline	√	√	IN	
29. Vitamins and Minerals		Vitamin C, Vitamin D, Calcium Gluconate, Calcium carbonate, KDT Iron and Folic Acid,	√	IN	IN	

		Pyridoxine, Retinoid.				
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## ***Study Materials Based on Medical Devices***

The classification of Medical Devices is broadly divided into two, namely

1. Based on risk (referring to the ASEAN Medical Device Directive/AMDD) division of Medical Devices based on the risks posed by the use of Medical Devices on patients includes:

- a. class A poses a low risk;
- b. class B poses low to moderate risk; c. class C poses moderate to high risk; and d. class D poses a high risk.

Distribution of Diagnostic Medical Devices *In Vitro* Based on the risks posed by misinterpretation of examination results to individuals and society, they are divided into:

- a. class A poses a low risk to individuals and society; b. class B poses a moderate risk to individuals and a low risk to society;
- c. class C poses a high risk to individuals and a moderate risk to society; And
- d. class D poses a high risk to individuals and society.

Distribution of Household Health Supplies (PKRT) based on the risks posed by the use of PKRT to users, is divided into: a. class 1 poses low risk;

- b. class 2 poses moderate risk; And
- c. class 3 poses a high risk.

2. Based on the function of use

Study materials related to medical devices refer to Minister of Health Regulation No. 62 of 2017 concerning distribution permits for medical devices, in vitro diagnostic medical devices and household health supplies. The division of medical devices includes classification; medical equipment, clinical chemistry and clinical toxicology equipment, immunology equipment and microbiology, anesthesia equipment, cardiology equipment, dental equipment, ear nose and throat (ENT) equipment, gastroenterology-urology (GU) equipment, general and individual hospital equipment (RSU&P), neurology, eye, obstetrics and gynecology, orthopedic equipment, equipment physical hygiene, radiology equipment, general surgical and plastic surgery equipment, tissue and cotton, washing preparations, cleaners, baby and maternal care products, disinfectants, fragrances and household pesticides.

No	ELEMENTS OF COMPETENCY	ACHIEVEMENT INDICATORS
1	Explain the duties, functions, organizational structure and responsibilities of pharmacists in pharmaceutical work at PUSKESMAS	<ul style="list-style-type: none"> <li>Students can understand the duties, functions, organizational structure and responsibilities of pharmacists in pharmaceutical work at PUSKESMAS in accordance with standards pharmacy services at PUSKESMAS</li> </ul>
2	Health promotion public	<ul style="list-style-type: none"> <li>Students are able to carry out health promotion efforts in the community</li> </ul>
3	Designing Supplies Management and Pharmacy Management at PUSKESMAS	<ol style="list-style-type: none"> <li>Students can carry out drug procurement planning and health supplies</li> <li>Able to store medicine and health supplies</li> <li>Able to carry out the function of distributing medicines and health supplies, including:               <ol style="list-style-type: none"> <li>Planning and selection</li> <li>Drug budget</li> <li>Supplier Selection</li> <li>Procurement Method</li> <li>Warehouse Requirements</li> <li>Production System</li> <li>Storage System</li> <li>Distribution system and control</li> </ol> </li> </ol>
4	Conduct problem analysis in relation to DTPs (Drug Therapy Problems) drugs	<ol style="list-style-type: none"> <li>Students can explain drug therapy problems: Indications that are not given therapy, patients receiving drugs without indications, inappropriate drug selection, subtherapeutic doses, excessive doses, patients not getting drugs (patients not using drugs according to schedule) correctly.</li> </ol>

		<ol style="list-style-type: none"> <li>2. Students can propose the completion of DPT and/or matters related to patient compliance systematically.</li> <li>3. Students can calculate drug doses for patients who require dose adjustments such as body weight, kidney function, liver function, and age appropriately,</li> </ol>
5	Providing communication, information and education services as well as a drug information center	<ol style="list-style-type: none"> <li>1. Students are able to carry out consultation, information and education functions related to drug use for sufferers and their families</li> <li>2. Able to provide drug information services to patients and families who need them</li> </ol>
6	Learn about various diseases that are commonly found in community health centers and how to deal with them according to table 2	<ul style="list-style-type: none"> <li>• Mastering various diseases that are common in community health centers and how to deal with them according to table 2</li> </ul>
7	Study the various medicines commonly found in community health centers according to table 3	<ul style="list-style-type: none"> <li>• Master various medicines commonly found in community health centers</li> </ul>
8	Learn about various health equipment commonly found in community health centers	<ul style="list-style-type: none"> <li>• Master various health tools commonly found in community health centers</li> </ul>

