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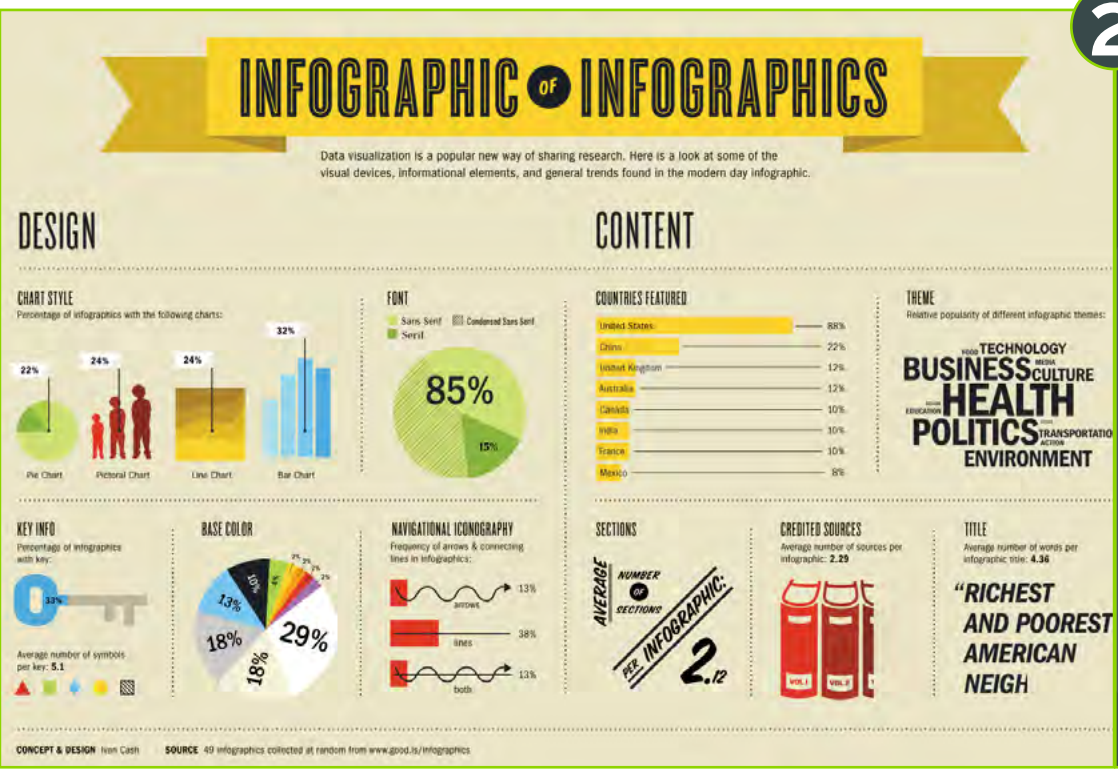

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How to Get Started Creating Infographics

Have you ever seen a beautiful, engaging infographic and wondered how it was made? It's not as hard as you think! This article will provide all the steps you need to get started creating your own infographics using free tools and without the assistance of a graphic designer.

[READ THE FULL ARTICLE ON PAGE 2]

INFOGRAPHIC OF INFOGRAPHICS BY IVAN CASH. IVANCASH.COM

INSIDE THIS ISSUE

The *Almanac* is published by the Alliance for Continuing Education in the Health Professions, 2025 M Street NW, Suite 800, Washington, DC 20036; Phone: 202-367-1151; Fax: 202-367-2151; email: acehp@acehp.org; ISSN#1076-3899. The views expressed in the *Almanac* are those of the authors and are not intended to represent the views of the Alliance or its membership.

How to Get Started Creating Infographics

Brandee Plott, CCMEP
Director of Digital Marketing, Medical Education Resources

Have you ever seen a beautiful, engaging infographic and wondered how it was made? It's not as hard as you think! This article will provide all the steps you need to get started creating your own infographics using free tools and without the assistance of a graphic designer.

Why Infographics?

Infographics have become extremely popular and are more likely to be shared via social media and other digital channels than traditional blogs or text-based articles. More than a passing trend, infographics are a superior way to communicate information. Our brains process visual information 60,000 times faster than text. Known as The Picture Superiority Effect, this means that concepts are much more likely to be recalled if they are presented as pictures rather than as words. Incorporating infographics into your organization's CE program is a powerful way to transform complex information into visuals that are easy to grasp, visually appealing, memorable, and sharable.

