

FUTURE READY

Elevating Our Professional Practice

February 16-19
Atlanta, GA
Hyatt Regency
Atlanta

HEALTHCARE
IMPROVEMENT

ARTIFICIAL
INTELLIGENCE

EDUCATIONAL
DESIGN

OUTCOMES
& ANALYSIS

ACCREDITATION
& COMPLIANCE

HEALTHCARE IMPROVEMENT

From Silos to Synergy: Lessons from the 2025 Healthcare Improvement Trailblazers Summit

TUESDAY, FEBRUARY 17, 2026

- Maureen Doyle-Scharff, PhD
- Ted Singer, BA, CHCP
- Suzette Miller
- Marc Pesse
- Natalie Sanfratello, MPH, CHCP

SESSION HIGHLIGHTS

- Shared vision matters. Partnerships are most impactful when collaborators align on goals and values, and when they're engaged early in the process.
- Change works best from the ground up. Local champions are essential to driving meaningful, sustainable improvement.
- Patient voices must be central. Incorporating patient perspectives and focusing on shared outcomes strengthens healthcare initiatives.
- Embed patient engagement everywhere. It shouldn't be an add-on. It should be integrated into every stage of improvement work.
- Keep it simple. Trying to tackle too much at once can dilute impact and lead to "QI fatigue" for learners and participants.
- Stay flexible. Building transition plans and adapting as needs evolve is key to sustaining progress.
- Thoughtful collaboration, simplicity, and authentic patient engagement can make a real difference in advancing healthcare improvement.

- The key takeaway: Sustainable healthcare improvement happens when aligned partners, local champions, and patient voices work together through simple, focused initiatives that adapt over time to drive meaningful change.

APPLICATION TO PRACTICE

Focus improvement initiatives on aligned partnerships, empowered local champions, meaningful patient engagement, and simple, adaptable solutions to achieve sustainable impact.

Keynote - Why Physicians Must Be Architects of Health Care's Transformation

WEDNESDAY, FEBRUARY 18, 2026

John J. Whyte, MD, MPH

SESSION HIGHLIGHTS

- A thought-provoking discussion exploring the evolving role of clinicians, technology, and education in modern healthcare.
- Clinicians need practical tools to work more efficiently. With limited time during visits, resources that help explain complex topics, like vaccine conversations with parents, can support better patient communication without extending already tight appointments.
- The role of AI in clinical decision-making is growing. An important question raised: how will the next generation balance clinical expertise, physical examination, lab data, and intuition with the increasing availability of AI-driven diagnostic tools?
- Burnout remains a major concern. The conversation acknowledged that while medical education can provide support and training, clinician burnout is largely a systems issue.
- Workforce shortages drive the challenge. With ongoing shortages of physicians, nurses, and pharmacists, the strain on the healthcare system extends beyond what education alone can solve.
- A strong reminder that improving healthcare delivery will require better tools, thoughtful integration of technology, and broader system-level solutions alongside education.
- The key takeaway: Improving healthcare delivery will require practical tools, thoughtful integration of AI, and system-level solutions that support clinicians facing time constraints, burnout, and workforce shortages.

APPLICATION TO PRACTICE

Support clinicians with practical, time-efficient tools for communication and decision-making, incorporate guidance on the role of AI, and design education that acknowledges system-level challenges like burnout without adding additional burden.

