Rhetorical Situation:

* We want to design an information system for pharmacists to prevent opioid dependence. Let’s pretend the reader is a potential funder for the building and design of the information system. We should use language appropriate to a local government MP and drive them into a decision to fund more research.
* Title page: Title of paper, course, date, student name and number.
* Index
  + Table of contents
  + Table of figures
* **Introduction:** What is the paper about? Introduce the topic and define the issue. Describe your approach and scope of the paper. What do you want the reader to learn? (10 marks)
  + Introduce a “character” / story [bad idea?]
  + Description of the challenge or issue: what is the issue you are addressing? Who or what does it impact? (10 marks)
* **Historical context:** How did the issue arise? What are the political, policy, social, value, economic, ethical and/or practice conditions? What are the consequences of the issue not being resolved? (10 marks)
  + HINF140:
    - Story: Canadian Health Care history
      * Events & Dates
      * Legal
      * Pharmaceutical legislation
  + Pharmaceutical companies marketing & lawsuits
  + Covid-19
* **Current status of the challenge or issue:** What forces, phenomena and/or conditions are influencing the issue? What is your critical assessment of those? How strong or weak is the evidence surrounding the issue? (20 marks)
  + Current prescription process
  + Overprescription
  + Pharmacies
    - Prescription abuse
    - Over-the-counter opioids
  + Black Market
    - “Farming” pharmacies

**Stages of the Disease “What information is needed by whom to do what?”**

* (Pathology, critical points, healthcare objectives, critical data required, testing, decision making, systems & linkages)
  + Risks
    - HINF140: Social Dimensions of Health
    - Critical points / critical factor / critical data
      * Recovery options
      * Failure point statistics
      * Information needed / by whom to do what
      * Best medium of collection and frequency
  + Infection / disease contraction event
    - Patient objectives
      * Recreational abuse
      * Physical injury
        + Sports injuries
    - Healthcare objectives
      * Systems
      * Decision makers
    - Overprescription
    - Critical points / critical factor / critical data
      * Recovery options
      * Failure point statistics
      * Information needed / by whom to do what
      * Best medium of collection and frequency
  + Early symptoms
    - Pathology / neurology mechanism
    - Patient Objectives
      * Medication abuse
      * Behavioral changes
        + Social observations
    - Healthcare responses
      * Systems / Health Records / Prescription records
      * Decision makers
    - Critical points / critical factor / critical data
      * Recovery options
      * Failure point statistics
      * Information needed / by whom to do what
      * Best medium of collection and frequency
  + Diagnosis
    - Patient objectives
    - Testing
      * Methods
      * Data collected
    - Healthcare objectives
      * Systems
      * Decision makers
    - Critical points / critical factor / critical data
      * Recovery options
      * Failure point statistics
      * Information needed / by whom to do what
      * Best medium of collection and frequency
  + Maturity
    - Patient objectives
    - Healthcare responses
      * Systems, Decision makers
    - Critical Points / critical factor / critical data
      * Information needed / by whom to do what
      * Best medium of collection and frequency
  + Death
    - Healthcare responses
      * Systems
      * Information needed / by whom to do what
      * Best medium of collection and frequency
  + Recovery
    - Patient objectives
    - Treatment options
    - Healthcare responses
      * Information needed / by whom to do what
      * Best medium of collection and frequency
    - Critical Points / critical factor / critical data
* **Discussion of the appropriate and/or necessary steps in resolving the issue: What should be done? What does the future hold**? (20 marks)
  + Target user (pharmacists)
    - Prescription abuse
    - Legal abilities of pharmacists
      * Authority of doctors
  + System Design
    - Existing systems
    - Linking systems
    - Artificial intelligence
      * Prediction / prevention
        + Patient behavior analysis

Pharmacy locations

Hospital locations

Dental prescriptions

Friends with prescriptions

* + - * + Patient background / history data

Demographics

Health record / hospital visits

Chart data

* + - * Ethics & Data privacy
    - System Relationship Diagram
  + What is (are) the objective(s) of collecting and providing information? What are we trying to do with the information and Why?
    - (before disease, once diagnosed, after complications appear, to death)
* **Concluding remarks: Summarize your paper**. (10 marks)
* References
* Appendices

Rubric:

* References: Please use APA style <https://www.uvic.ca/library/research/citation/documents/apa.pdf>
* Style and grammar. (10 marks)
* Readability and logic (10 marks)
* All Necessary sections

A+, A, A- This is earned by work which is technically superior, shows mastery of the

subject matter, and is the case of an A+ offers original insight and/or goes

beyond course expectations.

Evaluation of the Assignment:

* Length: 20 double-spaced pages (that includes title page, body, and references).
  + double spaced.
* A minimum of 12pt characters
* one inch or 2.54 cm borders.
* 70%
  + Correct identification of critical factors in each stage of the disease,
  + identification of patient and health system objectives for patient at various stages of the disease,
  + identification of critical data required (lab, examination, patient reported tests) for decision making,
  + identification of system linkages required for information transfer establishes
* A system relationship diagram(s) will establish 20% of the total mark.

Rubric:

* Required sections
* 10% is dedicated for quality of writing and referencing (logical flow, clarity, brevity, factual, without duplications, style, grammar)