Steps for Creating Your Infographic

To creating an infographic, follow these simple steps:

STEP 1—CHOOSE A TOPIC

Consider your target audience when choosing your topic. Selecting a topic and data that resonates is just as important as how the data is visually represented. To avoid the appearance of bias and to make your infographic more interesting, choose data from multiple reputable sources, when possible. You can get ideas about the types of data to include in your infographic from Google's Public Data tool, which has information from sources such as the U.S. Census.

STEP 2—CREATE AN OUTLINE

An infographic is simply a visual presentation of data and as such, you should plan your infographic as you would any presentation. Start with a text outline and order the information in a way that creates a cohesive story for your audience. As you build your story and add information, be sure to include references and URL's for source material into your outline so that you will not need to search for them later.

STEP 3—SELECT AN INFOGRAPHIC TOOL AND VISUAL TEMPLATE

Many CE professionals do not have a background in graphic design or experience with Photoshop. Using one of the many online infographic tools is a fast an easy way to turn your outline and data into a beautiful, engaging infographic. While there are dozens of online tools available, the following infographic design applications are both user-friendly and are free, or offer free versions:

PIKTOCHART.COM

Piktochart is an online infographic design tool that enables you to turn your data into engaging infographics with minimal time and effort. Its customizable editor allows you to modify color schemes and fonts, insert pre-loaded graphics and upload basic shapes and images. Dozens of free design templates are available to select from. A great feature of this tool as that it enables you to publish your

infographic in a common picture format such as a JPG or PNG, provides a URL for sharing your infographic, and includes HTML code that you can copy and paste it onto your blog or website.

EASEL.LY

Easel.ly is another free online infographic design tool with many of the same features as Piktochart. It offers a dozen free templates to get started with, and enables you to upload your graphics and position them with one touch.

Both Piktochart and Easel.ly have excellent help sections with instructions, pictorials, and even videos to assist you with creating infographics. Other tools you may want to consider are Visual.ly, Infogr.am, and Google Developers.

STEP 4—PUBLISH YOUR INFOGRAPHIC

Now that you've created your infographic, it's time to publish and share it. You can embed your infographic in your website, blog, or share a link on social media communities such as Facebook, Twitter, LinkedIn, StumbleUpon, Digg, and Flickr. You can even insert your infographic as a picture into PowerPoint to spice up educational content for clinicians or your own presentation. Publish and share your infographic in as many places as possible to amplify its effect and ensure that it reaches your target audience.

Now, you should have all of the steps necessary to create your first infographic. With a little practice, you too can create beautiful, engaging infographics to reach your target audience.

Alliance Update

The Alliance for Continuing Education in the Health Professions (ACEhp) is pleased to present the first major milestone in a multi-year national effort: the Quality Improvement Education (QIE) Roadmap. ACEhp launched the QIE initiative with the following vision:

1. Integrate healthcare-education activities for health professionals, patients, and caregivers more consistently and successfully into broader QI efforts, in alignment with system-based performance-improvement goals.
2. Foster a universal understanding of the value of healthcare education and educators, starting with QI stakeholders, then broadening the reach to other healthcare professionals.

The Roadmap also provides an existing QI tool to start designing, delivering, and reporting on QIE in a consistent manner to help ACEhp providers and grantors obtain a clear understanding of the integration of education into QI, as well as success drivers. This tool will evolve throughout the QIE initiative, providing a starting point for educators and QI teams to work together. "With the Institute of Medicine's 2012 report calling for a migration towards 'healthcare learning systems,' and the Health and Human Services focus on a National Quality Strategy, this is an important time not just for leaders in continuing medical education, but also for those educating healthcare professionals. As healthcare systems rethink how best to accelerate improvements in patient safety, care effectiveness, and value, a tremendous opportunity exists to systematically link interprofessional educational programming into health systems and emerging learning models. By bridging current gaps between continuing education and QI, Alliance members' educational activities will more effectively help clinicians and patients who will increasingly find themselves in value-driven care-delivery models," said ACEhp board president and Roadmap co-author, Destry Sulkes, MD, MBA, FACEHP.

READ THE QIE ROADMAP NOW

For more information contact:
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202-367-1237

New Alliance Website

In early March, ACEhp members will have access to a better online experience via the new www.acehp.org website. We've heard your feedback; you want a site that's easier to navigate, responds faster, and has more functionality. That's the new www.acehp.org, which is being built on the new platform—designed for better engagement and collaboration.

