

Rubrics 101

Commit to Rubrics: A Connecting Factor that Impacts Healthcare Interpreting from the Classroom to the Workplace

Guest Trainers:

Zarita Araújo-Lane, MSW, LICSW Vera Duarte, MA Andrew Jerger, CHI™, CMI

Webinar Work Group Hosts:
Eliana Lobo & Rachel Herring

February 19, 2015













Housekeeping

- This session is being recorded
- Certificate of Attendance
 - *must attend full 90 minutes
 - *trainerswebinars@ncihc.org
- Audio and technical problems



- Questions to organizers
- Q & A
- Twitter #NCIHCWebinar

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Welcome!

Guest Trainers:







Vera
Duarte,
MA



Andrew Jerger, CHI™, CMI

Although We Can not See Each Other We Can Learn Together!





Commit to Rubrics:

A Connecting Factor that Impacts HealthCare Interpreting from the Classroom to the Workplace



How *do* learners...learn? Another perspective

Visual = show me how

Auditory = tell me how

Kinesthetic = let me try

Straight into the Deep End?

A Systematic Approach to Skill Acquisition and Goal-Setting in Interpreter Training

By Guest Trainer: Rachel E. Herring, M.A.

July 24, 2014



| NAME | |
|---------|--|
| LATIVIE | |

TOTAL SCORE = ____ (out of 12)

Sample Writing Rubric

| | 1 = minimal | 2 = adequate | 3 = strong | 4 = outstanding |
|---------------------|--|---|---|--|
| Mechanics | Many spelling, grammar, and punctuation errors; sentence fragments; incorrect use of capitalization | Some spelling and grammar errors; most sentences have punctuation and are complete; uses upper- and lowercase | Few spelling and grammar errors; correct punctuation; complete sentences | Correct spelling, grammar, and punctuation; complete sentences; correct use of capitalization |
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| Peer Interaction | Uncooperative, off task, unproductive | Works with partner most of the time | Effectively works with partner; participates in discussions most of the time | Consistently and actively works with partner; contributes knowledge, opinions, and skills |

| COMMENTS | | |
|------------|--|--|
| Action Co. | | |



Learning Objectives

Understand the importance of rubrics

 Understand the different components of rubrics

 Apply this new knowledge to develop rubrics for healthcare interpreting trainings

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| K | W | L |
|--|---------------------------|------------------------|
| What do you think you KNOW about Rubrics for healthcare interpreter trainings? | What do you WANT to know? | What did you LEARN? |
| | | |
| | | |

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 What do you think you <u>KNOW</u> about Rubrics for healthcare interpreter trainings?



POLL -Take a few seconds and think!



Poll #1

What do you think that you know about Rubrics for healthcare interpreter trainings?





Poll #1 Results



.....Knowledge of Rubrics



Why The Apple?



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Our Experiences:

Pre quizzes (*True- False*)

Role-Plays (Additions, omissions, distortions, register, flow)

Mid term paper (Looked for clarity and support information)

Final written and oral exams (True-False, application of standards that supported open ended ethical and cross cultural questions)

Other Activities (Variables, homework, class participation)



Sample Rubric-Role Play Practice

Was the interpreter prepared for the vocabulary?

Areas Observed:

| > | Accuracy: | | Trus the interpreter prep | arca for | | | |
|----|--|----------------------------------|---|----------|--------|------|--|
| | Register: | - _{a.} | Organs | Yes | No | N/A | |
| | Omissions: | b. | Immunizations | | | | |
| | Additions: | c. d. e. f. g. h. | Body Systems Common Illnesses Common Tests Common Procedu | | 000000 | 0000 | |
| | Pronunciation: | | Medical Titles Medical Professio Symptoms | ns 🗖 | | 0000 | |
| | Speaker's emotions conveyed? | | Pain Terminology | | | | |
| | Technique: Yes No N/A | | Memory Aids: | | | | |
| | Comments of the state of the st | | | Yes | No | N/A | |
| | General flow: Flow when requesting clarification: | | Anchoring Visualization Echoing | 000 | 000 | | |
| | | | 6) Mind Mapping | | | | |
| | Speed: | | Eye Contact: | | _ | _ | |
| Ho | Distracting Habits: w often did the interpreter interrupt the se | ession | ? 1 2 3 | | | | |

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Oral Exam-One point per word

| MD: Hello, Mr. N, I am Dr. Severs, and I have spoken to Kevin about your case. How is your knee pain? | |
|--|---|
| Mr. N: Well, every time I take a step, it feels like there is a nail in my knee. I twisted the knee and it is very painful. | |
| MD: Can you bend the knee? | |
| Mr. N: Only so far. Maybe 30 degrees. | |
| MD: Does your knee ever buckle? (give way). | |
| Mr. N: No, not so far. But I am concerned because usually when I twist or hurt something, it is better in four or five days. I am still hurting after six weeks. | |
| MD: Well, Mr. N, let me examine your knee and we'll talk about that and what the MRI showed. | - |
| Mr. N: OK. | |
| (MD:examines patient) | |

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Sample Oral Exam (segment)

| Doctor: <u>Well,</u> | Mr. | Nelsor | , the ex | am sho | ws tend | erness | along yo | ur medi | ial joint lin | <u>ıe</u> . |
|---|--|----------------|-----------------|----------|----------|--------|------------|---------|-------------------|-------------|
| | 1 | | 3 | 3 | 3 | | | 10 | 10 | |
| You ha | ve a | <u>n</u> effus | ion. H | owever, | your lig | gament | s are stro | ng and | are <u>not da</u> | maged |
| 1 | | 10 | | | 1 | : | 10 | ; | 3 | 3 |
| The MF | The MRI shows that you have torn your medial meniscus. It is flapping in the | | | | | | | | | |
| 1 | .0 | | | 3 | | 10 | 10 | | 10 | |
| breeze, so to speak, and I think you will need surgery to fix this. | | | | | | | | | | |
| | | 10 | | 3 | | 3 | 3 | 3 | | |
| Mr. Nelson <u>: I</u> | will | need s | urgery <u>a</u> | at my aş | ge? | | | | | |
| | 1 | 3 | 3 | 1 | | | | /12 | 28 | |



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Understand the importance of rubrics

GOAL ONE

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Student Evaluations



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"A rubric defines the features of work that constitute quality. It is the mechanism for judging the quality of student work."

