

Learn to Thrive 2026

Curriculum Implementation for the Professional Development and Professional Identity Formation of the Frontline Continuing Education Educator

A product of the Learn to Thrive 2025 Working Group Curriculum Implementation for the Professional Development and Professional Identity Formation of the Frontline CE Educator.



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2025 ACCME Working Group

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Pilot Implementation Sites

Alzheimer's Association
American College of Emergency Physicians
Creighton University School of Medicine
Methodist Healthcare System
Oregon Health and Science University
Texas Medical Association
Thomas Jefferson University

University of Rochester School of Medicine and
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University of Wisconsin - Madison
Weill Cornell Medicine-Qatar
Yale School of Medicine

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Introduction

Continuing education (CE) educators are instrumental in advancing medical knowledge, improving clinical practice, and enhancing the skills of healthcare providers. At many organizations, CE activity directors and planners are often responsible for the majority of continuing education activities at the departmental and unit levels at academic institutions and teaching hospitals. However, the CE activity directors and planners do not typically have the knowledge and skills needed to plan and deliver effective continuing education and are typically not familiar with the Accreditation Council for Continuing Medical Education (ACCME®) Accreditation Criteria and Standards for Integrity and Independence in Accredited Continuing Education. These “Frontline CE Educators” also typically do not often engage in their own professional development and may not self-identify or be recognized as CE educators and leaders. A study conducted in 2022 and presented at the ACCME 2022 Learn to Thrive Annual Conference¹ confirmed the informal and variable training of the Frontline CE Educators and the need to target their professional development.

In our 2024 ACCME Working Group document “Professional Development and Professional Identity Formation of the Frontline Continuing Education Educator”², we proposed intentionally engaging the Frontline CE Educators in their professional development. We recommended a competency framework and an essential and advanced curriculum that are aligned with best practices in accredited continuing education. Our main recommendations are summarized below and detailed in Appendix A of the 2024 Working Group document²:

1. Competency framework for Frontline CE Educators, which includes three main competency domains with associated subcompetencies:
 - a. Educational planning and evaluation
 - b. Standards for Integrity and Independence in Accredited Continuing Education
 - c. Additional competencies to help foster best practices in accredited continuing education
2. Curriculum development and implementation for Frontline CE Educators, which includes an essential and advanced curriculum

We recommended an approach to curriculum implementation using Kern’s six steps for curriculum development and implementation:

1. Problem identification and general needs assessment
2. Targeted needs assessment
3. Curriculum goals and objectives
4. Educational strategies
5. Implementation plan
6. Evaluation and feedback plan

Strategies for the professionalization and professional identity formation of the Frontline CE Educators and resources to support curriculum implementation were identified.

2025 ACCME Working Group Goals

The 2025 ACCME Working Group builds on the on the recommendations of our 2024 Working Group and includes two main goals:

1. Curriculum development and implementation at pilot sites
2. The professionalization and professional identity formation of the Frontline CE Educators.

The target group for the Frontline CE Educators includes activity directors, activity planners, and planning committee members who design and implement CE activities at the organizational, institutional, departmental or unit level, or at membership associations. Activities may include courses, regularly scheduled series, or other accredited CE and professional development activities.

Methods

The timeline for our ACCME 2025 Working Group started at the ACCME 2025 Learn to Thrive Annual Conference and will conclude at the ACCME 2026 Learn to Thrive Annual Conference. There was an initial ACCME 2025 *Working Group Feedback Sprint*, where participants could attend our Working Group presentations to learn more about its focus and intent.

Our Working Group consisted of four leaders and 36 members from a variety of institutions and organizations. The Working Group met five times virtually for one hour over a four-month period. Some members actively participated in the meetings but were unable to implement a curriculum at their local organization. Several members plan to do so in the future.