This isn't a full rebrand or redesign; this is more of a rebuild of the infrastructure of the site, making the experience for end users much more enjoyable and seamless. Your membership record and the website itself will be directly connected, as both the front-end and back-end of the site will reside on the new platform.

We will be sending more information in the near future; watch for updates and announcements regarding what to expect from the navigation, communities, and information on the new site. Of course, we will be asking for your feedback once we go live. We want to hear what you have to say.

NC-CME Announces Major Changes: New Name, New Credential and More

Marilyn Peterson, MA, CCMEP, FACEHP, President;
Maureen Doyle-Scharff, MBA, FACEHP, CCMEP, President-elect and Treasurer;
Sarah Meadows, MS, CCMEP, Secretary;
Karen Overstreet, EdD, RPh, FACEHP, CCMEP, Chair, Exam Development Committee;
Melinda Steele, MEd, CCMEP, FACEHP, Executive Director

In the past 2 years, the NC-CME Board, Executive Committee, Committees and Executive Director have been fully engaged in a strategic process of moving the NC-CME forward in step with developments in the profession. In that process, many decisions were made that will significantly impact the organization, the credential and our financial stability. There have been three Executive Committee strategic planning retreats that included representatives from NC-CME and other CEhp organizations. We held a focus group at the 2013 ACEhp Fall meeting with various stakeholders and have engaged in new partnerships with the Alliance. The NC-CME Board has been involved in the process as the Executive Committee reported and discussed all meetings and actions with them for approval and endorsement. Key decisions and actions include:

- The Board formally endorsed alignment of the NC-CME and our exam(s) with the ACEhp National Learning Competencies, (http://goo.gl/Mqogtu) designed to describe the abilities needed for success and to outline a professional development pathway for CEhp practitioners.
- Updated versions of the current exam will be developed soon to move towards interprofessional scope and content; we are evaluating the possible development of modular exams, master level certification, and other alternatives to the current single exam.
- An Associate exam/certificate is currently in development, with a target launch date of later in 2015.
- The organization will have a significant change of name, including change of the credential name. The Board approved the name change to "Commission for Certification of Healthcare CPD Professionals" (CCHCP or the "Commission") and the credential will be "Certified Healthcare CPD Professional" (CHCP).

- Commission for Certification of Healthcare CPD Professionals (**CCHCP** or the "Commission")
- Certified Healthcare CPD Professional (**CHCP**)

- We have completely updated the committee structure with some new, some eliminated and some restructured committees. The addition of a Social Media sub-committee within the Communications Committee has given us a presence on Facebook, LinkedIn and Twitter with active weekly posts.
- Our website (nc-cme.org) has been moved to a new host. The Executive Director now manages the content with the assistance of a Website sub-committee responsible for regular review and revision of content. Changes to the new name and credential will be coming! The new URL will be cchcp.org but it won't be active for a bit longer. The nc-cme.org link will still work.
- We are developing plans for a significant revenue generation program. (nc-cme.org/make-a-donation) Finances are at a crucial point, and fees for exams, extension of certification and recertification will no longer be sufficient to sustain our efforts. Grants from most typical sources are dwindling, so we are looking at creative strategies to generate funding.
- A Partners Program will be launched that will feature contributions at various levels with varied benefits for each level of contribution.
- As there has not been adequate participation in the exam preparation educational space, we will be stepping into that space with products both solely developed by "NC-CME" and in partnership with other organizations.
- We are seeking to develop strategic partnerships with various organizations that will create a win-win strategy for all, allowing us all to emphasize the importance of CPD as CE professionals.
- The Advisory Board will be resurrected with some important changes. While we will continue to include the usual organizations and CCMEP partners, we will also look to include non-CCMEP members from the areas of Technology/Social Media, Instructional Design, Interprofessional Communities, and Quality Improvement. It will also have ties to our Partners Program related to our revenue generation strategies.

The NC-CME/CCHCP Reception and Celebration at the Alliance meeting in January 2015 will be our major launch of the new name and the renaming of the credential. Current CCMEPs can expect a new certificate and pin soon. All current CCMEPs will be transitioned to the new credential and may now change their designations to CHCP (Certified Healthcare CPD Professional).

