

REQUIREMENTS CHECKLIST FOR DRUG INFORMATION RESPONSE¹

Note: Student expectations for this activity to commensurate with expected year level performance characteristics

NA = Not Applicable; U = Unsatisfactory; S = Satisfactory

Student Name: _____

QUESTION:			
NA	U	S	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clearly documents and articulates the drug information question.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Selects a drug information question that is patient-care focused and patient-specific.
BACKGROUND INFORMATION AND PATIENT ASSESSMENT:			
NA	U	S	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provides the general context from which the question arises and provides the background information necessary to understand the question being asked.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provides the background information necessary to understand the patient, as appropriate: <ul style="list-style-type: none"> • Pertinent patient information (e.g. age, gender, weight, allergy assessment, body mass index, current diet and exercise, etc.) • Subjective and objective data, including relevant laboratory values, physical signs and symptoms • Family and social history • Patient's beliefs/concerns and goals for health and wellness • List complete past and current medical condition/associated conditions • List complete past and current medication therapies (prescription and non-prescription), including generic name, indication, doses, frequency, duration, etc.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Uses supporting data (laboratory data, physical signs and symptoms, test results, etc) to support assessment of patient
RESEARCH AND RESPONSE:			
NA	U	S	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provides a comprehensive, organized, timely response to the question [usual length is two to four pages (not including references list), depending on complexity of the question].
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Presents information in an organized and logical manner. Answer is concise and does not unnecessarily repeat information.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Describes the search strategy (primary or tertiary literature, databases used, search terms used, etc) and resources (online tertiary references, guidelines, etc) used to find information to answer the question.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Answers the specific question and fully discusses the thought process (N,E,S,A) relevant to the drug(s) and medical condition involved (e.g. Necessary – include pathophysiology, signs/symptoms, causes, drug and nondrug risk factors etc.) unless otherwise directed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Conducts critical appraisal and evaluation of the evidence. <ul style="list-style-type: none"> • Accesses and evaluates the full publication of any evidence if possible (does not use only the abstract to draw conclusions) • Considers the purpose, intervention, methodology of any clinical trials used to answer the question • Clearly represents the results of any evidence found • Considers the strengths and weaknesses of the trial / evidence • Applies the clinical literature to the patient; identifies limitations of applicability
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provides clear and detailed recommendation(s) and rationale for decision-making. Final recommendations include: <ul style="list-style-type: none"> ▪ Concise dosing recommendations (drug, dose, route of administration, regimen, frequency, and duration) that are patient specific and supported with appropriate references ▪ Pharmacokinetic dosing and drug monitoring, where appropriate. Incorporate dosage adjustment into the therapeutic plan for patient, where appropriate ▪ Tapering/titration schedules, where applicable, that are clearly articulated ▪ Rationale and evidence for ALL recommendations (drug and non-drug) ▪ Patient preferences/values (e.g. once daily versus twice daily dosing) ▪ Non-drug measures that are relevant and patient specific ▪ Adverse drug reaction (ADR) profile of drug option(s) and medication administration ▪ Viable therapeutic alternatives are discussed and rationale for choice is provided. Provide reasoning (compare and contrast Efficacy, Safety and Adherence) for alternatives for your specific patient. ▪ Address patient's unmet needs.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Summarizes the finding and recommendation(s) into a clear final conclusion or summary paragraph

MONITORING PLAN AND OUTCOME:	
NA	U S
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> States relevant monitoring endpoints, including Effectiveness and Safety endpoints, appropriate frequency, duration, expected change, date, and who is responsible for monitoring and follow up.
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> Monitoring plan is patient-specific.
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> States patient's response to recommendations provided
REFERENCES:	
NA	U S
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> Provides complete citation list using Vancouver style for written submissions.
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> Uses primary literature and other resources appropriately to address the question.
COMMENTS:	
OVERALL ASSESSMENT:	
<input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Satisfactory	

³Adapted with permission: Drug Information Form, BC Drug and Poison Information Centre, Vancouver British Columbia 2012.