Working Group meetings included an overview and background of the key issues addressed by the 2024 Working Group and the recommendations made for a competency framework for Frontline CE Educators, curriculum development, and strategies for the professionalization and professional identity formation of the Frontline CE educator. We discussed needs at participants' local institutions and organizations, as well as educational and implementation strategies. We reviewed the 2025 Working Group goals, the ACCME timeline, the Kern's six steps for curriculum development and implementation³, and a curriculum implementation template at pilot sites (Appendix A). Barriers and challenges for local implementation were discussed and peer support provided. Sample implementation plans at pilot sites were presented by Working Group members. A survey of the Working Group members was also conducted.

Alignment of Working Group Goals with ACCME

The Working Group goals are aligned with the Goal 2 of the ACCME Strategic Plan 2022-2026: advancing excellence in accredited continuing education, the ACCME Menu of Core Criteria for Accreditation, and the Commendation Criteria supporting the continuous professional development of the CME team.

Pilot Implementation Sites

Curriculum development and implementation were conducted across 11 pilot sites. These pilot sites are listed on page 3. They included schools of medicine, healthcare delivery systems, and physician membership organizations. The organizations were ACCME-accredited (6), jointly accredited (4), and state-accredited (1). Five of the pilot sites were Accredited with Commendation. Number of activities reported ranged from 25 to greater than 800. Type of activity formats primarily included live courses, regular scheduled series, and enduring materials. Number of reported learners ranged from 4,300 to more than 80,000.

Goal #1 - Curriculum Development and Implementation at Pilot Sites

The 11 pilot sites served as testing environments for structured professional development initiatives aimed at strengthening the competencies of the Frontline CE Educators.

All sites used Kern's Six-Step Model for Curriculum Development, a systematic and cyclical framework emphasizing needs assessment, intentional design, implementation, evaluation, and continuous refinement (Appendix A). The model enabled consistency across institutions while allowing for local adaptation based on learner needs, institutional context, and available resources.

The following information summarizes curriculum development and implementation strategies at the 11 pilot sites.

Kern's Step 1: Problem Identification and General Needs Assessment

Step 1 of the Kern's model is the foundational phase of curriculum development and begins with the identification and critical analysis of a need that can be addressed through curriculum development and implementation.

As outlined above, the problem and general needs assessment of the Frontline CE Educator were identified and reported at the ACCME 2022 Learn to Thrive Annual Conference¹, and as part of our 2024 ACCME Working Group document "*Professional Development and Professional Identity Formation of the Frontline Continuing Education Educator*".² Our findings confirmed the informal and variable training of the Frontline CE Educators and the need to target their professional development.

Kern's Step 2: Targeted Needs Assessment

Step 2 uses the general needs assessment from Step 1 to identify the needs of one's targeted group of learners in their specific learning environment. A more targeted needs assessment usually involves gathering data from the target audience such as surveys, interviews, or focus groups.

The 11 sites shared information from their respective institutions, which highlighted that frequent turnover among CE stakeholders and limited formal training resulted in widespread knowledge and competency gaps in accredited CE planning and compliance. They reported that Frontline CE educators and faculty often lack formal instruction in CE design models, documentation requirements, accreditation standards, and the ACCME Standards for Integrity and Independence in Accredited Continuing Education. Moreover, training that does exist has been informal, ad hoc, and largely undocumented, with internal education focused narrowly on administrative data capture rather than comprehensive CE planning skills.

Multiple needs assessments (faculty and resident surveys, Accreditation Council for Graduate Medical Education [ACGME] surveys, direct observations, focus groups, and REDCap surveys) at the pilot sites identified consistent challenges, including poor understanding of needs assessments and practice gaps, weak learning objectives, inconsistent compliance with marketing and accreditation requirements, and significant confusion around conflict of interest (COI) disclosure, mitigation, and transparency to learners. Planners also struggle to align CE outcomes with organizational quality improvement initiatives and to responsibly use emerging artificial intelligence (AI) tools in educational planning.

