

How to Write an Abstract Proposal

Use this document as an example when creating an abstract proposal.

What is an abstract?

An abstract is a brief summary of a completed research/innovation project.

What should an abstract include?

An abstract should include the following components:

1. **Background:** What is the motivation behind the research? Provide a short paragraph that details the background information.
2. **Objectives:** What problem are you attempting to solve? Provide reasons for conducting this research and what you hope to accomplish.
3. **Methods:** How did you go about solving this problem? Briefly describe the ways in which you conducted your research.
4. **Results/Outcomes/Improvements:** After completing the research, what did you learn? Present the results of your research.
5. **Significance/Implications/Relevance:** What are the implications of the research? Relate your results back to your objective.

Is the project innovation- or research-focused?

Research Abstracts include completed studies or investigations, with measurable results, that offer new conclusions that contribute to GME research and practice.

Innovation Abstracts include completed programs, projects, or strategies, with measurable results, that share best practices and practical insights with the GME community.

Abstract Title: (limited to 150 characters total, including spaces)

Identifying and Prioritizing the Evidence that GME is an Asset to the Health Care System - System and GME Leaders' Perceptions

Is the project innovation- or research-focused?

Research-focused

Background (limited to 1,000 characters total, including spaces)

Numerous sources from the ACGME (1) to the literature (2) highlight the need to align Sponsoring Institutions' and GME's goals and strategic priorities. For example, the common program requirements (1) emphasize that "...the program is expected to define its specific program aims consistent with the overall mission of its Sponsoring Institution, the needs of the community it serves..." Yet there is limited guidance regarding how to identify those alignments and the supporting evidence to demonstrate GME's contribution/value to the SI's mission(s).

Objectives (limited to 1,000 characters total, including spaces)

To use a stepwise key stakeholder (Sponsoring Institution and GME leaders) driven evaluation approach to identify the value GME programs to the Sponsoring Institution and associated evidence of that value.

Methods (limited to 1,000 characters total, including spaces)

Sponsoring Institution leaders (via structured interviews) and GME leaders (via GMEC meetings) identified perceived values and associated evidence in response to three questions: a) What do you highlight when advocating for the value of our GME Programs? b) What do you wish others knew re: GME's value? and c) What evidence supports GME's value? Sponsoring Institution leaders included C-Suite (CEO, COO, CFO, DNO), clinical (CMOs), and administrative (legal, QI). GME leaders included program directors (PDs) attending Winter 2020 GMECs who discussed then recorded their dyad/triad responses to the questions. Interviewer field notes and GME leaders recorded responses were analyzed iteratively to identify value themes and associated supporting evidence. A GME leaders work group reviewed the final themes (member check), then prioritized the evidence by theme as high impact and feasibility to track over time. (3)

Results/Outcomes/Improvements (limited to 1,000 characters total, including spaces)

Respondents: 93% of invited Sponsoring Institution leaders (29/31) and GME leaders representing 22 programs. Strong agreement within and between all leader groups on how GME adds value and what wish others knew regarding GME's value to the Sponsoring Institution including: 1) Pipeline for physician workforce; 2) Promoting a culture of continuous learning = high reliability organization; 3) Enhancing reputation/prestige of the system; and 4) Community/professional expectations. Evidence includes quantitative metrics, benchmarked to a standard (e.g., pipeline: retention relative to external recruitment; culture: teaching site engagement scores; GME-related clinics engagement scores community: diversity of GME matriculates/graduates; QI projects = Community Needs Assessment) and qualitative data, including one-minute elevator-like exemplars (e.g., culture: GME driven innovations, how learners "teach" their teams). Strategies to feasibly obtain this qualitative data include updates during GMEC meetings and a shared repository by theme.

Significance/Implications/Relevance (limited to 1,000 characters total, including spaces)

Through a systematic key stakeholder driven evaluation process we identified what key stakeholders' values about GME and the associated measures to provide guideposts for clear messaging in all communications. Evidence of GME's value to our Sponsoring Institution includes traditional metrics (pipeline). Identification of additional themes such as our role in promoting learning within our organization (essential for high reliability organizations) and our value in meeting community/professional expectations consistent with Sponsoring Institution missions and the communities we serve provides new areas for GME locally and nationally to demonstrate our value.

References (optional)

(1) ACGME Common Program Requirements. Effective July 1, 2019. Accessed 9.29.2020. <https://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/CPRResidency2019.pdf> (2) Gupta R, Sehgal N, Arora VM. Aligning delivery system and training missions in academic medical centers to promote high-value care. *Academic Medicine*. 2019 Sep 1;94(9):1289-92. (3) Balmer DF, Riddle JM, Simpson D. Program Evaluation: Getting Started and Standards. *J Grad Med Educ*. 2020;12(3):345-6.