Beginner's Guide to Measuring Educational Outcomes in CEhp

The Origin of the Series

Pesha Rubinstein, MPH, CCMEP, American Medical Informatics Association

No report in recent history was a more urgent call for action to the medical community than the Institute of Medicine's *To Err is Human: Building a Safer Health System,*[1] issued in 1999. That report stated that up to nearly 100,000 people die in the US each year due to preventable medical errors.

In 2001, the IOM produced its recommendations for addressing the problems outlined in *To Err is Human. Crossing the Quality Chasm: A New Health System for the 21st Century,*[2] included amongst its recommendations the involvement of continuing education professionals in the transition to a health care system committed to substantial improvement in the quality of health care.

By 2007, the Agency for Healthcare Research and Quality published its report on the effectiveness of CME,[3] concluding that CME seemed to be a good thing, but that the evidence was weak.

In the years since, our profession—whether we describe it as CME, CE, CEhp, or CPD—has taken to heart the need to measure the impact of our endeavors. One can see the change by comparing the types of presentations at the annual Alliance conference from a decade ago to those that you will find today. Scanning the types of job descriptions that now exist for CE positions demonstrates how the CE enterprise has transitioned from a documentation-centric one to one that has woven measuring educational impact into educational design.

To remain competent, CE professionals must engage in a continuing education process of our own. Today's CE professional needs a more analytical understanding of medical literature to identify true gaps. Today's CE professional must have a better handle on educational assessment to write outcomes-based learning objectives, and craft educational offerings resulting in measurable impact.

There are open access courses in statistics available to all that can help CE professionals begin to learn these skills. But which ones are the most relevant to what we do? And for some, the mere mention of "statistics" creates a barrier to learning.

Gary Bird, PhD, of the American Academy of Family Physicians, has assembled a team of CE professionals committed to addressing our own educational needs. The series target audience is the CE professional with little or no experience in educational assessment. The content is meant to be approachable and applicable to the CE professional's work endeavors. After participating in the entire series, the CE professional should be better able to:

- Critique peer-reviewed literature to assess its validity and significance
- Incorporate qualitative and quantitative analytical approaches into the design and planning of CE activities for health care professionals

So what was the origin of the series? In 2010, the CME provider I worked for closed its doors, and I took the opportunity to enroll in a Masters in Public Health program. I took my first biostatistics course ever and realized how important the subject was to research and education and truly how little I knew about educational assessment. I concluded I couldn't be the only CE professional with this educational gap, and thought a series on biostatistics would be relevant for Alliance members. However, I didn't feel qualified to write it. At the 2014 Alliance conference I heard Gary present a session, using an innovative TV-interview format. The session was "Data, Data, Data: Exploring the Limitations of Competence and Performance Level CME Outcomes," and it was comprehensible and fun.

After last year's Alliance meeting, I approached Gary about authoring a beginner's guide to using statistics to measure CE activity outcomes. He agreed and assembled the team, who as a group identified the main topics. We are happy to move forward with sharing the results of this teamwork.

The authors are keeping in mind all along that this series is for beginners only. We encourage you to stick with the series, use any tools referred to in the articles, and share them with your colleagues.

> Stick with the series, use the tools, share them with colleagues, and provide us feedback.

This series is designed to engage members in active dialogue and feedback. In the coming months we will establish a communities location for your input and comment. Look for an update in the March *Almanac* issue.

References

[1] Kohn LT, Corrigan JM, Donaldson MS, eds; Committee on Quality of Health Care in America, Institute of Medicine. To Err is Human: Building a Safer Health System. Washington DC: National Academies Press; 2000.

[2] Committee on Quality of Health Care in America. Crossing the Quality Chasm: A New Health System for the 21st Century. Washington, DC: National Academy Press; 2001.

[3] Marinopoulos SS, Dorman T, Ratanawongsa N, Wilson LM, Ashar BH, Magaziner JL, Miller RG, Thomas PA, Prokopowicz GP, Qayyum R, Bass EB. Effectiveness of Continuing Medical Education. Evidence Report/Technology Assessment No. 149 (Prepared by the Johns Hopkins Evidence-based Practice Center, under Contract No. 290-02-0018.) AHRQ Publication No. 07-E006. Rockville, MD: Agency for Healthcare Research and Quality. January 2007.

Beginner's Guide to Measuring Educational Outcomes in CEhp

Introduction to the Series

Gary C. Bird, PhD, American Academy of Family Physicians

Outcomes Data: Where We Are and Where We Are Going

The question of "what does success look like?" is paramount in continuing education (CE). A robust needs assessment is required to define the practice gaps across the spectrum of the health professions, which in turn inform learning objectives, the educational modalities that will be used to bridge those gaps and ultimately, development of the metrics that will address the success question.