ARTIFICIAL INTELLIGENCE

When CE Professionals Ask with Purpose AI Responds with Insight

TUESDAY, FEBRUARY 17, 2026

Michelle Earl, CHCP

SESSION HIGHLIGHTS

- Start with realistic expectations. AI excels at pattern recognition and language generation, making it useful for routine and administrative tasks, but it is not sentient, infallible, or a replacement for human expertise.
- Reduce administrative burden. The presenters demonstrated practical use cases for CME professionals, including:
 - Drafting conflict-of-interest mitigation strategies and disclosure language
 - Supporting gap analyses and educational needs assessments
 - Assisting with program data organization and interpretation
 - Generating criterion compliance documentation
 - Creating pre/post assessments aligned with learning objectives
- Prompting is a critical skill. The quality of AI outputs depends heavily on the clarity and specificity of prompts. Learning to ask structured, purposeful questions can dramatically improve results.
- AI improves with iteration. Providing feedback and refining prompts over time allows AI tools to better align with your organization's workflows and compliance requirements.
- Transparency and oversight are essential. AI-generated content should be disclosed when used, and all outputs must be reviewed for accuracy. CME professionals remain the decision-makers.
- The session reinforced that when used responsibly, AI can help streamline routine work and free CME professionals to focus on higher-value strategic planning and educational design.
- Great resources were also shared for those looking to deepen their AI skills, including guidance from MIT, Harvard, Georgetown, the Alliance for CE in Health Professions, ACCME, and the American Nurses Association.
- The key takeaway: AI works best as a support tool paired with effective prompting and strong human oversight.

APPLICATION TO PRACTICE

Integrate AI tools into their workflows by using them to draft compliance documentation, assist with gap analyses, analyze program data, and generate assessments, while developing strong prompting skills and maintaining human review for accuracy and accreditation compliance.

AI Evolution in CME/CPD: The Journey from Awareness to Integration (2022-2026)

TUESDAY, FEBRUARY 17, 2026

Andrew D. Bowser, ELS, CHCP

Nuria W. Negrao, PhD

SESSION HIGHLIGHTS

- Session focused on how AI can support day-to-day CME operations, not as a replacement for expertise, but as a tool for generating first drafts and reducing administrative workload.
- AI can streamline common CME tasks. Examples shared included drafting learning objectives and needs assessments, generating post-test questions, formatting gap analyses and learning outcomes, summarizing learner feedback, analyzing evaluation data, and drafting speaker invitations, bios, and professional emails. AI can also help produce first drafts of policies, procedures, and social or email content.
- Effective prompting improves results. The presenters emphasized a simple workflow: **Prompt → Refine → Refine**. Being clear about the task (draft, summary, brainstorm), adding context (audience, tone, format), and structuring requests (bullets, tables, sections) leads to stronger outputs. Iteration helps refine accuracy and relevance.
- Human oversight remains essential. AI outputs should always be fact-checked and reviewed to ensure they align with CME standards, ACCME expectations, and your organization's voice.
- Ethical and responsible use is critical. Following guidance from the Alliance AI Position Statement, CME professionals should prioritize privacy, transparency, bias mitigation, and compliance. AI should not be used for patient-specific clinical guidance, sensitive data, unverified medical claims, or medical/legal advice.
- The key takeaway: when used responsibly, AI can help CME teams work more efficiently and focus their time on strategic program design and educational impact.

APPLICATION TO PRACTICE

Incorporate AI into routine workflows by using it to generate first drafts of learning objectives, needs assessments, evaluations, communications, and compliance documentation, while applying a **Prompt → Refine → Refine** process to improve outputs.

EDUCATIONAL DESIGN

Is Translation Enough? Cultural and Generational Considerations in European and US CME/CPD

TUESDAY, FEBRUARY 17, 2026

Celeste Kolanko, MEd

Katie Eustace, MBA

Eugene Pozniak, PGDipM, LRSM

SESSION HIGHLIGHTS

- Shared language doesn't always mean shared understanding. Educational design must account for regional context, culture, and healthcare system differences.
- Choose credits that matter locally. Accreditation should align with the target audience. For example, ESMO credit carries meaningful value for oncology clinicians in Europe.
- Engage local and regional KOLs early. Their insights are essential for planning relevant, practical education.
- Relevance to clinical practice is critical. Clinicians disengage quickly if education focuses on therapies they cannot prescribe. In many European systems, prescribers are limited to on-label therapies and their institution's formulary.
- Healthcare systems differ significantly from the U.S. Reimbursement and payer pathways are system-driven, leaving clinicians with limited influence so these topics may not translate well across regions.
- Privacy expectations are much stricter. Physicians can be wary of registration processes that require personal information. In some countries, even questions about patient volume may be considered a privacy infringement.
- Approval doesn't equal readiness. Regulatory approval alone doesn't guarantee a therapy is accessible or ready for clinical adoption within a specific healthcare system.
- A strong reminder that effective global education requires deep local understanding, not just translation.
- The key takeaway: Effective global education requires deep local understanding, aligning content, accreditation, and clinical relevance with regional healthcare systems, culture, and practice realities rather than assuming one approach translates everywhere.

