Student Achievement Committee:

May 21, 2013

Presentation/Discussion on Career Pathways also Known as Career and Technical Education (CTE)

(Set 3 of 3)

Clinical Health

Student Performance-Based Assessment

2013

Clinical Health Standards

HLC-1.0
Evaluate clinical professions in health care systems to facilitate the delivery of quality health care.

HLC-2.0
Evaluate the impact of diseases, disorders and treatments on major body systems.

HLC-3.0
Analyze and apply medical terminology and mathematical concepts to communicate health care information.

HLC-4.0
Incorporate infection control and safety practices to protect self and others in the delivery of quality health care.

HLC-5.0
Evaluate legal and ethical issues as they relate to health care professions.

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HAWAII PACIFIC HEALTH

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Event Overview

Mass casualty incidences occur all over the world at different times and for different reasons. The job of the emergency first responders is crucial in assessing the scene in order to triage.

Effective triage and treatment of mass casualty incidences requires quick and accurate assessments made by those medical emergency first responders on the scene. They must evaluate, analyze the incident quickly, and apply their medical knowledge and skills to care for casualties in a timely manner with limited resources.

Clinical Health

Student Performance-Based Assessment

2013

The Challenge for your Team's Mission will be:

- Review and take notes on the mission brief.
- Triage a Mass Casualty Incident.
- Perform applicable, appropriate first aid on casualties based upon the mission brief, and gathering of information at mascal scene through observation and questioning of casualties.
- Justify your teams' triage and treatment in a report presentation to your superiors.

Student Deliverables:

#1 Product Performance Deliverables: (worth 35 points)

At an appointed time, each team will be taken to the "mass casualty" scene. Your team will have 30 minutes to assess the casualties and perform first aid based upon your earlier research of injuries in the mission brief. Your team will be scored on triage determination (5 points) and casualty assessment and procedure of first aid rendered. (30 points)

#2 Product Presentation Deliverables: (worth 15 points)

Your team's application of Clinical Health Standards will be measured during presentation which should justify team's triage decisions and first aid treatment of applicable injuries. Your presentation may be in Power Point, Prezi, KeyNote, or other visual presentation software.

#3 Oral Presentation Deliverables: (worth 25 points)

- ✓ Presentation must align with judges' presentation copy printed at the end of work session.
- ✓ 20 minutes maximum presentation
- ✓ 10 minutes for Q & A
- ✓ Each team member must be ready to answer any questions posed from research paper and clinical health standards as relevant to the mass casualty incident.

STUDENT WORK SESSION TIMELINE:

April 24, 2013

Work Session Time:

9:00 a.m.- 12:00 p.m.

Students begin research.

12:00 p.m. –LUNCH

1:10 p.m.- 7:10 p.m.

Teams visit Mass Casualty Scene in 40 minute intervals. Teams will be notified of their appointed time.

Upon return to work session, teams are to continue working on presentation. Teams will have an additional 3 hours to complete work. Depending upon your team's visit to mass casualty scene, there will be staggered dismissal times to signify end of each team's work session.

Flash drives will be distributed to teams to upload finished files at end of team's work session. All flash drives will be collected (exit pass). Judges' copies of presentations must be printed by end of work session.

6:00 p.m. Dinner
9:30 p.m.
Last work session will end.

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Clinical Health Performance Based Assessment 2013

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Clinical Health

Program of Study

Performance Based Assessment

April 24-25, 2013

Background:

You are a healthcare specialist deployed to Somalia in support of a United Nations humanitarian mission. Extreme conditions and conflict between factions have ravaged the lives of millions of people.

Mission Briefing:

At 1138 hours on 25 April 2013, your team receives a radio message from your headquarters. An Army vehicle was involved in a single vehicle crash at 1134 hours.

The vehicle is approximately 5 kilometers northeast of your current position. Your team was ordered to find the site and treat all casualties. You quickly get into your vehicles and head towards the crash site.

Your patrol discovers the crash site at 1143 hours. Upon arriving on the scene, you assess the situation and set up a casualty collection point.

Mass Casualty (MASCAL):

the number of patients requiring medical care exceeds the medical capability to provide treatment in a timely manner.

At 1148 hours you give a situation report to headquarters and request a medical evacuation for the casualties.

Due to rough terrain and dust storms near the flight path, it will take approximately 30 minutes for a medical evacuation helicopter to land at your position.

A United Nations security team in your vicinity has been tasked with preparing a landing zone for the inbound MEDEVAC. Since you are the first responders, your job is to TRIAGE the casualties and treat them with your First Aid Kit until they are evacuated.

The Casualties:

- Ahmad Zaheed
- SSG Kuen Ho Park
- Simone Martinique
- SGT Darrin Bush

Name:	Keun Park
Rank:	Staff Sergeant
Hometown:	Seattle, Washington
Age:	34
Marital Status:	Married
Military Experience:	12 years
Component:	Regular Army
MOS:	Military Intelligence

SSG Park is assigned to the 4/2 Striker Brigade out of Fort Lewis, Washington. He is a human collection team leader for 2nd Squadron, Headquarters. It was reported by headquarters that SSG Park was transporting a detainee in his custody at the time of the accident.