Arter and Chappuis



 Clearly define the performance expectations for an assignment





Two Major Types

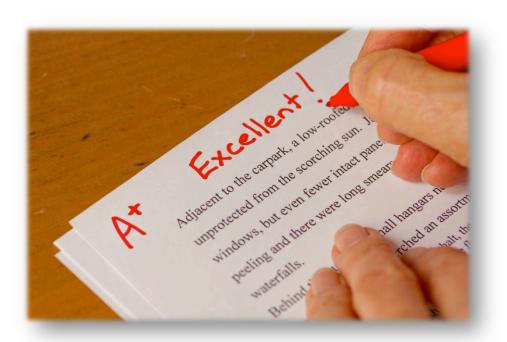
- 1) Holistic
- 2) Analytical





HOLISTIC RUBRICS

 single score for an entire product or performance







Oral Presentation Rubric

Mastery

- · usually makes eye contact
- · volume is always appropriate
- enthusiasm present throughout presentation
- summary is completely accurate

Proficiency

- usually makes eye contact
- · volume is usually appropriate
- enthusiasm is present in most of presentation
- · only one or two errors in summary

Developing

- · sometimes makes eye contact
- volume is sometimes appropriate
- · occasional enthusiasm in presentation
- some errors in summary

Inadequate

- never or rarely makes eye contact
- volume is inappropriate
- · rarely shows enthusiasm in presentation
- many errors in summary



ANALYTICAL RUBRICS

 divides a performance or assignment into separate, specific areas that are to be evaluated

| NAME | |
|---------|--|
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| COMMENTS | | |
|------------|--|--|
| Action Co. | | |



help teachers:

- identify and define learning objectives
- grade consistently and objectively
- provide feedback



help students:

- Understand teacher expectations
- Understand grading process
- Self assess their progress
- Improve their quality of work through descriptive feedback



- 1. What are your learning objectives for the course?
- 2. What do you want to measure?
- 3. Why do you want to measure this piece?
- 4. How often?
- 5. Who will use it?



- Examples
 - Essay
 - Oral Presentation
 - Role-play practice
 - Written Exam
 - Oral Exam



Rubric of Learning Vs. Rubric for Learning



Rubric of Learning

- Measures Proficiency
 - >Exams, Tests
 - > Letter grades
 - **□**A, B, F
 - **□**Great ✓
 - □Poor ×





Rubric for Learning

- Defines and Outlines desired skills or results
 - Clearly explains what you expect from the students
 - Promotes transparency

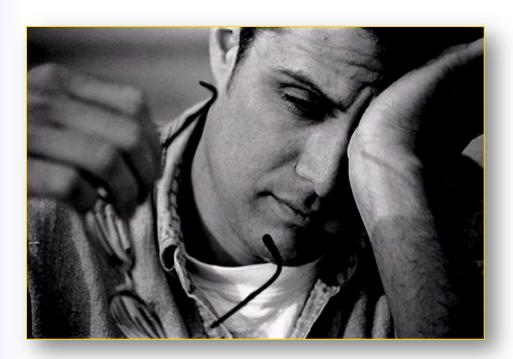


You did well!





I was expecting more from you.







"Guided practice: Instruction dedicates a significant amount of time to guided practice, gives students directed feedback, and monitors their skill development (especially in message conversion)."

The NCIHC National Standards for Healthcare Interpreter Training Programs-Page 17



Poll #2

In order to measure Interpreting Skills on a per class basis would you use a?

Rubric of Learning Vs.

Rubric for Learning







Poll #2 Results



Rubric of Learning Vs.
Rubric for Learning

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Review

Importance of Rubrics

- What are Rubrics?
- Benefits-Teachers
- Benefits-Students
- Rubric of Learning vs.

Rubric for Learning

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Understand the Components of a Rubric GOAL TWO

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"Do I know the difference between successful and unsuccessful performance and can I convey that difference in meaningful terms to my students?" (R.J. Stiggins)



- 1. Choose a learning target
- 2. Brainstorm quality performance
- Collect samples of existing rubrics& Gather samples of student work





- 4. Analyze and sort samples of student work
- 5. Decide on a scale of performance
- 6. Test the rubric and revise it as needed





1. Choose a Learning Target

- What is the task you are asking students to perform?
- Define your assignment or project what do you want your students to know and be able to do?





2. Brainstorm-quality performance

Describe the characteristics
 of a quality performance – the
 criteria of the task







3. Collect Samples of Existing Rubrics & Gather Samples of Student Work

- Collect available existing rubrics and descriptions of performance
- Gather actual rubric language
- Gather at least 20 samples of student work that represent the broadest range of student performance for that learning target (assessment)
- A variety of samples helps ensure that all important general criteria end up on the final rubric





4. Analyze and Sort Samples of Student Work

- Examine the samples of student work
- Sort the samples into three stacks, representing your evaluation of them as strong, medium, and weak (or proficient, developing, and beginning)
- Write down your reasons. Be as descriptive as possible.
- Better if done in teams. Each member does this independently and then determine the consensus



- 4. Analyze and Sort Samples of Student Work
- Goal of this activity:
 develop a list of the reasons why you
 place each sample in its respective
 stack
- These reasons or descriptive statements will form the core of your rubric descriptors.





5. Decide on a scale of performance

 Develop a rating scale with the levels of mastery







□ Average

□ Poor





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6. Test the rubric and revise it as needed

- Test the rubric
- Write down how it can be improved
- Revise



Remember:

Rubrics are always works in progress!



Components of a Rubric

- 1. Criteria
- 2. Descriptors
- 3. Scale





Components of a Rubric

1. Criteria



| Name | Date | Role-play # |
|------------|------|-------------|
| ! * | | |

| | Levels of Mastery | | |
|--------------------|--|--|---|
| | Superior | Intermediate | Beginner |
| Presentation Style | | | |
| Voice Quality | □ Always spoke using appropriate pace, pitch and volume □ Always spoke clearly, fluently, eloquently & coherently | □ Usually spoke using appropriate pace, pitch and volume □ Usually spoke clearly, fluently, eloquently & coherently | □ Rarely spoke using appropriate pace, pitch and volume □ Rarely spoke clearly, fluently, eloquently & coherently |
| • Eye Contact | □ Always able to use memory aids effectively and maintain eye contact □ Eye contact was always friendly □ Eye contact always showed appropriate interest and care for both parties | □ Usually able to use memory aids effectively and maintain eye contact □ Eye contact was usually friendly □ Eye contact usually shows appropriate interest and care for both parties | □ Rarely looked at speaker □ Stared at speaker, made speaker feel uncomfortable □ Eye contact was piercing |
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| • Posture | Always sat or stood in a professional manner | ☐ Usually sat or stand in a professional manner but not always | Slouched, sat or stood in an overly casual manner |
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| • Flow | □ No long pauses □ Flow was always smooth □ Always mimicked pace of original speaker | ☐ At times pauses were too long ☐ Flow was usually smooth ☐ Usually mimicked pace of original speaker | ☐ Frequent long pauses ☐ Flow was rarely smooth ☐ Rarely mimicked pace of original speaker |



Components of a Rubric

2. Descriptors



| Name | Date | Role-play # |
|----------|------|-------------|
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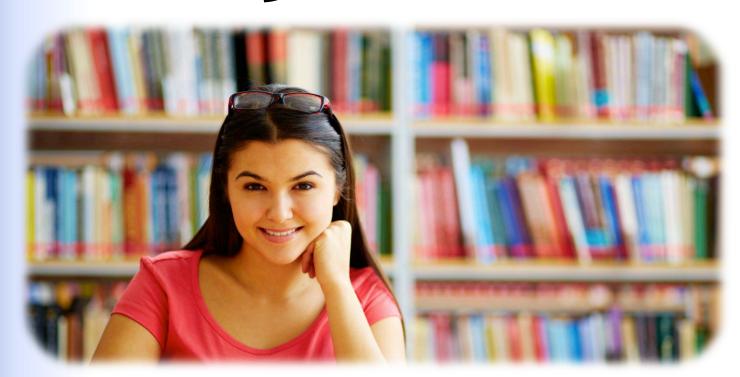
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Components of a Rubric