Gaps were particularly evident among interprofessional CE planners and newer educators, increasing the risk of noncompliance. While some educators have prior CE training, inconsistent application of standards persists. A critical example is one from an institution that reported that the retirement of a single CE coordinator created substantial knowledge and competency gaps, threatening continuity and compliance of RSS activities.

Overall, the findings demonstrate a clear need for structured and targeted education for the Frontline CE Educator. Centralized oversight and standardized training can address these gaps, ensure compliance, strengthen competency, and maintain the integrity and continuity of accredited CE across the system.

Kern's Step 3: Curriculum Goals & Objectives

In Kern's Step 3, goals and objectives are created to address the identified needs of the target audience. Many providers use Bloom's Taxonomy as a framework for writing actionable learning objectives.

There was significant overlap of the goals and objectives from the pilot sites. Multiple professional development initiatives were aimed at helping Frontline CE Educators design, implement, and evaluate high-quality, compliant CE activities. Across institutions, the programs' aims were to strengthen CE knowledge, instructional design skills, professional identity, and compliance with ACCME Accreditation Criteria and Standards.

Key themes included:

- Building foundational understanding of the CE/CME design and planning process, including needs assessment, instructional design models (e.g., ADDIE), and outcomes evaluation.
- Ensuring consistent application of ACCME Core Accreditation Criteria and Standards, with emphasis on identification of relevant financial relationships, mitigation, disclosure for those in control of content, and management of commercial support.
- Developing core competencies, including educational planning, evaluation, and ethical decision-making.
- Advancing standardized processes, mentoring, and system-wide alignment, while addressing barriers to CE access, inclusive educational practices.
- Responsible use of emerging tools such as artificial intelligence (AI) in CE planning.
- Addressing professional identity formation

Kern's Step 4: Educational Strategies

Kern's Step 4 addresses educational strategies and specific methods that are used to deliver the curriculum. The pilot sites employed comprehensive, multimodal continuing education/ continuing professional development (CE/CPD) training and support programs designed to build knowledge, skills, and compliance among Frontline CE Educators, faculty, and RSS coordinators.

Educational offerings featured a mix of live (in person and virtual) workshops and asynchronous modules covering the ACCME Standards, instructional design, educational planning competencies, needs assessment and gap analysis, writing effective learning objectives, evaluation strategies, interprofessional planning, accessibility in CE, and the responsible use of AI tools in CE. Live sessions emphasized small- and large-group discussion, case-based learning, mentoring, reflection, and longitudinal engagement.

Additional targeted training included role-specific 1:1 training on CE accreditation, application and approval processes, the ACCME Standards, financial disclosure and COI mitigation, educational formats, compliance timelines, and roles and responsibilities. Support is also provided to RSS coordinators and staff during system transitions, addressing accreditation standards, documentation, technology platforms, and best practices in CE.

Participants received access to structured tools such as a Contributor Portal, SharePoint resource hub, compliance templates, checklists, and curated external resources. Dedicated CE compliance coordinators and CE managers also provided oversight, office hours, audits, and just-in-time training.

Implementation sites reported they plan to use additional strategies to support the professional development of the Frontline CE Educators, such as:

- Coaching and documentation support
- Regular, ongoing education on ACCME's Standards
- Checklists
- Implementing open door policies
- Creating training videos and online modules as pre-work before the in-person training

Overall, these educational strategies provide a structured, scalable framework to strengthen competencies in CE planning to help ensure accreditation compliance, support system transitions, and promote high-quality, ethically sound CE.

Kern's Step 5: Implementation Data/Target Group

Kern's Step 5 involves implementation of the developed curriculum and addressing institutional support, needed resources and barriers that needed to be considered prior to implementation.