APPLICATION TO PRACTICE

Effective European education requires partnering with local KOLs and tailoring content, accreditation, and therapeutic focus to region-specific practice realities, access, and healthcare system constraints rather than relying on U.S.-centric models.

Catalyzing Patient-Centered Decisions through Modern Learning Design: A Path for Progress

TUESDAY, FEBRUARY 17, 2026

Nancy Paynter, MBA, CHCP

Caroline O. Pardo, PhD, CHCP,

Kathryn Burn

SESSION HIGHLIGHTS

- The core message of the session was that the patient voice should be treated as *decision-driving evidence*, not just context or storytelling. Education must help clinicians integrate patient-reported data into real clinical decision-making
- In educational design, we must move beyond clinical data alone to include:
 - Patient burden (time, financial, logistical)
 - Quality of life and functional impact
 - Family responsibilities and real-world capacity.
 - Focus on how these factors influence treatment decisions alongside efficacy and safety
- The framework for redesigning education starts with the patient journey and patient-reported data to identify key decision gaps. Build learning around decision inflection points, not just patient cases. Create opportunities for clinicians to practice integrating clinical and patient-reported evidence
- Key insights from the session
 - Patient-centered care is an ongoing process, not a one-time conversation
 - Clinicians need skills to:
 - Ask better questions
 - Listen more intentionally
 - Continuously engage patients in the care journey
 - Gap exists between patient desire for involvement and feeling fully informed
- Implications for outcomes measurement
 - Emerging focus on evaluating:
 - How clinicians weigh patient burden vs. clinical guidance
 - How patient capacity influences care decisions
- The key takeaways: Moving from patient voice as narrative → to patient-reported data as evidence. Education can go beyond awareness to help clinicians practice, apply, and measure patient-centered care. Programs that embed patient-reported insights better prepare clinicians to make decisions aligned with real patient needs and realities

APPLICATION TO PRACTICE

Design education that treats patient-reported data as core evidence, enabling clinicians to practice integrating patient burden and preferences into real-world decisions and measuring success by changes in decision-making, not just knowledge.

What Freelancers Wish CME/CE Providers Knew (and Vice Versa)

TUESDAY, FEBRUARY 17, 2026

Sunali Waehra, MD

SESSION HIGHLIGHTS

- Freelancers often want to contribute beyond the needs assessment. Many bring ideas and insights that can help shape the education itself, not just complete a single task.
- Inclusion matters. Freelancers do their best work when they feel like part of the team rather than external vendors.
- Continuity is important. Many freelancers look for ongoing opportunities and appreciate knowing there may be future work.
- Set clear expectations from the start. Define scope, timelines, and “must-haves” early, and ensure there’s a clear path for freelancers to ask questions and clarify details.
- Balance direction with flexibility. Provide the required elements but leave space for freelancers to offer recommendations and creative input.
- Feedback helps everyone improve. Sharing constructive feedback strengthens partnerships and improves future collaborations.
- For those looking to expand their network, the Alliance for Continuing Education in the Health Professions also maintains a freelancer directory that can help connect CME teams with experienced professionals.
- Strong freelance partnerships can bring fresh perspectives, flexibility, and specialized expertise to CME initiatives.
- The key takeaway: Strong freelance partnerships happen when freelancers are treated as collaborative contributors with clear expectations, open communication, and opportunities for ongoing engagement that allow their expertise to strengthen CME initiatives.

APPLICATION TO PRACTICE

Build stronger freelancer partnerships by clearly defining expectations upfront while fostering collaboration, communication, and visibility into future opportunities to enhance trust, continuity, and overall quality.

