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Important Instructions to examiners:

1) The answers should be examined by key words and not as word-to-word as given in the model answer scheme.
2) The model answer and the answer written by candidate may vary but the examiner may try to assess the understanding level of the candidate.
3) The language errors such as grammatical, spelling errors should not be given more Importance (Not applicable for subject English and Communication Skills.
4) While assessing figures, examiner may give credit for principal components indicated in the figure. The figures drawn by candidate and model answer may vary. The examiner may give credit for any equivalent figure drawn.
5) Credits may be given step wise for numerical problems. In some cases, the assumed constant values may vary and there may be some difference in the candidate's answers and model answer.
6) In case of some questions credit may be given by judgement on part of examiner of relevant answer based on candidate's understanding.
7) For programming language papers, credit may be given to any other program based on equivalent concept.
8) As per the policy decision of Maharashtra State Government, teaching in English/Marathi and Bilingual (English + Marathi) medium is introduced at first year of AICTE diploma Programme from academic year 2021-2022. Hence if the students write answers in Marathi or bilingual language (English +Marathi), the Examiner shall consider the same and assess the answer based on matching of concepts with model answer.

Q. No.	Sub No.	Answers	Marking Scheme
1		**Answer any <u>SIX</u> of the following:**	**30M**
1	**a**	**Define prescription. Explain the various steps for proper handling of prescription for dispensing of medicines.** **Definition - 1M, Prescription handling 4M** A prescription is a written order issued by a registered medical practitioner or dentist or veterinary doctor or any other licensed medical practitioner to a pharmacist to compound or dispense a pre-formulated medication to the patient. **Prescription handling** The dispensing of medicines requires proper prescription handling. The various steps include - • Receiving the prescription • Checking the prescription • Assembling the medicines • Packing the medicines and labelling	**5**

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Q. No.	Sub No.	Answers	Marking Scheme
		● Billing and filling the patient medications report ● Instructions to the patient ● Endorsement **Receiving the prescription** - The pharmacist should receive the prescription from the patient or the relative in a professional manner with a smile, eye to eye contact and friendly courtesy. **Checking the prescription** - The pharmacist should always check the prescription for its proper format (legality) and completeness. In case of any difficulty, the pharmacist should consult another pharmacist or the prescriber. The pharmacist should never guess the medicines on a prescription as it may lead to serious issues. **Assembling the medicines** - While taking out the medicines from the shelves, the pharmacist should pay attention to the dosage form, strength and the expiry date. All the medicines should be kept in a tray. **Packing the medicines and labelling** - The medicines should be packed properly to keep the potency of the medicines intact. Medicines requiring storage in cold temperatures should be packed with ice packs. Proper labelling of the products is required in case dispensing is done from bulk containers. **Billing and filling the patient medications report** - The medicines should be checked for dosage form, strength, quantity and expiry date while billing. The pharmacist should make an entry into the patient medication report for each patient while billing. The bill should be signed by a registered pharmacist. **Instructions to the patient** - Patient counselling is an important step while dispensing of medicines. The pharmacist should provide instructions regarding dosing time and simple advice regarding the medications. **Endorsement** - The prescription should be stamped with date and sign of the pharmacist.	

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1	B	**Explain the stages of patient counselling.**	5

1 M for each point

Patient counselling by a pharmacist needs to be done in a systematic and organised manner in order to achieve the therapy goals. The various stages of patient counselling are
- Preparing for the counselling session
- Introduction
- Counselling content
- Counselling process
- Closing the counselling process

Preparing for the counselling session- Before the counselling session commences, the pharmacist should gather knowledge about the patient and the treatment details. The sources of information in a community pharmacy are the patients and their prescriptions or record of previous dispensing.

Introduction or opening of the counselling session- A pharmacist should introduce oneself with a smile and start the conversation after identifying the patient and in case the patient is elderly, child or illiterate, the accompanying person should be identified. It is a necessity to identify if the patient has the time for patient counselling, so can start with a sentence as 'Can I talk to you for a few minutes?'

The following information should be gathered from the patients
- Disease and its duration
- Treatment
- Past medications
- Allergies to drugs
- Habits as alcoholism, smoking, tobacco
- Use of alternative medicines

Counselling content- The following points should be included in the discussion
1. Name and strength of the medicine prescribed
2. How to take the medicines
3. How long will the medication take to show effect
4. Duration for which the medicines have to be taken
5. Benefits of the therapy
6. Possible adverse effects and explain that there is no drug in the world without side-effects
7. What is to be done in case of missed dose or an adverse drug reaction
8. Possibility of drug -drug interactions or drug- food interactions
9. Precautions to be followed during the treatment
10. Proper storage conditions of the medicines
11. Any diagnostic test to be performed before starting the medicines
12. Handouts for chronic conditions like diabetes, heart disease, hypertension

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Patient counselling process

The pharmacist explains the medications and treatment regimen to the patient. The counselling should be done with simple vocabulary in a language easily understood by the patient. Example 'This medicine is for high BP' instead of 'This medication is for hypertension.' The pharmacist should use the appropriate counselling aids like pictogram, patient information leaflets to support the counselling. The dosage marks for oral liquids should be displayed on measurement instruments. The colours, shapes, sizes and markings on the oral dosage forms should be told to the patient. Use of devices should be demonstrated.