The 11 pilot sites' implementation efforts supported both new and experienced CE professionals through flexible, multi-format educational models. The curriculum and educational experiences were implemented via live virtual sessions, in-person workshops, hybrid formats, recorded modules, prework, and longitudinal series. Sessions ranged from short (45–60 minutes) workshops to full-day courses and consistently integrated interactive discussion, hands-on exercises, case examples, and Q&A. Programs were facilitated by experienced CE/CPD educators and accreditation specialists and reinforced through standardized templates, policies, and workflows to ensure consistency and sustainability.

Although the primary intended audience was Frontline CE Educators, including activity directors and planners, other participants included RSS coordinators, committee members, and program administrators with various interprofessional backgrounds. Attendance ranged from four to 35 learners.

Kern's Step 6: Evaluation and Feedback

In this final step, the pilot sites used formative and summative evaluation approaches to evaluate the curriculum and program. Formative evaluation strategies were implemented that provided ongoing feedback to the attendees to support learner improvement. Summative evaluation strategies were used to obtain learner feedback at the end of the training sessions. The evaluation and feedback strategies were aligned with the educational goals and educational strategies. Ongoing assessments and formative feedback were collected for each module through use of quizzes, scenarios, and guided activities. Post-session evaluations and debriefings of workshops and mentoring sessions provided additional evaluation data and feedback. Follow-up evaluations and interviews are planned to assess longer-term impact on CE planning behavior, documentation quality, and compliance. Additional surveys will be distributed three to six months after the educational interventions.

Evaluation response rates ranged from approximately 50% to near-complete participation.

Overall satisfaction with training quality and relevance was consistently 100%, and presenters were rated excellent for subject knowledge, clarity, and organization. Evaluation findings across multiple CME/CE training activities demonstrated high participant satisfaction, strong perceived relevance, and meaningful improvements in knowledge, confidence, and planned practice changes, alongside clear opportunities for refinement.

Most learners agreed or strongly agreed that training improved their understanding of accredited CE purpose, prevention of commercial bias, and identification of practice gaps.

Participants reported high likelihood of applying what they learned in practice, particularly related to ACCME Standards, COI disclosure and mitigation, compliance timelines, needs assessment, and learning objective development. Learners valued refresher content, practical examples, case discussions, worksheets, checklists, and access to SharePoint resources. Many reported increased understanding of the complexity of CE, expanded awareness of eligible educational formats, and appreciation for institutional data resources and CE staff support.

Session evaluations and post-activity surveys can be summarized as follows:

- Strong gains in knowledge and skills across learning objectives (near 100% reporting new knowledge).
- Moderate-to-high intent to change practice, particularly in planning, learning objectives, accessibility, and ethical use of AI.
- Positive feedback on interactivity and relevance, though some content felt dense or time-limited, especially for newer learners or AI-focused sessions.
- Feedback from faculty, staff, working groups, and development teams highlighted the following needs: Extend workshop time or streamline content
- Improve clarity of some module instructions
- Enhance summative evaluation strategies
- Reduce reliance on live subject-matter experts
- Strengthen documentation of facilitation processes

The overall feedback shared from the implementation sites included the following data points:

- Most of the learners believed that the professional development curriculum designed for the Frontline CE Educators met their learning objectives.
- Learners believed that the training they received was quality education.
- The materials and topics covered during the training were relevant to the learners' professional responsibilities and improved their skills and practice.
- Learners better understood the importance of determining gaps in learners' knowledge, competence, and performance.

No commercial bias was reported. Participants expressed strong interest in ongoing, longitudinal training, monthly topic-focused sessions, hands-on portal/application walkthroughs, and expanded AI education.

Some implementation sites conducted compliance checklists and audits to track adherence to documentation, in addition to tracking and measuring the timeliness and accuracy of documentation.

Overall, the evaluation supports that the training was effective, well-received, and impactful, while also informing targeted improvements to enhance clarity, pacing, sustainability, and long-term outcomes.

Most of the implementation sites have a plan moving forward to continue providing ongoing training and professional development to their faculty with the understanding that the curriculum will evolve over time.