However, not all metrics are equal, and the quality of the outcomes produced can vary dramatically. As defined by Don Moore et al[1] and shown in Figure 1, education to bridge a single gap can provide outcomes ranging from the number of learners who attended an educational session (level 1), all the way through to the impact on community patient health (level 7). Clearly, the metrics involved and outcomes derived are not the same based on their ease of measurement, cost to obtain, and most importantly for us as educators, our ability to use them to assess the way the education is changing practice. Yet outcomes of at least knowledge change (level 3), are increasingly required of us to prove our activities have value and to teach us more about the educational needs of the learners we serve.

> Measurement of outcomes—and proving the value of our activities—involves an ever-increasing burden of data than most of us have been used to seeing.

Furthermore, measurement of outcomes involves an ever-increasing burden of data than most of us have been previously used to seeing. As a general rule of thumb, as the level of outcome increases, so too does the complexity and potential volume of the data produced, thereby the steeper and harder climb we must undertake. Although traditionally, CE providers along with expert faculty have been strong at designing, organizing, and executing educational activities—data analysis and statistics have not been part of the core skills of our profession.

Increasing Data in Higher Level Outcomes: Mountain From a Mole Hill

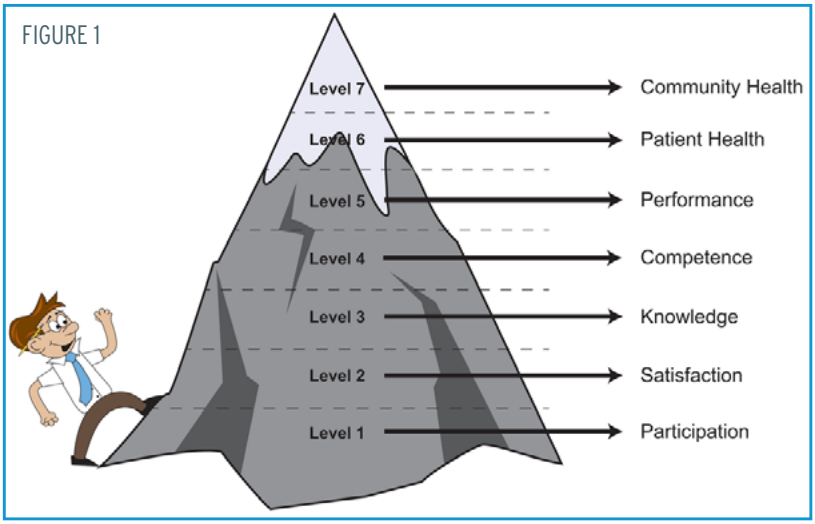
Figure 2 (next page) shows how a "simple" CE activity based on just 100 participants can theoretically yield a very large data set. This small example, which could produce more than 200,000 data points, make the majority of us wistful for the days of simple math problems found on Sesame Street. To this large volume of data, multiple questions can be asked requiring varying complexity of data analysis and manipulation. Analyses can vary from simple assessments of mean, mode, and median, all the way through to complex multivariate analysis and post-hoc testing to assess the effect of the CE activity on community health outcomes.

Why Statistics Matter

47.3% of all statistics are made up on the spot.
—Steven Wright

Fundamentally, statistics provide a mathematical way to describe and characterize data sets and, when necessary, show that two data sets are 'different' or 'not different' based on defined criteria, as opposed to simply eyeballing the data and guessing. Unfortunately, with the increasing amount of statistical 'facts' being bantered about in the current age, the burden and need for critical thinking increases to deci-

FIGURE 1



"CLIMBING THE OUTCOMES MOUNTAIN." AS THE LEVEL OF OUTCOME FROM AN ACTIVITY INCREASES, SO TOO DOES THE VALUE OF THE DATA BUT ALSO THE CHALLENGE FOR THE CE PROFESSIONAL TO OBTAIN THE DATA AND EFFECTIVELY USE IT TO IMPROVE THE QUALITY OF THE EDUCATION.

Beginner's Guide to Measuring Educational Outcomes in CEhp

FIGURE 2
THE POTENTIAL IMPACT OF OUTCOMES LEVEL ON THE AMOUNT OF DATA PRODUCED IN A CE ACTIVITY WITH 100 PARTICIPANTS.