<b>No</b>	<b>Standards to be achieved regarding clinical competency in PPWP at PUSKESMAS</b>	<b>Evaluation indicators on PPWP</b>	<b>Activities for Achieving Competency</b>
1	Able to validate recipes.	Has validated more than 50 recipes	DRP analysis and prescription validation
2	Able to evaluate drug therapy options in prescriptions.	Has evaluated drug therapy in prescriptions > 30 prescriptions	Collection and evaluation of prescriptions
3	Able to provide recommendations for pharmaceutical preparation options in self-medication services	Has recommended therapeutic options for self-medication 10 times	Make recommendations for self-medication therapy options
4	Able to prepare and/or make non-sterile pharmaceutical preparations.	Preparing powder mix preparations > 25 recipes, cream preparations > 10 recipes,	Prepare the concoction
5	Able to guarantee the quality of pharmaceutical preparations.	Identify conditions storage of pharmaceutical preparations that are in PUSKESMAS Generally available in pharmacies	Analysis and identification of preparations and storage methods
6	Able to hand over pharmaceutical preparations to patients	Have observed the delivery of medicines to patients at the pharmacy > 100 times	Observe the process of dispensing prescription drugs to patients

7	Able to explore, analyze and prepare drug and treatment information.	Prepare drug information materials on > 100 prescriptions	Selecting recipes, conducting information studies
8	Able to manage information services, consultations, education about drugs and treatment.	Carrying out 5 simulations of information, consultation and education services	Observation of information services, consultations and patient education
9	Able to build effective communication with health workers and patients.	Conduct simulations	Observation and case collection
10	Able to manage conflict and build group cooperation	Make decisions on case studies	Observation and case collection
11	Able to build interprofessional relationships with health workers	Carrying out simulations	Observation and case collection
12	Able to do practice pharmacy in a professional, legal and ethical manner.	Explains relevant pharmaceutical legislation, norms and ethics in 10 case studies.	Observation and case collection
13	Show attitude responsible in social life.	Explaining a pharmacist's choice of attitude in 10 case studies	Observation and case collection



**ASSESSMENT SHEET**  
**PHARMACY PROFESSIONAL WORK PRACTICES (PPWP)**  
 (By Advisors and Agencies)

Student Name : .....

NPM : .....

PPWP Place : .....

PPWP Time : .....

Guide / Assessor : .....

No	Assessment Components	Mark
1	Attendance and discipline	
2	Perseverance and work initiative	
3	Attitude and behavior	
4	Communication and collaboration skills	
5	Ability to access information	
6	Ability <i>problem analysis</i> and <i>problem solving</i>	
7	Mastery of theory	
8	Special Tasks	
9	Written/Oral Evaluation	
10	Practical Work Report	
<b>Amount</b>		
<b>Average value</b>		
<b>Final Grade (letter)</b>		

Date .....

Supervisor / Assessor

(.....)

Clear name and stamp

The final score for the Pharmacist Professional Work Practice is a combination of the preceptor's score combined with the score from the PPSP supervisor.

The assessment percentage is 60% of the value given by the preceptor and 40% is the value given by the PPSP supervisor.

**Rating letters and numbers**

No	Numerical Value	Letter
1	80 - 100	A
2	70 - 79	B
3	60 - 69	C
4	50 - 59	D

**PPWP participants are declared to have passed if the grade is at least B.**

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**PPWP Participant**

(.....)

(.....)

# **LOGBOOK OF DAILY ACTIVITIES OF PPWP PUSKESMAS PARTICIPANTS**

PPWP Participant Name – NIM	:	
Rotation Place		<ul style="list-style-type: none"> <li>• Public health promotion</li> <li>• Outpatient</li> <li>• Pharmacy department</li> <li>• Health center warehouse</li> <li>• Pharmacy warehouse</li> <li>• Other .....</li> </ul> <i>Circle according to activity</i>
Day/Date/Time	:	
The th day	:	

No	Description of Activities (according to the list of participant activities)	Output
1		
2		
3		

**Know,  
Preceptor**

**PPWP Participant**

(.....)

(.....)

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(.....)



## REFERENCE LIST

- Indonesian Higher Education Association (2021) *Pharmacist Professional Work Practice Guidelines* Central Executive of the Indonesian Pharmacists Association
- (2016) *Indonesian Pharmacist Competency Standards*.
- Republic of Indonesia (2016) *Minister of Health Regulation number 74 of 2016 concerning pharmaceutical service standards at community health centers*.