

Panuska College of Professional Studies
Department of Health Administration and Human Resources
University of Scranton

HAD 519
Health Services and Systems
Fall 2018 - 3 credits
Room: McGurrin 402
Early Section Day/Time: Mon. 4:30pm-7:10pm
Late Section Day/Time: Mon. 7:20pm-10 pm

Dr. Steven J. Szydlowski, MBA, MHA
Office: McGurrin Hall 413
Office Hours: Mon. 2:30pm-4:30pm,
Wed. 9pm-10am
Telephone: 570-941-4367
E-Mail: steven.szydlowski@scranton.edu

“The quest for greater efficiency in the delivery of health care services is eternal in a country that spends far more on health care than any other, consistently has growth in spending that outstrips that of income, is unable to provide insurance coverage to at least 15 percent of its population, and ranks poorly among industrialized countries in systemwide measures such as life expectancy and infant mortality. Add to this our quality problems, and it is hard to be complacent ...”

(Nichols, et al. 2004. ‘Are Market Forces Strong Enough To Deliver Efficient Health Care Systems?’ *Health Affairs*, 23,2:8-21.)

I. COURSE DESCRIPTION

This required graduate course studies the past, present, and future development of health services and systems in the United States. Topics include health, population health, disease, risk factors, access to care, health services, health systems, health organizations, workforce, technology, costs, financing, insurance, quality, policy, and the structure, function, and evolution of the U.S. health care system. Selected conceptual foundations are drawn from disciplines such as systems theory, epidemiology, sociology, political science, and economics. This is an introductory foundational course for the graduate health administration curriculum. There are no pre-requisites.

II. STUDENT LEARNING OUTCOMES (COURSE OBJECTIVES)

Student learning outcomes (course objectives) are based on requirements and input of the MHA program’s stakeholders including employers, faculty, students, deans, fieldwork preceptors, alumni, and accreditors. By completing this course, you will:

- 1) identify factual knowledge of U.S. health services and systems
- 2) apply concepts of health, disease, illness, and epidemiology for health services and population health status
- 3) describe and use fundamental principles, generalizations, and theories about U.S. health services and systems
- 4) analyze health care services as a system of interactive subsystems and components
- 5) synthesize knowledge and concepts to create an integrated view of health services and systems
- 6) demonstrate skills, competencies, values, and points of view needed by health service administrators
- 7) apply information literacy skills and methods to study health services and systems in a community

Outcomes will be assessed by: class participation (outcomes 1, 2, 3, 4, 5, 6, 8); CHSSS report (outcomes 1, 2, 3, 4, 5, 6, 7); midterm exam (outcomes 1, 2, 3, 4); and, final exam (outcomes 1, 3, 4, 5).

III. COURSE ACTIVITIES

We will use readings, interactive lectures, discussions, group activities, hands-on exercises, student participation, guest speakers, videos, handouts, experiential projects, research, and faculty scholarship to enable students to achieve the course objectives. Other learning methods and activities may also be used.

IV. REQUIRED READING

- Sultz, H. A. and Young, K. M. 2014. Health Care USA (8th ed.). Burlington, MA: Jones & Bartlett Learning.
- E-reserved readings, available by navigating from the library home page. *Password is ‘services’*.
- Materials distributed in class and/or posted on Desire2Learn (D2L) during the semester.

- Readings in journals (especially *Health Affairs*), web sites, and other sources identified in the syllabus and class.

V. RESPONSIBILITIES AND GRADING

I want you to do well in the course. This syllabus provides much information about what is expected and how to do well in this course. During the semester, I will provide further information about course expectations, assignments, etc., so that you can learn and do well. Please contact me (by email, phone, after class, office visit, etc.) if you have questions or concerns about course material, class activities, assignments, grades, or any aspects of the course. I will provide feedback to you during the semester about your performance in the course; if you desire further feedback, please contact me. I will be available for individual help. I welcome feedback during the semester about the course.