Outcome Assessed	Scenario	Data Produced
Patient Health/ Community Health (Level 6-7)	100 Physicians attending the activity belong to 3 hospital systems serving a community. From their EHR systems, they each input data on the 5 metrics for 200 patients pre-, and 200 patients post-CE activity (400 patients total)	200,000 Data Points
Performance/ Patient Health (Level 5-6)	100 Physicians attending the activity input data on 5 metrics related to obesity for 20 chart audited patients pre-, and 20 patients post-CE activity (40 patients total)	20,000 Data Points
Knowledge/ Competence (Level 3-4)	100 Physicians attending the activity answer 10 pre-, and 10 post-questions that are based on the course content (20 questions total)	2,000 Data Points
Satisfaction (Level 2)	100 Physicians attending the activity answer 5 questions on their perspectives of the course content and quality	500 Data Points
Participation (Level 1)	100 Physicians attend a CE activity on Obesity	100 Data Points

pher if and which statistics are correct and also meaningful. A good working knowledge of statistics can offer CE professionals the tools to handle the range of data they may face and provide the framework to accurately measure and then relay the success of their CE activity, wherever they are on the mountain. In this matter, the goal of this series is to provide a working knowledge of statistics for data collection, analysis and results interpretation and dissemination.

> A good working knowledge of statistics can offer CE professionals the tools to handle the range of data they may face and help accurately measure the success of a CE activity.

What Can You Expect From This Series?

If reading this introduction brings up memories of sitting in an auditorium in Statistics 101, listening to a professor write equation after equation on the board, wondering what exactly it was that was making them so excited and eager to tell you about the importance of p values--don't panic! This series is for those who are not expert statisticians, but rather beginner or intermediate level folks who want to better explore their data and understand its relevance. The intent is not to drown you in statistics theory, but to open up the world of data analysis in an accessible way that will allow you to pick up practical tips and understanding of how you can get better quality data from your educational activities and make the data work for you.

Reference

[1] Moore DE Jr, Green JS, Gallis HA. Achieving desired results and improved outcomes: integrating planning and assessment throughout learning activities. J Contin Educ Health Prof. 2009;29(1):1-15

CONTINUED ››

Beginner's Guide to Measuring Educational Outcomes in CEhp

What Will Be Covered In This Series?

Here's what you can expect to appear in the *Almanac* over the next 13 months:

MARCH, 2015 ISSUE:
SOURCES OF DATA IN CE
Simone Karp, RPh, CeCity

MAY, 2015 ISSUE:
HOW TO ASK GOOD EVALUATION QUESTIONS
Sandra Binford, MAEd, CME Outfitters
Erik Brady, PhD, CCMEP, Clinical Care Options

JUNE 2015 ISSUE:
CONCEPTS INVOLVED IN SAMPLING DATA
Melanie D. Bird, PhD, American Academy of Family Physicians
Erik Brady, PhD, CCMEP, Clinical Care Options

JULY 2015 ISSUE:
IMPACT OF SAMPLING AT VARIOUS SET TIME POINTS AFTER AN EDUCATIONAL INTERVENTION
Sandra Binford, MAEd, CME Outfitters
Gary C. Bird, PhD, American Academy of Family Physicians

AUGUST 2015 ISSUE:
BASIC CONCEPTS OF DATA SETS
Melanie D. Bird, PhD, American Academy of Family Physicians
Derek T. Dietze, MA, FACEHP, CCMEP, Improve CME

SEPTEMBER 2015 ISSUE:
DISTRIBUTION AND VARIATION IN DATA SETS
Gary C. Bird, PhD, American Academy of Family Physicians
Tanya Horsley, PhD, The Royal College of Physicians and Surgeons of Canada

OCTOBER 2015 ISSUE:
HOW TO ANALYZE YOUR PRE/POST ACTIVITY CHANGE DATA PART 1 (CATEGORICAL DATA SETS)
Erik Brady, PhD, CCMEP, Clinical Care Options
Derek T. Dietze, MA, FACEHP, CCMEP, Improve CME

NOVEMBER 2015 ISSUE:
HOW TO ANALYZE YOUR PRE/POST ACTIVITY CHANGE DATA PART 2 (CONTINUOUS DATA SETS)
Erik Brady, PhD, CCMEP, Clinical Care Options
Derek T. Dietze, MA, FACEHP, CCMEP, Improve CME

FEBRUARY 2016 ISSUE:
UNDERSTANDING THE IMPACT OF DATA AND ITS ANALYSIS AT THE POPULATION LEVEL
Gary C. Bird, PhD, American Academy of Family Physicians
Tanya Horsley, PhD, The Royal College of Physicians and Surgeons of Canada

MARCH 2016 ISSUE:
SUMMARY OF THE SERIES
Gary C. Bird, PhD, American Academy of Family Physicians
Pesha Rubinstein, MPH, CCMEP, American Medical Informatics Association.

