

**Can-SOLVE CKD Research Operations Committee  
Evaluation Checklist**

|                       |                           |
|-----------------------|---------------------------|
| <b>Project Title:</b> | Click here to enter text. |
| <b>Project Lead:</b>  | Click here to enter text. |
| <b>Reviewer:</b>      | Click here to enter text. |
| <b>Date:</b>          | Click here to enter text. |

| Checklist   | Assessment criteria  | Feedback and recommendations |
|---|--|------------------------------|
| <b>A. Accomplishments to date</b>   |  |                              |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                              | Has the project team performed as per Workplan/Gantt chart? If not, please provide recommendations.  | Click here to enter text.    |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                              | Is the project on schedule? If not, please provide recommendations.  |                              |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | For clinical trials, is enrollment on target? If not, please provide recommendations and indicate if a referral to Clinical Nephrology Trials Network is needed.                                   |                              |
| <b>B. Design of work proposed for next 12 months</b>                                  |  |                              |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                              | Is the scope of work proposed feasible within 12 month period? If not, please provide recommendations.   | Click here to enter text.    |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                              | Have there been significant changes to the project plan? If so, please identify them and indicate if there are any concerns.   |                              |
| <b>C. Issues that limit productivity to date and mitigation strategies</b>            |  |                              |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                              | Are the mitigation strategies fitting for the issues identified? If not, please provide recommendations.   | Click here to enter text.    |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                              | Has the project team identified all foreseeable issues? List any issues that you have identified and potential mitigation strategies.  |                              |
| <b>D. Deliverables/outputs expected and alignment with Can-SOLVE CKD objectives</b>   |  |                              |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                              | Do the project team members engaged reflect a patient-oriented research team? (ie. patient partners, policy makers, diverse clinicians and non-clinicians) If not, please provide recommendations. | Click here to enter text.    |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                              | Has there been an effort in completing Patient-oriented Research Training for the project team?  |                              |

| Checklist  | Assessment criteria   | Feedback and recommendations |
|--|---|------------------------------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No   | Do the abstracts/presentations/articles/communication tools align with Can-SOLVE CKD objectives?  |                              |
| <b>E. Achieved and planned patient engagement</b>  |   |                              |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Choose an item.<br>out of 10 | Are patient partners involved in the following research process? Check N/A if not appropriate to involve patients for that process for this project) <ul style="list-style-type: none"> <li>• Study design</li> <li>• Development of study protocol</li> <li>• Preparation for study execution</li> <li>• Data collection</li> <li>• Analyzing and interpretation data</li> <li>• Dissemination</li> <li>• Implementation</li> <li>• Monitoring and evaluation</li> </ul><br>Has a Patient Lead/Co-Leads been identified? | Click here to enter text.    |
|  | Has there been patient co-authorship on abstracts/presentations/articles/communication tools?   |                              |
|  | How would you rate the quality of engagement out of 10? (ie. relationship between researchers and patient partners?) Please indicate your recommendations for further improvement.  |                              |

**Overall Assessment**

Strengths of this project

Areas of improvement

**Funding recommendation**

- Approval for funding to continue. Review is satisfactory.
- Funding to be on hold. Additional information is required for the review.
- Funding to be on hold. There are methodological/feasibility concerns that project team should address before funding is released.
- Stop funding. There are methodological/feasibility concerns that the project team failed to address.