

Additional File: Survey Development

- Demographic data including location, years of clinical experience and clinical practice areas of participants.
- Kirkpatrick Level 1 (Reaction). Participant satisfaction with respect to the implementation of QuEDS F-PGS model of peer group support was assessed in the follow-up 6month survey - rating 12 aspects of the F-PGS framework and group structure/process. Four aspects of group process/impact (feeling safe enough to expose practice, feeling equal as group members, confidentiality of discussions, group process improves confidence) were modified from the Clinical Supervision Evaluation Scale (Horton, 2008). Six additional measures were informed by the MNHHS Peer Supervision Group Evaluation form to better explore KL1 Reaction i.e., examine the participant's reaction to the F-PGS model (including degree of group structure, facilitation process, impact of group member's behaviours, and session format). Comparative preference to other supervisory/upskilling methods was assessed pre-commencement, and in the 6month follow up survey (as previously in QuEDS F-PGS pilot program evaluation), plus direct comparison of preference for F-PGS vs PGS (peer group supervision) was assessed in the Learning and Clinical Practice Survey (LCP Survey).
- Kirkpatrick Level 2 (Learning) domain was captured via self-assessment of pre (baseline) and follow up (6month survey) confidence to implement evidence-based practice, and to engage eating disordered clients (as per F-PGS pilot surveys). LCP survey included 3 self-assessment questions using a Likert scale - perceived increase in clinical knowledge/skills, supervisory/mentoring skills and usefulness of the F-PGS program to meet continuing professional development requirements. In addition, participants were asked to indicate if any of seven identified ED-specific learning areas were learning expectations, and if these expectations were met by the program – this included: evidence-based guidelines and dietetic interventions, diagnoses, counselling

skills, clinical resources/tools, complex presentations, and formulation of management plans for complex presentations.

- Kirkpatrick Level 3 (Behaviour/implementation of learnings). To explore implementation of learnings from F-PGS the LCP Survey respondents used a Likert scale to self-assess if participation in F-PGS had led to a change to their clinical practice, plus, if the following 4 specific changes to clinical practice had been demonstrated – implementation of evidence-based practice, application of ED-specific resources/tools, increased ability to provide dietetic interventions for complex ED cases and increase in reflective practice (modified from CSEQ).
- Kirkpatrick Level 4 (Results). The LCP survey included 8 questions to explore broader results of the program. Clinicians used Likert scales to rate overall feelings of support, confidence, ability to cope with work stressors, work enjoyment and ability to achieve within their clinical ED work. Clinicians also rated, with a Likert Scale, improvements in client engagement, advocacy for appropriate care for ED clients and active engagement in ED-specific service development projects.
- Sustainability of the QuEDS F-PGS program was evaluated with 4 LCP Survey questions exploring intent to continue, likelihood of recommending the program to other dietitians, perceived value as an adjunct to individual supervision and preference of F-PGS to standard PGS. Ease of participant recruitment and retention plus approximate costs in clinician hours were deduced from real-time documentation.