Quality Rubric for Educational Content Development

For more information, contact the Education Center at educationcenter@ama-assn.org

Purpose The purpose of this rubric is to guide the planning, development and review of educational content using a set of quality standards in keeping with the criteria set forth by the Accreditation Council for Continuing Medical Education (ACCME), AMA PRA Credit System, and the Education Center (EC). The objective of this rubric is to streamline the process and ensure high quality educational content development.

How to Use This rubric is to be used by the EC and Advisors to review all new activities throughout the content development process.

1. Review each standard and decide whether to award the designated points. *Points are granted on an all-or-nothing basis (e.g., If three (3) points are designated for a standard, either three (3) points or zero (0) points may be awarded to the activity).*
   - Point Key: 3: Critical; 2: Highly Important; 1: Important; N/A: Standard does not apply to the activity
2. If a standard is met or does not apply to the activity, mark the designated number of points in the **Points** column.
   If a standard is <u>not</u> met, leave the **Points** column as is and do not add the designated points under **Total Points**.
3. Calculate and record the total number of points marked on the rubric under **Total Points**. *100 points are possible.*

**Activity Information**

Title:_____   EC resource: _____

Start/Release date:_____   Review date:_____

Format (select one):

☐ Live activity, one offering   ☐ Manuscript review   **Advisor:**_____
☐ Live activity, multiple offerings   ☐ Journal-based CME   **Review date:**_____
☐ Enduring material   ☐ Performance Improvement (PI CME)
☐ Internet Point of Care (PoC)   ☐ Other:_____

Standards

Standards	Points EC	Advisor	N/A
Quality Standard 1 Planning forms demonstrate this activity meets AMA's educational content requirements.*			
1.1 Activity content meets the American Medical Association's definition of educational content. ☑	3	3	
1.2 Activity is consistent with the American Medical Association's Education Center mission.	3	3	
1.3 Activity is appropriate for the identified target audience. ☑	3	3	
1.4 At least one professional practice gap (knowledge, competence, or performance) was identified for this activity. ☑	3	3	
1.5 At least one educational need was identified for this activity that ties to the identified professional practice gap. ☑	3	3	
1.6 Activity was developed in the context of one or more desirable physician attributes (i.e., ACGME competencies). ☑	3	3	
1.7 The proposed educational methodology/format is appropriate for the content presented in this activity. ☑	3	3	
Quality Standard 2 The overall educational design is made clear to learners at the beginning of the activity.*			
2.1 Learners are introduced to the purpose, format, overall structure and expectations of the activity.	3	3	
2.2 Instructions inform learners how to get started and where to find any resource materials.	3	3	
2.3 Prerequisite knowledge in the discipline and/or required competencies are clearly stated.	3	3	
2.4 The self-introduction by the facilitator is appropriate and relatable to the target audience.	2	2	
2.5 *If activity involves group exercises,* learners are asked to introduce themselves to fellow learners. 🔨	1	1	
Quality Standard 3 Learning objectives describe what learners will be able to do upon activity completion.*			
3.1 Learning objectives are clearly stated, specific, measurable, and written in first person from the learner's perspective.	3	3	
3.2 The relationship between learning objectives, group exercises, and learning/performance outcomes is clear.	3	3	
3.3 Learning objectives or competencies accurately reflect the content presented in the educational activity.	3	3	
3.4 The desired results or outcomes of the educational activity tie directly to the identified learning gaps. ☑	3	3	
Quality Standard 4 Instructional materials (e.g., job aids, slides, participant guides, infographics, worksheets) and resources enable learners to achieve the learning objectives or competencies.*			
4.1 All materials contribute to achieving the learning objectives or competencies.	3	3	
4.2 All materials represent up-to-date thinking and practice in the discipline.	3	3	
4.3 All materials (e.g., charts, images) are appropriately cited and received/secured permission from the owner to use/reproduce.	3	3	
4.5 A distinction between required and optional materials is clearly indicated.	2	2	

☑ : ACCME accreditation approval requirement   🔨 : Relates to live event or virtual live event only   🖥 : Relates to enduring material only