DEPARTMENT OF THE ARMY
UNCLASSIFIED DOCUMENT

SSG Park

Current medical condition:

- Pulseless
- Apneic

Name:	Darrin Bush
Rank:	Sergeant
Hometown:	Greenwood, Delaware
Age:	32
Marital Status:	Married with 1 child
Military Experience:	13 years
Component:	Regular Army
MOS:	Infantry

SGT Bush is assigned to the 25th Infantry Division out of Schofield Barracks, Hawaii. This is his second deployment to another country. He is a section sergeant from 1st Battalion, Bravo Company, 2nd platoon.

DEPARTMENT OF THE ARMY
UNCLASSIFIED DOCUMENT

SGT Bush

Current medical condition:

- Conscious and responsive
- No visible or apparent injuries

Name: Simone Martinique

Simone is a French investigative journalist whose credentials have been cleared with United States security forces. She was embedded with and writing a story on the ethical treatment of detainees by Multi-National United Nations Forces.

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Simone Martinique

Current medical condition:

- Laceration of the scalp, bleeding from a cut near the center hairline
- No apparent skull fractures
- Deformity and swelling in the ulna and radius (midshaft) of the right forearm

Name: Ahmad Zaheed

Intelligence experts believe this person to be Ahmad Zaheed. Zaheed is the commander of a rebel faction and responsible for coordinating over 30 attacks against UN peacekeepers over the past 2 years resulting in heavy casualties. He was in the custody of SSG Park and being transported to a United Nations base for questioning.

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UNCLASSIFIED DOCUMENT

Ahmad Zaheed

Current medical condition:

- Clammy and pale
- Pulse is thin and rapid
- Respirations are increased with stridor
- Decreased level of consciousness
- Left hand swollen

Terrain:

- Rugged hills characterized by rocks with a thin layer of topsoil, which makes the region very dry and prone to flash flooding
- Prevalent winds from the northeast and dust can create austere and potentially hazardous medical conditions

Temperature:

	22 APR	23 APR	24 APR	25 APR	26 APR	27 APR	28 APR
High	84	84	87	88	84	82	85
Low	74	73	75	76	73	71	74
Wind	NNE	N	NE	NNE	N	N	NE
Chance of Rain	20	15	5	5	15	10	10
Sunrise	0645	0644	0643	0644	0645	0645	0643
Sunset	1843	1845	1846	1845	1846	1845	1844
Moonrise	1312	1317	1316	1315	1314	1313	1312

Performance Based Assessment:

- Conduct research on current medical condition of casualties and injury list provided.
- Visit the mascal scene. Your team will have 30 minutes to triage, assess, and perform first aid of casualties based upon research findings before medivac arrives. You may ask casualties questions to determine condition. Time is of the essence, use it well.
- After leaving the mascal scene, your team will have an additional 3 hours to prepare your presentation for tomorrow's justification of triage and treatment determination.

Military TRIAGE Order:

- **Immediate:** patients at risk for early death due to shock, airway or severe head injury.
- **Delayed:** serious injuries with stable vital signs.
- **Minimal:** patients able to walk and talk.
- **Expectant:** patient who are not breathing after opening the airway.

Injury List

- Anaphylactic shock
- Fractured ulna and radius
- Laceration
- Cardiac arrest
- Posterior dislocated hip
- Fractured orbital
- Diabetic Ketoacidosis

Equipment List

- Epi Pen
- Kerlix Gauze (3)
- SAM Splint (2)
- 3"Tape
- 1"Tape
- Ace Bandage (2)
- Blanket
- Stethoscope
- BP Cuff
- Cravat (2)
- 4x4 gauze (2)
- 2x2 gauze (2)
- Ice Pack
- Constricting Band
- Gloves (4pr)
- Casualty Card (3)

NOTE: CPR Equipment and Litters will be on-site.

JUDGE: _____
TEAM #_____
STUDENT NAMES' _____

STANDARDS	PROFICIENCY DESCRIPTORS			
	Concept: Impact of treatment of injuries on body systems. Triage justification.			
	5 - Exceeds	**4 - Meets**	**3 - Nearly Meets**	**2 - Does Not Meet**
HLC-2.0 Evaluate the impact of diseases, disorders and treatments on major body systems.	**Triage justification aligns to actual recommended triage order** and **team is able to defend their decision.** Team able to explain treatments for **all casualty injuries AND injury list. Team able to distinguish which injuries from list were applicable to casualties.** **Team explains how non-treatment of relevant casualty injuries could further lead to disease and/or disorders.** **Thorough** explanation of impact of injuries and treatments on multiple body systems.	**Triage** justification is **reasonable** and **team able to defend their decision.** Team able to explain treatments for **all casualty injuries. Team able to distinguish which injuries from list were applicable to casualties.** **Thorough** explanation of impact of **casualty injuries and treatments** on multiple body systems.	**Triage justification** is **partially correct. Team able to defend part of their decision.** Team able to explain treatments for **some** injuries. **Partial** explanation of impact of injuries and/or treatments on **single** body system.	**Triage justification does not make sense**. Team **cannot defend their decision.** Team able to explain treatments for **few** injuries. **No explanation of impact of injury** is explained with regards to body system or multiple body systems.