Closing the counselling - The pharmacist needs to check the understanding of the patient regarding the counselling. Cross questioning or feedback questioning to the patient will help understand the pharmacist during the closing of the counselling session. The pharmacist needs to summarise the points in a sequence.

Follow up counselling can be done by the pharmacist to understand the patient's compliance of the treatment regimen.

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Q. No.	Sub No.	Answers	Marking Scheme
1	**C**	**Define OTC medication. Discuss the need and role of pharmacist in OTC medication dispensing.** **Definition 1M, Need of pharmacist(any four) 2M, Role(any four) 2M** Over-the-counter (OTC) medicines are the drugs which are available to the patients without a prescription. These medicines are called non-prescription medicines. **Need of pharmacist in OTC medication dispensing** ● The need for pharmacists in OTC medication dispensing is because none of the medicines are harmless. ● Patients should be advised the correct choice of OTC medicines. ● Need to check medications interactions with the earlier prescribed medications. ● To ensure rational and safe use of OTC medications. ● To avoid patients being misled by advertisements of OTC products. ● Include counselling tips like avoiding alcohol and prohibited drugs with OTC drugs ● Care during administration of OTC medicines in children and pregnant women ● Patients may have to be referred for doctor consultation if needed. ● Use of OTC medications saves time & money for minor health issues. It also reduces the burden on the GPs . It is useful in countries like India to approach the pharmacist for minor ailments , where the doctor to patient ratio is 1:1800. ● Some OTC medications are unproven, unscientific or irrational combinations **Role of pharmacists in OTC medication dispensing** ● Effective treatment - Pharmacists can help in effective treatment and reduce its cost ● Public health- Pharmacists can help improve public health by screening patients' health, providing information on drug safety, and deciding on rational use of OTC products. ● Rational use of medicines- Pharmacists need to check regarding interactions of OTC medications with herbal and dietary supplements or prescription drugs. ● Education and counselling - Pharmacists need to counsel patients regarding appropriate use of OTC products like dose, dosage form, route of administration, duration of action, special directions, precautions, side-effects, interactions and contraindications ● Keeping check - Pharmacists need to check OTC medicines interactions with other drugs, prescription drugs or with food.	**5**

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		● Preventing drug abuse and misuse - Pharmacists need to keep check on drug abuse and misuse by the patients. ● Referral to doctor - The community pharmacists need to identify whether OTC products are appropriate for the patient or the case needs to be referred to a doctor.	
1	**D**	**What advice should a pharmacist give for fever and sore throat?** **Fever 2.5 M, Sore throat 2.5 M** **Fever** Fever is a temporary rise in body temperature. Normal human body temperature is 98.6°F.. A fever may be a symptom of various illnesses, infections, some childhood vaccines, inflammation, food poisoning and works like a warning. The patient should be counseled to keep record of the body temperature and consult a doctor if the temperature shoots above 102 °F. A doctor should be consulted if fever persists for more than 2 days in small children, with convulsions, vomiting, difficulty in breathing, patients with cancer Non - pharmacological advice - 1. Maintain proper hygiene 2. Use cold water sponging (cool compress) 3. Stay hydrated by drinking plenty of fluids like water, juices, soups etc 4. Eat light, easy to digest food. 5. like a light towel 6. Avoid alcohol and caffeinated beverages. 7. Monitor body temperature using oral thermometers. Pharmacological advice - 1. Antipyretics as paracetamol, ibuprofen and aspirin 2. Children should not be administered aspirin 3. The antipyretics should be taken sos (when required) **Sore Throat -** A sore throat is a condition where the throat feels pain, dry, irritated and scratchy. Sore throat may be associated with runny nose, sneezing, nasal congestion, hoarse voice, bodyache, headache, loss of appetite, earache, allergies, excessive voice use, inflammation due to GERD, sinusitis, or tonsillitis. The patient should be advised to consult a doctor if the sore throat with fever more than 102°F persists for more than two days, sore throat lasts for more than a week,	**5**

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		difficulty in swallowing & talking, joint pain , earache or swelling in the neck, frequently occuring sore throat, hoarseness longer than 2 weeks
		Non - pharmacological advice -
		1. Maintain personal hygiene
		2. Gargle with warm salt water or antiseptics.
		3. Use humidifier
		4. Take rest to provide time for the body to fight against the infection. Give rest to the voice as well.
		5. Drink plenty of warm liquids like tea with honey, soup, broth, herbal tea.
		6. Use of liquorice, kadha
		Pharmacological advice -
		  1. OTC medicines like paracetamol, ibuprofen or aspirin can be recommended
		  2. Caretakers should be advised not to administer aspirin to children
		  3. Suck OTC throat lozenges containing cetylpyridinium chloride and dequalinium pastilles or hard candy or use cough syrup.
		  4. Use throat spray containing antiseptic like menthol or eucalyptus.
		  5. Use anti-inflammatory OTC products like benzydamine to reduce pain and inflammation in mouth and throat
		  6. Diabetic patients should be recommended sugar free pastilles	

