

**Supplementary Table 1 - Evaluation survey questions**

1a. Did you participate in the Professional Development Network (PDN)? <i>If "No" is answered, respondent will be directed to answer question 1b and demographic questions only</i>	Yes/No				
1b. Please share any reasons why you did not participate? (Select all that apply)  <i>Respondents answering "no" from question 1a only</i>	I was not interested in the PDN program I did not understand the purpose of the PDN program I was unsure of how to participate I did not have time to participate I forgot to participate I already have sufficient resources for my professional development I prefer to seek alternative approaches to my professional development				
2. How many dietitians <u>did you contact</u> to initiate a PDN meeting?	0 1 2 3 More than 3 Do not recall				
3. How many dietitians <u>contacted you</u> to initiate a PDN meeting?	0 1 2 3 More than 3 Do not recall				
4. How many total* PDN meetings did you have in 2013? (*include meetings when you approached someone and when someone approached you)	0 1 2 3 More than 3 Do not recall				
5. Did you have any PDN meetings as a group*? (* group = a meeting of 3 or more people, including yourself)	Yes/No				
6. How many group* meetings did you have? (* group = meeting of 3 or more people, including yourself)  <i>Respondents answering "yes" from question 5 only</i>	1 2 3 More than 3				
Please indicate your level of agreement with the following statements:	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
7. I learned something valuable as a result of participating in the PDN	1	2	3	4	5
8. I applied learning from my PDN meeting(s) to my personal career development	1	2	3	4	5
9. The PDN increased my awareness of the expertise of dietitians in the dept.	1	2	3	4	5
10. The PDN provided an opportunity for me to reflect on my own strengths	1	2	3	4	5
11. I feel more connected to others in the department as a result of participating in the PDN	1	2	3	4	5
12. I feel more recognized for the work that I do as a result of participating in the PDN	1	2	3	4	5
13. Participating in the PDN contributed to my satisfaction with working at Providence Health Care (PHC)	1	2	3	4	5
14. What do you like about the PDN?	(open-ended response)				
15. Did you encounter any barriers to participating in the PDN?	Yes/No				
If you answered "yes", please describe:	(open-ended response)				
16. What suggestions do you have to improve the PDN?	(open-ended response)				
<b>Demographic Information</b>					

17. Please indicate your age	Under 25 25-30 31-40 41-50 51-60 61-70 Prefer not to answer
18. How many years have you been in dietetic practice?	Less than 1 year 1-5 years >5-10 years >10-15 years >15-20 years More than 20 years
19. How many years have you been employed at PHC?	Less than 1 year 1-5 years >5-10 years >10-15 years >15-20 years More than 20 years
20. What is your <b>primary</b> area of practice at PHC? (area you work in the most) (Select one)	Acute care Outpatient care Residential care I don't have a primary area. I work in multiple areas
21. What other areas of practice do you work in presently, outside of PHC? (Select all that apply)	Acute care Outpatient care Residential care Private practice Other: (please specify) I do not work elsewhere. I only work at PHC
22. What PHC site do you work at?	St. Paul's Hospital Other (non St. Paul's Hospital sites) I work at multiple sites
23. What is your employment status at PHC?	Full time Part time Casual
24. If there is anything else related to the PDN you would like to share, please do so here	(open-ended response)