Reimagining CME: How Podcasting is Changing the Game for Provider Education

TUESDAY, FEBRUARY 17, 2026

• Karen Busse, M.S., CCMEC

• Bill Klaproth

SESSION HIGHLIGHTS

- Podcasts continue to grow as a powerful channel for reaching healthcare audiences and the landscape is evolving quickly.
- Podcast consumption is mainstream. An estimated 73% of people over age 12 have listened to a podcast, highlighting the enormous reach of this format.
- YouTube is now the #1 platform for podcasts. Many listeners are actually consuming podcasts through video, not just audio.
- Video podcasts are booming. The rise of video-first podcasting, along with short-form clips like YouTube Shorts, is dramatically expanding discoverability and engagement.
- Audio platforms still matter. Spotify and Apple Podcasts remain key distribution channels for traditional audio-only listening.
- Look to real examples. Programs like Med Chat demonstrate how podcast formats can be effectively used to share clinical insights and educational content.
- The key takeaway: podcasting is no longer just an audio strategy, it's increasingly a video and multi-platform content strategy.

APPLICATION TO PRACTICE

Expand educational reach by using video podcasts on YouTube for discoverability, distributing audio on major platforms, and leveraging short clips to boost engagement and drive audiences to full content.

Learning on Their Terms: Educational Needs of Young Physicians

WEDNESDAY, FEBRUARY 18, 2026

• Dr. Vince Loffredo

• Suzanne Ziemnik, M.Ed.

• Deborah A. Samuel, MBA, FSACME, FACEHP

SESSION HIGHLIGHTS

- Format alone doesn't drive preference. Research shared in the session suggested that factors like educational format, faculty prestige, or whether a society organized the activity are not the primary drivers of participation.

- Live meetings have rebounded. According to ACCME data, live meetings have returned to pre-pandemic participation levels, while online education continues to grow.
- Representation matters for younger physicians. Early-career clinicians want to see themselves reflected in faculty and panel discussions, not just established KOLs. Integrating younger clinicians into educational panels can increase relevance and engagement.
- Grand rounds remain accessible. Many younger physicians are more likely to attend local grand rounds than large symposia due to cost and scheduling constraints. That said, destination symposia can still draw interest, especially when they allow for combining learning with family time.
- Device preferences are clear. Computer-based learning remains the dominant device, followed by smartphones (~30%), while tablets are used far less frequently.
- The key takeaway: designing effective education requires understanding how clinicians actually engage with learning and adapting strategies to meet evolving preferences and realities.

APPLICATION TO PRACTICE

Design accessible, hybrid education that includes diverse faculty (including early-career clinicians) and accounts for logistical barriers like cost and scheduling to better meet the needs of younger learners.

Leveraging Project Agility and Implementation Fidelity to Achieve Excellence

WEDNESDAY, FEBRUARY 18, 2026

• Brian S. McGowan, PhD, FACEHP
• LB Wong, RN, MSN, MBA, CHCP, BCMAS
• Hilary Schmidt, Ph.D.
• Katie S. Lucero, PhD, MS

SESSION HIGHLIGHTS

- Implementation science focuses on the “know–do gap.” It studies how to systematically move evidence-based interventions into routine clinical practice, an important challenge for CE.
- Two core concepts were emphasized for CE programs: Implementation Fidelity and Project Agility
- Implementation Fidelity: Never lose sight of the goal
- The presenters highlighted five pillars that help ensure education is delivered as designed:
 - Differentiation: Clearly define why the educational design should work and identify the non-negotiable elements.
 - Adherence: Ensure all planned content, tactics, objectives, and assessments are delivered consistently.
 - Quality: Evaluate faculty preparedness, case realism, clarity, and learner relevance.
 - Exposure: Confirm the right audience is reached and completes the activity.

- Responsiveness: Monitor engagement and intent to change through participation and interaction.
- Throughout the process, teams should continuously ask:
 - What can go wrong? How will we detect it? How can we correct it?
- Project Agility: Embrace change
- Rather than a “plan → deliver → report” model, the session emphasized building intentional feedback loops throughout the project lifecycle:
 - Design early monitoring signals and checkpoints during planning
 - Test assumptions during development
 - Review formative data during delivery (participation, engagement, early outcomes)
 - Explain not just outcomes, but what adjustments were made and why
- The key takeaway: CE programs are most effective when they maintain fidelity to core goals while remaining agile enough to adapt based on real-time insights.

APPLICATION TO PRACTICE

Strengthen program impact by defining core design elements upfront, monitoring key performance indicators during implementation, and using real-time data to adapt while maintaining fidelity to program goals.