3. Scale



Role-Play Evaluation Form (Mark all that apply)

| Nam | e | | | | | Date | Role-play # _ |
|--------------------|---------------|---|--|---|--|-------|---|
| | | | Superior | | Levels of Mastery Intermediate | | Beginner |
| Presentation Style | | | | | | | |
| ŀ | Voice Quality | 0 | Always spoke using appropriate pace, pitch and volume Always spoke clearly, fluently, eloquently & coherently | | Usually spoke using appropriate pace, pitch and volume Usually spoke clearly, fluently, eloquently & coherently | 0 | Rarely spoke using appropriate pace, pitch and volume Rarely spoke clearly, fluently, eloquently & coherently |
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original speaker



Review

- 1. Choose a learning target
- 2. Brainstorm quality performance
- 3. Collect samples of existing rubrics& Gather samples of student work
- 4. Analyze and sort samples of student work
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Apply this new knowledge to develop rubrics for healthcare interpreting trainings

GOAL THREE

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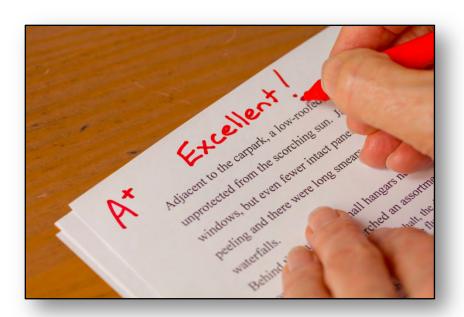






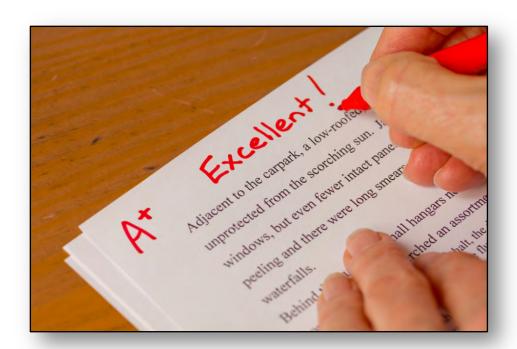


- Examples
 - EssayOf
 - Oral PresentationOf
 - Role-play practice For
 - Written ExamOf
 - Oral ExamOf





- Examples
 - Oral Presentation
 - Role-play practice For
 - Oral ExamOf





- Set expectations for students
- Easy to understand
- Promotes transparency
- Saves time and frustration





Rubric for Role-play Practice

 What are the skills that the student needs to have in order to become a skilled healthcare interpreter?





List of Wants

Properly use memory aids

- Note-taking
- Anchoring





List of Wants

Ethical
Accuracy
Roles of the Interpreter





List of Wants



Presentation Style

- Speak clearly
- Appropriate Flow
- Posture
- Professional Manner
- No gum or food

IONAL COUNCIL ON INTERPRETING IN HEALTH CARE



Sample Rubric-Role Play Practice

Areas Observed: Was the interpreter prepared for the vocabulary? Accuracy: Register: _____ Yes No N/A Organs Omissions: Immunizations Body Systems Common Illnesses Additions:_____ Common Tests f. Common Procedures Distortions: Medical Titles Medical Professions Pronunciation: Symptoms Pain Terminology Speaker's emotions conveyed? Explain: Memory Aids: Technique: Yes No N/A N/A No General flow: 1) Note Taking 2) Finger Counting 3) Anchoring Flow when requesting clarification: 4) Visualization 5) Echoing 6) Mind Mapping Speed: Eye Contact: Distracting Habits: How often did the interpreter interrupt the session? 1 2 3



Rubric for Role Play Practice

- Clearly define "Well" or "Excellent"
- What would a perfect interpreting performance look and sound like?
- Write it down



INAL COUNCIL ON INTERPRETING IN HEALTH CARE



Rubric for Role Play Practice

- Clearly define "Poor" or "Inadequate"
- What would a poor interpreting performance look and sound like?
- Write it down



Page 1 Top Portion

Role-Play Evaluation Form (Mark all that apply)

| | Name | Date | Role-play # |
|--|------|------|-------------|
|--|------|------|-------------|

| | Levels of Mastery Superior Intermediate Beginner | | | | | | | |
|--------------------|--|--|---|--|--|--|--|--|
| | Superior | Beginner | | | | | | |
| Presentation Style | | | | | | | | |
| Voice Quality | □ Always spoke using appropriate pace, pitch and volume □ Always spoke clearly, fluently, eloquently & coherently | □ Usually spoke using appropriate pace, pitch and volume □ Usually spoke clearly, fluently, eloquently & coherently | □ Rarely spoke using appropriate pace, pitch and volume □ Rarely spoke clearly, fluently, eloquently & coherently | | | | | |
| Eye Contact | □ Always able to use memory aids effectively and maintain eye contact □ Eye contact was always friendly □ Eye contact always showed appropriate interest and care for both parties | □ Usually able to use memory aids effectively and maintain eye contact □ Eye contact was usually friendly □ Eye contact usually shows appropriate interest and care for both parties | □ Rarely looked at speaker □ Stared at speaker, made speaker feel uncomfortable □ Eye contact was piercing | | | | | |
| Body Language | □ Always observed and mimicked speakers' gestures □ Body language always communicated concern and care for both parties | ☐ Usually mimicked speakers' gestures ☐ Body language usually communicates concern and care for both parties | □ Did not observe and mimic speakers' gestures □ Acted disinterested, bored | | | | | |
| • Posture | Always sat or stood in a professional manner | ☐ Usually sat or stand in a professional manner but not always | Slouched, sat or stood in an overly casual manner | | | | | |
| • Tone | ☐ Always mimicked the exact style and tone of speaker | ☐ Usually mimicked the style and tone of speaker | ☐ Rarely_mimicked the style and tone of speaker | | | | | |
| • Flow | □ No long pauses □ Flow was always smooth □ Always mimicked pace of original speaker | ☐ At times pauses were too long ☐ Flow was usually smooth ☐ Usually mimicked pace of original speaker | □ Frequent long pauses □ Flow was rarely smooth □ Rarely mimicked pace of original speaker | | | | | |

