Appendix 1. Survey instrument for evaluation of Research Grant Program of the CSHP Foundation

The CSHP Research Committee is contacting all recipients of CSHP research grants in the past 12 years to determine the outcomes and opinions of researchers. Please take a few minutes to complete this brief questionnaire. Your answers will remain confidential and anonymous in result reporting.

Principal Investigator:

Project Title:

Year of Funding:

Amount Funded:

1. Which CSHP Branch were you a member at the time your CSHP Research Grant was awarded?
- AB
- BC
- MB
- NB
- NL
- NS
- ON
- QC
- SK

2. At the time your CSHP Research Grant was awarded which pharmacy degrees/training had you completed? (check all that apply)
- BSc(Pharm)
- Hospital Pharmacy Residency (ACPR/MSc (QC))
- MSc
- PharmD
- PhD
- Other (specify): _______________________________

3. At the time your CSHP Research Grant was awarded how many years had you been a licensed pharmacist?
- <5 years
- 5-9 years
- 10-14 years
- 15-19 years
- 20-24 years
- >25 years

4. At the time your CSHP Research Grant was awarded how many years had you been practicing as a hospital pharmacist?
- <5 years
- 5-9 years
- 10-14 years
- 15-19 years
- 20-24 years
- >25 years

5. Which of the following best describes your project?
- Randomized Controlled Trial
- Systematic Review
- Prospective Cohort
- Retrospective Chart-review
- Survey
- Administrative Database Analysis
- Other (specify): ____________________________________________________

6. What is the status of your project?
- Completed  Please proceed to Question 7
- Incomplete  Please go to Question 8

7. If completed, what is the publication status of your project?
- Published  Please go to Question 7a
- In press (accepted but pending publication)  Please go to Question 7a
- Attempts to publish have been unsuccessful to date  Please go to Question 7b
- No attempts to publish have been made  Please go to Question 7c

7a. How many publications has your study generated? _______

Please provide the journal citation(s) for your publication(s) (use separate page if necessary).

Below is what we have identified through a literature search, but please edit/add as necessary if this information is inaccurate.

Was an editorial directly relating to your project published?
- Yes  No

Please proceed to Question 8.
7b. You indicated attempts to publish have been unsuccessful? Why do you think this occurred?
   ☐ Rejected based on editor's comments (prior to peer-review)
   ☐ Rejected following the peer-review process
   ☐ Substantial revisions were requested but not possible
   ☐ Other (specify): _____________________________________________________________

Do you plan to re-submit your project for publication elsewhere?
   ☐ Yes ☐ No

Please proceed to Question 8

7c. Please explain why you have not attempted to publish your project

_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

Do you still plan to submit your project for publication?
   ☐ Yes ☐ No

Please proceed to Question 8

8. If incomplete, which of the following applies?
   ☐ Investigation ongoing Please proceed to Question 9
   ☐ Project terminated Please explain below

Why did the project fail to be completed? (check only one answer)
   ☐ Unable to secure additional funding
   ☐ Change in practice precluding study completion (explain): ___________________________
   ☐ Investigator reasons (explain): ________________________________________________
   ☐ Other, please specify: _______________________________________________________

Please proceed to Question 14

9. Was your project presented at a scientific meeting/conference orally or as a poster? (check all that apply)
   ☐ Locally
   ☐ Provincially
   ☐ Nationally
   ☐ Internationally
   ☐ No presentation given go to Question 10

Please provide the details (authors, title, meeting name, dates) - use separate page if necessary.
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

10. Apart from the funding provided by the CSHP Research Grant, was there any additional funding obtained to complete your project?
   ☐ Yes ☐ No If no, please go to Question 11

If yes, where was this additional funding obtained and in what amount? (check all that apply)
   ☐ Government grant(s) $ _____________
   ☐ Charitable organization $ _____________
   ☐ Pharmaceutical company $ _____________
   ☐ Other private industry $ _____________
   ☐ Other $ _____________

Please specify: ________________________________________________________________

Copyright ©2011 Canadian Society of Hospital Pharmacists
11. What was the total budget for your project? $_______.
This will include all funds required for your project to be completed.

12. Please rate the clinical importance of your project results?
Clinical importance relates to the potential impact of your results on clinical practice;
please provide a score from the scale below: ________

1- Not at all 2- Limited 3- Moderately 4- Highly
All Importance Relevant Relevant

13. Did your project change practice/policy at your site/health region?
☐ Yes  ☐ No  ☐ Not Applicable (project not completed)

Questions regarding the CSHP Research Grants Program.

14. Overall, to what extent did the CSHP Research Grant help in contributing to the completion of your project?
(Please provide a score from the scale below: ________)

1- Not at all 2- Limited 3- Moderately 4- Highly
All Relevance Relevant Relevant

15. Overall, did the CSHP Research Grant contribute to securing other funding to support your research project?
(Please provide score from the scale below: ______ or Not applicable)

1- Not at all 2- Limited 3- Moderately 4- Highly
All Relevance Relevant Relevant

16. Overall, did the CSHP Research Grant contribute to securing new funding to support continuation your research?
(Please provide score from the scale below: ______ or Not applicable)

1- Not at all 2- Limited 3- Moderately 4- Highly
All Relevance Relevant Relevant

17. Overall, to what extent do you agree with the following?:
Hospital Pharmacists need pharmacist-designated research funds to stimulate and support pharmacy research in Canada.
(Please provide score from the scale below: ________)

1- Completely disagree 2- Somewhat disagree 3- Somewhat agree 4- Completely agree

18. Overall, to what extent do you agree with the following?:
I would participate in another CSHP Research Grant funding competition. 
(Please provide score from the scale below: ________)

1- Completely disagree 2- Somewhat disagree 3- Somewhat agree 4- Completely agree