Incorporating Peer Voice to Increase Engagement in Education and Adoption in Practice

WEDNESDAY, FEBRUARY 18, 2026

• Ailene Cantelmi
• Margaret Das, PhD
• Jasleen K. Chahal, PhD
• Lindsay Murphy

SESSION HIGHLIGHTS

- Complex contagion: Adoption rarely happens after a single exposure. Clinicians are more likely to change practice after multiple reinforcing interactions with peers, especially those who are early adopters.
- Normative acceptability: Peer networks help define what becomes “standard practice.” When respected colleagues adopt a new approach, it signals that the behavior is credible and acceptable.
- Social multiplier effect: Engaging individuals with high social capital can accelerate adoption across the network.

- Bridging structural holes: Connecting clinicians who lack experience with recognized experts can accelerate confidence and adoption (e.g., community oncologists presenting cases and discussing new therapies with leading specialists).
- Homophily: Clinicians tend to learn from people who are similar to them in role, setting, or experience.
- Where we often fall short:
 - Much of medical education is designed for single-contagion learning (a symposium or one-time event) where we assume clinicians will return to practice and change behavior.
 - But practice change requires complex contagion: ongoing interaction, peer dialogue, and network-based reinforcement.
- That means designing education that:
 - Activates natural peer networks
 - Creates spaces for repeated interaction (ECHO-style models, community case discussions, digital collaboration platforms)
 - Identifies peer champions who can drive adoption locally
- It also requires a strong value proposition for stakeholders:
 - Faculty: meaningful engagement and real-world impact
 - Learners: practical insights from peers and experts
 - Supporters/funders: measurable improvements in practice and outcomes
- And importantly, we should measure adoption the same way we design for it:
- Establish baseline performance. Identify and empower high-performing peer champions.
- Track changes across the network
- One example from the session: A learning activity achieved a 95% completion rate compared to an 89% benchmark, demonstrating how thoughtful design can drive stronger engagement.
- The key takeaway: If we want education to translate into clinical practice, we have to design for networks, not just knowledge transfer.

APPLICATION TO PRACTICE

Design education that activates peer networks, connects community clinicians with experts, and creates multiple reinforcing learning interactions so new clinical practices spread through trusted relationships rather than a single educational exposure.

Beyond Education: Embedding Research into Independent Medical Education for Real-World Impact and Sustainable Healthcare Change

WEDNESDAY, FEBRUARY 18, 2026

• Cherilyn Heggen, PhD

• Sam Dooyema, PhD

SESSION HIGHLIGHTS

- One of the most valuable reminders from a recent session: process improvement and quality improvement are not the same, but they work best together.
- Process improvement focuses on the how, optimizing workflows and specific steps (e.g., improving biomarker testing pathways).
- Quality improvement (QI) focuses on the outcome, ensuring patient results actually improve.
- In QI, even a 1% improvement matters, especially in areas of clinical inertia. The key is making that improvement replicable and shareable across systems.
- A practical QI workflow follows a clear path: Gap → Root Cause → Intervention → Measurement
- And well-designed initiatives often target system-level barriers like:
 - Clinical inertia – delayed adoption of new guidelines or therapies
 - Process inefficiencies – testing delays or poor referral coordination
 - Safety gaps – medication errors or adverse event management
 - Health equity gaps – disparities in screening or treatment
- Success in QI depends on several critical factors:
 - Stakeholder engagement – especially frontline staff and patients
 - Feasibility – ensuring the intervention is realistic in clinical settings
 - Sustainability – embedding improvements into everyday workflows
 - Scalability – designing solutions that can expand beyond one site
 - Data infrastructure – having the ability to measure outcomes
- Importantly, meaningful impact doesn't require large sample sizes.
- Pilot projects at one or two sites can demonstrate value before scaling across a system.
- Effective initiatives also stay focused using SMART aims and tools like fishbone diagrams to uncover root causes.
- The improvement process itself often follows PDSA cycles:
 - Plan – develop an action plan
 - Do – implement the intervention
 - Study – measure progress and identify barriers

- Act – refine and improve the process
- And measurement should go beyond outcomes alone:
 - Outcome measures: Did patient care improve?
 - Process measures: What changes actually drove improvement?
 - Balancing measures: Did the intervention create new issues?
 - Sustainability: Will the improvement last after the project ends?
- Finally, when sharing results with supporters, the most compelling stories clearly connect: the original gap → root cause → intervention → measurable improvement, often strengthened by provider or patient testimonials.
- The big takeaway: QI succeeds when initiatives are grounded in real-world gaps, supported by practical interventions, and designed to create sustainable change in clinical practice.