Goal #2 - Professionalization and Professional Identity Formation of the Frontline CE Educators

Professional identity formation (PIF) refers to the lifelong process through which individuals develop the values, behaviors, and self-concept associated with their professional roles. Fostering a robust professional identity among the Frontline CE Educators is essential to sustaining high-quality education, improving patient outcomes, and supporting educator well-being. Clinicians who identify as educators should be more engaged in professional development programs to build skills in educational planning, innovation and assessment. Professional identity formation for Frontline CE Educators is a dynamic, lifelong process that requires intentional support, resources, and recognition. By addressing training gaps, time constraints, burnout, and role complexity—and by investing in reflection, development, mentorship, community, and recognition—organizations can professionalize the role of the CE educator. Doing so not only enhances educational quality and patient care but also affirms the essential identity of clinicians as educators committed to lifelong learning and professional excellence.

Professional identity formation of the Frontline CE Educators was supported at pilot sites through intentional mentoring, structured supports, and opportunities for engagement and recognition. These sites provided individualized coaching, including 1:1 support for new programs, documentation review, and targeted refreshers when gaps were identified. Regular professional development education, open-door policies, office hours, and stakeholder meetings fostered ongoing learning, accessibility, and interprofessional collaboration.

Standardized tools and communication channels—such as checklists, SharePoint resources, committee communications, and compliance audits—reinforced clarity of roles, expectations, and accountability. Educators were further supported through access to internal and external CE education, mentoring opportunities, and scholarly engagement, emphasizing CE work as a professional practice rather than an administrative task. Importantly, bidirectional feedback was encouraged, allowing frontline educators to contribute to process improvement and curriculum evolution.

Planned initiatives such as the 2026 Healthcare CE Professionals Day and invitations to participate in CE scholarly projects further reinforced professional recognition, community, and long-term identity development.



Overall, across all pilot sites, professional identity formation of the Frontline CE Educators was enhanced by:

1. Increased familiarity with the accreditation standards
2. Increased confidence and professional autonomy
3. Recognition of specialized expertise
4. Alignment of CE work with patient outcomes and organizational strategy
5. Movement from task execution to strategic leadership
6. Development within a supportive professional community
7. Validation of CE as quality-driven, integrity-centered, and outcome-focused

Collectively, these experiences repositioned the Frontline CE Educator as a knowledgeable, ethical, strategic, and patient-centered professional who safeguards educational integrity, advances organizational quality, and contributes meaningfully to healthcare improvement.

Outcomes Survey

To better understand the impact of this Working Group, the leaders created a survey in Qualtrics, which collected both qualitative and quantitative data. Responses included 20 participants from the Working Group.

Outcomes Survey Questions	Survey Results
<p>After participating in the Frontline Educators Working Group, I understand the significance of providing education to those who sponsor CME/CE activities.</p>	<p>100% of the participants agreed that after participating in the Frontline Educators Working Group, they understood the significance of providing education to those who sponsor CME/CE activities.</p>
<p>This Working Group has made me aware of different approaches to educating the Frontline CME/CE Educators.</p>	<p>95% of the participants agreed this Working Group has made them aware of different approaches to educating the Frontline CME/CE Educators. 5% of the participants stated they somewhat agree with this statement.</p>
<p>I believe I have buy-in from leadership at my local institution to implement an educational initiative for the frontline educators.</p>	<p>85% believed they have buy-in from leadership at their local institution to implement an educational initiative for the frontline educators. 10% indicated they somewhat agree with this statement, while 5% strongly disagreed.</p>
<p>What are barriers to implementation at your institution?</p>	<p>This qualitative question garnered several responses. Over 80% of the participants stated time was a barrier to implement a curriculum for Frontline CE Educators; specifically, time to develop the curriculum and time to implement the actual training and education. Other comments included lack of funding and resources, leadership commitment and buy-in, assessing the impact of implementing the education, and engagement of educators.</p>
<p>I have implemented new educational initiatives at my local institution targeted towards the Frontline CE Educator as a result of participating in this working group.</p>	<p>73% of the participants shared they have implemented new educational initiatives at their local institution targeted towards the Frontline CE Educator as a result of participating in this working group, while 27% stated they did not.</p>

