

PARTICIPANT PRE-WORKSHOP SURVEY

Medication Reconciliation Education Package (Nursing & Midwifery)

1. Name or identifier:

2. At which facility do you work?

3. What is your current role/position?

- Clinical Nurse Consultant
- Clinical Nurse Educator
- Enrolled nurse
- Midwife
- Nurse Unit Manager
- Registered nurse
- Other (please specify):

4. Have you undertaken any previous face-to-face workshops or training sessions on medication reconciliation?

- Yes
- No
- Not sure

5. If yes, please briefly describe what it was and where you received the training:

6. At what level would you describe your knowledge regarding medication reconciliation?

- Expert
- Intermediate
- Novice

7. Which pre-workshop materials have you read or completed prior to attending this workshop?

- CEC Best Possible Medication History (BPMH) Interview Guide
- CEC Medication Reconciliation Education Package Frequently Asked Questions (FAQ) Sheet
- HETI Continuity of Medication Management eLearning Module
- National Medication Management Plan (MMP)
- National MMP User Guide
- Other (please specify):

8. Please rate how strongly you agree with the following statements:

	Strongly agree	Agree	Disagree	Strongly disagree
The pre-workshop material helped increase my knowledge regarding medication reconciliation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having a standard medication reconciliation process in my workplace can improve patient safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am aware of the procedures and processes that relate to medication reconciliation in my workplace	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Please rate how strongly you agree with the following statements:

	Strongly agree	Agree	Disagree	Strongly disagree
Nursing and midwifery, medical and pharmacy staff, all have a part to play in medication reconciliation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am currently involved in aspects of medication reconciliation in my workplace	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I currently have the skills to take a best possible medication history (BPMH) for a patient in my care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know where to document information relating to medication reconciliation (according to local policy or procedures)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I have a concern about a medication ordered for a patient under my care, I can approach the attending doctor or medical team to resolve the issue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I understand the importance of providing information to patients about their medications on discharge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. What personal objectives do you hope to achieve from attending these workshops?

PARTICIPANT POST-WORKSHOP SURVEY

Medication Reconciliation Education Package (Nursing & Midwifery)

1. Name or identifier:

2. Which of the medication reconciliation workshops did you just complete?

- Introduction: the Case for Medication Reconciliation
- Medication Reconciliation on Admission
- Medication Reconciliation: Beyond Admission

3. At what level would you NOW describe your knowledge regarding medication reconciliation?

- Expert
- Intermediate
- Novice

4. If not already done prior to the workshop, which of these materials will you now consider reading or completing?

- CEC Best Possible Medication History (BPMH) Interview Guide
- CEC Medication Reconciliation Education Package Frequently Asked Questions (FAQ) Sheet
- HETI Continuity of Medication Management eLearning Module
- National Medication Management Plan (MMP)
- National MMP User Guide
- Other (please specify):

5. Please rate how strongly you agree with the following statements:

	Strongly agree	Agree	Disagree	Strongly disagree
The content of the workshop presentation/s was relevant to my area of practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The workshop presentation/s was pitched at an appropriate level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I will apply my learnings from this workshop into my daily practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Please complete the following questions if you completed the 'Introduction: the Case for Medication Reconciliation' workshop:

	Strongly agree	Agree	Disagree	Strongly disagree
The workshop increased my knowledge regarding medication reconciliation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having a standard medication reconciliation process in my workplace can improve patient safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am more aware of the procedures and processes that relate to medication reconciliation in my workplace	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This workshop has increased my interest to take part in at least one aspect of medication reconciliation in my workplace	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Please complete the following questions if you completed the ‘Medication Reconciliation on Admission’ workshop:

	Strongly agree	Agree	Disagree	Strongly disagree
I currently have the skills to take a best possible medication history for a patient under my care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know where to document information relating to medication reconciliation (according to local policy or procedures)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Please complete the following questions if you completed the ‘Medication Reconciliation: Beyond Admission’ workshop:

	Strongly agree	Agree	Disagree	Strongly disagree
When I have a concern about a medication ordered for a patient in my care, I am confident in approaching the attending doctor or medical team to resolve the issue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I understand the importance of providing information to patients about their medications on discharge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. What personal objectives did you achieve from attending these workshops?

10. What is one thing you would like to improve in your work practice in regard to medication reconciliation?

11. Did you think the workshop/s you attended were a useful professional development activity?

- Yes
- No

12. Why or why not? Please provide any comments, suggestions or reasons for your answer.

13. How do you think the workshop content could be improved for the future?

14. Do you have any other comments or suggestions regarding the Education Package? (e.g. pre-workshop materials, workshops, other resources)

Thank you for taking the time to complete the surveys

PARTICIPANT FOLLOW UP SURVEY

Medication Reconciliation Education Package (Nursing & Midwifery)

1. Name or identifier:

2. At which facility do you work?

3. What is your current role/position?

- Clinical Nurse Consultant
- Clinical Nurse Educator
- Enrolled nurse
- Midwife
- Nurse Unit Manager
- Registered nurse
- Other (please specify):

4. Which of the medication reconciliation workshops did you attend?

- Introduction: the Case for Medication Reconciliation
- Medication Reconciliation on Admission
- Medication Reconciliation: Beyond Admission

5. At what level would you describe your knowledge regarding medication reconciliation?

- Expert
- Intermediate
- Novice

6. Please indicate the relevant frequency of carrying out the following activities in your current practice?

	Regularly (daily basis)	Frequently (every 2 – 3 days)	On occasion (weekly)	I require further training to carry out this activity
Where possible or early on in their admission, I take a best possible medication history for the patients in my care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have identified medication discrepancies between a patient's medication history and their current medication orders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I effectively resolve medication issues with the attending doctor when I have concerns about a medication order for a patient in my care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I clearly document the outcome of a medication issue after discussion with the attending doctor or medical team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am involved in educating and communicating medicines information to my patients and/or their carers when they are discharged from the facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On transfer or discharge, I double check that the medications that the patient has been on matches with the medications the patient is going to continue with	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Do you still think that medication reconciliation processes are relevant to your practice?

- Yes
- No
- Other (please specify):

8. Are there any other nursing or midwifery staff on your ward/clinical area that are involved with and carry out medication reconciliation processes?

- Yes
- No
- Not sure

9. If there was an opportunity to attend another workshop to advance your skills in medication reconciliation, would you be interested in attending?

- Yes
- No
- Maybe

10. What particular skills related to medication reconciliation are you interested in upskilling or gaining more advanced training in?

11. What is the name of your current clinical nurse educator?

12. Any other comments or suggestions regarding your involvement in this training?

13. If you wish to receive information regarding further education opportunities, please let the CEC know the best email address to contact you on: