JOINT ACCREDITATION™
INTERPROFESSIONAL CONTINUING EDUCATION

The Accreditation Council for Continuing Medical Education (ACCME®)
The Accreditation Council for Pharmacy Education (ACPE)
American Nurses Credentialing Center (ANCC)

Joint Accreditation Leadership Summit

Building Teams that Sustain and Inspire

May 5, 2026 | Chicago, IL

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Introduction

Joint Accreditation for Interprofessional Continuing Education™ convened its 12th Annual Joint Accreditation Leadership Summit on May 5, 2026, in Chicago. Nearly **180 registrants** from 80 jointly accredited organizations and organizations currently in the pre-application process gathered to reconnect face-to-face around the shared work of advancing interprofessional continuing education.

The Summit was convened by the three accreditors that cofounded Joint Accreditation: the Accreditation Council for Continuing Medical Education (ACCME®), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC) Nursing Continuing Professional Development Accreditation™. See page 20 for the complete list of Joint Accreditation's 8 Associate Member Accrediting Bodies.

Many thanks to the members of the Planning Committee for organizing a successful conference:

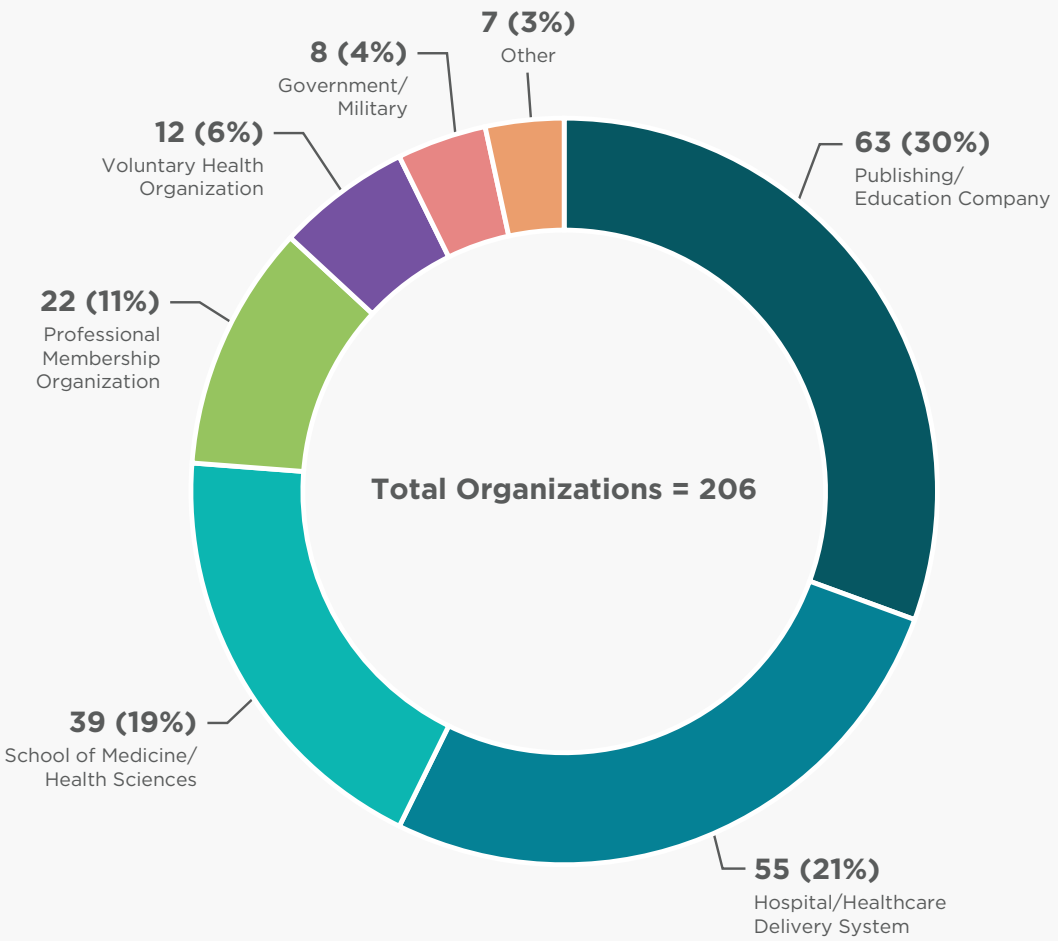
Melody Cohn, Accreditation Council for Continuing Medical Education; John Juchniewicz, MCIS, CHCP, FACEHP, American Academy of CME; Steven Kawczak, PhD, Cleveland Clinic; Marcia Martin, Accreditation Council for Continuing Medical Education; Logan Murry, PharmD, PhD, Accreditation Council for Pharmacy Education; Sierra Powell, Association of Regulatory Boards of Optometry/Council on Optometric Practitioner Education; Kate Regnier, MA, MBA, Dion Richetti, Accreditation Council for Continuing Medical Education; Jillian Roy, MSN, RN, NEA-BC, CEN, American Nurses Credentialing Center (ANCC); Amy Thomas, APRN, FNP, Hawaii Pacific Health; and Dimitra Travlos, PharmD, FNAP, Accreditation Council for Pharmacy Education.

Welcome Remarks and Reflections on Our Growth

Kate Regnier, MA, MBA, Executive Vice President of ACCME, reflected on the growth of the Joint Accreditation community and the way Summit reports have documented its evolution. She noted that early Summit conversations identified 28 professions as part of the healthcare team and that Joint Accreditation has since expanded to include more than 11 of those professions.

According to the Joint Accreditation 2025 Data Report, the number of jointly accredited providers grew from 187 in 2024 to **206** in 2025, reflecting continued demand for education that brings professions together around shared goals and patient care.

2025 JOINT ACCREDITATION PROVIDERS BY TYPE



LEARNER INTERACTIONS BY PROFESSION IN 2025 (TOTAL: 35.2 MILLION)

Profession	Percent of Total Learner Interactions
Nurses	40.1%
Physicians	25.3%
Pharmacists	8.2%
Pharmacy Technicians	4.3%
Physician Associates	3.1%
Social Workers	2.6%
Psychologists	<1%
Registered Dietitians / Dietetic Technicians	<1%
Dentists / Allied Dental Staff	<1%
Optometrists	<1%
Athletic Trainers	<1%
Other Learners	14.5%

This year's Summit was grounded in the Joint Accreditation Strategic Plan (2024–2026), which sets forth the vision and mission of the organization.

Vision: to advance interprofessional continuing education (IPCE) for all members of the health care team

Mission: to advance team-based learning to empower collaborative practice and elevate the standard of patient care

THANKING OUR VOLUNTEER SURVEYORS

Matt Holderly, PharmD, MEd, of ACPE thanked Joint Accreditation surveyors for sustaining the peer-review model and encouraged additional providers to consider serving. He noted that surveyor experience strengthens the system while also helping volunteers deepen their own understanding of accreditation and reaccreditation.

Melody Cohn, ACCME Manager of Meetings and Education, framed the day by underscoring the value of interprofessional continuing education and encouraging participants to broaden their view of who contributes to care.

SUMMIT KEYNOTE

Healing Beyond the Physical: Chaplaincy in Team-Based Care

PRESENTER

The Rev. Meredith L. Onion, Senior Associate Minister, The First Congregational Church of Western Springs; Chaplain, Hinsdale Police Department

In the keynote, the Rev. Meredith L. Onion invited attendees to look beyond the clinical dimensions of care and consider how chaplaincy can strengthen teams, support workforce wellbeing, and improve the experience of patients and families.

Drawing on experience in ministry, hospital chaplaincy, human resources, and caregiving, she described chaplains as team members who help address the spiritual, emotional, and relational aspects of health that are often present even when they are not immediately visible.

“I hope that you begin to look at chaplains as being helpful not only to patients and families, but to staff as well,” she said.

Onion emphasized that chaplains also support the healthcare workforce. Trained to listen without judgment, maintain confidentiality, and respond to grief and trauma, they can be a resource for clinicians, first responders, and others who carry the emotional weight of care. She stressed that chaplaincy is not about advancing a particular religious viewpoint but about meeting people where they are and contributing a form of presence that complements the work of the broader care team.

“At the core of health is really this understanding of connection and wholeness,” Onion added.