Outcomes Survey Questions	Survey Results
<p>If yes, what were the factors that enabled you to implement the educational initiatives?</p>	<p>Factors that enabled the providers to implement the educational initiatives included:</p> <ul style="list-style-type: none"> • Support from the CPD office and committed faculty to conduct the training. • Selecting smaller scaled projects proved to be helpful. • Ensuring faculty learners were familiar with the ACCME Standards prior to the training. • Refining existing curriculum and expanded audience tools. • Meetings with CE committees before the training to identify clear roles. • Integration of Frontline CE Educator training into established meetings.
<p>If no, what were the reasons for not implementing an educational initiative?</p>	<p>Reasons for not implementing an educational initiative included:</p> <ul style="list-style-type: none"> • Timing, availability of Frontline CE Educators, and organizational priorities • High workload commitments and lack of time • Scheduled for future Professional Education Committee Meeting • Lack of buy-in

Facilitators expressed concerns for limitations of CE staff time, resources, and funding allocations. Some felt the working group timeline for implementation was not feasible and ideal. The majority were appreciative of the time and effort required for the four co-facilitators to shepherd this process and have a final product to share with the CE community at large.

Summary and Recommended Next Steps

We have identified through prior research, and the 2024 ACCME Working Group, the need to target the professional development of Frontline CE Educators. We recommended a competency framework, curriculum, educational priorities and resources that can aid in their professional development and professional identity formation. For this 2025 Working Group, we provide examples of curriculum development and implementation strategies at 11 pilot sites to support this education and the professionalization and professional identity formation of the Frontline CE Educator. These strategies can be implemented at other local institutions and organizations. They are aligned with Goal 2 of the ACCME Strategic Plan 2022-2026 to advance excellence in accredited continuing education, and ACCME Menu of Criteria for Accreditation with Commendation of supporting the continuous professional development of its CME team.

Future work should further define specific recommendations and resources needed for the implementation of a curriculum that can aid in the professional development of the Frontline CE Educators. It should include a more comprehensive inventory of national resources that can be used to support curriculum implementation. Considerations should be given to providing local and/or national certification to aid in the recognition of the Frontline CE Educator participating in this formal training.

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Appendix A: Curriculum Development and Implementation Template

Kern's Six Steps for Curriculum Development and Implementation	
Problem Identification and General Needs Assessment	
Targeted Needs Assessment	
Curriculum Goals & Objectives	
Educational Strategies	
Implementation Data/Target Group	
Evaluation & Feedback	

Appendix B: Sample Survey for Targeted Needs Assessment

The following sample needs assessment survey follows the outline of the recommended essential and advanced curriculum for the professional development of the Frontline CE Educator². It can be used as a resource to design a comprehensive needs assessment at one's local organization.

University of Rochester School of Medicine & Dentistry – Sample Feedback Survey

The **Office for Continuing Medical Education (CME)** would like your input on how the office can best support you in your role as a continuing education activity director or planner. Our goal is to implement educational experiences and develop resources that can be helpful in your role.

This survey should take about 5 minutes to complete. We appreciate your feedback!

Indicate your role in continuing education.

* must provide value

- CE Activity Director
- CE Planning Committee Member
- CE Course Coordinator
- Other

Educational Planning and Evaluation

Please rate your knowledge of the following educational planning and evaluation concepts.

Educational Needs

Conduct gap analyses and needs assessments at the beginning stage to design education for the target audience. Assess the current state and desired state of learners' knowledge, skills and performance to determine gaps.