1	**e**	**Discuss the factors for site selection for setting up a retail pharmacy.** **1 M for each point** The following factors should be considered while selecting a site for a new community pharmacy. Various factors are: 1. Physicians 2. Clinic/ Hospital 3. Other drug store 4. Flow of traffic 5. Parking 6. Business Locality 7. Residential areas 8. Developing areas 9. Near hotel, school, playground, cinema hall etc. 10. Visibility & accessibility	

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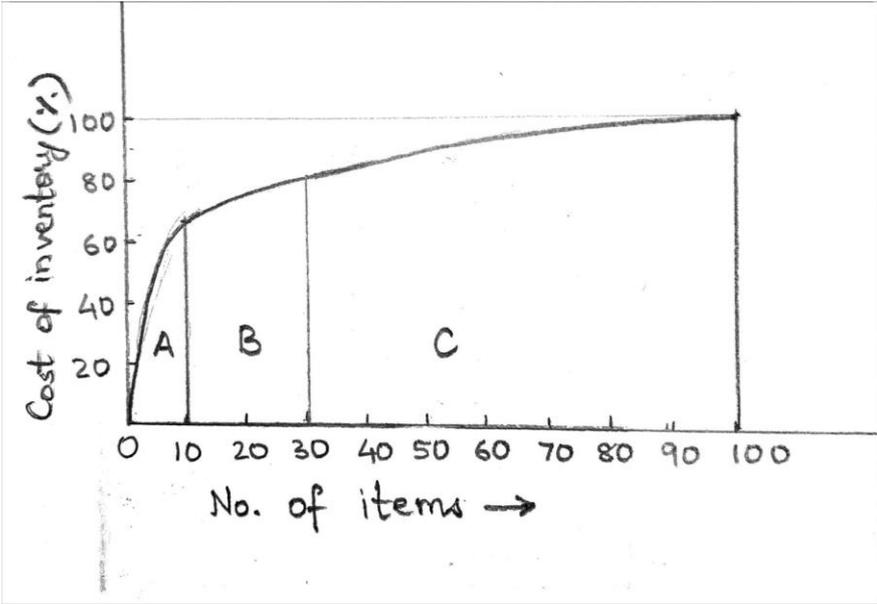| Q. No.	Sub No.	Answers	Marking Scheme
		1. Physicians: - If a location is having a good practice of more than three physicians, then 70% of business will come through prescriptions. But if physicians are dispensing their own medicines, they will prove to be competitors for the drug store. 2. Hospital: - If a hospital or clinic has a good practice of doctors without its own pharmacy, then it is considered to be a very good location. 3. Other drug stores: - The area where no other pharmacies exist should be selected, but if the potential is very high and already a number ofpharmacies are existing then this area may be selected. This area may become a major business centre for drugs. People in large numbers may visit the area thinking that all types of medicines are available and in turn the sales increase 4. Flow of traffic - A pharmacy should be in an area, where there is no traffic congestion. A pharmacy should not be opened near traffic signals or road circles as it may lead to traffic jams. It should be opened on that side of road which people take to reach their homes because people prefer to buy goods while returning home from their jobs 5. Parking: - Enough parking space is always advisable when selecting a location. 6. Business Locality: - Number of people coming to business locality is high. In this case, if shop is made attractive people may visit to purchase drug simultaneously. The disadvantage is that the shop is not easily available and the price of shop is very high. Huge investment is required to maintain the standard of pharmacy. 7. Residential areas: - Thickly populated areas should be selected for a pharmacy. People prefer to buy medicines from nearby areas 8.. Developing area: - Nowadays in cities new areas are developing fast. It is a good location to serve the needs of customers initially providing all types of services. Competition is not a problem in this area. 9. Near hotels, schools, playground, cinema halls - These locations are not preferable for starting a drug store because generally people live at a distance from schools, playgrounds, hotels etc. If a site is near a restaurant, it may create a problem of maintaining cleanliness in the neighbourhood of the drug store. In case cold drinks or ice-cream facilities are also extended then it is preferable to open a pharmacy near cinema halls. 10. Visibility & accessibility: The pharmacy should be easily visible & accessible to the customers. It should be on a ground floor & near the footpath.	
1	f	**Define inventory control and list the methods of inventory control. Explain ABC analysis.** **Definition 1 M, List 2 M, ABC analysis 2 M**	

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		Inventory control is the process of managing stock like drugs, medical devices, surgical instruments etc OR	

Inventory control is a systematic control of constant checking & evaluation of stored inventories.OR

Is defined as a continuous process that involves planning, organizing, & controlling inventory to minimize the investment in inventory while maintaining an optimum level stock of the items.

Techniques of inventory control:

1. ABC analysis

2. Economic order quantity (EOQ)

3. Perpetual inventory system

4. VEN/VED analysis

5. Setting of various levels

6.. FIFO and LIFO

7. Establishing an effective purchase procedure

ABC analysis: (Always Better Control): In this, the materials are divided into three

groups – A, B and C according to the cost of material and money value of consumption.

