Kentuckians, particularly those residing in Appalachia, face disproportionate health disparities when compared to other states.1 These health disparities cross disease categories, as Kentuckians suffer from some of the highest rates of cardiovascular disease, cancer, obesity, and poor mental health in the nation.1–3 The health disparities suffered by Kentuckians result from a complex interplay of social determinants of health that in turn require sophisticated solutions. One such solution looks far "upstream" and addresses the preparation of future health professionals.

Leadership Legacy, an elective developed at the University of Kentucky in 2009, was designed to meet this need for students from eight of UK’s health colleges through a day-long retreat and series of seminars.

### INTRODUCTION

Leadership Legacy has proven valuable to the development of future leaders, as evidenced by focus group, survey data from stakeholders that confirm “improvements in leadership, communication, and collaboration across the health professions are the most evident outcomes” and “this course produces a group of well-rounded leaders”. Health professionals who are better equipped to lead a health team when the situation calls for it contribute to a culture of patient safety, promote staff stability, reduce mortality rates, and raise patient satisfaction, ultimately improving the health of populations.1–4 They are also more effective collaborators and communicators. Despite the opportunities that emerged to strengthen Leadership Legacy, identification of these opportunities benefits not only learners but also their future patients both within Kentucky and beyond.

### RESULTS

Analysis of ICCAS items answered by the fall 2019 Leadership Legacy cohort demonstrates statistically significant increases in interprofessional teamwork capabilities as well as leadership skill development within feedback agility and conflict management (Table 2).

Findings from the broader evaluation of Leadership Legacy utilizing the CDC Program Evaluation Framework provide additional context for programmatic effects.

- The evaluation prioritized values of utility (information was relevant, timely, appropriate for audience), feasibility (completion of evaluation stage was realistic given resources), propriety (those most affected were engaged), and accuracy (evaluation findings were valid and reliable, given stakeholder needs).
- Stakeholders confirmed their perceptions that Leadership Legacy was graduating students with enhanced leadership skills complemented by a strengthened foundational understanding of leadership and confidence in one’s self as a leader.
- However, comparison of course activities, course objectives, and evaluation instruments identified that the experience of learners from cohort to cohort is not standardized with regards to which leadership skills the course develops.
- Opportunities were identified to better align course objectives, activities, and evaluation tools to more precisely focus on leadership skills.
- The evaluation concluded with the development of a summary report delivered to the Leadership Legacy Course Committee with recommendations for addressing these opportunities.

### DISCUSSION & CONCLUSION

### METHODS

Student learning and program evaluation are conducted annually (pre/post) utilizing both quantitative and qualitative methods. Among these methods, Archibald’s Interprofessional Collaborative Competency Attainment Survey (ICCAS), a retrospective pre/post tool, measures students’ perspectives on the development of their interprofessional competencies.1

Additionally, given the ten-year history and evolution of the course, it was appropriate to use the six-step Centers for Disease Control and Prevention Program Evaluation Framework to conduct an evaluation of whether Leadership Legacy was meeting stated objectives.4 This evaluation was conducted during the 2019-2020 academic year in consultation with stakeholders. Stakeholders were comprised of two groups: former student participants and course staff and faculty. Staff included the members of the UK Center for Interprofessional Health Education (CIHE), the department responsible for planning, developing, and executing Leadership Legacy. Faculty stakeholders were liaisons of each of the participating health colleges and members of the Leadership Legacy Course Committee, the body convened by CIHE that meets annually to review course outcomes and recruit students. Notably, this evaluation was also a novel use of the CDC Program Evaluation Framework, originally intended for evaluation of public health programs at the local, state, and federal levels.

### REFERENCES