Society for ACADEMIC Continuing Medical Education

LEADERSHIP • SCHOLARSHIP • COLLABORATION

An Administrator's Guide to Submitting a Program Evaluation Abstract

SACME welcomes program evaluation abstract submissions for the annual meeting. A program may be an activity, series, or overall program. Program evaluation conducted through a scholarly lens improves the program being evaluated and enhances the larger CPD community. Your abstract articulates your goals, frameworks, methods, and findings.

To submit a program evaluation abstract, you will select Program Evaluation as your abstract category during the beginning of the submission process. This category includes projects that are designed specifically for the evaluation of CME/CPD programs or initiatives. These evaluations are usually stakeholder driven, specific to a local context, and about generating knowledge about the program (e.g., whether it worked and why or why not) within that context. Evaluation submissions should be organized using existing models of evaluation, and ideally supported through the use of some conceptual/theoretical framework. All program types are invited but should include a CME/CPD intervention/program at its core.

Here are seven tips to get you started.

1. Background, purpose, problem statement

What is unique, interesting, or novel about your program or evaluation?

This sentence grabs the reader's attention and frames their focus. It may be easier to write this last.

Briefly describe the program being evaluated

This can be one sentence that describes the program and audience.

State your goals for the program evaluation

These form your objectives and research questions. Examples of questions to get you started:

- What are the short-term and long-term outcomes of the program?
- How effective is the program in achieving its goals?
- What factors contribute to the success or failure of the program? Be specific when you describe the goals.

Tell the reader why this is important

Reconnect to your very first sentence. Tell the reader why they should keep reading.

Examples

- **Grabber:** While the quality of physician leadership impacts both the physician and their patients' outcomes, leadership skills are not included in the continuum of medical education. (Adapted from Adewuya, 2024)
- **Program description:** "This initiative sought to capacitate community health workers (CHWs) and midwives, who are integral pillars of the local health ecosystem, with skills in point-of-care ultrasound (POCUS) using the Obstetric Volume Sweep Imaging Protocol (ObVSI)." (Novak et al., 2024)
- **Purpose, goals:** "The purpose of this project was to evaluate the impact of the program on the 2022 cohort of 11 participants' leadership skills and practices." (Orr & Rhrodes, 2024)
- **Why:** "At the community level, there is an established imperative for iterative learning and capacity building (Byungura et al., 2022; Merry et al., 2023; Simkhada et al., 2023) to ensure healthcare remains agile, context-specific, and culturally resonant." (Novak et al., 2024)

2. Theoretical framework

Rather than a "theoretical framework," think about your conceptual model or evaluation framework. Your conceptual model explicitly depicts your assumptions about the key ideas and how they work together to achieve a result (Arbour, 2020). The goal is to understand if the program is meeting its objectives and the mechanisms behind it (why and how) (Cheng, 2001). Alternatively, consider a graphic representation like the logic model (W.K. Kellogg Foundation, 2004).

Examples

- "Evaluation was informed by Moore's expanded framework for assessing CME/CPD." (Orr & Rhrodes, 2024)
- "The disruptive innovation in CPD during the pandemic provided the opportunity to revisit Knowles' adult learning principles and their application outside of long-standing traditions of education format. The sudden shift to virtual learning led to cognitive dissonance as assumptions about education were challenged (Mezirow's Transformative Learning Theory). Our study also relied on Social Learning Theory (SLT), as CPD learners were encouraged to reflect on their CPD experiences during the pandemic and preferences going forward." (Samuel et al., 2024)
- "The theoretical frameworks used in the design of the mentorship workshops included the principles of adult learning and experiential learning." (Darani et al., 2024)

3. Methods/approach

Here, you will briefly describe how you obtained your data. Traditional research uses terms like qualitative, quantitative, and mixed methods to summarize the general approach. You can, too, and then get more descriptive.

How did you collect your data?

- Pre-test, post-test
- Surveys
- Interviews
- Focus groups
- Document review

How did you analyze your data?

There are many ways to analyze data. You may have engaged in:

- Statistics or enumeration
- Thematic analysis or content analysis
- Or other forms

Describe your approach here.

Examples

- "Stanford CME deployed an online needs assessment to practicing physicians in our database. We had 160 respondents: 50% from academic medical centers, 23% from community practice, and 13% from private practice. 89% of respondents were practicing physicians with equal gender spread. Respondents could opt-in to participate in a focus group with the program's leadership. 60% of respondents have or were in an administrative leadership role, but more than half (57%) had not participated in a formal program. Those who had completed a formal leadership training program, identified gaps such as "lack of training in time management," "running efficient meetings," and "specific training on how to manage people," etc. We designed a 6-month curriculum utilizing synchronous and asynchronous sessions, group coaching sessions, 1:1 coaching sessions, and a capstone project. The curriculum was designed to lead participants through a learning journey, beginning with the self, the team, and the organization. Course materials were developed internally and featured e-learning modules, animations, discussion boards, etc." (Adewuya, 2024)

4. Findings/Discussion

For your findings, briefly summarize the key results of your analysis. Tell the reader the story in your discussion: What does it mean?

