

Appendix 1 (part 1 of 2): Baseline survey results

Question 1: Participation in this survey is voluntary. Completion and submission of this survey will imply formal participant consent. No personal identifiers will be requested and participants will remain anonymous with respect to survey responses. Do you wish to proceed with this short questionnaire? You may close the survey at any time if you wish to withdraw consent.

20/20 replied yes

Question 2: How long have you been a practising pharmacist ($n = 20$)?

< 5 years	5–10 years	> 10 years
6 (30%)	2 (10%)	12 (60%)

Question 3: At which campus do you mostly practice ($n = 20$)?

Control Campus	Intervention Campus
8 (40%)	12 (60%)

Question 4: Are you more likely or less likely to report an adverse drug reaction for a new drug therapy (less than five years on the market) compared to an established drug therapy?

Likelihood	Control Campus ($n = 8$)	Intervention Campus ($n = 12$)	Combined ($n = 20$)
More likely	6 (75)	6 (50)	12 (60)
Less likely	0	0	0
As likely	2 (25)	4 (33)	6 (30)
I don't know	0	2 (17)	2 (10)

Question 5: How many times have you reported an adverse drug reaction to Health Canada in the **past 6 months**?

Total ADRs, Control Campus	Total ADRs, Intervention Campus	Total ADRs, Combined
4	8	12

Question 6: How many times have you reported an adverse drug reaction to Health Canada in the **past year**?

Total ADRs, Control Campus	Total ADRs, Intervention Campus	Total ADRs, Combined
4	11	15

Question 7: Within your practice, are there any barriers to reporting adverse drug reactions to Health Canada (please select any or all that apply)

Number of pharmacists reporting ANY barrier:

Any Barriers, Control Campus ($n = 8$)	Any Barriers, Intervention Campus ($n = 12$)	Any Barriers, Total ($n = 20$)
6 (75)	12 (100)	18 (90)

Number of pharmacists reporting multiple (more than one) barriers:

Multiple Barriers, Control Campus ($n = 8$)	Multiple Barriers, Intervention Campus ($n = 12$)	Multiple Barriers, Total ($n = 20$)
4 (50)	7 (58)	11 (55)

Appendix 1 (part 2 of 2): Baseline survey results

Frequency of specific barriers reported

Barrier	Control Campus (n = 8)	Intervention Campus (n = 12)	Total (n = 20)
1) There are no barriers	2 (25)	0	2 (10)
2) I am unsure of what constitutes a reportable adverse drug reaction	3 (38)	3 (25)	6 (30)
3) I am unsure of how to report adverse drug reactions	3 (38)	2 (17)	5 (25)
4) The reporting process is time consuming	5 (62)	10 (83)	15 (75)
5) Reporting adverse drug reactions is the responsibility of the most responsible physician	1 (12)	1 (8)	2 (10)
6) There is no recognition or incentive for reporting adverse drug reactions	1 (12)	3 (25)	4 (20)
7) There is no retribution or disciplinary action for not reporting adverse drug reactions	1 (12)	2 (17)	3 (15)
8) I do not receive confirmation or feedback from Health Canada when an adverse drug reaction report is submitted	0	2 (17)	2 (10)
9) Other	0	2 (17)	2 (10)

Appendix 2 (part 1 of 2): Pharmacist survey on adverse drug reaction reporting

Post Intervention Survey Results – Interpreted November 18th, 2015

Question 1: Participation in this survey is voluntary. Completion and submission of this survey will imply formal participant consent. No personal identifiers will be requested and participants will remain anonymous with respect to survey responses. Do you wish to proceed with this short questionnaire? You may close the survey at any time if you wish to withdraw consent.

Control Campus 6/6 replied yes Intervention Campus 10/10 replied yes

Question 2: How long have you been a practising pharmacist?

Control Campus (n = 6) Intervention Campus (n = 10)

< 5 years	5–10 years	> 10 years
3	2	11

Question 3: At which campus do you mostly practice (n = 20)?

Control Campus	Intervention Campus
6 (38)	10 (62)

Question 4: Are you more likely or less likely to report an adverse drug reaction for a new drug therapy (less than five years on the market) compared to an established drug therapy?

Likelihood	Control Campus (n = 6)	Intervention Campus (n = 10)	Combined (n = 16)
More likely	5 (83)	7 (70)	12 (75)
Less likely	1 (17)	1 (10)	2 (12)
As likely	0	2 (20)	2 (12)
I don't know	0	0	0

Supplementary material for Wentzell J, Nguyen T, Bui S, MacDonald E. Pharmacy student facilitation of reporting of adverse drug reactions in a hospital. *Can J Hosp Pharm.* 2017;70(4):276-80.