	A items	B items	C items
1	It covers 10% of total inventories	It covers 20% of total inventories	It covers 70% of total inventories
2	It consumes about 70% of total budget	It consumes about 20% of total budget	It consumes about 10% of total budget
3	It requires very strict control	It requires moderate Control	It requires light or loose control

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		4	It needs minimum follow up	It needs periodic follow up	It needs close follow up	
		5	It requires more effort to reduce lead time	It requires moderate effort to reduce lead time	It requires minimum effort to reduce lead time	
		6	It requires low safety stock	It requires moderate safety stock	It requires high safety stock	

| **1** | **g** | **Brief on the process of placing a purchase order.**

1 M for each step

Purchase order can be placed by -

Purchase requisition: - Whenever the existing stock of a drug reaches the minimum limit or reorder level, the person in charge of the store identifies the requirement. This indicates the type of dosage form, strength, quantity of the item to be purchased. | **5** |

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		Receiving the quotation: A list of items to be purchased is sent to various suppliers and quotations are invited from the vendors.. A comparative statement of the quotations from suppliers is prepared. Generally the supplier with the lowest rate is selected. **Selection of suppliers**: - Following points are taken into consideration for selection of supplier. ● Reputation of supplier in market ● Financial condition of supplier ● Ability to supply at short notice ● Terms and conditions of payment **Placing the order**: - A list of items to be purchased is sent to the particular suppliers.The order is placed on the standard purchase order form commonly known as "supply order". The supply order is a legal document. Generally two copies of purchase order are prepared, original is sent to the supplier and other copy is retained in the pharmacy. The purchase order should include the terms and conditions for price, time of delivery and payment. The supplier should acknowledge the receipt of the purchase order. **Receiving and checking the supply**: The following checklist should be used as a reference for checking the receipt of supplies: ● Check the supplies before the delivery person leaves. ● Check the supply received are same as ordered (match with purchase order form) ● Check the items against the invoice received. (integrity of the product, batch no., expiry date, quantity & price). ● Place the supplies in quarantine area till placed in respective place ● Keep aside the damaged, wrong products & return to the supplier ● In case of missing items, inform the supplier to supply the missing items ● Document these along with receiving invoice	
2		**Answer any TEN of the following:**	**30 M**
2	**a**	**Define SOP. Enlist the benefits of SOP.** **Marking Scheme: Definition 1M. 2M for any four benefits** A standard operating procedure is a written instruction describing how a routine task is to be carried out; when, where and by whom.OR	**3M**

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Q. No.	Sub No.	Answers	Marking Scheme
		Standard Operating Procedures (SOPs) are written protocols and procedures to be followed within a community pharmacy. OR A Standard Operating Procedure is a written and step-by-step procedure for an activity Benefits of SOP 1) Ensures that good practices are achieved at all times. When all the staff perform their task consistently, it would ensure consistency in service. 2) SOPs can assist with quality assurance and ensure that patients receive a service meeting certain predefined standards. 3) SOPs based on up-to-date practices help to ensure consistency to maintain the high level of service offered and thus attains GPP at all times. 4) SOPs help to get free time for pharmacists and provide an opportunity to fully utilize the expertise of all members of the Pharmacy through the delegation of certain tasks. 5) They set out clear lines of accountability, ensuring that staff members are aware of their own responsibilities. 6) Provides guidance for part time and temporary staff. 7) Helps in continual improvement of services.	
2	**b**	**Describe the history of community pharmacy in India after the recommendations of the drugs enquiry committee.** **Marking Scheme:3M** The pharmacy practice scenario and especially community pharmacy practice during the pre-independence era was highly unregulated and there were no restrictions on the practice of pharmacy in India. The standardization of pharmacy education was introduced in 1945. In 1949 Pharmacy Council of India was established under pharmacy act 1948. In 1953 education regulation came into force in some States but other states lagged behind.In 1954 drugs and magic remedy act was passed to stop misleading advertisement. In 1955 medicinal and toilet preparations Act was introduced to enforce uniform duty for all states for Alcohol products. In India, provisions of the Pharmacy Act 1948 enforced community pharmacists working in India to have a pharmacist registration certificate issued by the State Pharmacy Council of the respective State. To obtain a registration certificate, the prospective pharmacist must acquire the minimum diploma (D.	**3M**

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		Pharm.) from a pharmacy institute recognized by the Pharmacy Council of India (PCI). Both D. Pharm. and B. Pharm. holders are allowed to practice in any community pharmacy.	
		In 1985 narcotic and psychotropic substances act was enacted to protect society from the danger of attitude drugs.	
		The primary objective of education and training of community pharmacists is the safe and effective use of medicines to improve patient outcomes. The training was provided during educational programs but to maintain registration continued professional development was essential to ensure that the practice is kept up-to-date.	
2	**c**	**Enlist the common dispensing errors. What are the strategies to minimise the dispensing errors?**	**3M**
		Marking Scheme: for enlist 1M, Any 4 Strategies- 2M	
		Answer: Common dispensing errors-	
		1. Dispensing medication for a wrong patient	
		2. Dispensing wrong medicine	
		3. Dispensing wrong drug strength (dose)	
		4. Dispensing the wrong quantity	
		5. Dispensing wrong dosage form	
		6. Dispensing with wrong information on label	
		7. Dispensing at wrong time	
		8. Failure to dispense	
		9 Dispensing medicines of inferior quality	
		10. Dispensing expired or almost expired drugs.	
		OR	
		1. Poor handwriting of the prescriber	
		2. Retrieval of wrong drug from the stock	
		3. Dose interpretation: Dose error/ Wrong dose	

