



RISE Health Science Education Innovation (HSEI) Plan Development Rubric

The *RISE Health Science Education Innovation (HSEI) Plan Development Rubric* is used to assess five key domains associated with developing an HSEI plan. This rubric guides RISE funding decisions; and for innovators, is used to assess HSEI plan development.

Domain	Rubric
Degree of impact	<p>1— Does Not Impact Resources, Processes, or Systems The HSEI plan does not impact resources, processes, or systems</p> <p>2— Impacts Resources, Processes, or Systems Through Adjustments The HSEI plan impacts existing resources, processes, or systems through adjustments that introduce small corrections or updates</p> <p>3— Impacts Resources, Processes, or Systems Through Modifications The HSEI plan impacts existing resources, processes, or systems through modifications that introduce novel applications to different settings and/or populations</p> <p>4— Impacts Resources, Processes, or Systems Through Transformations The HSEI plan impacts existing resources, processes, or systems <i>or</i> creates impactful new ones through transformations that introduce radically different methods, technologies, or operating changes</p>
Scale of implementation	<p>1—Does Not Scale The HSEI plan is not scalable for implementation</p> <p>2—Scales within Single Organization and/or Domain The HSEI plan is scalable for implementation within a single organization and/or a single health science learner domain</p> <p>3— Scales across Multiple Organizations and/or Domains The HSEI plan is scalable for implementation across multiple organizations and/or multiple health science learner domains</p> <p>4— Scales Nationwide and/or Across the Continuum The HSEI plan is scalable for implementation nationwide (or beyond) and/or across the health science learner continuum</p>
Translation of outcomes	<p>1—Does Not Translate into Outcomes The HSEI plan does not translate into any outcomes</p> <p>2—Translates into T1 Outcomes The HSEI plan translates into improved knowledge, skills, or other attribute outcomes</p> <p>3— Translates into T2 Outcomes The HSEI plan translates into improved healthcare or science practice outcomes</p> <p>4— Translation into T3 Outcomes The HSEI plan translates into improved health or science outcomes</p>
Construction of vision	<p>1—Does Not Construct a Vision The HSEI plan does not provide any description of how planned interventions construct the desired future state</p> <p>2—Constructs Vague Vision The HSEI plan provides some description of how planned interventions construct the desired future state, but lacks sufficient detail to know when the vision has been achieved</p> <p>3—Constructs Acceptable Vision The HSEI plan provides an acceptable description of how planned interventions construct the desired future state with adequate detail to know when the vision has been achieved</p> <p>4— Constructs Clear Vision The HSEI plan provides a clear description of how planned interventions construct the desired future state with precise detail to know when the vision has been achieved</p>
Piloting of HSEI with measurable outcomes	<p>1—Not Feasible for Pilot The HSEI plan is not feasible for a pilot with measurable outcomes</p> <p>2 –Feasible for Pilot After Significant Changes The HSEI plan is feasible for a pilot with measurable outcomes after significant changes</p> <p>3– Feasible for Pilot After Minor Changes The HSEI plan is feasible for a pilot with measurable outcomes after minor changes</p> <p>4—Feasible for Pilot The HSEI plan is feasible for a pilot with measurable outcomes</p>