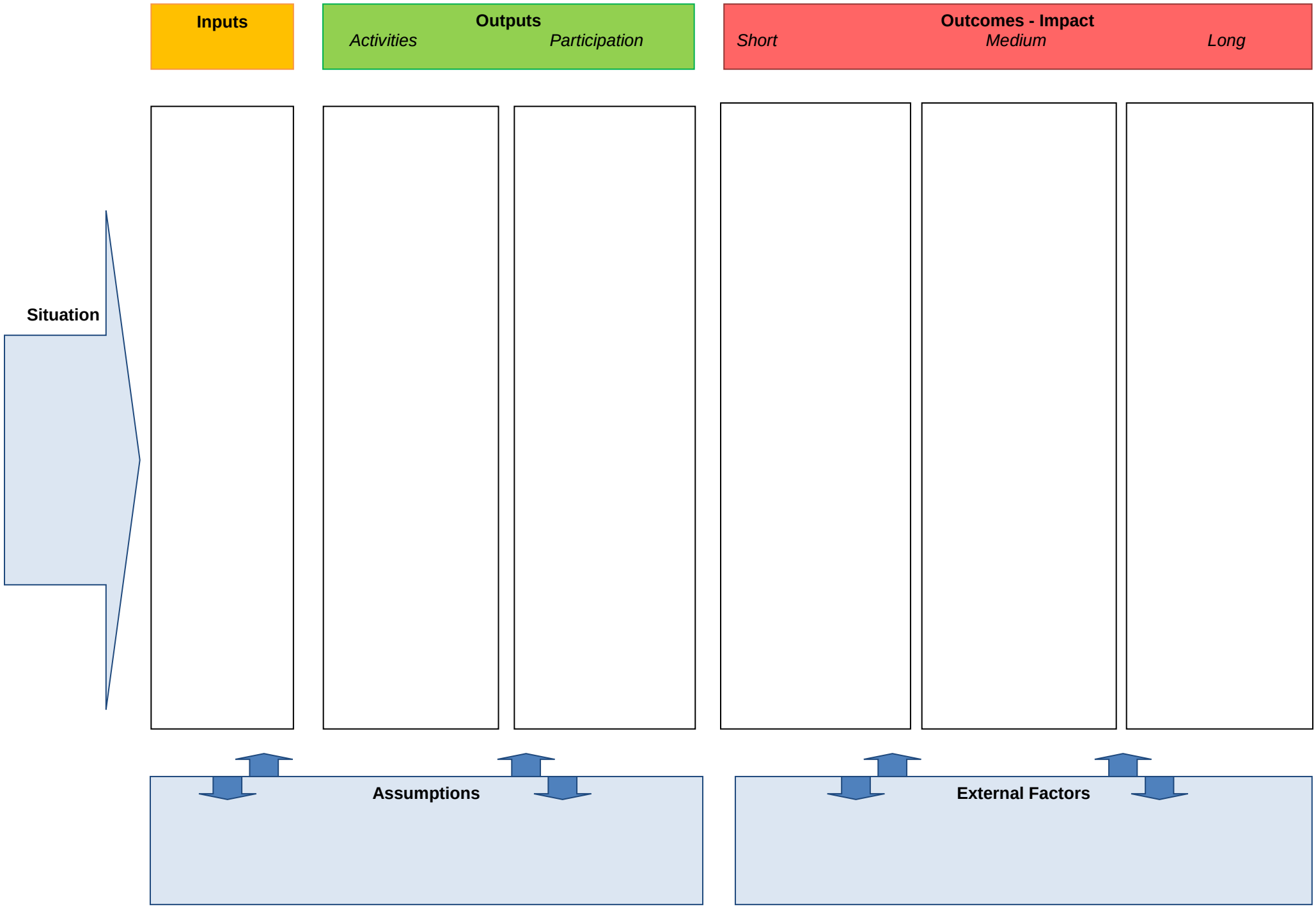

Inputs
Outputs
Activities
Participation
Outcomes - Impact
Short
Medium
Long
Situation
Assumptions
External Factors

Evaluation Using the Outcomes Logic Model[i,ii]