APPLICATION TO PRACTICE

Apply quality improvement by identifying a real-world care gap, uncovering its root cause, implementing a practical intervention through PDSA cycles, and measuring outcomes to create sustainable and scalable improvements in patient care.

Healthcare Communication in the Digital Age

THURSDAY, FEBRUARY 19, 2026

Mike Varshavski

SESSION HIGHLIGHTS

- One message from this session stood out immediately: “Everything we do starts with a human connection.”
- While AI is transforming healthcare and education, influence and trust are still fundamentally human-first. Technology can amplify messages, but it’s people who change minds.
- A few key insights from the discussion:
 - AI isn’t human-first, people are. We still need humans to communicate, contextualize, and translate information in ways that resonate with patients and the public.
 - Influence requires engaging outside the echo chamber. Real impact doesn’t happen when we keep speaking to audiences who already agree with us. It happens when we’re willing to listen, debate, and engage respectfully with people who see things differently.
 - Meet people where they are. People who believe misinformation aren’t necessarily uninformed, they may have had experiences where healthcare systems failed them. Understanding that context is critical for meaningful communication.

- Social media can be a powerful public health tool. When used thoughtfully, it can help:
 - Counter misinformation
 - Promote patient advocacy
 - Share accurate public health information
 - Build trust through authentic engagement
- Good patient communication ≠ good mass communication. Communicating effectively at scale requires different strategies and formats designed to capture and maintain attention.
- Debate, not censorship, changes minds. Open dialogue and respectful disagreement are often more effective than simply trying to suppress misinformation.
- Clinicians can have a meaningful presence online. Social media engagement can be professional and impactful, but it requires authenticity, strategy, and an understanding of platform dynamics (many pointed to YouTube as a particularly powerful medium).
- A few practical considerations for clinicians using social media:
 - Avoid personalized medical advice. Keep recommendations general
 - Be prepared for disagreement or criticism
 - Understand the legal and professional boundaries of public communication
- The key takeaway: If we want to influence health behaviors at scale, we need to combine human connection, thoughtful dialogue, and responsible use of digital platforms to meet people where they are and build trust over time.

APPLICATION TO PRACTICE

Apply this in practice by using social media and human-centered communication to engage diverse audiences, respectfully challenge misinformation, and build trust through authentic dialogue rather than one-way education.

OUTCOMES & ANALYSIS

A Method to Our Madness: The Strategy Behind Grant Review

WEDNESDAY, FEBRUARY 18, 2026

- Derek Warnick, FACEhp
- Amanda Kaczerski, MS, CHCP, FACEHP
- Annette Schwind, MS, CHCP, FACEHP
- Brigitte Azzi, PharmD
- Riaz Baxamusa, MBA, FACEhp, CHCP

SESSION HIGHLIGHTS

- Core mindset of supporters
 - Supporters fund education that aligns with clinical gaps, learner needs, and broader learning priorities, not just standalone activities
 - Emphasis is on measurable impact, patient outcomes, and insights that inform future education
- What strong proposals consistently demonstrate
 - Clear alignment between:
 - Educational gap
 - Target audience
 - Learning objectives
 - Instructional design
 - Outcomes strategy
 - Specific, well-supported rationale for the chosen educational approach (not just format/platform)
 - Current, evidence-based needs assessment tied to real-world barriers
- Key elements reviewers look for
 - Thoughtful instructional design tailored to the audience
 - Measurable outcomes that go beyond awareness
 - Generation of actionable insights (e.g., regional, specialty, or setting-based differences)
 - Clear connection between education and patient impact
- Importance of outcomes
 - Outcomes are a strategic priority, not just a reporting requirement
 - Reviewers want to understand:
 - What will change
 - How it will be measured