* must provide value

- Poor Fair Good Very Good Excellent

Designed to Change

Design educational interventions to change competence, performance, skills, strategies, patient outcomes, healthcare quality, and/or community health outcomes.

* must provide value

- Poor Fair Good Very Good Excellent

Appropriate Formats

Develop activity formats (e.g., didactic, small group, interactive, hands-on skill labs) to support the goals of the educational intervention.

* must provide value

Poor Fair Good Very Good Excellent

Designed to Change

Design educational interventions to change competence, performance, skills, strategies, patient outcomes, healthcare quality, and/or community health outcomes.

* must provide value

Poor Fair Good Very Good Excellent

Desirable Attributes and Competencies

Identify the desirable attributes and competencies of the learners to include in the learning objectives.

* must provide value

Poor Fair Good Very Good Excellent

Analyzes Change

Integrate learner assessment and program evaluation into the educational intervention to assist with analyzing change.

* must provide value

Poor Fair Good Very Good Excellent

Educational Activity Analysis and Improvement

Implement the educational activity and conduct an overall evaluation to identify, plan and implement needed or desired changes.

* must provide value

Poor Fair Good Very Good Excellent

ACCME Standards for Integrity and Independence in Accredited Continuing Education

Please rate your knowledge of the ACCME Standards for Integrity and Independence in Accredited Continuing Education.

Content Validity

Confirm all recommendations for patient care in accredited continuing education are based on current science, evidence, and clinical reasoning.

* must provide value

Poor Fair Good Very Good Excellent

Prevention of Commercial Bias and Marketing

Verify educational programs are free of commercial bias, while giving a fair and balanced view of diagnostic and therapeutic options.

* must provide value

Poor Fair Good Very Good Excellent

Identification, Mitigation, and Disclosure of Relevant Financial Relationships

Confirm all course directors, planners, faculty, speakers, and others' global financial relationships are identified, mitigated and disclosed to the learners.

* must provide value

Poor Fair Good Very Good Excellent

Management of Commercial Support

Ensure processes and mechanisms are put in place to manage commercial support.

* must provide value

Poor Fair Good Very Good Excellent

Management of Ancillary Activities

Confirm ancillary activities adhere to the ACCME Core Criteria and Standards.

* must provide value

Poor Fair Good Very Good Excellent

Additional Competencies

Please rate your knowledge of the following advanced educational concepts.

Science of Learning

Integrate adult learning principles and theories to design appropriate education.

* must provide value

Poor Fair Good Very Good Excellent

Curriculum Development

Integrate principles of curriculum development (e.g., Kern's model for curriculum development: 1) A general needs assessment, 2) A targeted needs assessment of the intended audience, 3) Outlining goals & objectives, 4) Creating the content, 5) Implementing the curriculum, and 6) Evaluating the curriculum).

* must provide value

Poor Fair Good Very Good Excellent

Promotes Team-based Education

Include interprofessional teams, engagement of patients and public, and engagement of students.

* must provide value

Poor Fair Good Very Good Excellent

Addresses Public Health Priorities

Include data on population health and internal and external collaborations.

* must provide value

Poor Fair Good Very Good Excellent

Enhances Skills

Include enhancing communication skills, technical/procedural skills, creation of individualized learning plans, and the use of support strategies and artificial intelligence in continuing education.

* must provide value

Poor Fair Good Very Good Excellent

Alignment with Quality Improvement and Patient Safety

Align planned accredited education with quality improvement and patient safety initiatives.

* must provide value

Poor Fair Good Very Good Excellent

Educational Leadership and Administration

Address leadership and administrative knowledge and skills, and broad topics in the educational content that support educational research and scholarship, inclusion, accessibility, professionalism, and well-being.

* must provide value

Poor Fair Good Very Good Excellent

Do you have any additional educational needs or gaps to share?

Please explain.

How can the Office for CME support your professional development for your CE Educator role?

Please explain.