

Exploring Participant Perceptions of an International Virtual Training for Healthcare Professionals

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ABSTRACT

Medical education plays an important role in establishing global health partnerships and reducing existing inequities in healthcare systems. Virtual medical training conferences targeting healthcare providers in low-and-middle-income countries (LMICs) address equity issues in global health by reducing financial, political, geographic, and language barriers. This study aimed at exploring participants' perceptions of the international virtual training for healthcare providers organized by Children's Hospital Los Angeles (CHLA) and The Armenian Eye Care Project (AECF). We collected quantitative data through a post-training survey with 239 participants and qualitative data through four follow-up semi-structured interviews. The statistical analysis of the survey data included descriptive statistics reporting on frequency of responses. The interview data was analyzed by applying two levels of coding: initial in-vivo coding and pattern coding for themes and sub-themes. The analysis of the survey and interview data revealed several beneficial outcomes of the virtual training conference in terms of participant experiences with the conference format and structure, quality and usefulness of the learning content, and navigation of the virtual platform.

INTRODUCTION

Medical education plays an important role in establishing global health partnerships and reducing existing inequities in healthcare systems (DeCorby-Watson et al., 2018). Technological advancements have reshaped and expanded traditional classroom environments allowing for meeting the needs of increasingly diverse learner populations through different instructional modalities, including online, hybrid, and face-to-face (Galoyan et al., 2021; Betts et al., 2021). Specifically, virtual medical training conferences targeting healthcare providers in low-and-middle-income countries (LMICs) address equity issues in global health by reducing financial, political, geographic, and language barriers (Velin et al., 2021). COVID-19 pandemic contributed to an unexpected surge in online education worldwide, while creating opportunities for implementing innovative

technology-enhanced practices to promote virtual exchange of expertise and enhance learning outcomes. According to the CHLOE 6: Online Learning Leaders Adapt for a Post-Pandemic World report (Quality Matters & Eduventures Research, 2021), more than 4,000 public and private institutions in the US with about 20 million postsecondary students were challenged to pivot to online and remote modalities.

To meet the needs of changing education landscape and to continue providing quality education and training in the midst of the global crisis, organizations and academic institutions had to rapidly pivot to online platforms (Akers et al., 2020; Almarzooq et al., 2020). This transition has accelerated adoption of various online learning technologies and platforms, including learning management systems (LMS) (e.g., Moodle, Blackboard, Canvas) and virtual meeting platforms (e.g., Zoom, Google Hangouts, Microsoft Teams). These technologies help to reach a wider audience and transcend geographic and temporal limitations, which are especially pronounced in LMICs.

Prior research indicated the advantages of utilizing online platforms for medical education and training. Some of these advantages include saving time, resources, and money (Rubinger et al., 2020; Pei & Wu, 2019). In addition, virtual conferences help healthcare associations and academic institutions increase their global outreach by establishing health partnerships and collaborations, as well as disseminating research findings at a global scale (Rubinger et al., 2020). However, despite the above-mentioned benefits of virtual education and training, research shows that challenges still remain related to evaluating the effectiveness of such platforms for medical education (Sahi et al., 2020; Pei & Wu, 2019). These challenges can be attributed to various factors that can create barriers for online delivery methods, including lack of social interaction, administrative and technical issues, learner motivation, cost and access to the internet, and ineffective design and arrangement of multimedia materials (Sahi et al., 2020; Pei & Wu, 2019). Therefore, research is needed to further explore the benefits and barriers of virtual formats for medical education and training.

The goal of this study was to explore participants' perceptions of an international virtual training conference on ophthalmology and pediatrics for healthcare professionals in LMICs.

METHODS

Background

The Armenian Eye Care Project (AECPP) has held an annual conference for 18 years focused on ophthalmology and ophthalmology subspecialties (anterior segment, cataract, cornea, glaucoma, retina, oculoplastics, pediatrics, and ocular oncology) as part of its programmatic efforts to aid knowledge transfer from the global ophthalmology community to specialists in the Republic of Armenia. Since its inception, more than 3,000 healthcare professionals have attended the conference with regular attendance from Central and Eastern Europe, Central Asia, the Caucasus, and the Middle East. Starting in 2017, Children's Hospital

Los Angeles (CHLA) became a co-host of the conference and expanded the content to include content in neonatology, general pediatrics, pediatric cardiology, and pediatric endocrinology. Planning for the September 2020 conference began in December 2019. Due to the COVID-19 pandemic, we began to plan to transition to a virtual format in June 2020.

