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## INTRODUCTION

Employers expect health professions program graduates to possess both the capability to participate in teams and lead.<sup>1</sup> However, formal teamwork and leadership skill development is largely absent from curricula.<sup>2,3</sup> Leadership Legacy, a course embedded within eight health professions programs at the University of Kentucky, was created in 2009 to address this need.

Program evaluation is conducted each year to ensure that Leadership Legacy remains nimble and responsive to the needs of its students. However, a truly thorough examination of the course, its learning objectives, and its outcomes has not been conducted since 2013. An evaluation of Leadership Legacy with a trusted framework was therefore timely.

The six-step CDC Framework for Program Evaluation is typically used to evaluate public health programs at the federal, state, and local levels.<sup>4</sup> It was adopted for use in this evaluation in part because of its comprehensive yet logical process and its prioritizing of the values of utility, feasibility, propriety, and accuracy. As became evident after this evaluation of Leadership Legacy, **the framework's broad applicability can extend to many types of programs that impact health.**



Figure 1 CDC Framework for Program Evaluation

## METHODS

The CDC Framework's first step requires initial engagement of stakeholders. For the purposes of this evaluation, stakeholders belonged to three groups: students who had graduated from the course, faculty from UK's health professions programs who facilitated the course's seminars, recruited students, and served on the course committee, and the staff from the UK Center for Interprofessional Health Education who convened the course committee, offered Leadership Legacy each year, and oversaw yearly program evaluation efforts. Stakeholders then collaborated to create a descriptive logic model to direct the evaluation's focus (Table 1). The logic model provided evidence that the course was in its maintenance phase and that stakeholders were most concerned about the program's effectiveness.

Two questions then emerged from the logic model that became the focus of the evaluation: whether course graduates better understood their own future professional roles and others' roles (crucial for teamwork) and whether they graduated from the course with enhanced leadership capabilities. After identification of the evaluation's priority, the CDC Framework provided guidance for gathering credible evidence. Evidence consisted of stakeholder interviews and analysis of more than five years of program evaluations completed by past program participants. Stakeholder values were utilized to justify conclusions drawn from the data.

Throughout each step of the process, the CDC Framework also provided explicit guidance for continuously prioritizing the values of utility, feasibility, propriety, and accuracy necessary for an evaluation process that met the needs of its stakeholders.

## RESULTS

Table 1: Conceptual Model of Leadership Legacy

Inputs	Activities	Outputs	Outcomes
❖ Content experts from within the community to lead the seminars.	❖ Brainstorming about how to develop action plans using leadership skills that will positively impact communities.	❖ Assessment via direct observation.	❖ Creation of more confident future leaders.
❖ Faculty liaisons to recruit students, manage absences, serve on course committee, facilitate.	❖ Bringing together students from different professions.	❖ Awareness of the problems caused by poor communication.	❖ Improvements in patient care.
❖ Funding.	❖ DISC Assessment.	❖ Better understanding of own and others' roles and how they interact with each other in practice settings.	❖ Students better prepared to work in interprofessional teams.
❖ Activity space.	❖ The individual seminars themselves.	❖ Decreased fear approaching other professionals with concerns.	❖ Students valuing other professionals' input and perspectives.
❖ Staffing-administrative support.	❖ Team discussions, sharing.	❖ Relationships among future professionals from different programs.	
❖ Students interested in developing their leadership skills and recruiting future participants.	❖ Student written reflections.	❖ Student self-discovery and reflection on personality/leadership styles and behaviors/traits such as strengths and challenges in communicating, respectful and inclusive consensus-building.	
❖ Time.			

**Environmental Context:** Program has been occurring for approximately 10 years and could be considered to be in the maintenance phase (Stage of Development).

**Facilitating Factors:**

- ❖ Variety of class formats/venues and hands-on learning experiences outside of the classroom.
- ❖ Transparency of course policies and open dialogue regarding scheduling conflicts in student schedules.

**Challenging Factors:**

- ❖ Varying levels of student readiness for simulation model and observer feedback and engagement in project work.
- ❖ Fluctuating levels of support and interest from participating programs.
- ❖ Questions of return on investment when reaching only a small cohort.
- ❖ Small Center staff facing potential opportunity costs due to effort needed to run Leadership Legacy.
- ❖ Student recruitment challenges. Adding Leadership Legacy to an already full schedule can be/seem overwhelming.
- ❖ Increasing costs associated with the program: farm rental, gas mileage reimbursement, catered meals, graduation gifts.

Findings for Outcome "Understanding of Own Role and Roles of Colleagues":

- Stakeholders affirmed that course alumni had knowledge gains for both their own future professional roles as well as the professional roles of their colleagues with statements such as "there is a better understanding of what the various disciplines do and how they interact with each other in practice."
- Analysis of program evaluation data partially supported this with reported gains in knowledge in both the educational requirements of other programs and their scopes of practice.

Findings for Outcome "Enhanced Leadership Capabilities":

- Stakeholders reported that learners completed the course with "enhanced interprofessional leadership skills" and became "a group of well-rounded leaders going out into the university and the world prepared to take on leadership roles wherever they choose."
- Program evaluation data demonstrated that three items measuring two distinct leadership skills examined the development of leadership skillsets.<sup>5</sup>

Opportunities were identified to better align course objectives, activities, and evaluation tools to more precisely focus on leadership skillsets. In order to fulfill the final step of the CDC Framework and ensure use of findings, a report was created to disseminate the evaluation's conclusions to both the stakeholders who had participated in the evaluation and other members of the course committee who had not participated but would potentially be impacted by the evaluation's conclusions. Work to address these opportunities for the next cohort of Leadership Legacy is currently ongoing.

## DISCUSSION & CONCLUSION

**Stakeholders reported that the use of the CDC Framework was straightforward and also comprehensive.** They affirmed that the evaluation effectively prioritized values of utility (information was relevant, timely, and appropriate for the audience), feasibility (the completion of the evaluation stages was realistic given the more limited resources), propriety (those most effected were engaged in the evaluation process), and accuracy (the evaluation findings were valid and reliable, given the stakeholders' reported needs and priorities).

Given the experience with Leadership Legacy, the Center for Interprofessional Health Education and its faculty partners have continued discussion of the CDC Framework's adaptability to the evaluation of other educational interventions. **The framework demonstrates promise with regards to evaluation needs outside of public health programs.**

## REFERENCES

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