JUDGE: _____
TEAM #_____
STUDENT NAMES' _____

	Concept: Medical terminology and mathematical concepts to determine treatment/triage.			
	3 - Exceeds	**2 - Meets**	**1 - Nearly Meets**	**0 - Does Not Meet**
HLC-3.0 Analyze and apply medical terminology and mathematical concepts to communicate health care information.	Team **accurately uses applicable medical terminology and mathematical concepts in communicating** analysis, of injuries/body systems and recommendation of triage. during presentation and analysis of injuries/body systems. **further explains correlation** to diseases and disorders if treatment not followed**, using proper medical terminology and mathematical concepts.**	Team **accurately uses applicable medical terminology and mathematical concepts in communicating** analysis, of injuries/body systems and recommendation of triage. during presentation and analysis of injuries/body systems.	Team **makes some mistakes** using medical terminology and mathematical concepts in communicating analysis, of injuries/body systems and recommendation of triage. during presentation and analysis of injuries/body systems.	Team **consistently makes mistakes** using medical terminology and mathematical concepts in communicating analysis, of injuries/body systems and recommendation of triage. during presentation and analysis of injuries/body systems. **Consistent mistakes distracts from presentation.**

JUDGE: _____
TEAM #_____
STUDENT NAMES' _____

	Concept: Infection Control and Safety Practices			
	4 - Exceeds	**3 - Meets**	**2 - Nearly Meets**	**1 - Does Not Meet**
HLC.4.0 Incorporate infection control and safety practices to protect self and others in the delivery of quality health care.	Team **fully explains** how **they applied infection control and safety practices and explain why** these factors are **important in treatment** of casualties and **protection** of self and others as **relevant to in the time, place and weather conditions of mass casualty incident.** **Team able to defend use of resources and equipment effectively. Team able to defend possible substitution or improvisation of equipment, to treat casualties.**	Team **fully explains** how **they applied infection control and safety practices and explain why** these factors are **important in treatment** of casualties and **protection** of self and others. Team **able to explain** how they appropriately used resources and equipment effectively.	Team **explains partially** **how they applied infection control and safety practices and explain why** these factors are **important in treatment** of casualties and **protection** of self and others.	Team **does not explain** **how they applied infection control and safety practices nor explain why** these factors are **important in treatment** of casualties and **protection** of self and others.

JUDGE: _____
TEAM #_____
STUDENT NAMES'_____

	CONCEPT: Legal and Ethical Issues			
	3- Exceeds	**2 - Meets**	**1- Nearly Meets**	**0- Does Not Meet**
HLC-5.0 Evaluate legal and ethical issues as they relate to health care professions.	Team's presentation of treatment and triage includes **thorough explanation** of legal and ethical practices in how they arrived at triage determination and treatment and **surfaced legal/ethical issues related to casualties and their demographics/background.**	Team's presentation **of treatment and triage includes proper legal and ethical practices** in determining triage and treatment of casualties.	Team's presentation of treatment and triage **may include one instance of either an** illegal **or** unethical practice with regards to triage or treatment of casualties.	Team's presentation of treatment and triage includes multiple illegal **and** unethical practices with regards to triage or treatment of casualties.

JUSTIFICATION PRESENTATION RUBRIC TOTAL SCORE_____

ANAPHYLAXIS PATIENT

Candidate_____Candidate_____TEAM# ___

Examiner _____Date _____Time Start _____End_____

	Possible Points	Points Awarded
Takes or verbalizes appropriate body substance isolation precautions BSI	1	
SCENE SIZE UP		
Determines the scene/situation is safe	0.2	
Determines the mechanism of injury/nature of illness	0.2	
Identifies Correct number of patients	0.2	
Request additional EMS assistance if necessary	0.2	
Considers stabilization of spine	0.2	
PRIMARY SURVEY/RESUSCITATION		
Determines responsiveness/level of consciousness	0.2	
Determines chief complaint/apparent life threats	0.2	
Airway -opens and assesses airway -inserts adjunct as indicated	0.5	
Breathing -assesses breathing -assesses adequate ventilations -initiates appropriate oxygen therapy -manages any injury that may comprise breathing/ventilation	0.5	
Circulation -Checks pulse -assesses skin (color, temperature or condition) -assesses for and controls any major bleeding if present -initiates shock management (positions patient properly, conserves body heat)	0.2	
Identifies patient priority and makes treatment/transport decision	0.2	
HISTORY TAKING		
Attempts to obtain a SAMPLE history	0.2	
TREATMENTS for Scorpion sting at lower extremity		
Appropriately Administers an EpiPen	1	
Constricts envenomated extremity	1	
Lowers the envenomated extremity	1	
Ices the envenomated extremity	1	
SECONDARY ASSESSMENT		
Head -inspects and palpates scalp and ears -assesses eyes -inspects mouth, nose, and assesses facial area	0.4	
Neck -checks for position of the trachea -checks jugular veins -palpates cervical spine		
Chest -inspects chest -palpates chest - auscultates chest	0.4	
Abdomen and Pelvis -inspects and palpates abdomen -assesses pelvis -verbalizes assessment of genitalia/perineum as needed	0.4	
Lower extremities -inspects, palpates and assesses motor sensory and distal circulatory function	0.4	
Upper extremities -inspects, palpates and assesses motor sensory and distal circulatory function		
Posterior thorax, lumbar and buttocks -inspects and palpates posterior thorax -inspects and palpates lumbar and buttocks area	0.4	
TOTAL POINTS	**10**	