Page 1 Bottom Portion

| | | | - | | - | |
|---------------------------------|--------------------|---|--|---|---|--|
| Accuracy | | | | | | |
| | Use of Register | □ Always matched register □ Always consulted speaker when necessary to explore adjusting register □ Always noticed that the patient had difficulty understanding message and alerted provider | d speaker when lore adjusting when necessary to explore adjusting register that the patient derstanding understanding understanding understanding understanding understanding message and | | | Rarely matched register Rarely consulted speaker when necessary to explore adjusting register Did not notice that the patient had difficulty understanding message |
| ŀ | Corrects Errors | □ Always used appropriate language to correct mistake □ Corrected immediately | | Usually used appropriate language to correct mistake At times does not identify who made the mistake Waited to correct error | | Did not correct errors Rarely used appropriate language to correct mistake |
| | Pronunciation-Eng. | □ Minimal medical terminology mistakes □ Always accepts suggestions on pronunciation □ Frequently used resources to ensure proper pronunciation | | Occasional medical terminology mistakes Usually accepts suggestions on pronunciation At times used resources to encounter proper pronunciation | | Frequent medical terminology mistakes Rarely accepts suggestions on pronunciation Did not use resources to encounter proper pronunciation |
| | Pronunciation-TL | □ Minimal medical terminology mistakes □ Always accepts suggestions on pronunciation □ Frequently used resources to ensure proper pronunciation | | Occasional medical terminology mistakes Usually accepts suggestions on pronunciation At times used resources to encounter proper pronunciation | 0 | Frequent medical terminology mistakes Rarely accepts suggestions on pronunciation Did not use resources to encounter proper pronunciation |
| Ethics | | ☐ Always followed Standards of Practice even though, not in personal agreement | | Usually followed Standards of Practice even though, not in personal agreement | | Rarely followed the Standards of Practice |
| Memory Use of Memory Always r | | | | Able to retain medium length utterances Usually recognized when unable to recall key items of info. | 0 | Only able to retain short utterances Rarely recognized when unable to recall key items of info. |
| Voc | abulary | ☐ Looked up all unknown words in role-play | | Looked up most of the unknown words in role-play | | Only looked up a few unknown words in role-play |



Review

Rubric for Learning

- Set expectations for students
- Easy to understand
- Promotes transparency
- Saves time and frustration



- Final Oral Exam
- Oral Presentation

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Final Oral Exam

- What do you want to measure?
- What is measureable?
 - Syllabus-Learning Objectives
 - 1) Accuracy
 - 2) Presentation Style
 - 3) Technique







Final Oral Exam

- Grading
 - ➤ Group effort-make take some time
 - ➤ Complicated (Grade needs to reflect performance)
- Final Oral Exam
 - ➤ What does a quality performance look like?
 - ➤ What should be the passing grade?
 - ➤ How important is *Presentation Style* and *Technique*?



Sample Oral Exam (segment)

| Doctor: Well, M | Ir. Nelso | n, the ex | am shows | tenderness | along yo | our medial j | oint line. |
|-------------------------|-----------------|------------------|-------------------|--------------------|-------------|-----------------------|-------------|
| | 1 | 3 | } | 3 | | 10 | 10 |
| You have | e an effu | sion. Ho | wever, yo | ur ligamen | ts are stro | ong and are | not_damageo |
| 1 | 1 | 0 | 1 | | 10 | 3 | 3 |
| The MRI | shows t | hat you h | ave torn y | our <u>media</u> l | meniscu | s. It is <u>flapp</u> | oing in the |
| 10 | | | 3 | 10 | 10 | | 10 |
| breeze, so | to speal | k, and I t | <u>hink</u> you w | rill need su | rgery to | fix this. | |
| | 10 | | 3 | 3 | 3 | 3 | |
| Mr. Nelson <u>: I w</u> | <u>ill</u> need | surgery <u>a</u> | it my age? | | | | |
| 1 | 3 | <u>3</u> | 1 | | | /128 | |

Page 1 Top Portion

+

Final Oral Exam

| Name | |
|------|--|
| | |

Date_____

| | Presentation | Style 10% | A + B + C + D = | | | |
|--|---|--|--|---|--|--|
| | Expert | Superior | Intermediate | Deficient | | |
| | (9-10 points) | (8 points) | (7 points) | (0-6 points) | | |
| (A) Voice quality 2% (A=10 x Points Awarded) | □ Pronunciation was near flawless or was flawless □ Always spoke clearly, fluently, eloquently & coherently □ Always spoke using appropriate pace, pitch and volume □ | □ A few pronunciation mistakes □ Usually spoke clearly, fluently, eloquently & coherently □ Usually spoke using appropriate pace, pitch and volume □ | □ Pronunciation was a little defective but in general was understandable □ Usually spoke clearly, fluently, eloquently & coherently but at times was not easy to understand □ Usually spoke using appropriate pace, pitch and volume but at times these qualities were | □ Many issues with pronunciation □ In general pace, pitch and volume were deficient □ In general was not easy to understand (candy or gum in mouth) | | |
| A= | | | deficient | | | |
| (B) Body Language/ Posture 1% (B=10 x Points Awarded) | □ Always sat or stood in a professional manner □ Always observed and mimicked speakers' gestures □ No distracting mannerisms | Usually sat or stood in a professional manner Usually observed and mimicked speakers' gestures No distracting mannerisms | □ Posture was adequate but could be improved □ At times observed and mimicked speakers' gestures □ Mannerisms could be improved | □ Slouched, informal body language □ Rarely observed and mimicked speakers' gestures □ Used distracting mannerisms | | |
| B= | | | | | | |

Page 1 Bottom Portion

| (C) Flow/Pace 6% | Flow was always easy to follow and was not too fast or too slow No long pauses | | Flow was usually easy to follow and was not too fast or too slow Usually pauses | Flow had some issues, slow at times At times pauses were too long | | Flow was choppy Inappropriately interrupted speaker Frequent long pauses |
|----------------------------|--|--|---|---|---|--|
| (C=10 x Points Awarded) | | At times mimicked the pace of the original speaker-more focused on accuracy rather than flow | | Rarely mimicked pace of original speaker | | |
| (D) | Always mimicked the exact style and | | Usually mimicked the exact style and | At times mimicked the | | Did not mimic the exact style and tone |
| Tone/Style 1% | tone of speaker Always included regressions, and | | tone of speaker Usually included regressions, and | exact style and tone of speaker At times included | | of speaker Did not include regressions, and |
| (D=10 x Points Awarded) | speaker pauses | | speaker pauses | regressions, and speaker pauses | | speaker pauses |
| | | | | | | |
| D = | | | | | l | |

Page 2 Top Portion

| Technique 10% A+B+C= | | | | | | | | | |
|---|---|---|--|---|--|--|--|--|--|
| | Expert (9-10 points) | Superior (8 points) | Intermediate (7 points) | Deficient (0-6 points) | | | | | |
| (A) Eye Contact 2% (A=10 x Points Awarded) A= | ☐ Always maintained appropriate eye contact while using memory aids | ☐ Usually maintained appropriate eye contact while using memory aids | ☐ At times maintained appropriate eye contact while using memory aids | ☐ Rarely maintained appropriate eye contact while using memory aids | | | | | |
| (B) Anchoring 4% (B=10 x Points Awarded) B= | □ Always chose the correct words □ Anchored in the appropriate language □ Always anchored quickly | □ Usually chose the correct words □ Anchored in the appropriate language □ Usually anchored quickly | □ Rarely chose the correct words □ Sometimes anchored in incorrect language □ Anchored after delay | □ Did not chose the correct words, says "anchor" rather than anchoring □ Unsure where and when to anchor □ Long delay before anchoring □ Used hand signal to anchor | | | | | |