Examples

- "**Findings.** Preliminary feedback illustrates at the midpoint of year one that both mentors and mentees capitalize on the variety of engagement formats offered in ways that foster work/life integration, provide flexibility in scheduling, and allow participants to tailor content to their specific professional needs. Participants also report that content provided via quarterly in-person sessions and curated learning module offerings increases content knowledge, supports skill-set development, and increases individual interest in the areas of equity/inclusion, leadership, teaching skills, and well-being. Mentees describe having an increased understanding of navigating the promotions process at the institution, which supports career advancement. Both mentees and mentors indicate that mentoring circles have created a space for cross-departmental research and scholarship engagement. Post-programmatic data will be collected in early Fall 2023 and will be available for reporting at the end of 2023. **Discussion.** T-MAP has allowed for increased engagement and networking and has aligned with individualized participant learning needs by leveraging technology and creating flexible participation modalities. T-MAP has also facilitated deconstructing departmental silos that can hinder scholarly research, clinical collaborations, and inhibit sense of belonging among faculty." (Harendt et al., 2024).

5. Impact/Relevance to the field of CME/CPD

Program evaluation is context-specific and is unlikely to be generalizable; however, the results may be transferable. Focus on this. Note the impact on your program going forward and what others could learn to improve their programs, whether it was your framework, process, or findings.

Examples

- "Physician leadership development is rapidly becoming a salient issue the CPD community must address, especially now that it is an expected competency for physicians. The PLI has been demonstrated to be a realistic and impactful model to address this learning gap." (Orr & Rhodes, 2024)
- "The presentation has direct relevance and implications for future CPD in mentorship and program implementation for academic physicians in other academic institutions." (Darani et al., 2024)

6. Give your abstract a title

Strong titles are short, pithy, and descriptive. That is a lot to ask. Some people are gifted at creating titles. Another tool is to have a conversation with GenAI to get ideas.

Examples

- Doctors as Leaders: Implementing a Pilot Cohort-based Leadership Program for Early to Mid-career Physicians (Adewuya, 2024)
- Innovations in Mentorship: Implementation of a Comprehensive Mentorship Program for Faculty in a large Psychiatry Department (Daran et al., 2024)
- Empathy, Equity, and Ultrasound: Enhancing CPD through Point-of-Care Training in Resource Limited and Conflict-Affected Regions. (Novak et al., 2024)

7. Get peers to review

Ask colleagues who are familiar with the program and those who are not to review your abstract. What do they think? What is clear? What needs improvement? These colleagues can also help you reduce your word count to 500 words. ("Colleagues" could also be GenAI.) Whether your reviewers are human or generated, consider the feedback carefully rather than "accept all."

Once submitted, a committee will review abstracts based on the following criteria:

1. Clarity and relevance of purpose statement and inquiry question
2. Theoretical frameworks/current perspectives
3. Quality and appropriateness of approach/methods
4. Discussion of findings
5. Potential for impact for advancing the science and practice of continuing medical education/professional development

Use this rubric to critique your work, and then provide it to your peers for their review prior to submission.

References

Arbour, G. (2020). Frameworks for program evaluation: Considerations on research, practice, and institutions. Evaluation, 26(4), 422–437.

Chen, H.T. (2001). Development of a national evaluation system to evaluate CDC-funded health department HIV prevention programs. American Journal of Evaluation, 22(1), 55–70.

W.K. Kellogg Foundation. (2004). Logic model development guide: Using logic models to bring together planning, evaluation, and action.

Abstracts referenced

All abstracts can be found in the published proceedings for the Society for Academic Continuing Medical Education Annual Conference, San Diego, CA, USA.

Adewuya, R. (2024). Doctors as Leaders: Implementing a Pilot Cohort-based Leadership Program for Early to Mid-career Physicians.

Darani, S. A., Esplen, M. J., Teshima, J., Ho, C., Lanctot, K., Wong, J., & Kwong, D. (2024). Innovations in Mentorship: Implementation of a Comprehensive Mentorship Program for Faculty in a large Psychiatry Department.

Harendt, S., Rudd, M., Whicker, S., Musick, D., Mahaney, A. (2024). The Interdisciplinary MAP of Mentorship: A Circular Model to Integrate Junior Faculty within Health Professions Education.

Novak, S., Nadeem Kasmani, M., & Wispelwey, B. P. (2024). Empathy, Equity, and Ultrasound: Enhancing CPD through Point-of-Care Training in Resource Limited and Conflict-Affected Regions.

Orr, M., & Rhodes, M. (2024). Reflecting on Reflections: Evaluation of a CPD-Led Physician Leadership Development Program.

Samuel, D., Nagler, Al., Ziemnik, S., Morgante, J. (2024). Learner Preference Changes and Organizational Resilience: The Lasting Impact of the Pandemic.

Additional SACME resources

Sockalingam, S. (2019, July 29). Posters and Oral Presentations: Skills and Best Practices for Submitting Your Scholarly Work as Abstracts [Recorded Webinar]. Virtual Journal Club. SACME.