You are responsible for:

- * turning off and not using cellphones during class
- * completing all reading assignments prior to scheduled classes (except for the first class)
- * attending (on time) and meaningfully participating in class
- * getting all material presented and announcements made during every class (even if you are not present)
- * completing all course assignments and activities as scheduled, or else contacting me far in advance if this is not possible so that reasonable adjustments can be mutually arranged
- * seeking help if you have any questions or concerns about the course, assignments, etc.
- * understanding and upholding university policies and the Academic Code of Honesty (available at http://matrix.scranton.edu/student_handbook); an assignment with plagiarism will be returned ungraded to be redone and it will then be graded with 20 points deducted for plagiarism

Class preparation, attendance, and participation help increase course learning, performance, and grades. Class attendance is recommended and expected, but it is not required if you have other professional and personal responsibilities. The more you prepare, attend, and participate, the more you will learn. Please come to each class prepared to meaningfully participate in discussions, assignments, and activities. You are encouraged to share your own experiences that fit with the class content.

In order to receive appropriate accommodations, students with disabilities must register with the Center for Teaching and Learning Excellence and provide relevant and current documentation. Students should contact Mary Ellen Pichiarello (570-941-4039, LSC 580) or Dr. Andrée Catalfamo (570-941-4218, LSC 582E) for an appointment. For more information, please visit <http://www.scranton.edu/disabilities>.

The Writing Center focuses on helping students become better writers. Consultants will work one-on-one with students to discuss students' work and provide feedback at any stage of the writing process. Scheduling appointments early in the writing progress is encouraged. To meet with a writing consultant, call 570-941-6147 to schedule an appointment. Or, send an email with your available meeting times, the course for which you need assistance, and your phone number to: writing-center@scranton.edu. Online appointments are also available by connecting virtually using [Google Docs and Google Talk](#).

You will earn your course grade based on the following components of your final grade:

- 10 % = Class preparation and participation (e.g., class assignments, activities, discussions, etc.)
- 20 % = Mid-term exam
- 15 % = Partial draft of a report on a community's health status, services, and systems (details later in syllabus)
- 30 % = Final report on a community's health status, services, and systems (details later in syllabus)
- 25 % = Final exam

Letter grades will be earned based on the following numerical grades that are standard for courses in the MHA Program.

100-95 = A / 94-92 = A- / 91-89 = B+ / 88-86 = B / 85-83 = B- / 82-80 = C+ / 79-74 = C / below 74 = F

VI. CAHME/ACHE COMPETENCIES

The MHA Program helps students develop many competencies emphasized by the American College of Healthcare Executives (ACHE). This course helps students develop ACHE competencies that are listed below.

Domain 1 Competency D, F, Cognitive Level C5 Affective Level A2: Combine factual data to produce and deliver credible and understandable results. (Measured by CHSSS report)

Domain 4 Competency B, Cognitive Level C1 Affective Level A1: Understand interrelationships among access, quality, cost, resource allocation, accountability and community. (Measured by exams)

Domain 4 Competency D, Cognitive Level C3 Affective Level A2: Prepare projects that are credible to government, regulatory, professional, and accreditation agencies. (Measured by CHSSS report)

Domain 1 Competency B, D, F, Cognitive Level C1 Affective Level A1: Know needs assessment techniques in support of health care program development. (Measured by CHSSS report and exams)

Domain 5 Competency A, Cognitive Level C2 Affective Level A2: Interpret information from various sources to make decisions and recommendations. (Measured by CHSSS report)

Domain 5 Competency B, Cognitive Level C3 Affective Level A2: Demonstrate critical thinking, analysis, and problem solving. (Measured by CHSSS report and class discussion)

Referring to Bloom's taxonomy of learning, exam multiple choice questions will assess knowledge, comprehension, and application. Class discussion and exam questions that require written answers will assess analysis, synthesis, and evaluation. The CHSSS report will assess knowledge, comprehension, application, analysis, synthesis, and evaluation.

