You are invited to submit abstracts for:

Intelligent Leadership: Ethical Integration of Artificial Intelligence in Health Education

Workshops, Abstracts & Innovations in Leadership Education

DEADLINE for submission: June 6th, 2024 @ midnight EST

1. **Workshops: address one of the two categories below:**
   a) **Leadership regarding the incorporation of AI into systems of health professions education.**
   b) **Leading the ethical use of AI in health professions education.**

2. **Abstracts in Leadership Education: Review scholarly work you have completed in healthcare leadership education, relating to AI in healthcare.**
3. **Innovations on AI in Leadership Education: Address any innovation you have developed in healthcare leadership education strategies, techniques, tools or other innovations.**

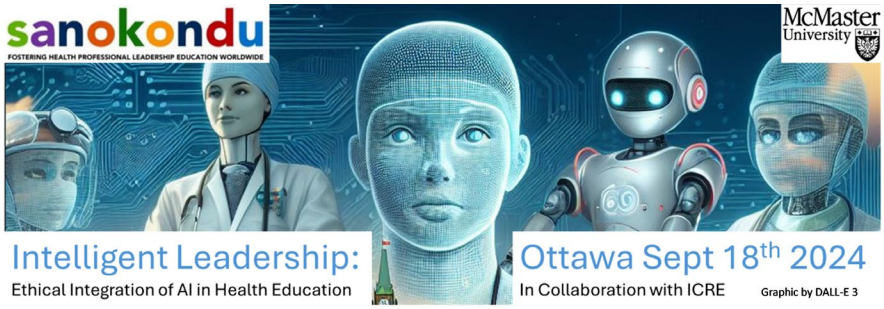
Duration: Workshops, 90 minutes; Abstract or Innovation sessions, 10 minutes (5-8 minute presentation followed by a brief question period). **All presentations will be in English**.

Selection Criteria and Considerations:

- The meeting theme, "Ethical Integration of AI in Health Education", will be included in rating the workshop, abstracts and innovations.
- Dedicated presentation spots are reserved for learner-led projects/presentations (i.e. students, residents, fellows and health professional learners)
- Workshops must include a plan for audience engagement and interaction (60% of time).

Accepted abstracts will be presented on September 18th 2024 at The International Summit on Leadership Education for Physicians (TISLEP), a pre-conference event to the International Conference on Residency Education (ICRE). **This summit at TISLEP 2024 is being held in-person** and is designed to reflect international experiences and perspectives.

Review and selection: Abstract submissions will be acknowledged by email to the **submitting author by June 30, 2024**. Submissions will be peer reviewed. Presenters will be notified about the session, date, time, and location of the presentation along with registration, and audio-visual information. **Slides for Innovations and abstracts must be submitted by September 4th 2024.**



Note: All presenters are responsible for and required to register and pay the summit registration fees.

Questions? tislep@mcmaster.ca

Guidelines for submitting a high-quality abstract for workshops, abstracts or innovations in leadership education.

Title: Should describe the work, methodology and outcome so that the reader can determine its relevance and importance.

Author names: Instructions on how to list authorship.

- List the authors in order of authorship (Do **NOT** include degrees, titles, institutional appointments).
    - For **each co-author**, provide their prefix, First Name, Last Name, Institution, City, Country, and email address.
    - **Bold the name(s) of the presenter/co-presenters.**
- Full mailing address and contact information of the **corresponding author (may or may not be the main senior responsible author**).
- If learners are included, put an **asterix beside learners' names**.

Structured Abstract (maximum word count 250- without including the section titles). Please do not use character formatting such as bold, italics, underline or all capital letters in the text.

Workshops

Introduction: The introduction is usually a few sentences that outline the gap / problem or a NEW AREA that needs to be addressed. If possible, provide a concise review of what is known about the problem being addressed, what is unknown, and how your workshop would enhance participants' abilities or enhance leadership education in health professions learners.

Learning Objectives (up to three):

1

2

3

Teaching / facilitation methods: Briefly describe the outline of the workshop. Describe teaching/learning strategies that will be used including didactic, interactive etc.

Implications: State concisely how is this workshop might be useful for enhancing leadership education for health professions learners or practitioners.

Key words: A maximum of 3 keywords.

