Preparing a needs assessment remains a basic skill for CME professionals. Many open-access guidelines for preparing CME/CE needs assessments are available on the internet. However, these guidelines vary greatly in terms of their rigor, quality, and utility for the professionals who would like to follow them.

This pilot project, aimed at finding and ranking the best open-access guidelines on the internet, began in April, 2015 with a Google search on "needs assessment guidelines." The size of the convenience sample was limited to the first 30 guidelines found. These documents varied in length between 1 and 95 pages. Some were for continuing education in all professions, while others were more closely focused on CME. The entities publishing the guidelines also varied widely, ranging from individuals to university medical centers, medical specialty societies, medical education companies, local public health agencies, and pharmaceutical companies.

Each resource was scored according to the following 6 metrics: timeliness, authority of the publisher, relevance to CME/CE, language clarity, reader appeal, and quality of references, if any. Points awarded for each of these metrics ranged from 3 (excellent) to 0 (poor). A perfect resource would therefore be awarded 18 points. The top 20 resources are shown in the accompanying table. Resources with identical scores are listed alphabetically.

Some scoring criteria were more objective than others. For example, a top score for timeliness was awarded to only 2 resources (University of Florida and Wright State University). To win a top score, the resource needed to bear a date stamp indicating it had been updated during 2014 or later. Other criteria were more subjective, such as publisher authority. An academic medical center would score higher on this metric than an individual posting a resource on a blog. Resources with a broad focus beyond CME/CE lost points on relevance; resources with numerous typographical and spelling errors or poor subject-verb agreement lost points on language clarity; text-heavy resources with few charts or color illustrations lost points on reader appeal and resources with no attribution of source documents lost points on reference quality.

This brief evaluation was limited by its small sample size and the subjectivity associated with having all scoring carried out by a single individual—the author. The scoring instrument also lacked the ability to distinguish between similar resources, resulting in many ties. These limitations might be addressed in the future by obtaining a larger sample, by scoring on a scale of 100 points instead of 18, and by forming a scoring committee.

<table>
<thead>
<tr>
<th>Publisher</th>
<th>Score</th>
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<tbody>
<tr>
<td>University of Florida</td>
<td>17</td>
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<tr>
<td>Ada Canyon Medical Education Consortium</td>
<td>16</td>
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<td>Pfizer Inc.</td>
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<tr>
<td>American Osteopathic Association</td>
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<td>PRIME Inc.</td>
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<td>Coverstone, Jacob</td>
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<tr>
<td>Greensboro, N.C. Area Health Education Center</td>
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<td>Association of Reproductive Health Professionals</td>
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<td>Global Education Group</td>
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<tr>
<td>New York Medical College</td>
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<tr>
<td>Wright State University</td>
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<tr>
<td>American Society for Reproductive Medicine</td>
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<tr>
<td>Drexel University</td>
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<tr>
<td>National Association for Continuing Education</td>
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<tr>
<td>Texas Heart Institute</td>
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<td>University of Arkansas for Medical Sciences</td>
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<td>University of Toronto</td>
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<tr>
<td>Commonwealth Medical College</td>
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<td>Janssen Biotech, Inc.</td>
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