

Appendix 1. Telephone consent to participate in the research study

TITLE OF STUDY/PROTOCOL:

Patient Recall of Interaction with a Pharmacist During Hospital Admission

PRINCIPAL INVESTIGATOR: Dr. Douglas Doucette

PROTOCOL IDENTIFICATION NUMBER: N/A

SPONSOR: Medbuy Incorporated

RESEARCH SERVICES NUMBER: 2010-1480

INTRODUCTION

Hello, my name is _____. I am a (student/staff member) from the _____ conducting a survey about the care provided by pharmacists to patients admitted to hospital. Your name and phone number were obtained from the hospital's Health Records Department following your recent stay in hospital. Your participation in this survey is completely voluntary. This means that you do not have to participate in this survey unless you want to.

Would you be willing to answer some questions about your recent stay in hospital? (If yes, proceed; if no thank them for their time and end the call).

The purpose of this research study survey is to find out if patients remember meeting a pharmacist during their hospital admission and how satisfied they were with the service or care provided by the pharmacist. This survey contains four questions and should take about 10 minutes. You do not have to answer those questions if you choose not to. In fact, if you choose not to answer any question, we will skip that question and go on to the next one.

All the information I receive from you by phone, including your name and any other identifying information, will be strictly confidential and be kept under lock and key. I will not identify you or use any information that would make it possible for anyone to identify you in any presentation or written reports about this study. If it is okay with you, I might want to use direct quotes from you, but these would only be quoted as coming from "a person" or a person of a certain label or title, like "one woman said." When I finish with all the phone surveys from everyone who has agreed to participate, I will group all the answers together in any report or presentation. There will be no way to identify individual participants.

The only risk to you might be if your identity was ever revealed but I will not even record your name with your responses, so this cannot occur. There are no other expected risks to you for helping me with this study. There are also no expected benefits for you either.

This study is being paid for by Medbuy. Portions of Dr. Doucette's research team salaries are being paid by this funding.

Do you have any questions?

You can also call Dr. Doucette (at 506-xxx-xxxx) with questions about the research study. All research on human volunteers is reviewed by a committee that works to protect your rights and welfare. If you have questions or concerns about your rights as a research subject you may contact, anonymously if you wish, the Research Ethics Board at 506-648-6094.

Do you agree to be in this study? OR Do I have your permission to begin asking you questions? Yes _____ or No _____

Good. I will read off the questions.

Printed Name of Participant

Date

Printed Name of Person Conducting
Informed Consent Discussion

Signature of Person Conducting
Informed Consent Discussion

Date

Supplementary material for Doucette D, Goodine C, Symes J, Clarke E. Patients' recall of interaction with a pharmacist during hospital admission. *Can J Hosp Pharm* 2013;66(3):171-6.

Appendix 2. Survey questionnaire

Q1 During your recent stay at (insert name of) hospital, do you recall speaking with the pharmacist?

- 1 Yes CONTINUE
- 0 No SKIP TO Q3
- D Don't Know SKIP TO Q3
- R Refused SKIP TO Q3

Q2 Using a scale of one to five, where five is very satisfied and one is very dissatisfied, please tell me how satisfied you were with your interaction with the pharmacist during your hospital stay?

- ___ Enter number from 1 – 5
- D Don't know
- R Refused

Q3* Pharmacists in hospitals review patient records to make sure dosages are correct; that the prescribed drugs do not cause harmful interactions or side effects; advise doctors on the best medication choices; provide information to patients on how to safely and effectively use their medications after leaving the hospital, and answer patient questions. If the hospital offered you the opportunity to talk with a pharmacist who could help answer your questions about medications, would you want to talk to the pharmacist?

- 1 Yes
- 0 No
- D Don't Know
- R Refused

Q4 What service or information would you like a pharmacist to provide in the hospital that would most help you in managing your medications?

- N Narrative answer to be recorded by interviewer
- D Don't Know
- R Refused

*Question 3 was adapted from: Top patient concerns 2002: Omnibus survey results. American Society of Health System Pharmacists. Available from: http://www.ashp.org/s_ashp/docs/files/PR_ResearchReport.pdf

Q1 Durant votre récente hospitalisation à (insérer le nom de l'hôpital), vous souvenez-vous d'avoir parlé à un pharmacien?

- 1 Non PASSEZ À LA Q3
- 2 Oui CONTINUEZ
- D Je ne sais pas PASSEZ À LA Q3
- R Refusé PASSEZ À LA Q3

Q2 À l'aide d'une échelle de un à cinq, où cinq signifie Très satisfait et un signifie Très insatisfait, veuillez indiquer votre niveau de satisfaction relativement à votre interaction avec le pharmacien durant votre hospitalisation.

- ___ Entrez le chiffre de 1 à 5
- D Je ne sais pas
- R Refusé

Q3 Les pharmaciens qui travaillent dans les hôpitaux passent en revue les dossiers des patients afin de s'assurer que les doses sont exactes et que les médicaments prescrits ne causent pas d'effets secondaires ou de réactions néfastes. De plus, ils conseillent les médecins sur les meilleurs choix de médicaments, renseignent les patients sur la façon de prendre leurs médicaments sécuritairement et efficacement après avoir quitté l'hôpital et répondent aux questions des patients. Si l'hôpital vous offrait l'occasion de parler à un pharmacien qui pourrait répondre à vos questions concernant vos médicaments, voudriez-vous lui parler?

- 1 Oui
- 0 Non
- D Je ne sais pas
- R Refusé

Q4 Quel service ou quelle information aimeriez-vous que le pharmacien vous fournisse à l'hôpital pour vous aider à mieux gérer vos médicaments?

- N Réponse narrative doit être enregistrée par l'enquêteur
- D Je ne sais pas
- R Refusé

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