Standards	Points		
	EC	**Advisor**	**N/A**
Quality Standard 5 Activity exercises/interactions facilitate and support learner engagement.			
5.1 Activity exercises/interactions promote achievement of learning objectives or competencies.	3	3	
5.2 Activity exercises/interactions support engagement and active learning.	3	3	
Facilitators who interact with learners may use technology in a variety of ways to actively engage learners with content and avoid the passive assimilation of content. Examples of exercises in non-facilitated activities that encourage active learning are self-checks at key points throughout the content, automated exercises, and automated feedback on responses.			
5.3 The requirements and directions for learner interaction are clear.	2	2	
Quality Standard 6 Assessment strategies (i.e., knowledge checks, pre- or post-activity assessments, etc.) are integral to the learning process and designed to evaluate learner progress in achieving the objectives or mastering the competencies. Additionally, activity evaluations are an important method to capture learner feedback.*			
6.1 Assessments measure the learning objectives and content presented within the activity. 📋	3	3	
6.2 The activity provides opportunities to assess the learner's comprehension of content during and/or after the activity. *The number of opportunities should fit the length of the activity. If an activity is short, the number of assessments will be fewer.*	3	3	
6.3 The activity specifies how successful activity completion will be recognized. *Examples include a pass/fail score, digital badge, certificate of completion or verification of participation.*	3	3	
6.4 An activity evaluation form with all required questions is provided after the activity to capture learner feedback.	3	3	
Quality Standard 7 Educational design and technologies reflect a commitment to accessibility and usability.*			
7.1 Content navigation will facilitate ease of use (e.g., bookmarking, etc.) 🖥	3	3	
7.2 Content multimedia will facilitate ease of use. 🖥	3	3	
7.3 Hyperlinks provided are current and active for learners to reference at a later time.	2	2	
7.4 Technologies required for the activity are identified, current and readily obtainable.	2	2	
7.5 Instructions state the technical support available and how to obtain help with issues. 🖥	2	2	
Quality Standard 8 Activity incorporates the latest AMA brand guidelines and graphic standards for consistency.*			
8.1 Activity will use the correct logo(s) as appropriate to the content and target audience.	3	3	
8.2 Activity will use the correct color palette and typography to reinforce the AMA brand identity.	3	3	
8.3 Activity will use appropriate photography and graphic elements per AMA brand guidelines.	3	3	
8.4 Activity will use the current version of the AMA PowerPoint (.PPT) template. 🔨	3	3	

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Total Points (EC): _____ / 100
Total / Possible

Total Points (Advisor): _____ / 100
Total / Possible

Advisor Decision Report (Use this information for your report to the CME Program Committee)

Overview (from the CME activity planning form):

Explanation for the total points granted on rubric:

Non-compliance issues, if any (cite specific criterion as outlined in Appendix 1):

Items needed to complete the planning process for full approval:

Recommendations to improve this educational activity/content, if any:

Best practices exemplified in this educational activity/content, if any:

Activity Planning Decision

☐ **APPROVAL (meets all ACCME accreditation approval requirements + suggested range: 80 - 100 points)**
The activity is appropriate to be certified for *AMA PRA Category 1 Credit* ™. All required documentation was submitted and reviewed. All required documentation sufficiently and clearly addresses the established criteria. No non-compliance issues.

☐ **CONDITIONAL APPROVAL (suggested range: 60 - 79 points)**
The activity is appropriate to be certified for *AMA PRA Category 1 Credit* ™. No non-compliance issues. However, required documentation was missing, incomplete or insufficient in addressing the established criteria.

☐ **DEFERRAL TO EXECUTIVE COMMITTEE (suggested range: 40 - 59 points)**
The activity raised concerns and/or the CME Program Committee could not come to consensus. The Executive Committee is empowered to make an approval decision pending submission of required, sufficient documentation.

☐ **NOT APPROVED (suggested range: 0 - 39 points)**
There is a clear conflict or barrier to approving the activity and/or there is not enough information to determine whether the activity is appropriate to be certified for *AMA PRA Category 1 Credit* ™.

APPENDIX 1. ACCME'S ACCREDITATION CRITERIA

1. The provider has a CME mission statement that includes all basic components (i.e., CME purpose, content areas, target audience, type of activities, expected results) with expected results articulated in terms of changes in competence, performance, or patient outcomes that will be the result of the program.

2. The provider incorporates into CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of their own learners.

3. The provider generates activities/educational interventions designed to change competence, performance, or patient outcomes as described in its mission statement.

4. *Eliminated by ACCME in 2014.*

5. The provider chooses educational formats for activities/interventions appropriate for the activity setting, objectives and desired results.

6. The provider develops activities/educational interventions in the context of desirable physician attributes (e.g., IOM competencies, ACGME competencies).

7. The provider develops activities/educational interventions independent of commercial interests (SCS).

8. The provider appropriately manages commercial support (if applicable, SCS 3).

9. The provider maintains a separation of promotion from education (SCS 4).

10. The provider actively promotes improvements in health care and NOT proprietary interests of a commercial interest (SCS 5).

11. The provider analyzes changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program's activities/educational interventions.

12. The provider gathers data or information and conducts a program-based analysis on the degree to which the CME mission of the provider has been met through the conduct of CME activities/educational interventions.

13. The provider identifies, plans and implements the needed or desired changes in the overall program (e.g., planners, teachers, methods, infrastructure, resources, facilities, interventions) that are required to improve on the provider's ability to meet the CME mission.

14. *Eliminated by ACCME in 2014.*

15. *Eliminated by ACCME in 2014.*