My Reporting Obligations as a Responsible Employee

As a faculty member, I am deeply invested in the well-being of each student I teach. I am here to assist you with your work in this course. Additionally, if you come to me with other non-course-related concerns, I will do my best to help.

It is important for you to know that all faculty members are required to report incidents of sexual harassment or sexual misconduct involving students. That means that I cannot keep information about sexual harassment, sexual assault, sexual exploitation, dating or domestic violence or stalking confidential if you share that information with me. I will keep the information as private as I can but am required to bring it to the attention of the University's Title IX Coordinator, Jennifer LaPorta, or Deputy Title IX Coordinator/Dean of Students, Lauren Rivera, who in conversation with you will explain available support, resources and options. I will not report anything to anybody without first letting you know and discussing choices as to how to proceed. The University's Counseling Center (570-941-7620) is available to you as a confidential resource; counselors (*in the counseling center*) do not have an obligation to report to the Title IX Coordinator.

Non-discrimination Statement

The University of Scranton is committed to providing a safe and nondiscriminatory employment and educational environment. The University does not discriminate on the basis of race, color, national origin, sex, disability, religion, age, veteran status, gender identity or expression, sexual orientation, or other status protected by law. Sexual harassment, including sexual violence, is a form of sex discrimination prohibited by Title IX of the Education Amendments of 1972. The University does not discriminate on the basis of sex in its educational, extracurricular, athletic, or other programs or in the context of employment.

Students who believe they have been subject to sexual harassment, sexual misconduct or sex or gender discrimination should contact Ms. Jennifer LaPorta, Title IX Coordinator, (570) 941-6645 Jennifer.laporta@scranton.edu or Ms. Lauren Rivera, AVP for Student Formation & Campus Life and Dean of Students, at (570)941-7680 lauren.rivera@scranton.edu.

The University of Scranton Sexual Harassment and Sexual Misconduct Policy can be found online at www.scranton.edu/diversity. All reporting options and resources are available at www.scranton.edu/CARE.

Counseling Department Faculty and Staff

Counseling Department Faculty and Staff will not be considered “responsible employees” when they are acting in a clinical capacity that would require confidentiality consistent with the ethics and expectations of the counseling profession. *This applies to faculty and staff who are acting in a supervisory capacity with counseling students who are practicing and developing counseling skills.* During this time a professional and ethical expectation of confidentiality is assumed.

<https://www.counseling.org/resources/aca-code-of-ethics.pdf>

Class Attendance

HAD 519 meets one time a week. Students are expected to attend and participate in each class and should not be absent more than the allowable classes per University of Scranton policy. Excessive tardiness (late for class) may affect performance in the class. Each student is responsible (in attendance or absent) for everything covered in class, additional readings, and announcements about assignments, mid term evaluation, and the final evaluation that are made during class hours. More than the allowable absences for reasons other than illness (physician's note required) will result in a 5-point reduction from your grade for each class missed. Full attendance and participation is expected.

Students with Disabilities

Reasonable academic accommodations may be provided to students who submit relevant and current documentation of their disability. Students are encouraged to contact the Center for Teaching and Learning Excellence (CTLE) at disabilityservices@scranton.edu or (570) 9414038 if they have or think they may have a disability and wish to determine eligibility for any accommodations. For more information, please visit <http://www.scranton.edu/disabilities>.

Writing Center Services

The Writing Center focuses on helping students become better writers. Consultants will work one-on-one with students to discuss students’ work and provide feedback at any stage of the writing process. Scheduling appointments early in the writing progress is encouraged.

To meet with a writing consultant, call (570) 941-6147 to schedule an appointment, or send an email with your available meeting times, the course for which you need assistance, and your phone number to: writing-center@scranton.edu. The Writing Center does offer online appointments for our distance learning students. Please contact Amye Archer at amy.e.archer@scranton.edu for more information. See the University of Scranton's **Academic Code of Honesty**.