Appendix 2 (part 2 of 2): Pharmacist survey on adverse drug reaction reporting

Question 5: How many times have you reported an adverse drug reaction to Health Canada in the **past 6 months?**

Total ADRs, Control Campus	Total ADRs, Intervention Campus	Total ADRs, Combined
5	16	21

Question 6: Within your practice, are there any barriers to reporting adverse drug reactions to Health Canada (please select any or all that apply)

Number of pharmacists reporting ANY barrier:

Any Barriers, Control Campus (n = 6)	Any Barriers, Intervention Campus (n = 10)	Any Barriers, Total (n = 16)
5 (83)	8 (80)	13 (81)

Number of pharmacists reporting multiple (more than one) barriers:

Multiple Barriers, Control Campus (n = 6)	Multiple Barriers, Intervention Campus (n = 10)	Multiple Barriers, Total (n = 16)
4 (67)	3 (30)	7 (44)

Frequency of specific barriers reported

Barrier	Control Campus (n = 6)	Intervention Campus (n = 10)	Total (n = 16)
1) There are no barriers	1 (17)	2 (20)	3 (19)
2) I am unsure of what constitutes a reportable adverse drug reaction	2 (33)	1 (10)	3 (19)
3) I am unsure of how to report adverse drug reactions	3 (50)	0	3 (19)
4) The reporting process is time consuming	5 (83)	8 (80)	13 (81)
5) Reporting adverse drug reactions is the responsibility of the most responsible physician	1 (17)	1 (10)	2 (13)
6) There is no recognition or incentive for reporting adverse drug reactions	1 (17)	1 (10)	2 (13)
7) There is no retribution or disciplinary action for not reporting adverse drug reactions	0	1 (10)	1 (6)
8) I do not receive confirmation or feedback from Health Canada when an adverse drug reaction report is submitted	1 (17)	1 (10)	2 (13)
9) Other	1(17) (unclear of which drug is causing ADR)	–	–

Appendix 3 (part 1 of 2): ADR program satisfaction survey

Control Campus (n = 6)

ADR = adverse drug reaction, NA = not applicable.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	NA
The initial ADR session (presented in February 2015) was a helpful reminder and/or orientation to our Health Canada ADR reporting process at your site	–	–	2	1	1	2
The initial ADR session helped to raise awareness about the reality and potential risks of under-reporting ADRs to Health Canada	–	–	1	2	1	2
Summarizing the number of adverse drug events that have been reported by pharmacists once a month at “Council Meetings” is a beneficial reminder of the ADR reporting process	–	1	2	1	1	1
I am now more likely to identify an adverse drug event that is worthy of being reported to Health Canada (compared to 6 months ago)	–	2	1	1	1	1
I am now more likely to report an adverse drug event to Health Canada (compared to 6 months ago)	–	2	1	1	1	1

Of note, 1 individual indicated NA to all.

Intervention Campus (n = 8)

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	NA
The initial ADR session (presented in February 2015) was a helpful reminder and/or orientation to our Health Canada ADR reporting process at your campus	–	–	–	5	–	3
The initial ADR session helped to raise awareness about the reality and potential risks of under-reporting ADRs to Health Canada	–	–	–	2	3	3
Summarizing the number of adverse drug events that have been reported by pharmacists once a month at “Council Meetings” is a beneficial reminder of the ADR reporting process	–	–	2	2	3	1
I am now more likely to identify an adverse drug event that is worthy of being reported to Health Canada (compared to 6 months ago)	–	2	3	1	2	–
I am now more likely to report an adverse drug event to Health Canada (compared to 6 months ago)	–	1	2	2	3	–

Of note: 1 respondent skipped this section.

Appendix 3 (part 2 of 2): ADR program satisfaction survey

Evaluation of ADR Student Process - Intervention Campus Only

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	NA
The process of notifying and contacting the ADR student through a Clinical Follow-up email was appropriate	–	–	–	2	3	1
I received timely notification from the ADR student that they had received my ADR reporting request	–	1	–	2	1	1
When required, additional correspondence with the ADR student regarding the ADR report was timely and professional	–	1	–	1	2	1
Completion of the ADR report(s) and submission to Health Canada were done in a timely fashion	–	–	1	1	1	2
I consistently reviewed the ADR students report prior to them submitting it to Health Canada	–	1	–	2	1	2
I am confident in the accuracy of the information reported by the ADR student	–	–	–	2	1	2
I was more likely to report ADRs when there was a designated ADR student to facilitate the process	–	–	–	–	4	1
I would like to see the ADR student role continue	–	–	–	1	3	1

4 had skipped this section.

1 person indicated NA to all.