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Q. No.	Sub No.	Answers	Marking Scheme
		4. Incorrect interpretation of abbreviation. 5. Expiry error STRATEGIES FOR MINIMISING DISPENSING ERRORS 1) Confirm contents of prescription-Any doubts & uncertainties should be clarified with the prescriber 2) Beware of LASA(Look alike sound alike) – The name should be read carefully 3) Organize workplace- proper lighting, adequate counter space, proper temp., & humidity of the workplace 4) Reduce distraction –Avoid multitasking 5) Reducing stress & balance workload- Give regular breaks & freedom from secondary responsibility to the employee 6) Thoroughly check all prescriptions 7) Thorough patient counselling 8) Educating the patients about safe & effective use of their medicines	
2	**d**	**Define communication. Describe the skills required for patient interview techniques.** **Marking Scheme: Definition 1M, Patient interview techniques skill (any 4 points)-2M** **Answer:** Communication is the sharing of information, ideas, thoughts and feelings. it involves not just the spoken word but also what is conveyed through inflection, vocal quality, facial expression, body posture and other behavioural responses". OR Communication is a process in which messages are generated and transmitted by one person and subsequently received and translated by another.	**3M**

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		The skills required for patient interview techniques	
		(1) Establish rapport: In medication related issues, a patient interacts with pharmacists first as they are easily accessible. Patients share important information with them based on trust that has developed over time.	
		(2) Respect patient's privacy: When pharmacists ask more difficult questions, patient privacy should be considered.	
		(3) Recognize face value: Pharmacists should pay attention to patients' facial expressions. It may give clues regarding things they are not saying and may alert Pharmacists about the problem and its severity.	
		(4) Consider your appearance: Pharmacist's physical appearance is equally important as with their actual speech. The way a Pharmacist presents himself determines the amount of information he would obtain from a patient. Irrelevant body language and postures may convey disinterest in what he has to say.	
		(5) Probing: Probing is the use of questions to elicit needed information from patients or to help clarify their problems or concerns. "Why" type questions can make people feel that they have to justify their reason for doing a certain thing. It is better to use "what" or "how" type of questions.	
		(6) One thing at a time: Pharmacists regularly conduct interviews of patients and their routine. While interviewing patients, pharmacists may think ahead on other questions while asking one question. But patients come across such interactions rarely, so pharmacists should make sure to ask their questions one at a time.	
		(7) Avoid jargon: In the process of patient's interview, pharmacist and patient are best served by using common terminologies. Use only words that patients are familiar with to avoid confusion in the patient's mind.	
		8) Listen actively: Pharmacists should listen to their patient's responses to questions asked. Usually being an expert, they may keep on thinking ahead to the next question instead of paying attention to what the patient is replying through his answer.	
2	**e**	**Classify communication. Describe written communication skill.** **Marking Scheme: Classification 1M, Written communication skill- 2M** **Answer:** A)　　Based on communication channel- 　　1)　　Verbal communication 　　　　❖ ·　　Oral communication	**3M**

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Q. No.	Sub No.	Answers	Marking Scheme
		● Face to face ● Distant ❖ · Written 2) Non-verbal communication B) Based upon style and purpose 1) Formal 2) Informal Written communication skills: • The common forms of written communication commonly employed in Pharmacy practice include prescriptions, patient's medication and test reports, letters, notices, emails, messages, advertisements and business-related documents. • Written communication is specifically needed when the information is lengthy and consists of images, pictures, charts, graphs, statistical data and so forth. This is because conveying such information in any other form is difficult and may not be imparted orally to the individuals. • When the individuals are communicating with each other in a written form, they need to take into account factors such as addressing appropriately, making use of decent words, stating the information in a clear and understandable manner, stating all the necessary concepts and concluding well by saying thank you and putting the name and signatures. • Writing is often the catalyst for actions in healthcare. Pharmacists are frequently identified for their activities initiated by written documents such as updating patient records, communicating with insurers, and answering drug information questions, writing patient care plans, progress notes, treatment guidelines, patient education handouts, etc. Writing skill for a pharmacist provides much stronger legal standing than any other communication. • Quality written records can ensure long-term success for pharmacists, especially when it comes to compliance and liability issues. In addition, pharmacists' writing is increasingly important because new technologies are continuously evolving in the healthcare sector. These days, since healthcare communication exists largely in electronic medical records and through digital platforms, it is essential that pharmacists write clearly and effectively.	

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		• Many of the documents by pharmacists listed earlier in this section are direct part of patient care. Consequently, good writing contributes directly to positive patient outcomes, the ultimate goal of any healthcare professional. In order to execute written communication in an effective manner, it is vital for the pharmacists to up-grade their skills in terms of various forms of technologies.
		
		  Advantages of Written Communication skills.
		