In table discussions, attendees identified qualities of strong teams, including clear roles, shared goals, mutual respect, accountability, and environments where people feel safe enough to speak up. They also discussed barriers to including chaplains, such as misconceptions that chaplaincy is relevant only for religion or end-of-life care, uncertainty about when to involve them, and cultures that discourage vulnerability.

“You have to have that brave, safe environment to be able to do that,” Onion said.

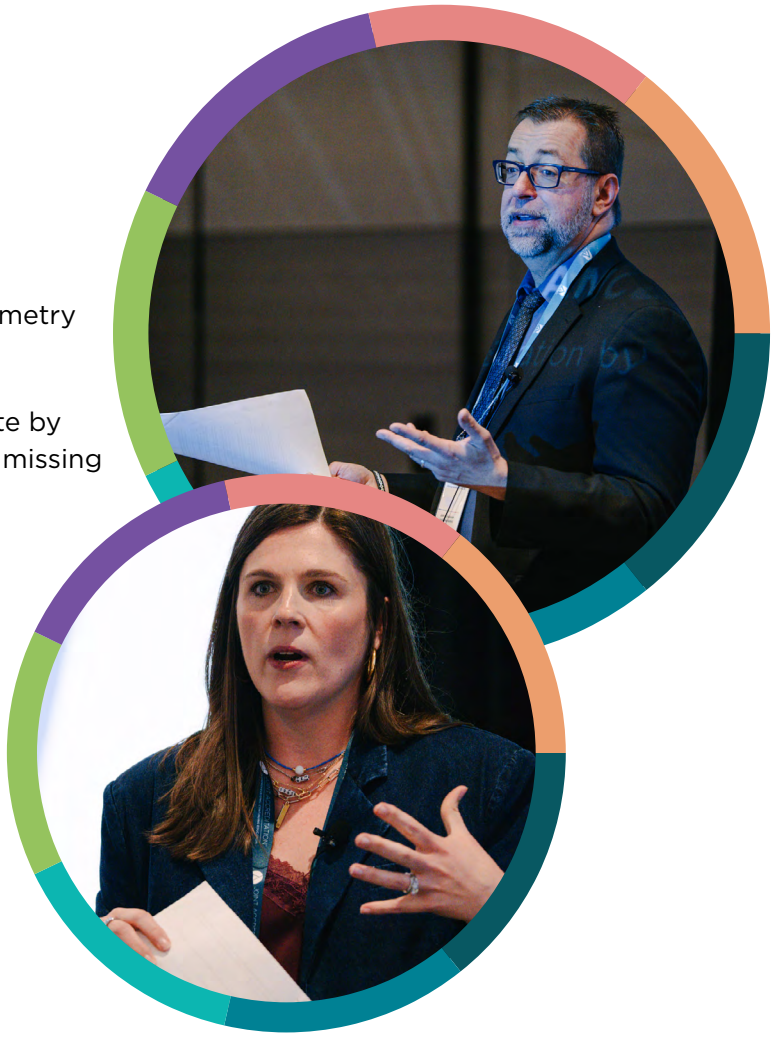
The keynote reinforced a central Summit theme: interprofessional education is strongest when it recognizes the full range of voices that contribute to care. Onion challenged participants to think more broadly about who belongs on teams and in the planning, teaching, and evaluation of education.

Recognizing Every Voice: Turning Insights Into Impact

PRESENTER

John Juchniewicz, MCIS, CHCP, FACEHP
President
American Academy of CME

Sierra Powell,
Manager of Accreditation Services
Association of Regulatory Boards of Optometry (ARBO)



This interactive session built on the keynote by asking attendees to consider who may be missing from team-based care conversations and how CE professionals can help bring those voices forward. John Juchniewicz and Sierra Powell encouraged participants to look beyond the most visible clinical roles and consider how overlooked contributors can shape both care and educational planning.

"As CE professionals, it's our role as part of the planning team to shape how the team thinks, to shape how they collaborate, and to ultimately shape the care that gets provided," Juchniewicz said.

Working in small groups, attendees examined cases involving repeated heart failure admissions, a new stage four cancer diagnosis, and a patient in mental health crisis. The discussions surfaced under-recognized contributors including dietitians, case managers, chaplains, social workers, first responders, security staff, front-desk personnel, and family members.