Planning Checklist

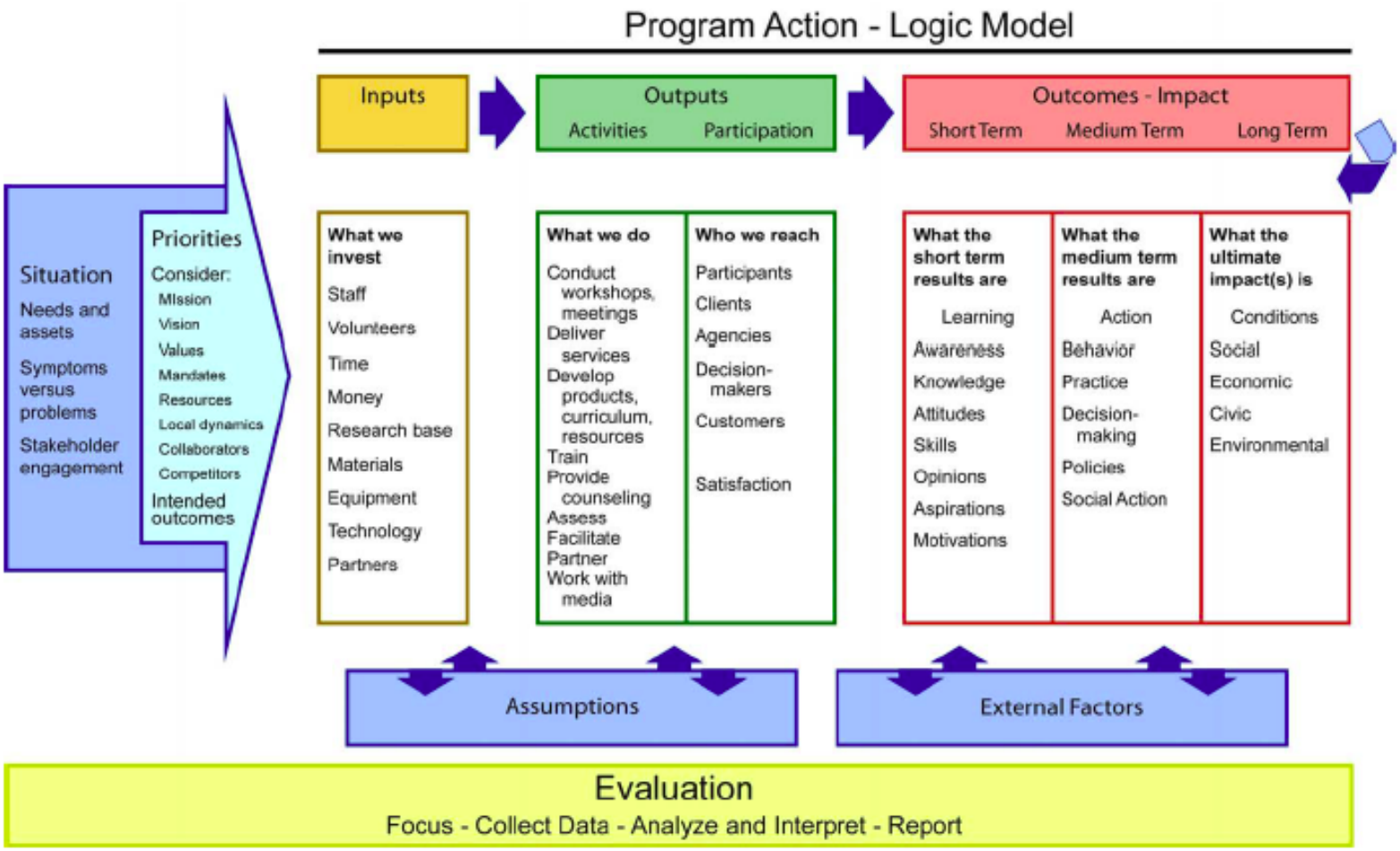
✓	Logic Model Stage	Planning Task
	SITUATION and PRIORITIES	Describe the problem or gap that this innovation is attended to address, i.e., what is the need for this innovation?
	SITUATION – STAKEHOLDERS	Identify the main stakeholders and summarize issues or concerns.
	ASSUMPTIONS	List the assumptions and existing theories or models that might be the basis for the design and implementation of this innovation.
	EXTERNAL FACTORS	Describe the contextual or environmental factors that might influence the implementation and impact of this innovation
	INPUTS	Identify the resources that will be dedicated to or consumed by the program.
	OUTPUTS – ACTIVITIES	List what the program does with inputs to fulfill its mission.
	OUTPUTS – PARTICIPANTS	List the target audience of the project (e.g., participants, learners, clients, decision makers, customers).
	OUTCOMES: SHORT-TERM	List the direct evidence that is available to demonstrate to stakeholders the short term results they value (e.g., learning such as skills, awareness, knowledge, etc.)
	OUTCOMES : MEDIUM-TERM	List the immediate benefits for participants during and after program activities (e.g. actions such as, behavior, practice, policies).
	OUTCOMES: LONG-TERM and IMPACT	List the ultimate impact that will allow you to know that the program worked by changing conditions (e.g., social, environmental, economic, civic).

[i] Adapted from Armstrong EG, Barsion SJ. Using an Outcomes-Logic-Model Approach to Evaluate a Faculty Development Program for Medical Educators. AcadMed. 2006; 81(5): 483-488.

[ii] Adapted from Blanchard RD, Artino AR. Harvest the Low Hanging Fruit First: Strategies for Submitting (and Re-Submitting) Educational Innovations for Publication. Presented at the ACGME Annual Meeting, Feb 2015.

