Appendix 1 (Part 1 of 2): Questions for a telephone survey administered to eligible personnel of the Canadian Forces Health Services Group (English version) concerning the reporting of adverse drug reactions (since the survey was conducted, the title of *CARN* has been changed to *Health Product InfoWatch*)

Pharmacist Reporting of Adverse Drug Reactions: Survey Questions

SECTION 1: DEMOGRAPHIC INFORMATION

1 What is your current employment category?

2 How many years have you been working as a pharmacist?

3 Over the past 3 months, what proportion of your work time has been allotted to direct patient care?

SECTION 2: POLICY AWARENESS

4 Are you familiar with current [organizational] policies on reporting of adverse drug reactions and critical incidents caused by health products?

5 What policies are you aware of? [Record responses verbatim]

6 Are you currently required to report ADRs within the organization?

7 Are you currently required to report ADRs to offices outside the organization?

8 Do you use different forms to report ADRs depending on the product involved?

9 Are you aware of the different types of adverse effects that should be reported?

SECTION 3: TECHNICAL EXPERTISE

10 There are four main ways for ADR reports to be submitted. Which methods do you normally use when submitting ADR reports? [Indicate all that apply]

☐ Phone ☐ Mail ☐ Fax ☐ On-line submission ☐ Other _____

11 Do you report ADRs that are already known or that are well documented in the product monograph?

12 Do you assess causality before submitting an ADR report?

SECTION 4: CURRENT PRACTICES

13 During the past 3 months, have you identified or been notified of an ADR involving a member of the CAF? (If no, skip to question #15)

14 Did you report this ADR, either within the CF or to an external agency?

15 Did you read the latest edition of the Canadian Adverse Reaction Newsletter (CARN), which was published in January?

16 Are you currently subscribed to receive MedEffect E-Notices?

SECTION 5: BARRIERS TO ADR REPORTING

17 Are you currently able to complete all necessary ADR reports during your assigned work hours? (If yes, skip to question #19)

18 What additional changes would be needed in your work environment, to allow you to complete all ADR reports during your assigned work hours?

19 Are you able to access all the information you require to generate a complete and thorough ADR report? (If yes, skip to question #21)

20 What additional information do you require – clinical or otherwise – to generate a complete ADR report?

21 As a pharmacist, would you be comfortable exercising a lead role in the reporting of ADRs?

22 Can I ask why? [Record responses verbatim]

23 If a single point of contact were to be designated within CF Health Services for reporting of all adverse effects involving pharmaceuticals, would this increase your likelihood of reporting ADRs specifically?

24 Thinking about other times that you have reported an ADR, do you recall receiving feedback from the organization you reported to? (If yes, proceed to question #25)

25 Were you satisfied with the feedback that you received?

Supplementary material for Roy R, Ma J. Impact of a policy change on pharmacists' reporting of adverse drug reactions. *Can J Hosp Pharm*. 2018;71(4):227-33.

Appendix 1 (Part 2 of 2): Questions for a telephone survey administered to eligible personnel of the Canadian Forces Health Services Group (French version) concerning the reporting of adverse drug reactions (since the survey was conducted, the title of *BCEI* has been changed to *InfoVigilance sur les produits de santé*)

Déclaration des effets indésirables par les pharmaciens : questions du sondage

SECTION 1: DONNÉS DEMOGRAPHIQUES

1 Quelle est votre catégorie d'emploi actuel?

2 Combien d'années avez-vous travaillé comme pharmacien(ne)?

3 Au cours des trois derniers mois, quelle proportion de votre travail de temps a été alloué aux soins directs aux patients?

SECTION 2: CONNAISSANCES DES POLITIQUES

4 Êtes-vous familier avec les politiques [de l'organisation] sur la déclaration des effets indésirables des médicaments et des incidents critiques causés par des produits de santé?

5 Quelles politiques connaissez-vous? [Consigner les réponses textuellement]

6 Êtes-vous actuellement tenu(e) de déclarer les EIM au sein de l'organisation?

7 Êtes-vous actuellement tenu(e) de déclarer les effets indésirables aux bureaux à l'extérieur de l'organisation?

8 Utilisez-vous des différentes formes pour déclarer les EIM selon le produit en cause?

9 Êtes-vous au courant des différents types d'effets indésirables qui doivent être signalés?