A consistent takeaway was that CE professionals play an essential role in shaping planning committees, surfacing assumptions, and asking whether the right people are at the table.

Innovate & Collaborate
Peer-led Sessions

Knowledge is Power: Leveraging Interprofessional Continuing Education in Cancer Survivorship Supportive Care

PRESENTER

Bina George-Figueroa, MS, CHCP, FACEHP
Director of Education and Business Development
Medical Educator Consortium

Teri Valls, CMP, CMM
CEO and Founder
Medical Educator Consortium

This session made the case that cancer survivorship is a strong opportunity for CE providers to close gaps in supportive care, connect oncology with the broader care team, and demonstrate how IPCE can improve quality of life while strengthening the impact of CE programs.

KEY TAKEAWAYS

The Gap (Problem)	The Solution (IPCE)	The Impact (Value to CE)
18+ million cancer survivors in U.S.	Interprofessional CE aligns oncology, primary care, nursing, pharmacy, rehab, psychosocial care	Demonstrates measurable outcomes (reduced distress, better QOL, improved adherence)
Supportive needs often unmet: fatigue, pain, distress	Fosters role clarity, communication, survivorship planning	Strengthens CE program's impact story
ASCO guidelines show gaps in symptom recognition & follow-up	Accredited IPCE = joint credit & shared accountability	Positions CE as a strategic driver of survivorship quality

Learning Across Disciplines: A Team-Based Approach to CE

PRESENTER

Carissa Blumenshine, MSN, RN, NPD-BC, PCCN
Manager Interprofessional Continuing Education Department
Advocate Health

Heather Raeder, PharmD, BCPS
Pharmacy Program Coordinator for Education
Advocate Health

Presenters described how a large health system used Joint Accreditation to redesign continuing education for interprofessional learning. They highlighted practical strategies for aligning standards, engaging diverse stakeholders, and turning a Pharmacy Grand Rounds series into a more inclusive activity that better reflects team-based care.

KEY TAKEAWAYS

- **Intentional Stakeholder Engagement:** Engage key stakeholders from multiple disciplines early and throughout the planning process to ensure relevance, alignment, and shared ownership.
- **Interprofessional Needs Assessment:** Incorporate diverse strategies to conduct needs assessments that intentionally reflect interprofessional perspectives and practice gaps.
- **Interprofessional Applicability:** Apply IPCE-aligned planning frameworks to address integration challenges and design learning experiences that promote shared learning, collaboration, and mutual respect across healthcare professions.
- **Sustainability and Scalability:** Leverage practical tools and actionable strategies from continuing education to build, sustain, and scale effective interprofessional teams over time.

RSS Data Results: Driving Smarter Decisions

PRESENTER

Annette Donawa, PhD, MSEd
Associate Provost, Office of Continuing Professional Development
Thomas Jefferson University

This session focused on how data from regularly scheduled series (RSS) can inform decisions for continuous program improvement and support professional development for faculty, course directors, coordinators, and CE professionals.

KEY TAKEAWAYS

- RSS activities can be an excellent vehicle to provide professional development to course directors, faculty, department RSS coordinators and CE professionals.
- Data collected from RSS activities can be used for longitudinal studies to support continuous program improvement.
- Identify a local champion to assist with brainstorming how RSS data can support training and professional development at your institution.
- Both aggregate and departmental level RSS data can influence decision making on the delivery format for RSS activities, how learner preferences are considered, and address barriers that may impact learners.

Simulation Lite: Low Resource Team Scenarios for Interprofessional Skills

PRESENTER

Andrea Zimmerman, EdD, CHCP
Senior Director, Accreditation and Compliance
HMP Global

This session highlighted practical strategies for designing low-resource simulations that strengthen interprofessional teamwork and communication skills through simple scenarios, role clarity, decision points, and structured debriefing.

KEY TAKEAWAYS

- High-impact simulation can be achieved with simple, low-resource designs focused on team behaviors rather than technology.
- A structured framework (scenario brief, role cards, decision points, debrief) supports consistent and scalable implementation.
- Purposeful information gaps and role constraints reveal common breakdowns in communication and coordination.
- Structured debriefing and psychological safety are critical to translating simulation experiences into practice improvement.