		1. .It is more accurate because it is prepared more carefully.
		2. Written words serve as permanent records which can be used as legal documents.
		3. Written messages can be referred to several times in order to gain a clearer concept of the message.
		4. Written messages can be sent to a large number of persons in a cost effective manner.
		5. .It helps in avoiding disputes as it is easier to fix responsibilities and can be referred to as evidence.
		6. It assures uniformity as the same message is circulated among the people.
		
		  Dis-advantages of written communication skill-
		
		1. It requires more time to produce
		
		2. It can be expensive as it needs stationery and an employee for writing and delivering letters.
		3. It is time consuming.
		4. It does not permit immediate exchange of thoughts, views etc.
		5. It is not useful in case of an emergency.
		6. It is not effective for illiterate people.
		7. Messages of confidential nature cannot be conveyed as the chances of leakage of the contents of the message are high.	

2	**f**	**Enlist the patient counselling tips for tuberculosis.** **Marking Scheme:3M (any 6 points)** **Answer:**	**3M**

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Q. No.	Sub No.	Answers	Marking Scheme
		1. Medication Adherence: The patient should follow the instructions as given by the doctor. The medications should not be discontinued without the doctor's advice. TB is curable if the medications are properly used as advised. Patients should be educated about common side effects and when to refer to physicians.	
		2. Infection Control: In case of Pulmonary TB patients should follow cough etiquettes, should spit in a cup containing disinfectant, should try to isolate themselves from other family members especially children for at least the initial phase of the infection. Educate patient about frequency and importance of sputum examinations, (if sputum positive cases)	
		3. Lifestyle Modifications: Lifestyle Modifications, especially related to physical activity and avoiding the use of alcohol and nicotine have several benefits.	
		4. Physical Activity: Physical activity must be enjoyable and sustainable. However, in TB cases, there is restricted lung capacity. Expert advice is necessary before initiating any regular exercise programme.	
		5. Use of Contraceptives: If there is a female patient who is taking Oral Contraceptive Pills (OCPs), then she should be advised to use alternative methods of contraception.	
		6. Diets: A healthy balanced diet is essential. A patient generally has poor appetite initially and it is better to start with "eat small and frequent nutritionally balanced meals'. The Government provides Rs. 500/- per month to notified TB patients as nutritional support.	
		7. Tobacco Cessation: All are encouraged to quit all forms of tobacco use.	
		8. Alcohol Intake: Reducing alcohol intake can have several health benefits. In addition, it increases drug toxicity in TB.	
2	g	**Define medication non-adherence. Give two examples of medication non-adherence and how it can be corrected.** **Marking Scheme: Definition- 1M, Any two examples with correction measures- 2M** **Answer:** Medication non-adherence: patients tend to miss the dose due to various reasons is termed as medication non-adherence.	**3M**

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Q. No.	Sub No.	Answers	Marking Scheme
		1) Level of prescribing:	
		Medication non-adherence may occur because patients perceive it to be unnecessary or because of their fears and beliefs related to adverse effects of drugs. Hence, providing clear medication related information to patients is essential to improve adherence. Complexity of drug regimen is found to negatively affect medication adherence.	
		Corrective measure- Modification will have to be made to medication regimens to reduce the frequency of administration, and/or reduce the number of different medications, and if applicable, to replace with combination products. This method often calls for patient's cooperation, thus highlighting patient participation in disease management.	
		2) Medication adherence is adversely affected by patient-related factors that are closely linked to the other factors previously discussed. Most of the time patient behavioral factors may not be perceived well by the doctors resulting in decreased adherence. Most variations in taking medication occur include omission of doses or delays in the timing of doses.	
		Patients with low literacy usually have difficulties in understanding instructions; which ultimately results in decreased adherence and poor medication management. The list of these factors includes:	
		(a) Physical factors	
		(b) Visual impairment	
		(c) Hearing impairment	
		(d) Impaired mobility/dexterity	
		(e) Swallowing problems	
		(f) Psychological/behavioral factors	
		(g) Motivation	
		(h) Fear of possible adverse effects	
		(i) Fear of dependence	
		(j) Feeling stigmatized by disease	
		(k) Frustration with healthcare providers	
		(l) Psychosocial stress/anxiety/anger	
		(m) Alcohol/substance abuse.	

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Q. No.	Sub No.	Answers	Marking Scheme
		(n) Chronic diseases Corrective measures- Communicating with the patient (a) Explain key information when dispensing medicine for the patient. Address the key information, such as what, why, when, how, and how long, about the medications. (b) In advance, inform and caution the patients about the common side effects, else they would be more worried that may lead to non-adherence. (c)Use medication adherence improving aids that specify the time to take medications such as medication calendars or schedules, drug cards, medication charts, medicine related information sheets, specific packaging such as pill boxes, unit-of-use packaging, and special containers indicating the time of dose. (d) Collaborate with patients, especially elders, to incorporate the medication regimen into their daily complex regimen having unintentional difficulties in adherence. 3) Packing: The container used to pack pharmaceutical formulations should not only help to protect it from environmental conditions, but also it should be handy, easy to store and carry. For example, Geriatric patients or arthritic patients, especially those staying alone may encounter problems during removal of dose from blister packs/strips. Corrective measure: In such cases, a pharmacist should supply loosely packaged dosage forms in appropriate easy to open containers. 4) Complex therapeutic regimen: More number of medicines per day not only increases chances of forgetting the dose but increases risk due to drug interactions. Corrective measure: Dosing schedule is planned at different times.	
2	h	**Give the formula for BMI calculation. Draw the BMI Vs weight chart. Enlist the risk diseases associated with obesity.** **Marking Scheme: Formula 1M, Chart- 1M, Diseases- 1M** **Answer:**	**3M**