CPR PATIENT

Candidate_____Candidate_____TEAM# ___

Examiner _____Date _____Time Start _____End_____

	Possible Points	Points Awarded
Takes or verbalizes appropriate body substance isolation precautions BSI	1	
SCENE SIZE UP		
Determines the scene/situation is safe	0.2	
Determines the mechanism of injury/nature of illness	0.2	
Identifies Correct number of patients	0.2	
Request additional EMS assistance if necessary	0.2	
Considers stabilization of spine	0.5	
PRIMARY SURVEY/RESUSCITATION		
Determines responsiveness/level of consciousness	0.2	
Determines chief complaint/apparent life threats	1	
Airway -opens and assesses airway -inserts adjunct as indicated	0.5	
Breathing -assesses breathing -assesses adequate ventilations -initiates appropriate oxygen therapy -manages any injury that may comprise breathing/ventilation	0.5	
Circulation -Checks pulse -assesses skin (color, temperature or condition) -assesses for and controls any major bleeding if present -initiates shock management (positions patient properly, conserves body heat)	0.5	
Identifies patient priority and makes treatment/transport decision / CALLS 911	1	
TREATMENTS for NEG Pulse and NEG Resp.	1	
Compressions – Administers the compressions appropriately	1	
Airway – Effectively Opens airway in regards to MOI (head tilt chin lift or jaw thrust)	1	
B- Administers adequate rescue breaths	1	
TOTAL POINTS	**10**	

TRAUMA PATIENT

Candidate_____Candidate_____TEAM# ___

Examiner _____Date _____Time Start _____End_____

	Possible Points	Points Awarded
Takes or verbalizes appropriate body substance isolation precautions BSI	1	
SCENE SIZE UP		
Determines the scene/situation is safe	0.2	
Determines the mechanism of injury/nature of illness	0.2	
Identifies Correct number of patients	0.2	
Request additional EMS assistance if necessary	0.2	
Considers stabilization of spine	0.2	
PRIMARY SURVEY/RESUSCITATION		
Determines responsiveness/level of consciousness	0.2	
Determines chief complaint/apparent life threats	0.2	
Airway -opens and assesses airway -inserts adjunct as indicated	0.5	
Breathing -assesses breathing -assesses adequate ventilations -initiates appropriate oxygen therapy -manages any injury that may comprise breathing/ventilation	0.5	
Circulation -Checks pulse -assesses skin (color, temperature or condition) -assesses for and controls any major bleeding if present -initiates shock management (positions patient properly, conserves body heat)	0.2	
Identifies patient priority and makes treatment/transport decision	0.2	
HISTORY TAKING		
Attempts to obtain a SAMPLE history	0.2	
SECONDARY ASSESSMENT		
Head -inspects and palpates scalp and ears -assesses eyes -inspects mouth, nose, and assesses facial area	0.4	
Neck -checks for position of the trachea -checks jugular veins -palpates cervical spine	0.4	
Chest -inspects chest -palpates chest - auscultates chest		
Abdomen and Pelvis -inspects and palpates abdomen -assesses pelvis -verbalizes assessment of genitalia/perineum as needed	0.4	
Lower extremities -inspects, palpates and assesses motor sensory and distal circulatory function	0.4	
Upper extremities -inspects, palpates and assesses motor sensory and distal circulatory function	0.4	
Posterior thorax, lumbar and buttocks -inspects and palpates posterior thorax -inspects and palpates lumbar and buttocks area		
TREATMENTS for Head Laceration and Forearm FX		
Stops Bleeding	1	
Appropriately dresses the head laceration	1	
Effectively splints injured arm, immobilizing both the joint above and the joint below injury	1	
Checks pulse, motor and sensory (PMS) before and after splinting	1	
TOTAL POINTS	**10**	

TRIAGE

Candidate_____Candidate_____TEAM# ___

Examiner _____Date _____Time Start _____End_____

Category	Patient's Name	Possible Points	Points Awarded
DELAYED		1.25	
IMMEDIATE		1.25	
MINIMAL		1.25	
EXPECTANT		1.25	
TOTAL POINTS		**5**	