Strengthening Collaboration to Advance IPCE Across the Military Health System and Beyond

PRESENTER

Alna Gopez, MSN, BSN, RNC-OB
Training Specialist
Defense Health Agency, J-7, Continuing Education Program Office

LaDonna King
Defense Health Agency, J-7, Continuing Education Program Office

Jasmine Adams
Training Specialist
Defense Health Agency, J-7, Continuing Education Program Office

This session examined how purposeful collaboration and knowledge-sharing can strengthen IPCE programs across the military health system by improving CE content, processes, and partnerships while identifying barriers and solutions needed to sustain them.

KEY TAKEAWAYS

- Collaborations play a pivotal role in your program's ability to meet and exceed IPCE criteria by shaping your program's CE content, processes, and initiatives.
- Meaningful program improvements stem, in part, from engaging in knowledge-sharing and fostering collaborations in line with your program's goals.
- Identifying barriers and solutions to effective collaboration is key to sustaining successful partnerships.

Measuring What Matters: Team Outcomes in IPCE

PRESENTER

Steven Kawczak, PhD, CHCP, FACEHP
Co-medical director, Cleveland Clinic Center for Continuing Education (CME) and Medical Director, Cleveland Clinic Center for International Medical Education, Cleveland Clinic

Logan Murry, PharmD, PhD
Assistant Director of Pharmacy Continuing Education and Continuing Professional Development, Accreditation Council for Pharmacy Education (ACPE)

Dion Richetti
Vice President of Accreditation and Recognition, Accreditation Council for Continuing Medical Education (ACCME)

Jillian Roy, MSN, RN, NEA-BC, CEN
Assistant Director of Operations of Nursing Continuing Professional Development (NCPD) and Joint Accreditation, American Nurses Credentialing Center (ANCC)

Amy Thomas, MSN, APRN, FNP
System Chief Nurse Executive and Director of Clinical Education, Hawai'i Pacific Health System

This practical session challenged jointly accredited providers to look beyond attendance and ask a more meaningful question: **Is our education changing how teams work together to improve care?**

JAC 11: The provider analyzes changes in the healthcare team (skills/strategy, performance) and/or patient outcomes achieved as a result of its IPCE activities/ educational interventions.

Using Joint Accreditation Criterion 11 (JAC 11) as a guide, presenters urged providers to focus on whether education is strengthening team skills, improving performance, and making a difference for patients. They emphasized that evaluation is most powerful when organizations look across activities and ask whether their CE program as a whole is advancing its mission.

"You all have missions. Those missions are designed around expected results in terms of skill, strategy, performance or patient outcomes. Yet are you measuring to that mission?" Kawczak said.

In a table exercise, participants matched activity formats with data sources and tools that could capture team change. The discussion highlighted common pitfalls, including overreliance on attendance or satisfaction data and the difficulty of tying patient outcomes directly to CE interventions.

Participants shared practical approaches already in use, including commitment-to-change statements, structured follow-up questions, direct observation in simulation, and partnerships with quality improvement teams that can help unlock clinical and systems data.

“One of the strengths of Joint Accreditation providers is the diversity and the different approaches that everyone takes to assessment,” Murry said.

The session underscored that providers do not need every activity to measure outcomes in the same way. What matters most is choosing approaches that fit the organization’s mission, looking across findings at the program level, and using what is learned to improve.

Technology & AI Innovations in Action: Real-World Impact Posters Oral Presentations

This session featured short oral presentations on how jointly accredited providers are using AI and other technologies to improve workflows, strengthen compliance, support evaluation, and expand the reach of interprofessional education.

Advancing and Transforming Interprofessional Education and Patient Care

Jennifer Comerford, MA, CHCP, Marilyn Correa, Linda Fitzgerald, Carmen Gomez, Nina Lill, Cecilia Merino, Lakshmi Venugopal
Rush University Medical Center

Comerford described replacing static evaluation reporting with a live Power BI dashboard built from standardized, de-identified SurveyMonkey data, allowing the team to monitor results in real time and support program-level improvement.