VII. COURSE SCHEDULE

This schedule has been planned to enable students to meet all course objectives. It may change, based on students' interests, guest speakers' schedules, and other factors that evolve during the semester. Changes will be discussed with the class, as much in advance as possible. Please inform me if you foresee any problems with the schedule.

August 27 – Class #1

Student Learning Outcomes

1. Understand the purpose, methods, resources, expectations, and grading for this course
2. Define health and identify important factors that affect health
3. Examine the role of healthcare administrators for improving population-based health
4. Explain access to health care and factors that affect access

Class Content

- syllabus and course orientation
- population health
- managerial epidemiology, health status, disparities, risk factors, incidence and prevalence of disease
- need, demand, utilization of health care
- access to health services and factors that affect access
- Empathy: The Human Connection to Patient Care (video)

Reading

Syllabus

<http://www.commonwealthfund.org> (browse website and see what's there; see studies of US HCS performance)

<http://kff.org> (browse website and see what's there)

September 3 – No Class (Labor Day Holiday)

September 10 – Class #2

Student Learning Outcomes

1. Identify sources of information to use in HAD519 and especially the CHSSS project
2. Describe health care services and the US health care system

Class Content

- guest speaker: Mr. Francis Conserette III, Weinberg Memorial Library 306
- overview of health, health care, health care services, and the health care system
- structure and organization of health care in the United States
- major stakeholders of the health care system
- priorities and issue of the health care system
- CHSSS teams and communities

Reading

Sultz & Young – Chapter 1

Clinical integration: A cornerstone for population health management (Electronic reserved reading)

September 17 – Class #3

Student Learning Outcomes

1. Explain how managers lead community action to improve health status problems
2. Understand development of US health care system including key laws/policies

Class Content

- community health needs assessment
- monitoring, planning, and mobilizing community action for population health
- evolution of the US health care system

- Patient Protection and Affordable Care Act

Reading

Sultz & Young – Chapter 2

Healthcare executives' responsibility to their communities. (Electronic reserved reading)

September 24 – Class #4

Student Learning Outcomes

1. Describe the evolution of public health services
2. Examine how government policy affects health care services

Class Content

- guest speaker: Elizabeth Rozelle, Career Services
- structure of organized public health efforts in the United States
- major goals and levels of public health
- government policy and roles in health care
- public, private, and public+private health services

Reading

Sultz & Young – Chapter 11

October 1 – Class #5

Student Learning Outcomes

1. Explain the evolution of hospitals
2. Describe the structure of the hospital industry in the United States

Class Content

- history of hospitals
- types, numbers of, and consolidation of hospitals and the industry
- structure and staff of hospitals
- horizontal integration and vertical integration to form systems
- key issues facing hospitals and the hospital industry

Reading

Sultz & Young – Chapter 4

Hospitals' health promotion services in their communities: Findings from a literature review. (E-reserved reading)

October 8 – No Class (Fall Break)

October 15 – Class #6

Student Learning Outcomes

1. Analyze ambulatory health services, providers, and settings
2. Understand the work of physicians and medical group practices

Class Content

- guest speaker: Mr. Jeff Sitko, MHA
- physicians and medical group practices
- patient centered medical homes
- accountable care organizations
- ambulatory care, services, settings, and facilities

Reading

Sultz & Young – Chapter 5

Transforming physician practices to patient-centered medical homes ... (Electronic reserved reading)

October 22 – Class #7

Student Learning Outcomes

1. Explain the purpose, models, financing, and integration of long-term care services
2. Analyze long-term care as a continuum of services
3. Discuss current long-term care issues in the United States

Class Content

- midterm exam (covering classes 1-6)
- definition and characteristics of long-term care
- evolution of long-term care
- types of long-term care, services, and facilities
- continuum of long-term care
- long-term care financing and policy

Reading

Sultz & Young – Chapter 9

Due: Printed partial draft CHSSS report with: Title Page, Table of Contents, all Section A, all Section B, Section C only public health services and hospital services, and, References.