Virtual Training Conference Organization and Implementation

The virtual training conference, organized and hosted by the AECP and CHLA, took place between September 2020 and February 2021. It consisted of three virtual sessions on (1) ophthalmology, (2) pediatric ophthalmology, and (3) pediatrics. The multidisciplinary organizing team included medical experts, instructional designers, IT specialists, videographers, translators, marketing specialists, and researchers from the United States and Armenia. As in previous years, the AECP collaborated closely with the Ministry of Health and professional medical associations in the Republic of Armenia. The target audience included ophthalmologists, neonatologists, pediatricians, pediatric endocrinologists, pediatric cardiologists, public health specialists, and healthcare policy analysts.

Conference planning included a needs assessment by convening American and Armenian subject matter experts to generate a list of relevant topics. The topics were evaluated according to novelty, relevance, and expert availability. Each conference day was dedicated to a specific topic that aligned with the broader theme of the session (Table 1).

Table 1
Conference Structure and Attendance

Conference Schedule	Topic	Total Broadcast Time (min)	Total Registrations (n)	Total Unique Viewers (n)	
Session 1: Ophthalmology Sep 23-26, 2020	Day 1	Vitreoretinal Expert Meeting & Live Panel	299	314	241
	Day 2	Glaucoma	284	356	217
	Day 3	Neuro-Orbital Ophthalmology & Oculoplastics	287	384	218
	Day 4	Corneal Eye Diseases	253	405	201
Session 2: Pediatric Ophthalmology Dec 21-23, 2021	Day 1	Refractive Surgery	300	141	119
	Day 2	Pediatric Ophthalmology	403	182	131
	Day 3	Retinal Diseases	275	188	122
Session 3: Pediatrics Feb 15-18, 2021	Day 1	General Pediatrics	338	457	378
	Day 2	Neonatology	423	519	374
	Day 3	Pediatric Endocrinology	308	552	377
	Day 4	Pediatric Cardiology	326	559	333

The conference speakers were medical experts from Armenia, Russia, Ukraine, and the United States. All the lectures were pre-recorded to minimize internet connectivity issues and accommodate time zones of the local presenters. The lectures were recorded as a picture-in-picture video presentation with a mix of presenters recording in-person and remotely. The lecturers used Microsoft PowerPoint, Open Broadcaster Software, Zoom or a temporary recording studio at the AECF offices in Yerevan. Each conference day concluded with a moderated live question and answer session with a selected group of presenters in the presenters' native language.

The conference was promoted both before and during the event through multiple channels. Posts by AECF on social media (i.e., Facebook) provided updates on speakers, topics, and instructions on the registration and participation. Additionally, past attendees received emails promoting the conference. Finally, Armenian professional medical associations promoted relevant conferences and sessions to their members.

A Moodle LMS site, LearnwithOPEN.org, was used for attendee registration and organization. The site provided attendees with the conference agenda in interactive and printable formats, biographic information and headshots of each speaker, PDF handouts on relevant topics, conference-related announcements, and contact information to request assistance. The site was available in English, Armenian, and Russian. All pre-recorded lectures and live Q&A sessions were presented using Zoom. Attendees were required to sign into Zoom to allow the conference organizers to track session attendance for CME purposes. Each session included three audio streams that provided live translation for each lecture and Q&A session.

During the conference, AECF utilized their temporary recording studio for their moderator to facilitate each session and live Q&A. Support staff consisted of the public relations director, information technology specialist, and attendee support representatives who were available before and during the event to help the participants register for the conference, navigate the program, resolve technical issues, and encourage interaction during Q&A sessions.

Data collection

Survey. To evaluate participants' perceptions of the virtual training conference, we conducted a post-conference survey in March 2021. We used purposive sampling technique where the invitation to participate in the survey was sent out to the conference participants (N=486). The survey was administered via the Qualtrics survey software. The survey collected information on the demographics of the participants, their perceptions of the conference format and structure, quality and usefulness of the learning content, navigation of the online platform, and use of technological tools. The survey contained 23 items, including 6 open-ended questions. The participants were provided with the option to choose the language (i.e., English, Armenian, or Russian) in which they preferred to complete the survey. The closed-ended items were multiple choice questions, several of which were measured on

a Likert-type scale. For the open-ended questions, the respondents were required to type their answers in a provided textbox. At the end of the survey, the participants were asked for permission to be contacted for a follow-up interview.