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Q. No.	Sub No.	Answers	Marking Scheme
		$$\text{Body Mass Index} = \frac{\text{Weight in Kilograms expressed as Kg/m}^2}{(\text{Height in meters})^2}$$ • Based on the BMI, WHO defines overweight, and obesity in adults as follows : **Table 7.4.4 : BMI Vs Weight as per WHO** <table><tr><th>BMI</th><th>Weight Status</th></tr><tr><td>Below 18.5</td><td>Underweight</td></tr><tr><td>18.5 - 24.9</td><td>Healthy Weight</td></tr><tr><td>25 - 29.9</td><td>Overweight</td></tr><tr><td>30 and above</td><td>Obese</td></tr></table> Disease caused due to obesity- ➢ Diabetes ➢ Cardiovascular diseases and their complications ➢ Arthritis ➢ Some cancers. ➢ Hypertension ➢ Dyslipidemia ➢ Stroke ➢ Breathing problem ➢ Sleep apnoea ➢ Chronic inflammation	
2	**i**	**Discuss the role of pharmacists in promoting safe practices during self-medication.** **Marking Scheme:Any 6 points-0.5 M each** Role of pharmacists in promoting the safe practices during self medication 1. A pharmacist should suggest appropriate OTC for minor illness & give instruction for correct use, storage & disposal of unused medicines. 2. Pharmacists must ensure that the OTC medicines are from approved manufacturers and are of good quality.	**3M**

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Q. No.	Sub No.	Answers	Marking Scheme
		3. Should check potential drug related problems & counsel the high risk patients for the appropriate use of medications. 4. Pharmacist should not dispense prescription medications as OTC 5. Pharmacists should screen potential purchasers. 6. Monitor the patient for long term complications. 7. Pharmacists should maintain patient related records including the OTC medications dispensed.	
2	**j**	**Explain legal requirements to set up a retail pharmacy.** **Marking Scheme:1M laws or Act, 2M other legal requirements** **Legal requirement to set up a community pharmacy** **1 Minimum qualification** **2 Space** **3 Storage arrangement** **4 Issue of licenses** **5 Conditions of license for operating a community pharmacy** **1) Minimum qualification** **A person to establish a retail drug store should be a registered pharmacist with the State Pharmacy Council.** **The minimum qualification required for registration as a pharmacist is D.Pharm (from a recognized institute) & successful completion of Practical training of 500 hrs spread over 3 months.** **2) Space requirements:** **As per the Drugs & Cosmetics Rule 1945, the space required for the new retail drug store is 10 square meter** **Wholesale and Retail both 15 square meters together** **3)** Store arrangement:	**3M**

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Q. No.	Sub No.	Answers	Marking Scheme
		● The number of racks and shelves should be sufficient in order to store drugs and pharmaceutical preparations. ● There should be a proper space for a refrigerator to store enzymatic preparations, vaccines, vitamins and antibiotics at a temperature 2 to 8°C. **4) Issue of Licenses** **The lic shall be issued in various forms** **For retail sale** ● **For drugs other than those specified in schedule C,C1 & X: Form 20** ● **For drugs specified in Sch. C C1 : Form 21** ● **For drugs specified in Schedule X : Form 20 F** ● **Shop should be registered under shop and establishment Act** ● **Insecticide or pesticide license can be obtained from agricultural college or FDA** ● **To sell honey, bournvita, baby food etc, food licenses should be obtained from corporations. If the shop is not under corporation area, license should be obtained from FDA** ● **To sell homeopathic drugs, a separate form should be filled and license can be obtained from the FDA. No license is required for selling ayurvedic drugs** ● **For GST no. application is to be submitted. For income tax no. application given to income tax office nearby. All the licenses should be displayed in frame in the proposed premises** 5. **Condition of the license for operating a community pharmacy:** ● **The lic is to be displayed in a prominent place in the premises** ● **The licensee is required to comply with the provision of the drugs & cosmetics Rules.** ● **The licensee should inform the licensing authority within one month of any change in the registered pharmacist.** ● **Dispensing of medications should be in the presence of the registered pharmacist must be ensured** ● **Purchase of the drugs should be from licensed manufacturers or wholesalers.**	
2	k	**Enlist the types of cash books. Draw their formats.**	**3M**