October 29 – Class #8

Student Learning Outcomes

1. Understand the evolution of mental/behavioral health and mental/behavioral health services
2. Examine mental/behavioral health arrangements, financing, policy, and issues

Class Content

- what is mental health and behavioral health
- types of mental/behavioral health problems
- organization of mental/behavioral health services
- mental health financing and policy

Reading

Sultz & Young – Chapter 10

November 5 – Class #9

Student Learning Outcomes

1. Explain trends and causes of health care expenditures
2. Describe health care financing and the health insurance industry

Class Content

- health expenditures and causes
- sources and uses of health financing
- health insurance and managed care
- Medicare and Medicaid
- initiatives in health care finance including the ACA

Reading

Sultz & Young – Chapter 8

November 12 – Class #10

Student Learning Outcomes

1. Describe medical education and the medical profession
2. Analyze supply, demand, and distribution of medical specialties

Class Content

- guest speaker: The Commonwealth Medical College
- history of medical education
- academic medical centers
- medical specialties and boards
- physician supply and distribution
- hospital-physician relationships

Reading

Sultz & Young – Chapter 6

Gaps in residency training should be addressed to better prepare doctors for a 21st century ... (Electronic reserved reading)

November 19 – Class #11

Student Learning Outcomes

1. Describe health care professionals and their roles in the health care system
2. Analyze health care workforce trends, transitions, and issues

Class Content

- health professions
- credentialing and regulating professions
- workforce issues and planning

Reading

Sultz & Young – Chapter 7

Future demand for long-term care workers will be influenced by demographic and utilization changes. (Electronic reserved reading)

November 26 – Class #12

Student Learning Outcomes

1. Explain the complexity and impact of technology in health care
2. Describe current issues of medical technology

Class Content

- types and classifications of health care technologies
- specific methods for evaluating technologies
- regulatory and legal issues with health technology
- pharmaceuticals in the health care industry

Reading

Sultz & Young – Chapter 3

December 3 – Class #13

Student Learning Outcomes

1. Identify problems of health care quality, medication errors, and patient safety
2. Explain the difficulty of defining, measuring, reporting, and improving quality of health care
3. Explain possible future developments of health services and systems

Class Content

- origins of the quality movement
- assessing and managing health quality
- efforts to improve quality at the health care system level
- future of health status, services, and systems
- students' chosen topics
- course wrap-up
- exam preparation

Reading

Sultz & Young – Chapter 12, Chapter 13

Institute of Medicine <http://iom.edu/reports.asp> – To err is human: building a safer health system

Institute of Medicine <http://iom.edu/reports.asp> – Crossing the quality chasm: a new health system for 21st century

Due: Printed bound final CHSSS report, plus the graded draft CHSSS report from October, plus a completed team member evaluation from each team member

December 4-10 – Class #14

(By mid-semester, the University will announce the final exams schedule for Dec. 4-10.)

VIII. SUPPLEMENTARY (OPTIONAL) READING

Austin, J. M., Jha, A. K., Romano, P. S., et al. (2015). National Hospital Ratings Systems Share Few Common Scores and May Generate Confusion Instead Of Clarity. Health Affairs, 34(3), 423-430.

Baker, L. C., Bundorf, M. K., and Kessler, D. P. (2014) Vertical Integration: Hospital Ownership of Physician Practices is Associated with Higher Prices and Spending. Health Affairs, 33(5), 756-763.

Brown, J.R., Goda, G.S. & McGarry, K. (2012). Long-Term Care Insurance Demand Limited by Beliefs About Needs, Concerns About Insurers, and Care Available from Family. Health Affairs, 31(6), 1294-1301.