Student Performance-Based Assessment
Oral Presentation Rubric

STANDARDS	PROFICIENCY DESCRIPTORS			
	CONCEPT: ORGANIZATION			
	7 - Exceeds	5 - Meets	3 - Nearly Meets	1 - Does Not Meet
Common Core Language Arts 12.SL.4	Students create and deliver a clear and comprehensive presentation, detailing the essential components of the proposal. The purpose of the presentation is introduced clearly and creatively. Effective use of smooth and clever transitions to succinctly connect key points. The audience can follow the line of reasoning. The conclusion of the presentation demonstrate a throughtful and strong evaluation of the evidence presented.	Students create and deliver a generally clear and well organized presentation, detailing most of the essential components of the proposal. The purpose of the presentation is introduced clearly. Transitions are included to connect key points. Most of the information is presented in a logical sequence, but a few minor points may be confusing. The conclusion of the presentation is a summary of the main points with some evaluation of the evidence presented.	Students create and deliver a vague presentation detailing some of the essential components of the proposal. Organization seems haphazard. The purpose of the presentation is introduced. Some transitions are included to connect key points, but there is difficulty in following the presentation. Several points are confusing. The audience can follow the presentation with effort. The conclusion of the presentation is a summary with little to no evaluation of the evidence.	Students create and deliver an unclear and insufficient presentation detailing very few of the essential components of the proposal. Poor or non existent organization. The purpose of the presentation is not clearly introduced. Transitions are used ineffectively and rarely connect key points. The audience is confused because there is no logical sequence for information, the presentation is disjointed. The presentation ends without a summary or conclusion.
	CONCEPT: VERBAL PRESENTATION SKILLS (DELIVERY)			
	7 - Exceeds	5 - Meets	3 - Nearly Meets	1 - Does Not Meet
Common Core Language Arts 12.SL.6	The level of presentation is appropriate for the audience. Students maintain eye contact, seldom referring to notes - the presentation is like a planned conversation. It is NOT a reading of a paper. Students are clearly comfortable, speak with enthusiasm and confidence. Students use the unexpected to full advatage; are very original, clever and creative in their approach to capture the audience's attention. Students speak at a steady pace and at a volume that can be heard by all.	The level of presentation is generally appropriate for the audience. Students maintain eye contact most of the time, but frequently refer to notes. The students seem slightly uncomfortable at times. Students use some originality, are clever at times, and incorporate a good variety and blending of materials/media. Students speak at a pace that is sometimes too fast or slow and the audience occasionally has trouble hearing the presenter.	Aspects of the presentation are inappropriate for the audience. Students maintain eye contact half of the time and much of the information is read from notes. Students use little or no variation, a few original touches, but for the most part material is presented with little originality or interpretation. Students seem uncomfortable and can only be heard if the audience is attentative.	The presentation is consistently inappropriate for the audience. Students read all or most information from their notes, with no eye contact. The presentation is bland, predictable and lack enthusiasm. Material is repetitive with little or no variety. Very little creative energy is used. Students are obviously anxious, cannot be heard or monotone with little or no epression. The audience cannot focus on the content of the presentation.
	CONCEPT: USE OF LANGUAGE (MECHANICS)			
	7 - Exceeds	5 - Meets	3 - Nearly Meets	1 - Does Not Meet
Common Core Language Arts 12.SL.6	Students are poised and clearly articulate complete and grammatical sentences that easily flow together. Words selection is rich and chosen for their precise meaning, a variety of words are used in appropriate contexts. Technical terminology is used precisely and correctly pronounced. Language used is free from bias.	Students, for the most part, articulate complete and grammatical sentences the easily flow together, but are not as polished. Word selection is appropriate for the context. Technical terminology is used and most words are pronounced correctly. Language is free from bias with one or two exceptions.	Some sentences are incomplete, there are some grammatical errors, and use of slang are evident. Vocabulary seems somewhat limited or inappropriate for context. Technical terminology is incorrectly pronounced or misused. Language includes significant bias, which may offend some audience members.	Students have difficulty with grammar and appropriate vocabulary. Words selection is used out of context. Pronunciation of technical terminology is incorrect and misused. Language frequently reflects bias, the audience will probably be offended.
	CONCEPT: USE OF COMMUNICATION AIDS (EX. student deliverables, multimedia, audio, visual, computer-generated materials, handouts, posters, etc.)			
	4 - Exceeds	3 - Meets	2 - Nearly Meets	1 - Does Not Meet
Common Core Language Arts 12.SL.5	Communication aids enhance the presentation. They are prepared in a professional manner. Students effectively integrate the communication aids in their presentation to maximize audience understanding. The use of media is varied and appropriate with media not being added for the sake of use.	Communication aids contribute to the quality of the presentation. Students integrate the communication aids to enhance audience understanding, but the use of media is not as varied and not as well connected to the overall presentation. Appropriate information is prepared. Some material is not supported by visual aids.	Communication aids poorly prepared or used inappropriately. Students occasionally use the communication aids to support audience understanding - audience may be confused. The use of media is not as varied and lacks smooth transition from one medium to another. Too much or unimportant information is highlighted.	Communication aids are not used, or they are so poorly prepared that they detract from the presentation.

