**APPENDICES**

**Resident Survey**

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|  | **Resident Survey** |
| **Q1** | Date: |
| **Q2** | I consent to take the survey based on the information sheet provided.Yes ☐ No ☐ |
| **Q3** | Residency training yearPGY1☐ 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. |