Page 2 Bottom Portion

| (C) | | Student had no | | Student had no | | Student had no | | Student had |
|----------------|-----|-----------------------|---|--------------------------------|---|---------------------------------|---|--------------------------------|
| | | trouble reading their | | trouble reading their notes | | trouble reading their notes | | trouble reading their notes |
| Note-Taking 4% | _ | notes | _ | | _ | | _ | |
| | | Always maintained | | Always | | Usually | | Taking notes |
| | l _ | consistent flow | | maintained | | maintained | | slowed the flow |
| | | Took notes on key | _ | consistent flow | | consistent flow, | _ | considerably |
| | | ideas only | | Took notes on | | flow was | | Only took notes |
| | | Took notes on key | | key ideas, on | | noticeably | | on some numbers |
| | | ideas only | | rare occasions, | | slower because | | and names |
| | | Combined note- | | wrote down too | | of note-taking, | | Was not able to |
| | | taking with | | much | | but did not | | identify when and |
| | | Anchoring when | _ | information | | negatively | | how to take notes |
| | | necessary | | Improved notes | | affect the | | on general |
| (C=10 x Points | | Notes were always | | could have | | encounter | _ | information |
| Awarded) | | short and concise | | eliminated the | | Took some | | Projected |
| | | | | need to anchor | | notes on key | | discomfort when |
| | | | | Notes were | | information but | _ | taking notes |
| | | | | usually short | | occasionally, wrote down too | | Notes were rarely |
| | | | | and concise | | much | | short and concise |
| | | | | | | information | | |
| | | | | | | Notes were | | |
| | | | | | | | | |
| | | | | | | frequently short and | | |
| _ | | | | | | concise | | |
| C= | | | | | | Concise | | |
| | | | | | | | | |
| | | | | | | | | |

| Total Scor | re from ab | ove <u>:</u> | /716 = | % | |
|------------|-------------|--------------|--------|---|---|
| English E | valuator: _ | | | | |
| TL Evalua | ator: | | | | - |
| TL: | | | | | |
| Retake? | YES | NO | | | |
| Additiona | l Evaluato | or: | | | |

| Grading Summary | | | | | | |
|--|--|--|--|--|--|--|
| 1. Presentation Style (Grade x 0.10) | | | | | | |
| 2. Technique (Grade x 0.10) | | | | | | |
| 3. Accuracy (Grade x 0.77) | | | | | | |
| 4. Appropriately Corrects Mistakes (0-1 point) | | | | | | |
| 5. Uses Correct Conjugation, Professional Style of Speech (0-2 points) | | | | | | |
| $Final\ Grade = 1+2+3+4+5$ | | | | | | |



Oral Presentation



- 1. Presentation methods
- d. Student presentations



Oral Presentation

- What do you want to measure?
- What is measureable?
 - Syllabus-Learning Objectives
- 1) Presentation Style/Delivery
- 2) Content



FIONAL COUNCIL ON INTERPRETING IN HEALTH CAR



1) Presentation Style/Delivery

- Organization
- Eye Contact
- Voice Quality
- Interest Level/Enthusiasm
- Pronunciation
- Visuals
- Time



TIONAL COUNCIL ON INTERPRETING IN HEALTH CAR



2) Content-ER Presentation

- Explained the disease
- Causes
- Clinical Symptoms
- Diagnosis (Tests)
- Treatment
- Prevention
- Risk Group

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E.r. PRESENTATION RUBRIC

| DELIVERY: (30 | %) | | | | | | | | | |
|---|------------|------|---|-----|--------|-----|---|-----------------|-----------------------------------|--|
| Organization | 0 | 1 | 2 | 3 | 4 | 5 | Your | presentation is | s logically organized and easy to | |
| Eye Contact | 0 | 1 | 2 | 3 | 4 | 5 | follov You p | | ok at your audience | |
| Voice Projectio | n 0 | 1 | 2 | 3 | 4 | 5 | You s | peak loud eno | ugh to be heard by all and your | |
| | | | | | | | voice | commands at | tention – you speak clearly | |
| Interest Level/ Enthusiasm | 0 | 1 | 2 | 3 | 4 | 5 | The i | nterest level y | ou project in your presentation | |
| Pronunciation | 0 | 1 | 2 | 3 | 4 | 5 | You p | oronounce key | terms correctly | |
| Visuals / Technology | 0 | 1 | 2 | 3 | 4 | 5 | This : | should add to t | the quality of the presentation | |
| Time | 0 | 1 | 2 | 3 | 4 | 5 | A minimum of 5 minutes to a maximum of 10 | | | |
| (10%) | | | | | | | | | | |
| CONTENT: (60° | %) | | | | | | | | | |
| a. Explained the | | ease | 0 | 1 | 2 | 3 | 4 | 5 | | |
| (How is the body affe b. Causes | ected?) | | 0 | 1 | 2 | 3 | 4 | 5 | | |
| c. Clinical symp | tom | s | 0 | 1 | 2 | 3 | 4 | 5 | | |
| d. Diagnosis (T | ests) |) | 0 | 1 | 2 | 3 | 4 5 | | | |
| e. Treatment | | | 0 | 1 | 2 | 3 | 4 5 | | | |
| f. Prevention | | | 0 | 1 | 2 | 3 | 4 5 | | | |
| g. Risk group | | | 0 | 1 | 2 | 3 | 4 5 | | | |
| | | | | | | | Tot | al Points | s: | |
| A=5 pts. | B=4 | pts. | | C=: | 3 pts. | (T) | D= | 2 pts. | F=1 pt. | |

Page 1 Top Portion

ER Oral Presentation

| Name | Disease | |
|----------|---------|--|
| . vaiiie | Disease | |

| Name Disease | | | | | | |
|-------------------------------------|--|---|--|---|--|--|
| P | Presentation Style/D | elivery (50%) | A+B+C+D+E+F+G= | | | |
| | Expert (9-10 points) | Superior (8 points) | Intermediate (7 points) | Deficient (0-6 points) | | |
| (A) Organization | □ Presentation was logically organized and easy to follow □ Main content topics seamlessly flowed from one topic to another | □ Presentation was logically organized and easy to follow. □ Transition from one main point to another could have been smoother | □ In general the presentation was organized, but at times did not follow a logical order □ Transition of points was abrupt | □ Presentation did not follow a logical order □ Transition of points was very abrupt and signaled the need for more preparation | | |
| (B) Eye Contact | □ Was not tied to notes □ Was very familiar w/ all content □ Always looked purposely at the audience □ Usually noticed reactions to content and clarified when necessary | □ Was not tied to notes □ Was moderately familiar w/ all content □ Usually looked purposely at the audience □ Sometimes noticed reactions to content and clarified when necessary | □ Was at times tied to notes □ Was somewhat familiar w/ content □ Rarely looked purposely at the audience □ Did not notice reactions to content and did not clarified when necessary | □ Read from page, slide show, or cue cards and rarely look at audience □ Appeared not to be familiar w/content □ Did not notice audience reactions to content | | |
| (C) Interest Level/Enthusiasm | □ Presentation was lively and this showed enthusiasm for the topic □ Presentation was engaging, creative and captured the audience's attention | □ Presentation was usually lively and this showed enthusiasm for the topic □ Presentation was usually engaging, creative and captured the audience's attention | □ Presentation was at times lively □ Presentation was at times engaging □ Presentation at times captured and held the audience's attention | □ Presentation was monotone □ Presentation needed to be more engaging in order to hold the audience's attention | | |