From Confusion to Consistency: Using Microsoft Tools to Improve Exhibit & Promotional Opportunity Processes in Accredited CE

Amanda Hall, Steven Kawczak, PhD, CHCP, Molly Mooney, CHCP
Cleveland Clinic

Hall outlined an 18-month effort to redesign exhibit and promotional opportunity workflows using Microsoft Forms, Power Automate, Planner, and standardized Word templates, reducing average review and setup time from 16 days in 2024 to 10 days in 2025.

Leveraging AI to Create Concise Educational Event Summaries

Erin McGoff and Chelsea Tippit
University of Texas Medical Branch (UTMB)

McGoff described using AI to turn existing planning information into concise, more consistent event summaries for websites and newsletters, while emphasizing the need for human review and prompt refinement.

Using AI-Informed Benchmarking to Establish Certification Fees as a New Joint Accreditation Provider

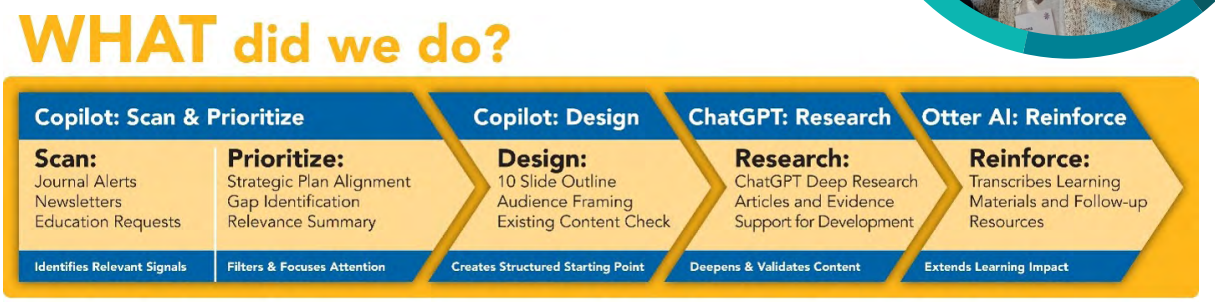
Erin McGoff and Chelsea Tippit
University of Texas Medical Branch (UTMB)

McGoff also used AI-informed benchmarking to compare publicly available CE fee structures, validate patterns, and help build a pricing model intended to be fair, competitive, and sustainable.

From Inbox to Impact

Donna Fahey, MSN, MFA, RN, CHPN, AHN-BC, CNL
Samaritan Healthcare and Hospice

Fahey described an "inbox to impact" workflow using Copilot, ChatGPT, and Otter AI to support triage, research, drafting, and learning reinforcement, while stressing that human expertise remains responsible for educational design, quality, and compliance.



Using Copilot to Support Peer Review

Katie Klinger
Geisinger

Klinger presented a secure Copilot workflow to support peer review of accredited CME content through summarization, objective alignment, compliance checks, bias assessment, and source review, while underscoring the need for training and human judgment.

AI-Powered Learning Objective Alignment Analysis for Regularly Scheduled Series

Marianna Shershneva, MD, PhD, Margaret Walker, MD, MPH, Barbara Anderson, MS, and Kimberly Sprecker, PhD
University of Wisconsin–Madison Interprofessional Continuing Education Partnership

Anderson described ObjectiveAlign GPT, a tool used to compare session-level objectives in regularly scheduled series with broader global objectives and interprofessional competencies, helping planning committees identify weak alignment and improve speaker guidance.

Together, the presentations showed that when paired with thoughtful design and human oversight, technology and AI can help CE teams work more efficiently, make better use of data, and strengthen program impact.

Credit Quest: The Accreditor Adventure

FACILITATORS

Melody Cohn, Manager, Meetings and Education, ACCME
Marcia Martin, Director of Provider Education, ACCME

The Summit ended with *Credit Quest: The Accreditor Adventure*, a game-based exercise that sent participants across accreditor "realms" to ask questions, gather insights, and assemble the "shield of interprofessional care."

"The shield only holds when learning is planned by the team and for the team," ACCME's Marcia Martin said.

As teams compared notes, they surfaced practical insights about accreditor requirements, credit eligibility, and the value of diversifying credit options across professions.

