

**TORONTO GENERAL HOSPITAL/ MCGILL UNIVERSITY HEALTH CENTRE  
DEPARTMENTS OF PHARMACY SERVICES  
HIV SPECIALTY RESIDENCY PROGRAM**

***POLICY TO ASSESS EARLY WITHDRAWAL FROM PROGRAM***

If a resident withdraws early from the residency program, an exit interview will be conducted by an administrative pharmacist not directly involved as preceptor in the residency program (e.g., UHN Pharmacy Education Coordinator).

This exit interview will be used to assess the reasons for withdrawal and to gather feedback which may assist the program in achieving its objective of being a preferred residency program.

The exit interview is a tool that will enable the departing resident to provide important information on their perceptions of:

- the workplace environment
- direction and coordination of the residency program
- resident's workload
- resident's morale

**Procedure**

1. The administrative pharmacist will provide the resident with an Exit Interview Questionnaire at least 3 days prior to the resident's last day.
2. The resident will complete the survey and place it in a sealed envelope and return to the administrative pharmacist.
3. The contents of the survey will be reviewed by the administrative pharmacist and the results summarized for discussion at RAC.
4. The Residency Advisory Committee will review and analyze the results to identify trends and areas requiring improvement in the HIV Specialty Residency Program.

## HIV Specialty Residency Program Exit Interview Questionnaire

### Private and Confidential

As a departing resident we would truly appreciate your input with respect to the reasons you have decided to leave the Residency Program. This information will be used for the sole purpose of identifying possible trends/reasons why a resident has chosen to leave the HIV Specialty Residency Program in order to make future program improvements. **All information recorded and gathered will be kept strictly confidential.**

This questionnaire should take no more than 5-10 minutes to complete. Thank you.

1. Listed below are potential reasons that may have contributed to your decision to leave the HIV Specialty Residency Program. Please review the list and select up to 3 (three) reasons, marking them with an X.

Returning to school  
Working conditions  
Lack of opportunity  
Language difficulties

Moving from area  
Health reasons/family circumstances  
Poor salary/benefits  
Other

Additional Comments:

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2. Please rate the following residency-related factors at HIV Specialty Residency Program.

|                                                 | Poor | Fair | Good | Excellent |
|-------------------------------------------------|------|------|------|-----------|
| Physical working conditions                     |      |      |      |           |
| Your opportunity for education                  |      |      |      |           |
| Your relationship with your directors           |      |      |      |           |
| Your communication with preceptors              |      |      |      |           |
| Employee morale in the department and/or clinic |      |      |      |           |

3. If you are leaving the HIV Specialty Residency Program for another position, please answer the following question.

Which of the factors listed below influenced your decision to take the new position?  
(check all that apply)

Better wages  
Better benefits  
Closer to home

More opportunity for advancement  
Better working conditions  
Other (please specify)

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4. In your opinion how would you rate the effectiveness of the preceptorship/mentorship you received based on the following criteria?

|                            | Poor | Fair | Good | Excellent |
|----------------------------|------|------|------|-----------|
| Fairness                   |      |      |      |           |
| Open two-way communication |      |      |      |           |
| Coaching/Teaching          |      |      |      |           |
| Recognition received       |      |      |      |           |
| Respect                    |      |      |      |           |
| Leadership                 |      |      |      |           |

5. How would you rate the orientation and training you received in order to perform as a pharmacy resident?

| Poor | Fair | Good | Excellent |
|------|------|------|-----------|
|------|------|------|-----------|

6. How would you rate the consistency and effectiveness of your preceptors' performance feedback with you?

| Poor | Fair | Good | Excellent | Did not receive |
|------|------|------|-----------|-----------------|
|------|------|------|-----------|-----------------|

7. What could have been done to keep you from leaving the HIV Specialty Residency Program? Who do you think should have initiated this action?

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8. In your opinion what could be done to make UHN a better place for a Pharmacy Residency?

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9. If you have any other comments/suggestions you would like to make please do so below.

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**THANK YOU**