Challenges Associated with Converting Rubric Scores to Grades





Poll #3

What issues can you foresee when converting the score into a traditional grade?



| NAME | |
|---------|--|
| LATIVIE | |

TOTAL SCORE = ____ (out of 12)

Sample Writing Rubric

| | 1 = minimal | 2 = adequate | 3 = strong | 4 = outstanding |
|---------------------|--|---|---|--|
| Mechanics | Many spelling, grammar, and punctuation errors; sentence fragments; incorrect use of capitalization | Some spelling and grammar errors; most sentences have punctuation and are complete; uses upper- and lowercase | Few spelling and grammar errors; correct punctuation; complete sentences | Correct spelling, grammar, and punctuation; complete sentences; correct use of capitalization |
| Ideas & Content | Key words are not near the beginning; no clear topic; no beginning, middle, and end; ideas are not ordered | Main idea or topic is in first sentence; semidefined topic; attempts beginning, middle and end sections; some order of main idea and details in sequence | Good main idea or topic sentence; main idea is fairly broad; has good beginning, middle, and end sections; main idea and details are sequential, as appropriate | Interesting, well-stated main idea or topic sentence; uses logical plan with an effective beginning, middle, and end; good flow of ideas from topic sentence to details in sequence |
| Peer Interaction | Uncooperative, off task, unproductive | Works with partner most of the time | Effectively works with partner; participates in discussions most of the time | Consistently and actively works with partner; contributes knowledge, opinions, and skills |

| COMMENTS | |
|----------|--|
| | |
| | |



Poll #3 Results



Comments.....

ONAL COUNCIL ON INTERPRETING IN HEALTH CAR

| NAME | |
|---------|--|
| LATIVIE | |

TOTAL SCORE = ____ (out of 12)

Sample Writing Rubric

| | 1 = minimal | 2 = adequate | 3 = strong | 4 = outstanding |
|---------------------|--|---|---|--|
| Mechanics | Many spelling, grammar, and punctuation errors; sentence fragments; incorrect use of capitalization | Some spelling and grammar errors; most sentences have punctuation and are complete; uses upper- and lowercase | Few spelling and grammar errors; correct punctuation; complete sentences | Correct spelling, grammar, and punctuation; complete sentences; correct use of capitalization |
| Ideas & Content | Key words are not near the beginning; no clear topic; no beginning, middle, and end; ideas are not ordered | Main idea or topic is in first sentence; semidefined topic; attempts beginning, middle and end sections; some order of main idea and details in sequence | Good main idea or topic sentence; main idea is fairly broad; has good beginning, middle, and end sections; main idea and details are sequential, as appropriate | Interesting, well-stated main idea or topic sentence; uses logical plan with an effective beginning, middle, and end; good flow of ideas from topic sentence to details in sequence |
| Peer Interaction | Uncooperative, off task, unproductive | Works with partner most of the time | Effectively works with partner; participates in discussions most of the time | Consistently and actively works with partner; contributes knowledge, opinions, and skills |

| COMMENTS | | |
|-----------------------|--|--|
| Account of the second | | |



How do I measure (grade) a paper or presentation using a rubric?

| | Minimal (1 point) | Adequate (2 points) | Strong (3 points) | Outstanding (4 points) |
|---------------------|----------------------|---------------------|----------------------|------------------------|
| Mechanics | | | | |
| Ideas & Content | | | | |
| Peer Interaction | | | | |

2+3+4=9 Points

75%

How do I measure (grade) a paper or presentation using a rubric?

| | Beginner (1 point) | Developing (2 points) | Intermediate (3 points) | Superior (4 points) | Expert (5 points) |
|---------|-----------------------|-----------------------|-------------------------|------------------------|-------------------|
| Item #1 | | | | | |
| Item #2 | | | | | |
| Item #3 | | | | | |
| Item #4 | | | | | |

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NCIHC

How do I measure (grade) a paper or presentation using a rubric?

| | Expert (5 points) | Superior (4 points) | Intermediate (3 points) | Developing (2 points) | Beginner (1 point) |
|---------|-------------------|------------------------|-------------------------|--------------------------|-----------------------|
| Item #1 | | | | | |
| Item #2 | | | | | |
| Item #3 | | | | | |
| Item #4 | | | | | |

NATIONAL COUNCIL ON INTERPRETING IN HEALTH CAI

3+3+3+3=12 Points

60%



Careful with limiting your options

| Expert (5 points) | Superior (4 points) | Intermediate (3 points) | Developing (2 points) | Beginner (1 point) |
|-------------------|------------------------|----------------------------|-----------------------|-----------------------|
| 100% | 80% | 60% | 40% | 20% |
| A+ | C- | D- | F | F |

Page 1 Top Portion

ER Oral Presentation

| Name | Disease | |
|---------|---------|--|
| .vaiiie | Disease | |

| P | resentation Style/D | elivery (50%) | A+B+C+D+E+F+G= | |
|---|--|---|--|---|
| | Expert (9-10 points) | Superior (8 points) | Intermediate (7 points) | Deficient (0-6 points) |
| (A) Organization 2% (A=2 x Points Awarded) A= | □ Presentation was logically organized and easy to follow □ Main content topics seamlessly flowed from one topic to another | □ Presentation was logically organized and easy to follow. □ Transition from one main point to another could have been smoother | ☐ In general the presentation was organized, but at times did not follow a logical order ☐ Transition of points was abrupt | □ Presentation did not follow a logical order □ Transition of points was very abrupt and signaled the need for more preparation |
| (B) Eye Contact 10% (B=1 x Points Awarded) B= | □ Was not tied to notes □ Was very familiar w/ all content □ Always looked purposely at the audience □ Usually noticed reactions to content and clarified when necessary | □ Was not tied to notes □ Was moderately familiar w/ all content □ Usually looked purposely at the audience □ Sometimes noticed reactions to content and clarified when necessary | □ Was at times tied to notes □ Was somewhat familiar w/ content □ Rarely looked purposely at the audience □ Did not notice reactions to content and did not clarified when necessary | □ Read from page, slide show, or cue cards and rarely look at audience □ Appeared not to be familiar w/content □ Did not notice audience reactions to content |
| (C) Interest Level/Enthusiasm 10% (C=10 x Points Awarded) C= | □ Presentation was lively and this showed enthusiasm for the topic □ Presentation was engaging, creative and captured the audience's attention | □ Presentation was usually lively and this showed enthusiasm for the topic □ Presentation was usually engaging, creative and captured the audience's attention | □ Presentation was at times lively □ Presentation was at times engaging □ Presentation at times captured and held the audience's attention | □ Presentation was monotone □ Presentation needed to be more engaging in order to hold the audience's attention |