Abstracts or Innovations (including projects, tools, methods for leadership education or any research in leadership education and for Abstracts include outcomes) *For Innovations, preference will be given to submissions that include components of program evaluation, outcome measures (data – even if preliminary) and conclusions.*

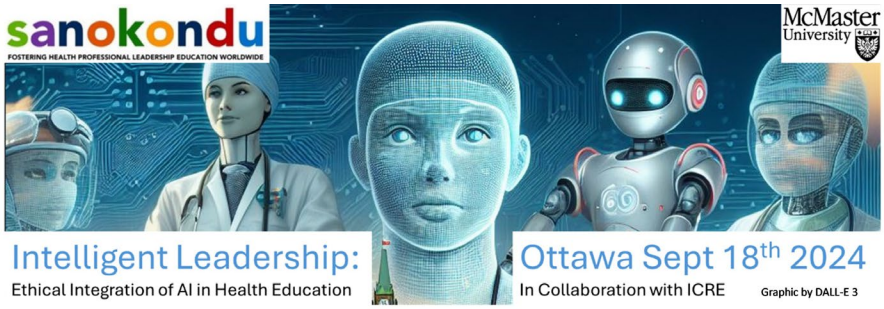
Introduction: The introduction is usually a few sentences that outline the background, problem being addressed (or research question), what is unknown, and how your method/tool (or research) fills a recognized gap or enhances leadership education. This section should describe the purpose of the study and the hypothesis (if applicable).

Methods: Include:
For Innovations: 1) Description of the innovation (project, tool, method), 2) How was the innovation developed and implemented? and 3) How was the innovation evaluated (setting, design, participants/subjects, data collection using outcome variables, and data analysis).
For Research in Leadership Education: Setting, Design, Participants, Data collection, Data analysis.

Results: Include:
For Innovations: Summary of evaluation (any data or outcomes – even if, preliminary) **For Research in Leadership Education**: Key findings

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

Key words: A maximum of 3 keywords.



Example of an abstract for Workshop

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

Authors, listed n order of authorship: (names of presenter/co-presenter in BOLD and asterix after the name of the learner)

Dr. XY, University of iiiii, City, Country, email; (*name in bold as this is a presenter*) Mr. YZ, Univ of xxxx, City, Country, email;
Dr. XZ*, Univ of xxxx, City, Country, email; (*name has an asterix as this is a learner*) Dr. YY, ... Hospital, City, Country, email.

Name and contact details of the corresponding (submitting) author:
Dr. XY, University of iiii, City, Country, email, address, phone.

Structured Abstract:
Introduction: Leaders have been described as those who create and foster change. Multiple theories of change leadership are recognized to include Kotter and Bolman and details regarding their approaches. In healthcare application of these theories is inconsistent. As such, many ideas do not succeed related to poor change leadership skills and implementation. Leaders often overlook the crucial factor how peoples' engagement, attitudes and emotions affect the final sustainability of any change.
Learning Objectives:

1. Describe the components of Kotter's stages of change
2. Contrast Kotter and Bolman as Change theories
3. Apply the principles of change leadership to educational cases

Outline and Teaching Strategies:
The workshop will begin with a brief didactic overview of Kotter's eight steps and Bolman's four frames of change leadership. These will be described using educational cases as examples. Through guided discussion the workshop will review the benefits and challenges of these approaches to change. Through the discussion participants will reflect on personal barriers of change leadership. The workshop will then be broken into small groups with a specific case that is common for educators in 2021 (converting to competency-based education, overhaul entire assessment system, etc.) and work through the stages of change leadership to directly apply principles. Small group work will be shared, with concepts highlighted, in a large group discussion.

Implications: Enhancing one's abilities in change leadership would help with instituting and monitoring changes at different levels in the organization.

Example of an abstract for Innovation in Leadership Education

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

Authors, listed in order of authorship: (names of presenter/co-presenter in BOLD and asterix after the name of the learner-)

Dr. XY, University of iiiii, City, Country, email; (*name in bold as this is a presenter*) Mr. YZ, Univ of xxxx, City, Country, email;
Dr. XZ*, Univ of xxxx, City, Country, email; (*name has an asterix as this is a learner*) Dr. YY, ... Hospital, City, Country, email.

Name and contact details of the corresponding (submitting) author:
Dr. XY, University of iiii, City, Country, email, address, phone.

Structured Abstract:

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.

Results: 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.

Conclusion: 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.