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Q. No.	Sub No.	Answers	Marking Scheme
		Marking Scheme: Enlist 1M, 4 Formats 0.5M each **Answer:** Types of cash books- 1. Single column cash book 2. Double column cash book 3. Triple column cash book 4. Petty cash book Formats for Cash books- 1) Single column cash book 	Dr.							Cr
---	---	---	---	---	---	---	---
Date	Particulars	LF	Amount	Date	Particulars	LF	Amount
								  2) Double column cash book 	Dr.									Cr.
---	---	---	---	---	---	---	---	---	---
Date	Particulars	LF		Discount Rs.	Cash Rs.	Date	Particulars	LF	Discount Rs.	Cash Rs.
										| 3) Triple column cash book | 'Dr'. Receipts											Payments 'Cr'.
---	---	---	---	---	---	---	---	---	---	---	---
Date	Particulars	LF	Discount Rs	Cash Rs	Bank Rs	Date	Particulars	LF	Discount Rs	Cash Rs	Bank Rs

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Q. No.	Sub No.	Answers	Marking Scheme
		4) Petty cash book **Dr** ... **Cr** Date | Particulars | Total Amt. | Date | Particulars | Voucher No. | Total Amt .Rs | Conveyance Rs | Stationary Rs | Postage & telegram Rs | Cartage Rs | Miscellaneous Rs | Remark	
3		Attempt <u>All QUESTIONS</u> of the following	20 M
3	a	**The first education regulations were introduced in India in the year _____ and the most recent education regulations in _____** **Answer:** 1953 & 2020	1 M
3	b	**Write the full form of GPP** **Answer:** Good Pharmacy Practice	1 M

3	c	**The professional responsibilities of a community pharmacist does not include-**
		
		     i) Prescription processing ii) Health promotion
		
		     iii) Patient counselling iv) Prescribing medicines
		
		 Answer: iv) Prescribing medicines
			1 M

3	d	**Write the auxiliary labeling conditions for eye drops.** **Answer: Any two of the following** i) For external use only ii) Do not touch the tip to the eye iii) Wash the hands before putting the drops iv) Keep the eyes closed for 1 min after putting the drops v) Use within one month after opening the bottle. vi) If irritation persists, discontinue the use and consult a physician.	1 M

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Q. No.	Sub No.	Answers	Marking Scheme
3	e	**DASH diet is recommended for**_____ **Answer:** Hypertension	1M

3	f	**Name the types of barriers in patient counselling in community pharmacy.**
		
		Answer: Any two of the following:
		  1. Patient based barriers
		  2. System based barriers
		  3. Provider based barriers
		  4. Time barrier
			1 M

3	g	**Define patient information leaflets**. **Answer:** The patient information leaflet is prepared in layman language to make the patient understand their disease & medication at their convenience. OR A Patient Information Leaflet is a printed leaflet to be read by the patient and which contains information in easy to understand language, about a specific illness/ disease condition or a medicine.	1 M
3	h	**What is medication adherence?** **Answer:** The extends to which a person's <u>behavior</u> in taking medications corresponds with the agreed <u>recommendations</u> from a health care provider. **OR** Medication adherence is defined as the extent to which a patient takes the medicines in accordance with the advice of healthcare personnel.	1 M

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Q. No.	Sub No.	Answers	Marking Scheme
3	i	**An individual is said to be diabetic when the post prandial blood glucose level is _____ mg/dl** **Answer:** 200mg/dl	1 M
3	j	**Early detection of following condition using health screening technique saves patient's life-** i) Fever ii) Acne iii) Cancer iv) Arthritis **Answer:** iii) Cancer	1 M
3	k	_____bacteria which helps to re-establish gut flora is useful in diarrhoea **Answer:** Probiotics like Lactobacillus	1 M
3	l	**Define self medication.** **Answer:** Minor ailments are defined as common or self limiting uncomplicated conditions that can be diagnosed and managed without medical involvement. OR According to the WHO, self medication is the use of drugs to treat self-diagnosed disorders or symptoms, or the intermittent or continued use of a prescribed drug for chronic or recurrent diseases or symptoms.	1 M
3	m	**Name any two OTC products used for common cold.** **Answer: Any two of the following** Paracetamol, medicated lozenge, Antihistaminics if patient suffers from allergic rhinitis, nasal decongestants containing oxymetazoline, xylometazoline, saline nasal spray,	1 M
3	n	**Define audit**. **Answer:** Audit means examination/ checking of the records or activities in the business.	1 M

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Q. No.	Sub No.	Answers	Marking Scheme
3	**o**	**Following are the disadvantages of online pharmacy except-** **i) Easy access to medicines ii) Difficulty in returning unused medicines.** **iii) No physical assessment. iv) Patient counselling not possible.** **Answer:** i) Easy access to medicines	**1 M**
3	**p**	**State the meaning of 'store in a cold place'.** **Answer:** $2\,^{\circ}$ to $8\,^{\circ}$ C	**1 M**
3	**q**	**Management of community pharmacy requires-** **i) Organizing ii) Procuring iii) Legalizing iv) Ordering** **Answer:** i) Organizing	**1 M**
3	**r**	**A balance sheet shows _____ and liabilities.** **Answer:** Assets	**1 M**
3	**s**	**Give the full form of FIFO and LIFO.** **Answer:** FIFO- First in first out LIFO –Last in first out	**1 M**
3	**t**	**The short term finance requirements of a business can be fulfilled by-** **i) Shares ii) Debentures** **iii) Overdraft iv) All of the above** **Answer:** iii) Overdraft	**1 M**