Interviews. The purpose of the interviews was to supplement and confirm the survey results by further exploring participant perceptions of the conference. In May 2021, we conducted semi-structured interviews with four volunteers who had previously completed the survey and had agreed to be contacted for the follow-up interview. The interviews were conducted through Zoom video conferencing and lasted approximately 40 minutes. A semi-structured interview protocol (see Appendix A), designed by the researchers of this study, was used during the interviews. The protocol contained a brief description and the purpose of the interview followed by seven broad opening questions related to participants' perceptions of different aspects of the conference. Example questions include:

- *What features of the conference did you like most?*
- *How was this conference different from and/or similar to other virtual and onsite medical conferences that you had previously attended?*
- *Was the content learned at the conference useful for your practice? If so, how?*

Data Analysis

The quantitative data collected through the post-conference survey were analyzed by using the IBM SPSS Statistics 26 software tool. The statistical analysis included descriptive statistics reporting on the frequency of responses.

The qualitative data collected through semi-structured interviews were recorded, transcribed, and coded by two researchers of this study. We applied two levels of coding: initial coding and pattern coding for themes. The initial coding employed in vivo coding, also known as literal coding, where a code is assigned to a word or a phrase from the actual language used by a participant (Corbin & Strauss, 2008; Saldaña & Omasta, 2016). The second level of coding involved pattern coding (Saldaña & Omasta, 2016; Miles & Huberman, 1994) which helped to group the first-level codes into broader themes and sub-themes. Pattern coding was applied to both within-subject and between-subject responses. To minimize potential researcher bias in the interpretation of the findings, the coding procedure was accompanied by intensive analytic memo writing that allowed for documentation and reflection on the coding process and code choices. Any discrepancy was discussed between the two researchers during calibration sessions until consensus was reached.

RESULTS

Survey Results

In total, 239 out of 486 invitees completed the survey, resulting in 49.2% response rate. Most participants self-identified as female (89.2 %). The preferred survey language for most

participants was Armenian (58.2 %), followed by Russian (27.2%), and English (14.6%). A total of 149 (62.3%) participants attended the Pediatrics conference, and 90 (37.7%) attended the Ophthalmology conference. Participant demographic information is shown in Table 2. Within Ophthalmology, Retinal Diseases was the most popular topic (83.3 %), followed by Corneal Eye Diseases (76%), Pediatric Ophthalmology (74.4%), Glaucoma (67.8%), Neuro-orbital Ophthalmology and Oculoplastics (62.2%) and Refractive surgery (62.2%), respectively. Of those who attended the Ophthalmology session, 51.1% attended 5 or more topics of the 6 provided. Within Pediatrics, Neonatology was the most popular subspecialty (83.2%), followed by Pediatric Endocrinology (79.9%) and General Pediatrics (79.9%), and Pediatric Cardiology (71.8%). Of those who attended the sessions on Pediatrics, 69.8% attended 3 or more topics out of the 4 provided. Table 2 provides further information on participants' demographic background and their perceptions of the conference.

Table 2

Descriptive Statistics Report on the Frequency of Survey Responses (N=239)

Demographic Background		
	n	%
Age		
20 - 29	37	15.9
30 - 39	58	25
40 - 49	65	28
50 - 59	59	25.4
60 and older	13	5.6
Total	232	100
English Proficiency	n	%
Beginner	65	28.3
Intermediate	109	47.4
Advanced	32	13.9
Fluent	24	10.4
Total	230	100
Educational Background	n	%
MD or equivalent	189	82.2
Nurse	5	2.2
Ph.D or equivalent	16	7
Other	20	8.7
Total	230	100
Providing Direct Patient Care	n	%
Yes	153	66.8
No	76	33.2
Total	229	100
Years in Practice	n	%
< 5	8	6.3
5 - 10	29	23
11 - 15	25	19.8
16 - 20	13	10.3
> 20	50	39.7
Total	126	100