Page 1 Bottom Portion

| (D) Voice Quality 10% (D=10 x Points Awarded) D= | 0 | Always spoke using appropriate pace, pitch and volume Always spoke clearly, fluently, eloquently & coherently | 0 | Usually spoke using appropriate pace, pitch and volume Usually spoke clearly, fluently, eloquently & coherently | | Usually spoke using appropriate pace, pitch and volume but at times these qualities were deficient Usually spoke clearly, fluently, eloquently & coherently but at times was not easy to understand | | In general pace, pitch and volume were deficient In general was not easy to understand (candy or gum in mouth) |
|--|----------|---|---|--|-------|---|---|---|
| (E) Pronunciation 10% (E=10 x Points Awarded) E= | | All key words were pronounced correctly | | Almost all key words were pronounced correctly | | Most of the key words were pronounced correctly | | Most of the key words were pronounced poorly |
| Visuals 6% (Pamphlets, Slide Presentation, Role-Play, Poster board, Video) (F=6 x Points Awarded) F= | 0 0 00 0 | Visuals helped to explain the disease Student was very familiar w/visual Explained visuals well Slide show presentation-not too much info. on slides Role-play was well rehearsed and added to the presentation | | Visuals helped to explain the disease Student was moderately familiar w/visual Explained visuals sufficiently Slide show presentation-was overly detailed Role-play was well rehearsed but too long or too short | 0 0 0 | Visuals helped to explain the disease Student did not appear to be overly familiar w/visual Explanation of visual was very brief Slide show presentation required more development Role-play needed to be better rehearsed | | Student did not appear to be familiar w/visual Did not explain the visual used Role-play appeared not to have been rehearsed |
| (G) Time 2% (9-11 Minutes) (G=2 x Points Awarded) D= | | Total presentation time was 9-11 minutes If a video was used then it was under 3 minutes in length | 0 | Total presentation time was either 8-9 minutes or 11-12 minutes If a video was used then it was under 3 minutes in length | | Total presentation time was either 7-8 minutes or 12-13 minutes If a video was used then it was under 3 minutes in length | 0 | Total presentation was either under 7 minutes or over 13 minutes If a video was used then it was over 3 minutes in length |

Page 2 Top Portion

| | Content (50 | %) | A+B+C+D+I | E+ F - | +G+H= | | |
|---|--|------------|--|---------------|--|---|---|
| | Superior (9-10 points) | | Intermediate (7-8 points) | | Developing (5-6 points) | | Not Covered (0 points) |
| (A) Explained the Disease 10% (A=10 x Points | ☐ Thoroughly explain how the body is | ed | Gave a general overview on how the body is affected by the | | A very brief overview on how the body is affected by the disease | | No explanation at all on how the disease affects the |
| Awarded) A= | affected by the disea ☐ Always used and explained medical te | | disease In general, used and explained medical term. | | Usually, used medical term. but no explanation given | 0 | body Did not use or explain medical term. |
| (B) Causes 10% (B=10 x Points Awarded) | ☐ Thoroughly explain the causes behind the | ed l | Gave a general overview on the causes behind the | | A very brief overview on the causes behind the | 0 | No explanation at all on what causes the disease |
| B= | disease Always used and explained medical terminology | С | disease In general, used and explained medical terminology | _ | disease Usually, used medical term. but no explanation given | | Did not use or explain medical term. |
| (C) Clinical Symptoms 5% (C=5 x Points Awarded) C= | Listed all common clinical symptoms associated with the disease | | ☐ Listed most of the common clinical symptoms associated with the disease | 0 | Listed a few of the common clinical symptoms associated with the disease | | Listed none of the clinical symptoms associated with the disease |
| (D) Diagnosis (Tests) 5% | ☐ Included all tests commonly used | | ☐ Included most of the tests commonly used | | Included some tests commonly used | | Did not mentioned |
| (D=5 x Points Awarded) D = | ☐ Gave a brief overvie on how the tests are performed | w [| ☐ Gave a brief overview on how the tests are performed | | Did not give a brief overview on how the tests are performed | | the tests used to diagnosis the disease |
| (E) Treatment 10% (E=10 x Points Awarded) E= | ☐ Listed all common treatment options associated with the disease ☐ Gave a brief overvie on each treatment | | □ Listed most common treatment options associated with the disease □ Gave a brief overview on some treatment | 0 | Listed some common treatment options associated with the disease Did not give a brief overview on the treatments | 0 | Did not mentioned the treatments commonly used |

Page 2 Bottom Portion

| (F) Prevention 5% (F=5 x Points Awarded) F= | | Included all of the most common ways to prevent the disease | Included most of the most common ways to prevent the disease | Included some of the most common ways to prevent the disease | Did not mention how to prevent the disease |
|--|---|--|--|---|---|
| (G) Risk Group 2% (G=2 x Points Awarded) G= | 0 | Included an overview on groups commonly affected by disease When appropriate explained why group is commonly affected | Included an overview on groups commonly affected by disease Gave an incomplete explanation on why group is commonly affected | Only mentioned the group most commonly affected Gave no explanation on why group is commonly affected | Did not include an overview on groups commonly affected by disease |
| (H) Vocabulary (10 Words) 3% (H=3 x Points Awarded) H= | 0 | All words chosen would be of great benefit to a healthcare interpreter | Almost all words chosen would be of great benefit to a healthcare interpreter | Most of the words chosen would be of great benefit to a healthcare interpreter | Did not prepare list of words or word selection did not show proper preparation |

| Grading Su | mmary |
|----------------------------------|-------|
| 1. Presentation Style | |
| 2. Content | |
| Final Grade = $(1+2) \times 0.1$ | |



Let's do one together!