SECTION 3: EXPERTISE TECHNIQUE

10 Il y a quatre moyens principaux pour soumettre les rapports d'EIM. Lesquels utilisez-vous normalement?
[Indiquer toutes les réponses qui s'appliquent]
☐ Téléphone ☐ Courier ☐ Courriel ☐ Soumission en ligne ☐ Autre_____

11 Faites-vous rapport des EIM qui sont déjà connus ou qui sont bien documentés dans la monographie du médicament?

12 Avant de soumettre un rapport, évaluez-vous la causalité de l'EIM?

SECTION 4: PRATIQUES ACTUELLES

13 Au cours des trois derniers mois, avez-vous identifié ou été avisé d'une ADR impliquant un membre des FAC? (Si non, passez à la question no. 15.)

14 Avez-vous signalé cet EIM, soit au sein des FC ou à un organisme externe?

15 Avez-vous lu la dernière édition du Bulletin canadien des effets indésirables (BCEI), qui a été publiée en [janvier] ?

16 Êtes-vous abonné(e) à recevoir les avis électroniques de MedEffet?

SECTION 5: OBSTACLES À LA NOTIFICATION DES EIM

17 Êtes-vous en mesure de complèter tous les rapports essentiels des EIM pendant vos heures de travail assignées? (Si oui, passez à la question no. 19)

18 Quels changements supplémentaires seraient nécessaires dans votre environnement de travail, qui vous permettront de remplir tous les rapports d'EIM pendant vos heures de travail assignées?

19 Avez-vous accès à toutes les sources d'information dont vous avez besoin pour générer un rapport complet d'un EIM?
(Si oui, passez à la question no. 21)

20 Quels autres renseignements avez-vous besoin – clinique ou autrement – pour générer un rapport complet des EIM?

21 En tant que pharmacien, seriez-vous à l'aise d'exercer un rôle de chef dans la déclaration des EIM?

22 Pouvez-vous expliquer pourquoi? [Consigner les réponses textuellement]

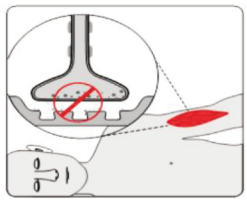
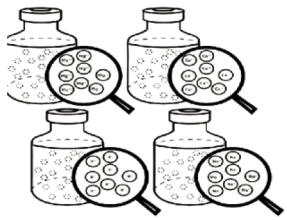
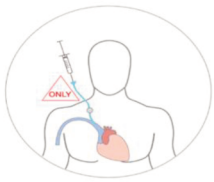
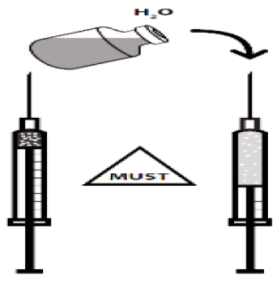
23 Si un point de contact unique existait au sein des services de santé des FC pour recevoir tous les rapports des effets négatifs impliquant des produits pharmaceutiques, croyez-vous que cela augmentera vos rapports des EIM?

24 Pensant d'autres moments quand vous avez signalé un EIM, vous souvenez-vous de recevoir de la rétroaction de la part de l'organisation?
(Si oui, passez à la question no. 25)

25 Avez-vous été satisfait(e) de la rétroaction que vous avez reçue?

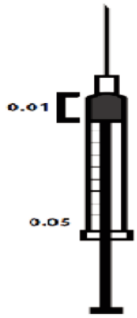
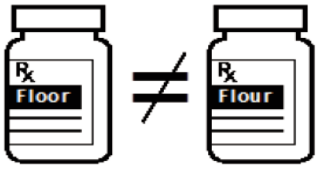
Supplementary material for Roy R, Ma J. Impact of a policy change on pharmacists' reporting of adverse drug reactions. *Can J Hosp Pharm*. 2018;71(4):227-33.

Appendix 1 (Part 1 of 2): Comprehension during Phase 1, presented separately for first- and second-year pharmacy students (pictograms © 2016 by Régis Vaillancourt, The CHEO Research Institute, and Mike P Zender)

Safety Message	Pictogram	Year of Study; No. (%) of Students Correctly Guessing the Meaning		*p* Value†
		First Year (*n* = 33)	Second Year (*n* = 68)	
Drug that requires airway management before administration		22 (67)	48 (71)	0.82
Medication with a significant risk of harm if administered improperly		8 (25)*	24 (35)	0.36
Neuromuscular blocking agent		14 (42)	39 (57)	0.20
Concentrated electrolyte formulations		3 (9)	8 (12)	> 0.99
Medication that can be given only via central line		12 (36)	36 (53)	0.14
Drug that must always be diluted before administration		22 (67)	63 (93)	0.002

Supplementary material for Vaillancourt R, Khoury C, Pouliot A. Validation of pictograms for safer handling of medications: comprehension and recall among pharmacy students. *Can J Hosp Pharm*. 2018;71(4):258-66.