Choudhry, N. K., Bykov, K., Shrank, W. H. et al. (2014). Eliminating Medication Copayments Reduces Disparities In Cardiovascular Care. Health Affairs, 33(5), 5863-870.

Colla, C. H., Lewis, V. A., Shortell, S. M., and Fisher, E. S. (2014). First National Survey Of ACOs Finds That Physicians Are Playing Strong Leadership And Ownership Roles. Health Affairs 33(6), 6964-971.

Cook, D, Thompson, J. E., Habermann, E. B., et al. (2014). ‘Solution Shop’ Model To ‘Focused Factory’ In Hospital Surgery: Increasing Care Value And Predictability. Health Affairs 33(5), 5746-755.

Dill, M. J., Pankow, S., Erikson, C., and Shipman, S. (2013). Survey Shows Consumers Open to a Greater Role for Physician Assistants and Nurse Practitioners. Health Affairs, 32(6), 1135-1142.

Ginsburg, P. (2013). Achieving Health Care Cost Containment through Provider Payment Reform That Engages Patients and Providers. Health Affairs, 32(5), 929-934.

Hu, J., Gonsahn, M. D., and Nerenz, D. R. (2014). Socioeconomic Status And Readmissions: Evidence From An Urban Teaching Hospital. Health Affairs, 33(5), 5778-785.

Ku, L., Frogner, B. K., Steinmetz, E., and Pittman, P. (2015). Community Health Centers Employ Diverse Staffing Patterns, Which Can Provide Productivity Lessons For Medical Practices. Health Affairs, 34(1), 95-103.

Mays, G.P. & Smith, S.A. (2011). Evidence Links Increases in Public Health Spending to Declines in Preventable Deaths. Health Affairs, 30(8), 1585-1593.

Mende, S. and Roseman, D. (2013). The Aligning Forces for Quality Experience: Lessons on Getting Consumers Involved in Health Care Improvements Health Affairs, 32(6), 1092-1100.

Rahurkar, S., Vest, J. R., and Menachemi, N. (2015). Despite the Spread of Health Information Exchange, There Is Little Evidence of Its Impact on Cost, Use, and Quality of Care. Health Affairs, 34(3), 477-483.

Robinson, J. C. (2015). Biomedical Innovation in the Era of Health Care Spending Constraints. Health Affairs, 34(2), 203-209.

Ryu, A. J., Gibson, T. B., McKellar, M. R., and Chernew, M. E. (2013). The Slowdown in Health Care Spending in 2009–11 Reflected Factors Other Than the Weak Economy and Thus May Persist. Health Affairs, 32(5), 835-840.

Wiley, J. A., Rittenhouse, D. R., Shortell, S. M., et al. (2015). Managing Chronic Illness: Physician Practices Increased the Use of Care Management and Medical Home Processes. Health Affairs, 34(1), 78-86.

Comprehensive Written Report of a Community's Health Status, Services, and Systems (CHSSS)

Working in a team of 2-3 students, apply what you learn in this course to analyze and report the health status, health services, and health systems of an actual community (a state or large city in the US). *In HAD519, you should develop a framework that you could then use to analyze a community's health status, services, and systems during your career. This report should demonstrate your ability to use your framework -- and HAD519 concepts, principles, and models -- to study and understand the real world (i.e., your chosen community).* Doing this real-world hands-on project will help you achieve course objectives and practice what health care managers do to understand their communities.