CLINICAL HEALTH "CLUSTER" STANDARDS

Culminating Activity: The student will design, develop and implement a comprehensive health project (inclusive of health promotion and prevention) related to their professional area of interest.

Content Standard	Concepts	Benchmarks
Standard 1 **HLC-1.0** Evaluate clinical professions in health care systems to facilitate the delivery of quality health care.	*Clinical Professions*	**HLC-1.1 Assess the role of clinical health professions (academic, clinical, government, community) within the full spectrum of health care.** • Examine the role of clinical health professions and their impact in various health care settings. • Appraise the relationship of health care professionals as they collaborate to diagnosis, prevent and treat common diseases and/or disorders.
	Health Care Systems	**HLC-1.2 Research a health care system for patient outcome, satisfaction, and efficacy.** • Compare and contrast different health delivery systems (primary, tertiary, long-term care, hospice care) in terms of mission/purpose, major services, facilities and organization. • Assess clinical health care utilization for self and others.
		HLC-1.3 Assess the impact of recognized health care best practices on patient care. • Summarize current local and national health care practices. • Evaluate trends to improve health care at the local and national level.
Standard 2 **HLC-2.0** Evaluate the impact of diseases, disorders and treatments on major body systems.	*Major Body Systems* ✓ *Diseases and/or Disorders*	**HLC-2.1 Compare and contrast selected diseases and/or disorders within the body systems including respective classifications and causes.** • Compare classifications and causes of diseases and/or disorders (infectious, trauma, congenital). • Evaluate the impact of diseases and/or disorders on the interdependence of major body systems (skeletal, muscular, digestive, circulatory and respiratory). • Assess modern technology used in the diagnosis of selected diseases and/or disorders. • Analyze an individual's physiological, psychological and social response to stressors common in a selected developmental age group that may result in diseases and/or disorders. • Analyze the effects of aging to predict the impact of diseases and/or disorders on the body systems. • Examine the role of health care professions involved in the diagnosis of common diseases and/or disorders.

CLINICAL HEALTH "CLUSTER" STANDARDS

Content Standard	Concepts	Benchmarks
HLC-2.0 continued	✓ *Prevention*	**HLC-2.2 Evaluate clinical strategies to prevent selected diseases and/or disorders to improve individual wellness.** • Compare strategies to prevent selected diseases and/or disorders (infectious, trauma, congenital). • Evaluate the impact of preventive measures on the interdependence of major body systems. • Assess modern technology used in the prevention of selected diseases and/or disorders. • Analyze strategies to prevent an individual's physiological, psychological and social response to stressors in diseases and/or disorders. • Examine the role of health care professions involved in the prevention of common diseases and/or disorders.
	✓ *Treatment*	**HLC-2.3 Propose appropriate treatment for selected diseases and/or disorders to improve individual wellness.** • Compare treatment of diseases and/or disorders (infectious, trauma, congenital). • Evaluate treatment measures as they impact the interdependence of major body systems. • Assess modern technology used in treatment of selected diseases and/or disorders. • Analyze strategies to treat an individual's physiological, psychological and social response to stressors in diseases and/or disorders. • Exhibit positive and professional behaviors in a simulated situation demanding first aid or emergency intervention. • Analyze the role of Palliative Care as a part of the health care process. • Examine the role of health care professions involved in the treatment of common diseases and/or disorders.
Standard 3 **HLC-3.0** Analyze and apply medical terminology and mathematical concepts to communicate health care information.	*Communication* ✓ *Documentation and Interpretation*	**HLC-3.1 Interpret, document, and communicate health-related information to provide quality health care.** • Assess patient status by accurately documenting patient notes such as Subjective, Objective, Assessment, Plan (SOAP), situation, background, assessment and recommendation (S-BAR) to report changes in a patient's condition and relate information to others in a timely manner. • Utilize graphical displays and statistical measures (e.g., box and whisker plots, histograms, scatter plots, measure of center and variability) to identify and determine treatment. • Interpret and translate acceptable health care abbreviations and acronyms precisely in a clear manner using appropriate medical terms.