Conference Experiences

What language did you primarily attend the conference in?	n	%
English	41	17.5
Armenian	157	67.1
Russian	36	15.4
Total	234	100
Had you previously attended any other online conferences before this conference?	n	%
Yes	187	78.2
No	52	21.8
Total	239	100
Overall, how would you rate this conference?	n	%
Fair	3	1.3
Good	41	17.2
Very Good	101	42.4
Excellent	93	39.1
Total	239	100
On a scale 1-10, how likely is it that you would recommend this conference to a colleague?	n	%
5	3	1.3
6	2	.8
7	10	4.2
8	39	16.5
9	40	16.9
10	143	60.3
Total	237	100
The content of the conference was up-to-date	n	%
Strongly disagree	2	.8
Disagree	3	1.3
Neither agree nor disagree	3	1.3
Agree	111	47
Strongly agree	117	49.6
Total	236	100
The content of the conference was easily understandable	n	%
Strongly disagree	5	2.2
Disagree	4	1.7
Neither agree nor disagree	6	2.6
Agree	131	56.5
Strongly agree	86	37.1
Total	239	100
The conference was easy to navigate	n	%
Strongly disagree	3	1.4
Disagree	4	1.8
Neither agree nor disagree	17	7.7
Agree	109	49.3

	Strongly agree	88	39.8
	Total	221	100
Has attending the conference led to or will lead to changing any of your practice at work?	n		%
	No	44	19.2
	Yes	185	80.8
	Total	239	100

An additional 182 respondents (76.2%) provided responses to the open-ended survey items that further explored the participants' experiences with the conference. The questions and representative responses are presented in Table 3.

Table 3

Example Responses to the Open-Ended Survey Items (N=182)

Question	Example Responses
What part of the conference did you find the most valuable?	content, exchange of experiences, panel discussion and Q&A, clinical cases
How can this conference be better?	reduce the time, make it more focused, organize more frequently, provide additional literature on the topics presented, organize on weekends, share real-life cases, improve the quality of the interpretation
How and which knowledge and skills learned from the conference will you use in your practice?	improving general knowledge and practice, how to present information to the parents in the right way, updated knowledge on neonatal care, collaboration, how to use an online platform to organize discussions on clinical cases
What additional topics would you like to see covered in our future conferences?	pediatric gastroenterology and headache, immunology, pediatric pulmonology, rheumatology, infectious diseases, asthma, pediatric therapy, updated treatment methods, guidelines, pediatric neurology, pneumonia, intensive therapy, liver diseases, thyroid gland diseases, retinopathy, innovations in pediatrics

Interview Findings

The thematic analysis of the qualitative data from the interviews resulted in five broader themes and related sub-themes. These broader themes included *Positive Highlights*, *Suggestions for Future Conferences*, *Issues*, *Benefits of Virtual Format*, and *Differences between Countries in Healthcare Practices and Systems*. Table 4 presents the results of the thematic analysis, including the emergent broader themes, the related sub-themes, and exemplar quotes from the interview transcripts.

Table 4

Emergent Themes, Codes, and Exemplar Quotes from the Interview Data Analysis

Broader Themes	Sub-Themes	Exemplar Quotes
Positive Highlights	opportunity for professional development	<p>“The more conferences like this we have the more developed we’ll be, and our job will be easier, we’ll know our foreign colleagues’ experience and we’ll try to apply it in our job in our medical care.”</p> <p>“ It was quite interesting since it was related to several other expertise areas, it involved different experts, which was in itself quite interesting in terms of exchange of new information and experiences.</p> <p>“There was no single topic from which I didn’t learn a new thing for myself.”</p>
	application of knowledge in practice	
	topics (practical, well-selected, interesting, highly educational)	
	well-delivered lectures	
	sharing the agenda and conference information in advance	
	engaging content	
	helped to recall forgotten information	
	helped to fill in gaps in knowledge	
	comparing experiences between providers from other countries	
	more organized compared to other virtual ad onsite conferences attended	
	lectures not too lengthy	
	learning strategies and how to plan steps	
Suggestions for Future Conferences	announce more widely	<p>“If you organize similar events in the future, I would like you to survey our doctors in practice about the topics to be covered. “</p> <p>“I think it would be interesting to also listen to experts from other countries. For example, we talk a lot about the German or Israeli healthcare.... it would really be interesting to hear from them, about their equipment, their approaches to understand what makes it so advanced.”</p> <p>“I would like to see changes in terms of the topics. I would like to see more diversity in topics.</p>
	promote through associations and hospitals	
	Inform managing staff	
	organize more frequently (e.g., 3-4 times a year)	
	collect feedback about the participants’ opinions and impressions after the conference	
	having debates	
	contextualize the program / consider the cultural characteristics of a given country	
	cover rare diseases	
	Survey doctors in Armenia on the topics to include in future conference	
	Include the topic of vitamin D	
	invite experts from other countries, (e.g., Germany and Israel)	
	offer more diversity in topics	