Death of the Medical Education Company? We Think Not

Michelle Montgomery and Audrie Tornow, Board of Directors, National Association of Medical Education Companies (NAMEC)

As we watched the online live CME-Palooza panel session, "Death of the MECC: Fact or Fiction?," moderated by Jan Perez, Managing Partner at CME Outfitters, LLC on October 15, 2014 (see archived session at http://cmepalooza.com/death-of-the-mecc-fact-or-fiction), the message really resonated with us. This is because the NAMEC Board of Directors has been pondering another question, "How can we effectively be the 'voice' of our members?"

We all know the story. Ariel gives her voice to Ursula in The Little Mermaid. Why? She wanted something else so badly that her voice seemed like a small sacrifice. But in the end, her voice was the thing she desperately needed and getting it back was no easy task.

Like Ariel, we've wondered if Medical Education Companies (MECs) have also given up their voice in the pursuit of, well . . . survival? We all know that our jobs have become more demanding and we often feel like we are trying to "prove" something to other CME/CE stakeholders. But what do we really have to prove? Haven't we shown that we provide exemplary education? Maybe the answer is that we just haven't been so great at telling our success stories. So that is what we want to do. We've outlined below some strengths that we want to share with the greater CME/CE community.

MECs are Adaptable

The MECs that are still standing have weathered the storm of change and understand that adapting is crucial to success. MECs understand that just because it worked in the past, doesn't mean it will still work. That is why we continue to evolve in our delivery of CME/CE. More changes will come in our industry as we wait to discover whether Quality Improvement (QI) becomes the "standard" of the future of education and the list goes on but MECs will be ready to change and adapt to whatever comes our way.

MECs are Great Partners

Many MECs have skill sets that make us great partners. MECs come in all different sizes and offer varied capabilities. Whether it is content development, accreditation, assessment and outcomes measurement, meeting planning, instructional design, or activity promotion, there is a MEC that has an expert on staff to do just that. On the other hand, we are also skilled at identifying when we need to collaborate to develop the most effective education, even if that means reaching out to other MEC competitors, hospitals, associations, or specialty societies.

MECs are Innovators

MEC employees make up the largest majority of Certified CME Professionals (CCMEPs). This demonstrates our commitment to the industry and validates our expertise. MECs also have proven that they think outside the box when it comes to implementing education. MECs have been at the forefront of embracing new technology, integrating quality improvement, implementing cutting-edge educational design, and seeking traditional and non-traditional funding models, in addition to many, many other things.

So in conclusion, we want to formally answer the question, "Death of the MEC: Fact or Fiction?" Our answer: Fiction. We are strong contributors to the CME/CE industry, but now we need to work on our "voice."

NAMEC appreciates the support of its current members and invites other MECs to join our efforts to help provide a voice for us in the CME/CE enterprise, as we have done since 2002. Moving toward that goal, please join us at the 2015 ACEhp Conference where NAMEC will be collaborating with the Medical Education Company Alliance (MECA) Alliance Member Section in developing the educational session provided on Wednesday afternoon, January 14 from 1:00–4:00 PM. NAMEC will also hold its annual meeting in Dallas on Thursday, January 15 from 7:00–8:15 AM in the Dallas 567 room.

Reference

Death of a MECC: Fact or Fiction? As presented at CMEPalooza, www.cmepalooza.com on October 15, 2014.

Points for Practice

- Consider a MEC for partnership in future educational efforts.
- Look for examples of MECs innovation in quality improvement education.

Submit Your Proposal to Present at ACEhp 2016!

ACEhp is excited to announce that we are now accepting proposal submissions for our **2016 Annual Conference!** Being held January 13–16, 2016 at the Gaylord National®, National Harbor, MD, the Annual Conference would not be a success without the topics and presentations we receive from you—ACEhp members and thought leaders in the industry.