- ✓ Choose a US state or a very large US city and obtain approval from the professor for your community.
- ✓ Each week, gather data and write the parts of the CHSSS report that fit with each week's class content and assigned chapter. Bring your data to class for discussion or CHSSS work.
- ✓ In the report, include title page, table of contents, content/body, references list, and appendices (e.g., maps, charts, graphs).
- ✓ Use headings and subheadings to organize your report – these should match the table of contents.
- ✓ To reduce the amount of writing, use lists, bullet points, charts, tables of data, and terse reporting as much as possible.
- ✓ Write sentences, paragraphs, etc. in your own words – do not copy and paste from websites. You may copy charts, graphs, maps, etc. if you include proper citations and references.
- ✓ A report with plagiarism will be returned ungraded to be redone and then graded with 20 points lost for plagiarism.
- ✓ The content/body of the report should do the following in about 25-35 double-spaced pages plus appendices. (For more detail about what to include, see the Detailed List of Content posted on D2L.)
 - A. Introduce the report by stating the purpose of the report and why it is important
 - B. List/describe your community's population, health status, risk factors, access to care factors
 - C. List/describe your community's health services: public health, hospital, ambulatory, long term, mental
 - D. List/describe your community's health financing, health insurance, health expenditures
 - E. List/describe your community's health workforce and health technology
 - F. List/describe your community's health care quality and efforts to improve it
- ✓ *Submit a printed partial report* (with Title Page, Table of Contents, all Section A, all Section B, Section C only public health services and hospital services, and, References) by 5pm Thursday Oct. 15. It will be graded and returned. You may revise it for the final report.
- ✓ *Submit the final printed bound report* by 5pm Thursday Dec. 1 Submit the graded partial draft with final report.
- ✓ *Evaluate* each team member's contributions to the report with the form on the next page. *Submit* the form with the final report. Based on evaluations, a team member's grade might be more/less than the report grade.

Names:

Date:

Community:

<u>Criteria</u>	<u>Points</u>	<u>Comments / Suggestions</u>
a) introduction (5 points)		
b) population, etc. (20)		
c) services, etc. (25)		
d) financing, etc. (15)		
e) workforce, etc. (10)		
f) quality, etc. (5)		
Other (e.g., appendices) (5)		
Use of HAD 519 (5)		
Use of references (5)		
Writing (5)		
<hr/>		
Total (100 points)		

Peer Evaluation for CHSSS Report (Adapted from Intel® Teach Program)

After you complete your CHSSS Report, complete this assessment form. Submit it in a sealed envelope with your CHSSS Report.

Rate each team member (including yourself) for each of the 6 team skills. Write each member's name below (list yourself first). Then write the level (4, 3, 2, or 1) that best fits each member for each of the 6 skills.

Group Member Name <i>(List yourself first)</i>	Participation Rating	Leadership Rating	Listening Rating	Feedback Rating	Cooperation Rating	Time Rating

Six Skills	Level 4	Level 3	Level 2	Level 1
Participation	Group member participated fully and was always on task.	Group member often participated and was usually on task.	Group member participated but often wasted time or was not on task.	Group member wasted time, worked on unrelated material, or did not participate.
Leadership	Group member led when needed by helping group stay on track, encouraging participation, helping solve problems, having positive attitude.	Group member sometimes assumed leadership in an appropriate way.	Group member allowed others to assume leadership too often or else dominated the group too much	Group member did not assume leadership or else assumed it in a nonproductive manner.
Listening	Group member always listened carefully to others' ideas.	Group member usually listened to others' ideas.	Group member often did not listen to others' ideas.	Group member did not listen to others and often interrupted them.
Feedback	Group member offered detailed, helpful feedback when appropriate.	Group member offered some constructive feedback when appropriate.	Group member occasionally offered useful feedback but some comments were inappropriate.	Group member did not offer constructive or useful feedback.
Cooperation	Group member treated others respectfully and shared the workload fairly.	Group member usually treated others respectfully and shared the workload fairly.	Group member sometimes treated others unfairly or did not share the workload fairly.	Group member often treated others disrespectfully and did not share the workload fairly.
Time Management	Group member completed assigned tasks on time.	Group member usually completed assigned tasks on time and did not delay group progress.	Group member often did not complete assigned tasks on time, and held up completion of project work.	Group member did not complete most assigned tasks on time and often forced group to make last-minute changes due to incomplete work.

Comments (optional):