Page 1 Top Portion

ER Oral Presentation

| Vame | Disease | |
|------|---------|--|
| | | |

| Presentation Style/Delivery (50%) A+B+C+D+E+F+G= | | | | | | | |
|---|--|---|--|---|--|--|--|
| | Expert (9-10 points) | Superior (8 points) | Intermediate (7 points) | Deficient (0-6 points) | | | |
| (A) Organization 2% (A=2 x Points Awarded) A= | □ Presentation was logically organized and easy to follow □ Main content topics seamlessly flowed from one topic to another | □ Presentation was logically organized and easy to follow. □ Transition from one main point to another could have been smoother | ☐ In general the presentation was organized, but at times did not follow a logical order ☐ Transition of points was abrupt | □ Presentation did not follow a logical order □ Transition of points was very abrupt and signaled the need for more preparation | | | |
| (B) Eye Contact 10% (B=1 x Points Awarded) B= | □ Was not tied to notes □ Was very familiar w/ all content □ Always looked purposely at the audience □ Usually noticed reactions to content and clarified when necessary | □ Was not tied to notes □ Was moderately familiar w/ all content □ Usually looked purposely at the audience □ Sometimes noticed reactions to content and clarified when necessary | □ Was at times tied to notes □ Was somewhat familiar w/ content □ Rarely looked purposely at the audience □ Did not notice reactions to content and did not clarified when necessary | □ Read from page, slide show, or cue cards and rarely look at audience □ Appeared not to be familiar w/content □ Did not notice audience reactions to content | | | |
| (C) Interest Level/Enthusiasm 10% (C=10 x Points Awarded) C= | □ Presentation was lively and this showed enthusiasm for the topic □ Presentation was engaging, creative and captured the audience's attention | □ Presentation was usually lively and this showed enthusiasm for the topic □ Presentation was usually engaging, creative and captured the audience's attention | □ Presentation was at times lively □ Presentation was at times engaging □ Presentation at times captured and held the audience's attention | □ Presentation was monotone □ Presentation needed to be more engaging in order to hold the audience's attention | | | |

Page 1 Bottom Portion

| (D) Voice Quality 10% (D=10 x Points Awarded) D= | 0 | Always spoke using appropriate pace, pitch and volume Always spoke clearly, fluently, eloquently & coherently | 0 | Usually spoke using appropriate pace, pitch and volume Usually spoke clearly, fluently, eloquently & coherently | | Usually spoke using appropriate pace, pitch and volume but at times these qualities were deficient Usually spoke clearly, fluently, eloquently & coherently but at times was not easy to understand | 0 | In general pace, pitch and volume were deficient In general was not easy to understand (candy or gum in mouth) |
|---|---|---|---|--|---|---|---|---|
| (E) Pronunciation 10% (E=10 x Points Awarded) E= | | All key words were pronounced correctly | | Almost all key words were pronounced correctly | | Most of the key words were pronounced correctly | | Most of the key words were pronounced poorly |
| (F) Visuals 6% (Pamphlets, Slide Presentation, Role-Play, Poster board, Video) (F=6 x Points Awarded) F= | | Visuals helped to explain the disease Student was very familiar w/visual Explained visuals well Slide show presentation-not too much info. on slides Role-play was well rehearsed and added to the presentation | | Visuals helped to explain the disease Student was moderately familiar w/visual Explained visuals sufficiently Slide show presentation-was overly detailed Role-play was well rehearsed but too long or too short | | Visuals helped to explain the disease Student did not appear to be overly familiar w/visual Explanation of visual was very brief Slide show presentation required more development Role-play needed to be better rehearsed | | Student did not appear to be familiar w/visual Did not explain the visual used Role-play appeared not to have been rehearsed |
| (G) Time 2% (9-11 Minutes) (G=2 x Points Awarded) D= | | Total presentation time was 9-11 minutes If a video was used then it was under 3 minutes in length | | Total presentation time was either 8-9 minutes or 11-12 minutes If a video was used then it was under 3 minutes in length | 0 | Total presentation time was either 7-8 minutes or 12-13 minutes If a video was used then it was under 3 minutes in length | | Total presentation was either under 7 minutes or over 13 minutes If a video was used then it was over 3 minutes in length |



Let's do one more!



Page 1 Top Portion

ER Oral Presentation

| Vame | Disease | |
|------|---------|--|
| | | |

| Presentation Style/Delivery (50%) A+B+C+D+E+F+G= | | | | | | | |
|---|--|---|--|---|--|--|--|
| | Expert (9-10 points) | Superior (8 points) | Intermediate (7 points) | Deficient (0-6 points) | | | |
| (A) Organization 2% (A=2 x Points Awarded) A= | □ Presentation was logically organized and easy to follow □ Main content topics seamlessly flowed from one topic to another | □ Presentation was logically organized and easy to follow. □ Transition from one main point to another could have been smoother | ☐ In general the presentation was organized, but at times did not follow a logical order ☐ Transition of points was abrupt | □ Presentation did not follow a logical order □ Transition of points was very abrupt and signaled the need for more preparation | | | |
| (B) Eye Contact 10% (B=1 x Points Awarded) B= | □ Was not tied to notes □ Was very familiar w/ all content □ Always looked purposely at the audience □ Usually noticed reactions to content and clarified when necessary | □ Was not tied to notes □ Was moderately familiar w/ all content □ Usually looked purposely at the audience □ Sometimes noticed reactions to content and clarified when necessary | □ Was at times tied to notes □ Was somewhat familiar w/ content □ Rarely looked purposely at the audience □ Did not notice reactions to content and did not clarified when necessary | □ Read from page, slide show, or cue cards and rarely look at audience □ Appeared not to be familiar w/content □ Did not notice audience reactions to content | | | |
| (C) Interest Level/Enthusiasm 10% (C=10 x Points Awarded) C= | □ Presentation was lively and this showed enthusiasm for the topic □ Presentation was engaging, creative and captured the audience's attention | □ Presentation was usually lively and this showed enthusiasm for the topic □ Presentation was usually engaging, creative and captured the audience's attention | □ Presentation was at times lively □ Presentation was at times engaging □ Presentation at times captured and held the audience's attention | □ Presentation was monotone □ Presentation needed to be more engaging in order to hold the audience's attention | | | |

Page 1 Bottom Portion

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| (G) Time 2% (9-11 Minutes) (G=2 x Points Awarded) D= | | Total presentation time was 9-11 minutes If a video was used then it was under 3 minutes in length | | Total presentation time was either 8-9 minutes or 11-12 minutes If a video was used then it was under 3 minutes in length | Total presentation time was either 7-8 minutes or 12-13 minutes If a video was used then it was under 3 minutes in length | | Total presentation was either under 7 minutes or over 13 minutes If a video was used then it was over 3 minutes in length |



One more reason to use Rubrics!





Advantages-Communication Tool





Review

Rubric of Learning

- Outlines expectations
- Measures consistently
- Conversion of score into grade
- Communication Tool



Review

Learning Objectives

- Understand the importance of rubrics
- Understand the different components of rubrics
- Apply this new knowledge to develop rubrics for healthcare interpreting trainings

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NAL COUNCIL ON INTERPRETING IN HEALTH CARE







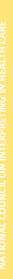
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Announcements

- Next webinar: April 9, 2015 at 11:00 AM Central
- Session Evaluation
- Follow up via email:
 TrainersWebinars@ncihc.org



Thank you!

Rubrics 101

Commit to Rubrics: A Connecting Factor that Impacts Healthcare Interpreting from the Classroom to the Workplace

Guest Trainers:

Zarita Araújo-Lane, MSW, LICSW Vera Duarte, MA Andrew Jerger, CHI™, CMI