This year's theme, *Discovering Connections,* focuses on how everything in our field is linked and interconnected. When crafting your proposal we encourage you to consider and include, how:

- One system or solution solved multiple problems
- Different organizations partnered towards a common goal
- Accreditation criteria are linked through common processes
- Other aspects interconnect in our world.

Abstract submission will close Monday, April 6, 2015.

For more information on how to submit your proposal, as well as how speakers will be selected, please read our Abstract Text Content Review.[1]

To submit your proposal, please visit our Proposal Submission Site.[2]

We look forward to reading your Proposals!

Interested in being an Abstract Reviewer?

Applications will open Friday, February 20, 2015. Find the application link and more on the ACEhp Annual Conference website.[3]

[1] HTTP://WWW.ACEHP.ORG/IMIS15/ACME/EDUCATE/LIVE_MEETINGS/ANNUAL%20CONFERENCE/ACME/EVENTS/ANNUAL_CONFERENCE_GENERAL.ASPX?HKEY=D-71D54A2-EF45-4456-B48D-B50AB67CA0F1

[2] HTTPS://WWW.CONFERENCEABSTRACTS.COM/CFP2/LOGIN.ASP?EVENT-KEY=OLQYXEJH

[3] HTTP://WWW.ACEHP.ORG/IMIS15/ACME/EDUCATE/LIVE_MEETINGS/ANNUAL%20CONFERENCE/ACME/EVENTS/ANNUAL_CONFERENCE_GENERAL.ASPX?HKEY=D-71D54A2-EF45-4456-B48D-B50AB67CA0F1

Upcoming Events

February 21–22, 2015

INNOVATIONS IN MEDICAL EDUCATION CONFERENCE 2015

Department of Medical Education and Office of Continuing Medical Education, Keck School of Medicine of the University of Southern California

HILTON LOS ANGELES/SAN GABRIEL, LOS ANGELES, CALIF.

aamc.sparklist.com/t/309293/150217/24888/122

March 2–3, 2015

EVIDENCE-BASED GUIDELINES AFFECTING POLICY, PRACTICE, AND STAKEHOLDERS (E-GAPPS II) CONFERENCE: THE CHALLENGES OF IMPLEMENTATION

Guidelines International Network North America (G-I-N/NA) and the Section on Evidence Based Health Care (SEBHC) of The New York Academy of Medicine

THE NEW YORK ACADEMY OF MEDICINE, NEW YORK, N.Y.

aamc.sparklist.com/t/309293/150217/24889/123

March 23–25, 2015

SEVENTH NATIONAL MEDICAL HOME SUMMIT, A LEADING FORUM ON DEVELOPING AND IMPLEMENTING PATIENT- AND FAMILY-CENTERED MEDICAL HOMES

Global Health Care LLC, co-hosted by the Patient-Centered Primary Care Collaborative and co-sponsored by Jefferson School of Population Health

LOEWS PHILADELPHIA HOTEL, PHILADELPHIA, PA.

aamc.sparklist.com/t/309293/150217/24992/124

March 19–20; 24–25; 26–27, 2015

2015 TEACH TRAIN THE TRAINERS COURSES

European Association for Communication in Healthcare

March 19–20, 2015—Course 1. What to Teach in Communication Skills Teaching: Skills, Structure, and How to Analyse an Observed Interaction;

March 24–25, 2015—Course 2. How to Teach: Experiential Communication Skills Teaching;

March 26–27, 2015—Course 3. Assessment in Communication Teaching

ALL COURSES ARE HELD AT MADINGLEY HALL,

CAMBRIDGE, U.K.

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March 26–28, 2015

MEDICAL QUALITY 2015: TOGETHER, WE WILL

American College of Medical Quality (ACMQ)

HOTEL MONACO, ALEXANDRIA, VA.

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March 28–29, 2015

GHIC 2015: GLOBAL HEALTH & INNOVATION CONFERENCE, UNITE FOR SIGHT

SHUBERT THEATER AND YALE UNIVERSITY, NEW HAVEN, CONN.

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May 6–8, 2015

2015 MILLENNIUM CONFERENCE ON TRANSFORMING THE POST-CLERKSHIP CURRICULUM,

The Carl J. Shapiro Institute for Education and Research at Harvard Medical School, Beth Israel Deaconess Medical Center, and the Association of American Medical Colleges

BABSON EXECUTIVE CONFERENCE CENTER AT BABSON COLLEGE, WELLESLEY, MASS.

Application Deadline: **February 4, 2015**

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