Issues	issues with translation speed and content	<p>“...there were things I was very interested in during the lecture on immunology, and that topic was being translated, and I think there were times when I couldn’t grasp it very well. “</p> <p>“...and I must say my colleagues know English and listen to the lectures without a translator and ask questions in English, and I, believe me, feel really embarrassed.</p> <p>“To tell the truth, I listened to the Russian version because it was a bit difficult for me to listen to it in Armenian because it was much slower...the translation.</p>
	some attendees connecting late because they learned late about the conference	
	language barrier	
Benefits of Virtual Format	easier for shy people to interact with others online	<p>“It is a long conference, and for me personally, it was convenient to attend it because I could connect to it any time, on the way home, at home.</p>
	online format was convenient in terms of connecting from home, on the way home, etc..	
	impact of COVID / COVID prevented attending conferences in person	
Differences between Countries in Healthcare Practices and Systems	lack of conferences in pediatrics as compared to those in general medicine (in Armenia)	<p>“We have very few conferences on pediatrics. For example, there are more conferences on general medicine, not just online but even offline.”</p> <p>“For example, to do one test, and not all tests are done in the hospital, we send them to a private lab, which costs money. And there are parents who can afford to pay and those who can’t but have to. “</p>
	US colleagues conduct lab tests more frequently	
	private labs are costly in Armenia	
	US colleagues have bigger lab test database	

DISCUSSION

This study explored participant perceptions of the international virtual training conference on ophthalmology and pediatrics for healthcare professionals in the Republic of Armenia and the surrounding region. Similar to other educational initiatives in the field (Cornes et al., 2021; Logan et al., 2021), the fully virtual format of the conference was determined by the constraints imposed by the pandemic. Our study involved collection and analysis of both quantitative and qualitative data that helped to gain insight into participants’ experiences with the conference, including, their perceptions of the conference format and structure, quality and usefulness of the learning content, navigation of the virtual platform, and use of the technological tools.

Overall, participant experiences with the training were positive. The survey results indicated that 39.1% of the participants rated the overall quality of the conference as excellent, and 42.4 % rated it as very good. Moreover, in response to the survey question on

how likely (on a scale of 1-10 with 10 being very likely) it is that they would recommend the conference to a colleague, the majority (77.2%) gave a score of 9-10. The qualitative findings provided further insights into the specific positive features of the conference as experienced by the participants. Some of these included having *practical, well-selected, and highly educational topics, well-delivered lectures, and opportunities to network and connect with foreign colleagues*. Our findings are in alignment with previous studies documenting the benefits of virtual formats for medical education and training (Rubinger et al., 2020; Pei & Wu, 2019). A recent study involving online training for pediatric postgraduate students during COVID pandemic, collected feedback responses from 77 participants (Agarwal & Kaushik, 2020). Most participants felt that the online sessions were relevant to their needs and clinical practice (97%) and interesting and enjoyable (95%). In addition, all of them indicated that online classes should be part of their medical curriculum.

Conducting conferences in a virtual format has several benefits both from the organizers and the participants' standpoints. In alignment with the recent studies showcasing the benefits of conducting medical educational trainings in virtual platforms (Agarwal & Kaushik, 2020; Rubinger et al., 2020; Pei & Wu, 2019) our findings suggest that utilizing the virtual platforms can help to break the time and distance barriers to reach a wider audience and make the content accessible and engaging. As pointed out by one of our interview participants, *"It was convenient to attend it [the conference] because I could connect to it any time, on the way home, at home"*. Integration of various technologies such as Open Broadcaster Software and Zoom, facilitated the coordination of the conference. We found that 89.1 % of the survey respondents agreed or strongly agreed that the conference was easy to navigate. Furthermore, in response to the open-ended survey question, *"How and which knowledge and skills learned from the conference will you use in your practice?"*, one of the participants mentioned *"how to use an online platform to organize discussions on clinical cases"*.