PROGRAM DEVELOPMENT

Planning – Implementation – Evaluation



Logic Model Used to Describe the I-PASS Handoff Curriculum Development Process[1]

Resources	Activities	Participation	Short-Term Outcomes	Long-Term Outcomes
I-Pass study group education executive committee	Team-building strategies	267 I-PASS faculty champions recruited	Residents have positive perceptions of and accept the curriculum	Impact on: • Medical errors • Resident workflow • Verbal and written miscommunications To be determined
Support from Initiative for Innovation in Pediatric Education	Educational frameworks and guiding principles	855 residents trained	I-PASS handoff process spreads within study sites	Examining how: • Hospital-level factors • Patient-level factors Modify quality of I-PASS Handoff Bundle to be determined
Support from institutional leadership	Development of curricular components	888 faculty observations of resident handoffs	I-PASS handoff process is adopted by other disciplines and provider types	
Partnership with TeamSTEPPS leadership		48 academic presentations		
Grant funding		1007 requests for curricular materials		

The I-Pass Handoff Curriculum is a standardized approach to teaching and monitoring patient handoff skills. This project is a collaborative, multi-institution effort. The study group used a logic model as a visual representation of the curriculum development process. The authors argue that the logic model highlighted the assessment, monitoring, and management of the curriculum implementation process.

[1] Starmer AJ, O'Toole JK, Rosenbluth G, et al. Development, implementation, and dissemination of the I-PASS handoff curriculum: a multisite educational intervention to improve patient handoffs. Acad Med. 2014;89:876-884

VENUES FOR PUBLISHING EDUCATIONAL INNOVATIONS

1. If it is best described as an **innovation**…

Title	***Journal***	***Word Limit***	***Description***
Educational Innovation	*Journal of Graduate Medical Education*	≤ 2,000	Description of a new approach or strategy that has been implemented and assessed Often requires statement of IRB approval/exemption
Brief Report	*Journal of Graduate Medical Education*	≤ 1200	New curriculum, assessment, teaching method, or successful best practice that has at minimum been implemented Small settings encouraged
Short Communications	*Medical Teacher*	≤ 1700	Brief articles on matters of topical interest or work in progress; caters to international audience
Really Good Stuff	*Medical Education*	≤ 500	Short structured report on innovations; published twice yearly
Innovation Reports	*Academic Medicine*	≤ 2000	New, preliminary approaches to challenges facing academic medicine Highlights first steps toward a larger-scale solution
Short Reports	*Journal of Interprofessional Care*	≤ 1500	Research plans, studies in progress or recently completed, or innovative initiatives in the interprofessional field
Educational Case Reports	*Teaching and Learning in Medicine*	No word limit	Detailed reflections on educational interventions including novel approaches to instruction, assessment, or admissions
Innovation	*Medical Science Educator*	≤ 500	Rapid dissemination of novel ideas which are not yet fully supported by extensive research
Short Communications	*Medical Science Educator*	≤ 1500	Brief observations that do not warrant full length papers and contain more data than Innovations category

Adapted from: Blanchard RD, Nagler A, Artino AR Jr. Harvest the Low-Hanging Fruit: Strategies for Submitting Educational Innovations for Publication. J Grad Med Educ. 2015 Sep;7(3):318-22.

2. If it is best written as a **reflection** or **advice**…

Title	***Journal***	***Word Limit***	***Description***
Perspectives	*Journal of Graduate Medical Education*	≤ 1200	View and opinions on issues of broad interest to audience
On Teaching/On Learning	*Journal of Graduate Medical Education*	≤ 1200	Personal essays or reflections
Twelve Tips	*Medical Techer*	≤ 3250	Practical advice in the form of twelve short hints/tips
Personal View	*Medical Teacher*	750-1500	Personal experience or viewpoint relating to topic, including implementing new curriculum, encounter with students, or personal learning
When I say…	*Medical Education*	≤ 1000	Clarify important terminology within a field in a meaningful and entertaining way
Last Page	*Academic Medicine*	≤ 750	Tells a story, visually and succinctly, through images or figures and complementary text
Teaching and Learning Moments	*Academic Medicine*	≤ 600	Narrative essays that tell the story of an experience related to teaching, learning, or practicing medicine
Interprofessional Education and Practice (IPEP) Guides	*Journal of Interprofessional Care*	4000-5000	Practical advice for colleagues including overview of activity, approach to implementation, lessons learned, etc.
Observations	*Teaching and Learning in Medicine*		Raise awareness of an issue not yet addressed in medical education and identify a specific need for further investigation or intervention

3. If it is a **curriculum**…

Title	***Journal***	***Word Limit***	***Description***
Publications	*MedEdPortal* (AAMC)	n/a	Curricula, workshops, courses, tools, rubrics, simulations, etc.

For a complete list of journals, please reference the **MESRE Annotated Bibliography** https://www.aamc.org/download/456646/data/annotated-bibliography-of-journals-march-2016.pdf

Adapted from: Blanchard RD, Nagler A, Artino AR Jr. Harvest the Low-Hanging Fruit: Strategies for Submitting Educational Innovations for Publication. J Grad Med Educ. 2015 Sep;7(3):318-22.