CLINICAL HEALTH "CLUSTER" STANDARDS

Content Standard	Concepts	Benchmarks
HLC-3.0 continued		**HLC-3.2 Characterize and use mathematical concepts to interpret, document, and communicate health-related information to provide quality health care.** • Justify the use of exact metric and standard measurements, conversions, ratios, proportion, percentage, intake and output, Roman numerals, and dosage calculations to deliver proper health care. • Apply inquiry skills and mathematical concepts to resolve problems commonly found in various health care settings.
	✓ *Technology*	**HLC-3.3 Analyze the impact of technology to facilitate communication.** • Research historical changes in documenting health records and its impact on health care. • Identify and explain proper usage of current technologies that support communication in the delivery of health care. • Differentiate relevant pros and cons and prevailing positions on the use of technology such as electronic medical records (EMR).
	✓ *Interpersonal*	**HLC-3.4 Analyze and apply interpersonal communication styles to gain or transfer information, express ideas or solve problems.** • Demonstrate effective team membership by working collaboratively with people from diverse backgrounds to provide quality health care. • Analyze the impact of cultural differences amongst patients, staff, and co-workers on patient care. • Explain the role of feedback among staff to improve communication within a system (state/federal regulations, internal policies, patient feedback, etc.). • Demonstrate interpersonal skills using case scenarios or situations focusing on cultural differences (e.g. young and old, male and female, Western and Asian, etc.). • Explain the effects of death and dying on the communication process among patient, family and health care worker (hospice, living will, grieving process, etc.).
Standard 4 **HLC-4.0** Incorporate infection control and safety practices to protect self and others in the delivery of quality health care.	*Infection Control*	**HLC-4.1 Formulate strategies to practice principles of infection control to minimize illness or disease.** • Document and practice standard operating procedures (SOP) in compliance with Joint Commission standards to prevent contagion. • Evaluate the effect of clean, aseptic, and sterilization techniques to prevent and control infection or contagion. • Resolve safety violations through corrective action to minimize or mitigate growth and transmission of infectious agents. • Assess "Standard Precaution Guidelines" to protect self and others from the risk of infection.

CLINICAL HEALTH "CLUSTER" STANDARDS

Content Standard	Concepts	Benchmarks
HLC-4.0 continued	*Environment of Care*	**HLC-4.2 Assimilate relevant information to devise strategies to ensure safe working conditions.** • Appraise hazardous conditions (toxic spill, fire, flood, etc.) to alleviate unnecessary harm or exposure to self and others. • Recognize and report unusual or unsafe environment conditions to protect the safety of patients and/or health care providers. • Use personal protective equipment (PPE) such as gloves, mask, gowns, etc. and analyze its purpose with regards to proper protocol.
Standard 5 – HLC-5.0 Evaluate legal and ethical issues as they relate to health care professions.	*Legal, Ethical and Professional Principles*	**HLC-5.1 Evaluate the impact of legal and ethical issues on health care professions.** • Analyze what constitutes fraudulent behavior according to the Center for Medicare and Medicaid Services (CMS) regulations. • Analyze the role of regulatory agencies (i.e., Center for Medicaid, Medicare, Joint Commission) governing the health care industry and consequences of non-compliance. • Assess ethical and legal dilemmas to identify responsibilities of health care providers.
		HLC-5.2 Compare and contrast moral values, professional and organizational ethics as they relate to health care. • Demonstrate professional conduct through accountability, behavior and attire in adhering to health care industry standards. • Evaluate ethical responsibilities of health care providers based on a professional code of conduct. • Recognize barriers (preconceived biases, stereotypes, prejudices, etc.) for elderly, socially/economically disadvantaged (homeless, working poor), and stigmatized groups (HIV positive, illegal immigrants) to access quality health care. • Analyze how discriminatory practices affect patient care. • Examine current events that involve social injustice and responsive actions impacting health care.

CTE Performance-Based Assessment Results

Event	One or More Sections Proficient SY2012	Total Number of Participating Students SY2012	Total Number of Schools Participating in Each Event SY2012	Percent Receiving One or More Sections of Proficient SY2012	Honors Designations SY2012	One or More Sections Proficient SY2013	Total Number of Participating Students SY2013	Total Number of Schools Participating in Each Event SY2013	Percent Receiving One or More Sections of Proficient SY2013	Honors Designations SY2013
Animation	NA	NA	NA	NA	NA	8	8	2	100%	1
Digital Media	40	48	13	83%	2	40	44	11	91%	6
Entrepreneurship	14	28	7	50%	0	6	9	2	67%	0
Marketing	38	64	7	59%	1	18	33	3	55%	1
Retail	5	13	4	38%	0	14	18	5	78%	0
Clinical Health	24	26	7	92%	2	45	50	9	90%	0
Design Technology I	21	22	6	95%	1	32	38	8	84%	1
Natural Resources Production I	7	13	4	54%	0	4	8	3	50%	0
Culinary I	NA	NA	NA	NA	NA	24	24	8	100%	1
Explorations in Education	9	10	3	90%	1	19	20	4	95%	1
Hospitality	NA	NA	NA	NA	NA	4	4	1	100%	2
	158	**224**	**51**		**7**	**214**	**256**	**56**		**12**

New Course Recommended for Some High-School Students

By Caroline Porter

Amid a national push to lift high-school standards in the U.S., a new study recommends a different approach for students who go on to community college, one that emphasizes basic subjects to provide them with only the skills they would need to succeed in their future careers.

According to the National Center on Education and the Economy, some students who end up at community college are taking too many high-level math courses without fully comprehending them, meaning their achievement rates at the start of college can be stuck at a middle-school level. Students are then often placed in remedial courses in community college, where they usually don't receive credit toward a degree.

