Toronto International Summit on Leadership Education for Physicians

Call for Abstracts –

Innovations:
International experiences in healthcare
leadership education

General Instructions

You are invited to submit an abstract related to an innovation in teaching and assessment in leadership education, to be considered for presentation at the 2017 Toronto International Summit on Leadership Education for Physicians (TISLEP 2017) in Quebec City, a pre-conference event to the International Conference on Residency Education (ICRE). This forum at TISLEP 2017 is being held as oral presentations and is designed to reflect international experiences and perspectives.

Your abstract should describe innovative educational techniques, strategies and tools for healthcare leadership education. Abstracts should clearly and succinctly describe the innovation(s) and implication(s) of the method in 250 words or less. Preference will be given to submissions that include elements of program evaluation or outcome measures.

Guidelines for submitting a high quality abstract

Title: Should summarize the abstract and suggest the topic is relevant and important.

Author names: See below for instructions on how to list authorship.

Introduction: The introduction is usually a few sentences that outline the question that needs to be answered or issue to be addressed. The first sentence should frame the issue. If possible, provide a concise review of what is known about the problem being addressed, what is unknown, and how your method/tool fills a recognized gap. The last sentence should describe the purpose of the study and the hypothesis (latter only if applicable).

Method: If applicable, describe the following six areas: 1) how many subjects are there and who are they, 2) setting, 3) design, 4) intervention description, 5) list of outcome variables and how they were measured, 6) statistical methods used to analyze the data.

Conclusion / implications: State concisely what can be concluded. This must be supported by data presented in the abstract. Describe the implications of your findings. Include major limitations and future directions.

Instructions for submission of abstracts

The following information is required during the submission process. Please have all information ready prior to submitting, as you will not have the opportunity to save your work in progress.

- **Author information** (may or may not be the same as the submitter)**:** Full mailing address and contact information is required for the main author. For each co-author, you will need to provide their First Name, Last Name, Prefix, Institution, City, Province or State, and email address.
- **List the authors in order of authorship.** Please provide first name, last name, institution, city, province, and email address for each co-author. Do not include degrees, titles, institutional appointments, or addresses.
- **Title**
- **Abstract text:** Please note that the limit is 250 words (not including headings).
    - Please do not use character formatting such as bold, italics, underline or all capital letters in title or text.
- **Presentation type:** Oral
- **Keywords:** A maximum of 3 keywords can be entered.
- **Presenter:** Please indicate the presenter.

Criteria for abstract evaluation

1) **Introduction, background and objectives**
    a. Clear description of the gap/problem being addresses and its relevance to leadership competencies in medical education.
    b. If applicable, please link existing literature to the research.
2) **Summary of the innovation, the effective method or the tool**
    a. Purpose of the initiative is clear.
    b. Explanation of the tool or method.
    c. Clear statement of what changed and how it was implemented and / or evaluated.
3) **Conclusions and implications**
    a. Description of the impact and utility of the innovation.
    b. Whether or not it can be adapted by other programs or specialties.

Preference will be given to submissions that include elements of program evaluation or outcome measures. An example provided at the end of this document.

Abstract review and selection

All abstract submissions will be acknowledged upon receipt. Submissions will be peer reviewed, and selected by a panel.

By the beginning of September, an official letter of acceptance will be sent to the submitter of the abstract. Specific details will be provided to the presenter about the session, date, time, and location of the presentation along with registration, housing, and audio-visual information.

Note:
All presentations will be in English.

Registration, travel and accommodation costs are the responsibility of the individual presenter.
All presenters are required to register and pay the summit fees.

Questions?

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<mark>Deadline for submission: Aug 25, 2017</mark>

Please submit to Anne Matlow via email at
anne.matlow@utoronto.ca

Abstract example

Title:
CanMEDS in context: Engaging residents in a transition to residency program

Abstract body:
Introduction: Early postgraduate medical education must address its learners' transitions from medical students to residents while promoting meaningful and relevant teaching of all CanMEDS roles. Distributed models of medical education bring the added challenge of engaging residents at dispersed sites. We involved residents in the development and delivery of a Transition to Residency program in an effort to meet these challenges more effectively.

Method: Resident focus groups identified eight common clinical cases that residents would face in the early phase of their training. Unique resident/faculty planning groups formulated educational objectives for each scenario, creating a series of interactive workshops. An overarching curricular plan ensured that all CanMEDS roles were embedded within the clinical cases. Technology-enabled initiatives, including streaming, Twitter, and a novel audience response system, encouraged interactive participation at distributed and on-site locations. A mixed-method design measuring attendance, relevancy, and engagement incorporated theme analysis to identify implicit and explicit patterns within the data.

Conclusion: Resident evaluations for this program were highly favourable. Narrative feedback acknowledged relevant, practical content that improved confidence levels. Residents, including those at distant sites, appreciated the interactivity achieved not only through technology, but also energetic resident/faculty co-facilitation. Good learner attendance across the series suggested that sustained resident engagement was achieved.

Initial results are encouraging; follow-up will provide more comprehensive data that can be used to inform future iterations. We are interested in determining the extent to which resident involvement in curriculum development and facilitation contributed to participant engagement.