- From the **Accreditation Council for Continuing Medical Education (ACCME)**, participants learned that physician credit can align with quality improvement work, giving providers a way to recognize meaningful systems-based learning when specific requirements are met. (Representative: Dion Richetti)
- The **Accreditation Council for Pharmacy Education (ACPE)** highlighted the importance of understanding profession-specific rules for awarding pharmacy credit. (Representative: Dimitra Travlos)
- The **American Nurses Credentialing Center (ANCC)** reinforced how nursing credit supports the broader interprofessional planning model. (Representative: Jillian Roy)
- The **American Academy of Physician Associates (AAPA)** prompted participants to think differently about overlap in credit eligibility across professions, especially in cases where credit options may be more flexible than expected. (Representative: Michelle Hoang)
- The **American Dental Association's Continuing Education Recognition Program (ADA CERP)** prompted attendees to think more intentionally about including oral health perspectives in team-based education. (Representative: Kelli Cousins)

- The **Association of Social Work Boards (ASWB)** clarified that social work credit begins at 60 minutes, with additional credit awarded in 15-minute increments. (Representatives: Dionne Brown-Bushrod and Brittany Duke)
- The **Association of Regulatory Boards of Optometry's Council on Optometric Practitioner Education (ARBO/COPE)** underscored the role of optometry in identifying and managing broader health concerns. (Representative: Sierra Powell)
- And **the International Accreditors for Continuing Education and Training (IACET)** highlighted a flexible credit pathway that can recognize international and non-licensed learners who are often outside traditional profession-specific systems. (Representative: Kelly Morin)

While the quest featured a subset of accreditors, it reflected the broader Joint Accreditation community, including these accreditors—the American Psychological Association (APA), the Board of Certification for the Athletic Trainer (BOC), and the Commission on Dietetic Registration (CDR)—and the many professions that strengthen team-based learning.

The activity added energy to the close of the day while helping attendees learn practical details about accreditor expectations in a memorable format.

Go Forth & Build: Closing Reflections

In closing remarks, Dimitra Travlos, PharmD, FNAP, Assistant Executive Director, ACPE, reflected on the day's themes: the value of saying "yes, and" instead of "no, but," the importance of engaging the full healthcare team, and the role of AI as a practical tool rather than an end in itself. She also urged participants to connect evaluation more directly to purpose by asking,

"What is your goal? What is your mission?"

Travlos encouraged participants to keep sharing their work, experimenting with new approaches, and bringing collaboration and creativity back to their organizations.

The final message echoed the Summit's theme throughout: **healthcare teams are strongest when they learn together, and interprofessional continuing education is most effective when it is planned by the team and for the team.**

About Joint Accreditation for Interprofessional Continuing Education

Joint Accreditation for Interprofessional Continuing Education™ offers organizations the opportunity to be simultaneously accredited to provide continuing education for athletic trainers, dentists, dietitians, nurses, optometrists, physician associates/physician assistants (PAs), pharmacists, physicians, psychologists, and social workers through a single, unified application process, fee structure, and set of accreditation standards.

Jointly accredited providers may award single profession or interprofessional continuing education credit (IPCE) to participating professions without needing to obtain separate accreditations. Joint Accreditation for Interprofessional Continuing Education is the first and only process in the world offering this benefit.

Joint Accreditation for Interprofessional Continuing Education is a collaboration of the following organizations:

- Accreditation Council for Continuing Medical Education (ACCME)*
- Accreditation Council for Pharmacy Education (ACPE)*
- American Nurses Credentialing Center (ANCC)*
- American Academy of Physician Associates (AAPA)
- American Dental Association's Continuing Education Recognition Program (ADA CERP)
- American Psychological Association (APA)
- Association of Regulatory Boards of Optometry's Council on Optometric Practitioner Education (ARBO/COPE)
- Association of Social Work Boards (ASWB)
- Board of Certification for the Athletic Trainer (BOC)
- Commission on Dietetic Registration (CDR)
- International Accreditors for Continuing Education and Training (IACET)

**Co-founder*

Joint Accreditation welcomes engagement from additional health professions interested in joining the collaboration. For more information, visit www.jointaccreditation.org.

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Advancing Healthcare Education by the Team for the Team

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