

## 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.*

Supplementary data for Zed PJ, Ensom MHH, Slavik RS, Wilbur K, Kanji S, Koshman SL, et al. Evaluation of the Research Grant Program of the Foundation of the Canadian Society of Hospital Pharmacists, 1995–2008. *Can J Hosp Pharm* 2011;64(6):399-404.

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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.

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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: \_\_\_\_\_

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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-----2-----3-----4-----5-----6-----7
- Not at                      Limited                      Moderately                      Highly  
 All                      Importance                      Important                      Important
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-----2-----3-----4-----5-----6-----7
- Not at                      Limited                      Moderately                      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-----2-----3-----4-----5-----6-----7
- Not at                      Limited                      Moderately                      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-----2-----3-----4-----5-----6-----7
- Not at                      Limited                      Moderately                      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-----2-----3-----4-----5-----6-----7
- Completely                      Somewhat                      Somewhat                      Completely  
 Disagree                      Disagree                      Agree                      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-----2-----3-----4-----5-----6-----7
- Completely                      Somewhat                      Somewhat                      Completely  
 Disagree                      Disagree                      Agree                      Agree

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