**APPENDICES**

**Resident Survey**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Resident Survey** | | | | | | |
| **Q1** | Date: | | | | | | |
| **Q2** | I consent to take the survey based on the information sheet provided.  Yes ☐ No ☐ | | | | | | |
| **Q3** | Residency training year  PGY1☐ PGY2☐ PGY3☐ | | | | | | |
| **Q4** | Number of presentations attended.  *Please check one of the following choices*  1-2 ☐  3-4 ☐  ≥5 ☐ | | | | | | |
| **Q5** | This learning experience modified my approach to the overall patient care. | | | | | | |
|  | Strongly agree | Agree | | Undecided | Disagree | Strongly disagree | |
|  | 1 | 2 | | 3 | 4 | 5 | |
| **Q6** | This learning experience modified my approach when reconciling patients’ medication regimens. | | | | | | |
|  | Strongly agree | | Agree | Undecided | Disagree | | Strongly disagree |
|  | 1 | | 2 | 3 | 4 | | 5 |
| **Q7** | This learning experience modified my approach when initiating, discontinuing or modifying patients’ medication regimens. | | | | | | |
|  | Strongly agree | | Agree | Undecided | Disagree | Strongly disagree | |
|  | 1 | | 2 | 3 | 4 | 5 | |
| **Q8** | This learning experience modified my approach when providing discharge education/instructions to patients. | | | | | | |
|  | Strongly agree | | Agree | Undecided | Disagree | Strongly disagree | |
|  | 1 | | 2 | 3 | 4 | 5 | |
| **Q9** | This learning experience assisted me in effectively assessing the need to refer a patient to the clinical pharmacist for follow up. | | | | | | |
|  | Strongly agree | | Agree | Undecided | Disagree | Strongly disagree | |
|  | 1 | | 2 | 3 | 4 | 5 | |
| **Q10** | How were the presentations beneficial to you? | | | | | | |
| **Q11** | Is there any negative impact of these presentations? | | | | | | |
| **Q12** | Please explain how the presentations impacted the overall care that you provide to your patients? | | | | | | |
| **Q13** | How can the presentations be improved? | | | | | | |
| **Q14** | Please comment on anything else you would like to share about the experience. | | | | | | |