The findings suggest that the participants benefited from the conference in terms of the opportunities to transfer the learned knowledge and skills to their practice. *Application of knowledge in practice* was one of the main themes of the qualitative findings. For example, one of the interview respondents mentioned, *"The more conferences like this we have the more developed we'll be, and our job will be easier, we'll know our foreign colleagues' experience and we'll try to apply it in our job in our medical care."*

Language barrier can be an issue when organizing an international conference in countries where English is considered a foreign language. The survey results indicated that most of our participants (67.1 %) attended the conference in their native language, Armenian. Similarly, when it comes to evaluation, 58.2 % of the survey respondents chose to complete the survey in Armenian and all 4 interviewees preferred to have the interview conducted in Armenian.

Feedback collected from participants in the form of qualitative data from both the open-ended survey items and the follow-up interviews helped the conference organizers

identify several helpful recommendations for future conferences. For instance, some of the suggestions related to including additional lecture topics (e.g., immunology, pediatric pulmonology, rheumatology, infectious diseases, asthma, etc.) and surveying the Armenian doctors to identify lecture topics, some others included holding the conferences more frequently, having more interactive sessions, including Q&A and debates, and inviting speakers from other countries.

LIMITATIONS

Our study has some limitations. The 239 respondents only represented 60.9% of all unique attendees of the conference, and self-selection and participation bias may influence our findings. The surveys and interviews took place 2 to 5 months after different parts of the conference, introducing possible recall bias. Although, we collected demographic data from our participants, attendees did not report demographic data at registration, so it was not possible to determine the extent to which the respondents were representative of the larger population of the attendees. The survey respondents were overwhelmingly female (89.2%) and thus our sample may not have been necessarily representative of the broader community and have limited generalizability. This discrepancy suggests that our sample was not necessarily representative of the broader community, and thus our findings may have limited generalizability. We did not collect race and ethnicity data in this study, per recommendations of our local Armenian colleagues. The Republic of Armenia is one of the most ethnically homogenous countries in the world, with more than 98% of the population identifying as ethnic Armenian (The Government of the Republic of Armenia, 2021). The remaining 2% of the population is composed of ethnic and national groups from the surrounding geopolitical region, including Yezidi, Russian, Assyrian, Kurd, Persian, and others. Were we to collect this data using the NIH/OMB definitions of racial categories, all of these groups would be reported as white: *A person having origins in any of the original peoples of Europe, the Middle East, or North Africa* (National Institutes of Health, 2015).

CONCLUSIONS

Our findings align with related literature documenting the benefits of organizing virtual professional development training for healthcare professionals.^{6-8, 17} Building upon the findings from this study, our team will continue offering virtual medical training to healthcare professionals, specifically targeting LMICs. Particularly, our plan is to integrate more interactive elements, allocate additional time to discussions and Q&A sessions, as well as organize more webinars to enhance learner engagement and knowledge transfer. Recognizing that educational best practices are context-specific and may vary depending on contextual factors, we recommend that further research be conducted on the effectiveness of virtual medical training programs across learner demographics, topic areas, geographic locations, and instructional modalities.

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APPENDIX A: INTERVIEW PROTOCOL

Description: This interview has been designed to collect follow-up information on the AECp-CHLA conference participants' experiences with and perceptions of the conference. The qualitative data collected through this interview will be complementary to the AECp-CHLA conference survey that you have completed earlier. This recorded interview takes approximately 30 minutes. It is a semi-structured interview consisting of seven broad opening questions. Your information will be kept strictly confidential. The data collected through this interview will be anonymized and used for research and evaluation purposes only.

Opening Questions

1. Can you tell us about your experience with the AECp-CHLA (Pediatric/ Ophthalmology) conference? *Probe:* Which features of the conference did you like most/least?
2. Why did you attend the conference? *Probe:* Did it meet your expectations? If yes, how?
3. How was this conference different from and/or similar to other virtual and onsite medical conferences that you had previously attended?
4. Did you experience any technical issues during the conference? *Probe:* If yes, what kind of? How did you connect? (e.g., from home/work) Was internet access an issue?
5. Was the content learned at the conference useful for your practice? *Probe:* If yes, how?
6. What future changes (e.g., in terms of content, structure, technologies) would you like to see in this conference?
7. What additional takeaways would you like to share?

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