

Appendix C

Evaluations have been completed by participants each year in the usual manner. This year and last year, we conducted a more comprehensive evaluation of the evolution over five years with external observers. (Michelle Boudreau, Mary Ann Robinson and Gillian Reid) Direct observation of interaction, attitude and engagement was conducted in years three by one observer and in year five by two observers in both New Brunswick and Nova Scotia. Comments were collated and annual evaluations were reviewed by a four-person team for themes to identify opportunities for improvement and strategies to maintain this excellent product. These were collated into an overall assessment table and shared with the planning committee to provide strategic direction for this conference.

Evaluations

- **Overall:** the small group interprofessional presentations model with ample discussion time is felt to increase learning and interaction with peers forming a peer group for physicians who are more isolated. The collegial tone and expertise gained through the interprofessional nature of this conference increase the opportunity to learn from peers and to have access to valued information from them. Capping attendance at 50 participants is felt to be optimal, despite the additional associate cost, due to the availability of the faculty to participants and the opportunity to discuss cases in small groups.
- **Location:** Participants were pleased for the opportunity to explore different places in their province with their families and have pre-planned cultural and social events that reflect local culture and people.
- **Timing:** The weekend timing of this conference allows physicians to attend to their office practice and have some family time in this leaning filled weekend.
- **Format:** the interprofessional presentations and case-based discussions integrate learning onto practice more readily. There is ample time in each presentation to remain curious and access the experts for best evidence on a variety of topics. Observers noted a distinct increase in participant phone and computer work with more didactic sessions and these have been progressively replaced. Sessions that were more uniprofessional were also observed to be less engaging for participants.
- **Social:** despite the added cost of the planned local social and cultural events, both participants and observers noted the impact of locale on the nature of the interactions, the application to local practice including regional challenges and barriers to achieving certain types of change.

Evolution since the beginning has included attention to the trend towards separating the talks into physician and pharmacist talks. We have maintained the cultural nature of the social events and continued to include families due to ongoing positive feedback. We have a cohort of approximately 15 physicians who attend annually, and the remainder are new or local physicians who can attend due to the ease of access to their community. There is also a plan to conduct qualitative analysis of the nature of the interaction between the sessions and the perceived impact of the social and cultural events with the large group next fall using interview and direct observations by a skilled qualitative researcher.