Instead, the nonprofit group's study, being released Tuesday and funded by the Bill & Melinda Gates Foundation, suggests that most students don't need advanced algebra and should only take it in high school if they plan to work in science, technology, engineering or math fields. The organization spent two years analyzing the textbooks, graded tests and homework of first-year students in community college, where students can do vocational training or earn associate's degrees and transfer to four-year schools. Almost half of high-school graduates enroll in community college for postsecondary education.

"We're not saying to lower math standards, but we ought to require math that is appropriate for the direction students want to go in," said Marc Tucker, president of NCEE, a nonpartisan education think tank funded by private donations and government grants. "Otherwise, we produce failure where no failure is necessary."

Researchers recommend that high schools ensure that all students master a basic algebra course and then offer options that suit other professions, such as statistics or geometry, rather than the "one-size-fits-all" thinking behind the math curriculum that most schools require of graduates.

In reading and writing classes, the study found that community colleges use textbooks for 11th and 12th grade proficiencies that, even though the students completed those grades, are still too hard for many of them. Subsequently, the teachers lower their standards, the study found.

"America's employers don't need individuals who regurgitate facts," said Dane Linn, a vice president of Business Roundtable, an association of CEOs. "They need individuals who solve problems, work in teams and know the content of issue they are working on.

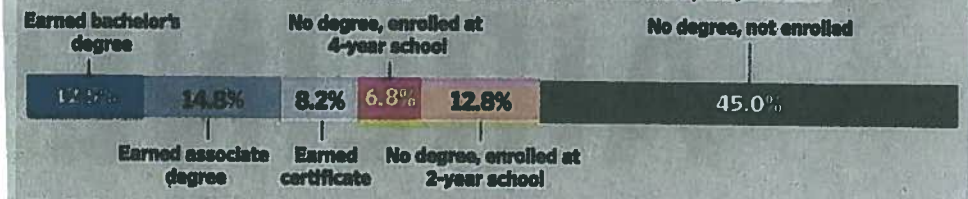
Six years after enrolling in community college, nearly half of high-school graduates didn't have a degree and were no longer signed up for classes, according to a study by American Association of Community Colleges.

"This study comes at a time when colleges are re-examining their campuses," said Kathy Mannes, a senior vice president at the American Association of Community Colleges. "Some of these choices should be employer-driven and depend on what is needed in the workplace."

Pam Guenther, who teaches algebra at Santa Barbara City College in California, has "mixed feelings" about recommended changes to math curriculum. "I like the idea that we teach what is necessary," she said. "But at 16 or 17, do you really know what you want to be when you grow up?"

Learning Curve

Where did students who began at community colleges in the fall of 2003 end up six years later?



Note: Numbers don't add to 100% due to rounding Source: American Association of Community Colleges

The Wall Street Journal

THE WALL STREET JOURNAL.

A6 | Tuesday, May 7, 2013

Tony Wagner's Book, "The Seven Survival Skills"

CRITICAL THINKING AND PROBLEM SOLVING

"The idea that a company's senior leaders have all the answers and can solve problems by themselves has gone completely by the wayside…The person who's close to the work has to have strong analytic skills. You have to be rigorous: test your assumptions, don't take things at face value, don't go in with preconceived ideas that you're trying to prove."
—Ellen Kumata, consultant to Fortune 200 companies

COLLABORATION ACROSS NETWORKS AND LEADING BY INFLUENCE

"The biggest problem we have in the company as a whole is finding people capable of exerting leadership across the board…Our mantra is that you lead by influence, rather than authority."
—Mark Chandler, Senior Vice President and General Counsel at Cisco

AGILITY AND ADAPTABILITY

"I've been here four years, and we've done fundamental reorganization every year because of changes in the business…I can guarantee the job I hire someone to do will change or may not exist in the future, so this is why adaptability and learning skills are more important than technical skills."
—Clay Parker, President of Chemical Management Division of BOC Edwards

INITIATIVE AND ENTREPRENEURSHIP

"For our production and crafts staff, the hourly workers, we need self-directed people…who can find creative solutions to some very tough, challenging problems."
—Mark Maddox, Human Resources Manager at Unilever Foods North America

EFFECTIVE ORAL AND WRITTEN COMMUNICATION

"The biggest skill people are missing is the ability to communicate: both written and oral presentations. It's a huge problem for us."
—Annmarie Neal, Vice President for Talent Management at Cisco Systems

ACCESSING AND ANALYZING INFORMATION

"There is so much information available that it is almost too much, and if people aren't prepared to process the information effectively, it almost freezes them in their steps."
—Mike Summers, Vice President for Global Talent Management at Dell

CURIOSITY AND IMAGINATION

"Our old idea is that work is defined by employers and that employees have to do whatever the employer wants…but actually, you would like him to come up with an interpretation that you like—he's adding something personal—a creative element."
—Michael Jung, Senior Consultant at McKinsey and Company