- What insights will be gained
- Helpful framework:
 - Define the problem → explain the educational approach → outline expected impact and insights
- Operational and submission best practices
 - Ensure accuracy, consistency, and attention to detail (no outdated or sloppy content)
 - Fully complete and align all application fields
 - The submitter should deeply understand the proposal (avoid copy-paste submissions)
 - Tailor proposals to each supporter's priorities and processes
- Strategic considerations
 - Understand why RFPs are issued:
 - Time-sensitive needs (e.g., tied to meetings)
 - Gaps not being adequately addressed
 - Plan for multi-support scenarios, including contingency plans if full funding isn't secured
 - Both large and small grants can be competitive:
 - Large: address multiple strategic goals
 - Small: focus on high-priority, targeted needs
 - Supporters value diverse portfolios and longitudinal outcomes measurement
- Common weaknesses to avoid
 - Generic, recycled, or outdated proposals
 - Lack of specificity in gap, audience, or design
 - Weak or unclear outcomes methodology
 - Inconsistent or poorly prepared submission materials
- The key takeaway: Successful proposals clearly connect clinical gaps, learner needs, educational design, and measurable outcomes. Strong execution, specificity, and insight generation increase the likelihood of meaningful impact for clinicians, patients, and supporters

APPLICATION TO PRACTICE

When developing grant proposals, ensure the educational gap, learning objectives, agenda, target audience, and outcomes methodology are tightly aligned, and clearly describe the insights that will be generated for supporters, including regional or audience-specific learnings.

Spoiler Alert: Outcomes Can't Fix a Broken Proposal

WEDNESDAY, FEBRUARY 18, 2026

• Pam Beaton, CHCP, FACEHP

• Wendy Cerenzia, MS

• Dustin Ensign, CHCP

SESSION HIGHLIGHTS

- Needs, design, and outcomes must be connected. Effective education starts with a clearly defined gap, followed by an educational design intentionally built to address that gap, and outcomes measures that demonstrate the impact.
- Segment learners intentionally. Different roles and specialties experience clinical challenges differently. Segmenting audiences allows education to be more relevant and enables more meaningful outcomes measurement.
- Focus on measurable impact. Programs should be designed from the start with clear methods to assess whether learning actually changed knowledge, competence, or practice.
- The key takeaway: thoughtful educational design grounded in real needs and paired with meaningful outcomes measurement, is essential to demonstrating true impact.

APPLICATION TO PRACTICE

When planning CE activities, ensure the identified educational gap, program design, learner segmentation, and outcomes strategy are intentionally aligned from the start, so the activity is built to produce measurable impact for specific clinician roles and specialties rather than relying on outcomes reporting to justify a poorly structured program.

ACCREDITATION AND COMPLIANCE

The IPCE Illusion: What It Is, What It Isn't, Why It Matters

THURSDAY, FEBRUARY 19, 2026

• Scott J. Hershman, MD, FACEHP, CHCP
• Donna Gabriel, PhD
• Natalie Sanfratello, MPH, CHCP
• Tony Martin, PharmD, MBA

SESSION HIGHLIGHTS

- IPCE is defined by educational design, not by who happens to be in the room.
 - Just having multiple professions attend an activity doesn't automatically make it interprofessional.
- True IPCE means learning with, from, and about each other
- The goal is to improve collaboration across the care team, not simply deliver the same content to multiple professions.
- IPCE should start with a team-based practice gap
- Effective design begins by identifying challenges that require interprofessional collaboration to solve, rather than focusing solely on an individual clinician's knowledge gap.
- Not every topic needs to be IPCE.
- Some educational needs, like understanding an emerging biomarker or the mechanism of action of a new therapy, may be better addressed through profession-specific education.
- Representation alone isn't enough.
- Having faculty or learners from different professions doesn't make an activity IPCE unless the educational design actively promotes collaboration and shared problem-solving.
- The key takeaway: Successful IPCE starts by identifying where care teams must work together to improve patient outcomes and designing education that strengthens those collaborative practices.

APPLICATION TO PRACTICE

Design IPCE activities around team-based care gaps that require professionals to learn with, from, and about each other to improve collaboration and patient outcomes.