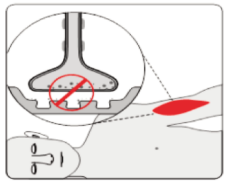
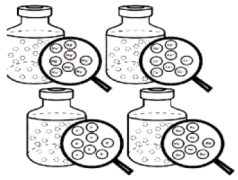
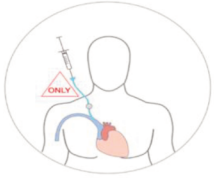
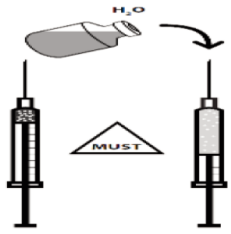
Appendix 1 (Part 2 of 2): Comprehension during Phase 1, presented separately for first- and second-year pharmacy students (pictograms © 2016 by Régis Vaillancourt, The CHEO Research Institute, and Mike P Zender)

Safety Message	Pictogram	Year of Study; No. (%) of Students Correctly Guessing the Meaning		*p* Value†
		First Year (*n* = 33)	Second Year (*n* = 68)	
Medication that has a minuscule volume dose		6 (18)	15 (22)	0.80
Medication that has a high incidence of calculation/dosage errors		31 (94)	63 (93)	> 0.99
Drug names that look alike and sound alike		29 (88)	62 (91)	0.72

*n = 32
†By Fisher exact test.

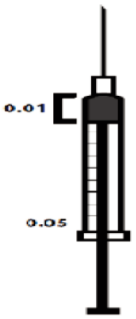
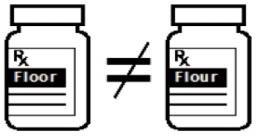
Supplementary material for Vaillancourt R, Khoury C, Pouliot A. Validation of pictograms for safer handling of medications: comprehension and recall among pharmacy students. *Can J Hosp Pharm*. 2018;71(4):258-66.

Appendix 2 (Part 1 of 2): Accuracy of guessing (Phase 1) among students with and without hospital experience (pictograms © 2016 by Régis Vaillancourt, The CHEO Research Institute, and Mike P Zender)

Safety Message	Pictogram	Hospital Experience; No. (%) of Students Who Correctly Guessed Meaning*		*p* Value†
		With Hospital Experience (*n* = 35)	Without Hospital Experience (*n* = 62)	
Drug that requires airway management before administration		29 (83)	37 (60)	0.024
Medication with a significant risk of harm if administered improperly		12 (34)	19 (31)‡	0.82
Neuromuscular blocking agent		16 (46)	41 (66)	0.057
Concentrated electrolyte formulations		3 (9)	8 (13)	0.74
Medication that can be given only via central line		19 (54)	27 (44)	0.40
Drug that must always be diluted before administration		33 (94)	49 (79)	0.08

Supplementary material for Vaillancourt R, Khoury C, Pouliot A. Validation of pictograms for safer handling of medications: comprehension and recall among pharmacy students. *Can J Hosp Pharm*. 2018;71(4):258-66.

Appendix 2 (Part 2 of 2): Accuracy of guessing (Phase 1) among students with and without hospital experience (pictograms © 2016 by Régis Vaillancourt, The CHEO Research Institute, and Mike P Zender)

Safety Message	Pictogram	Hospital Experience; No. (%) of Students Who Correctly Guessed Meaning*		*p* Value†
		With Hospital Experience (*n* = 35)	Without Hospital Experience (*n* = 62)	
Medication that has a minuscule volume dose		8 (23)	12 (19)	0.79
Medication that has a high incidence of calculation/dosage errors		34 (97)	56 (90)	0.42
Drug names that look alike and sound alike		31 (89)	56 (90)	0.79

*The total number of participants for these analyses was 97 because 4 participants did not report their hospital experience.
†Fisher exact test.
‡n = 61.

Supplementary material for Vaillancourt R, Khoury C, Pouliot A. Validation of pictograms for safer handling of medications: comprehension and recall among pharmacy students. *Can J Hosp Pharm*. 2018;71(4):258-66.