Essentials of Health Information Management 5th edition Bowie Solutions Manual

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Solution and Answer Guide

BOWIE, ESSENTIALS OF HEALTH INFORMATION MANAGEMENT, 5E, 9780357624258, CHAPTER 1: HEALTH CARE DELIVERY SYSTEMS

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EXERCISES

EXERCISE 1-1 HISTORY OF MEDICINE AND HEALTH CARE DELIVERY IN THE UNITED STATES

Short Answer: Identify the significant act established in each year for the purpose listed.

1. 1946-provided federal grants to modernize hospitals.
   Answer: Hill-Burton Act

2. 1982-established the first Medicare Prospective Payment System.
   Answer: Tax Equity and Fiscal Responsibility Act

3. 1986-established the National Practitioner Data Bank.
   Answer: Health Care Quality Improvement Act

4. 1996-mandated administrative simplification regulations that govern health care information.
   Answer: Health Insurance Portability and Accountability Act

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5. 2003-provided Medicare recipients with prescription drug savings.
   Answer: Medicare Prescription Drug, Improvement, and Modernization Act

6. 2006-established financial incentives for healthcare professionals that participate in a voluntary quality reporting program.
   Answer: Tax Relief and Health Care Act

7. 2009-authorized an expenditure of $1.5 billion for grants for projects including the acquisition of health information technology systems.
   Answer: American Recovery and Reinvestment Act

8. 2015-established the Merit-Based Incentive Payment System.
   Answer: Medicare Access and CHIP Reauthorization Act

Exercise 1-2 Continuum of Care

True/False:

1. Primary care services include patient immunizations and education.
   Answer: T

2. Secondary care services include a patient being seen by a specialist because of angina.
   Answer: T

3. Stabilization services are provided by a tertiary care facility to ensure that no material deterioration of a patient's medical condition occurs during the transfer to another facility.
   Answer: T

4. Tertiary care services include a patient's annual history and physical.
   Answer: F

5. The continuum of care contains two levels.
   Answer: F

Exercise 1-3 Health Care Facility Ownership

Fill-in-the-Blank:

1. A hospital that is affiliated with a medical school is called a _____.
   Answer: teaching hospital

2. A physician who has completed an internship and is engaged in a program of training designed to increase his or her knowledge of the clinical disciplines to prepare for a practice of specialty is called a(n) _____.
   Answer: resident

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3. A hospital that is privately owned and distributes excess income to shareholders and owners is _____.
   Answer: for-profit

4. Public hospitals represent about 25 percent of all health care facilities in the United States and are also known as _____.
   Answer: government supported

5. A not-for-profit hospital run by a religious or volunteer organization is known as a _____.
   Answer: voluntary hospital

Exercise 1-4 Health Care Facility

Short Answer: Identify the medical specialty for each description.

1. Diagnosis and treatment of skin disorders.
   Answer: Dermatology

2. Management of pregnancy from prenatal to puerperium.
   Answer: Obstetrics

3. Diagnosis and treatment of eye disorder.
   Answer: Ophthalmology

4. Surgical management of diseases with the chest
   Answer: Thoracis surgery

5. Diagnosis and treatment of musculoskeletal disease/injury
   Answer: Orthopedics

6. Diagnosis and treatment of diseases of the nervous system
   Answer: Neurology

7. Diagnosis and treatment of behavioral health diseases
   Answer: Psychiatry

Short Answer II: Identify the committee described.

8. Concerned with quality care provided to patients
   Answer: Quality management committee

9. Acts on reports and recommendations from medical staff committees
   Answer: Executive committee

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10. Reviews preoperative and pathologic diagnoses to determine the necessity of surgery
    Answer: Tissue review committee

11. Serves as liaison between the governing body and administration
    Answer: Joint conference committee

12. Meets to discuss ethical issues and problems
    Answer: Ethics committee

Exercise 1-5 Licensure, Regulation, and Accreditation

Matching: Enter a 1 if the abbreviation represents an accrediting agency and a 2 if it represents a regulatory agency.

1. AAAHC **Answer**: 1
2. AOA **Answer**: 1
3. CARF **Answer**: 1
4. CMS **Answer**: 2
5. CDC **Answer**: 2

Short Answer: Enter the meaning of each abbreviation.

6. AAAHC **Answer**: Accreditation Association for Ambulatory Health Care
7. AOA **Answer**: American Osteopathic Association
8. CARF **Answer**: Commission of Accreditation of Rehabilitation Facilities
9. CMS **Answer**: Centers for Medicare and Medicaid Services
10. NCQA **Answer**: National Committee for Quality Assurance

End of Chapter Review Solutions

True/False

1. Administrative simplification regulations that govern privacy, security, and electronic transactions standards for health care information were mandated by the Health Insurance Portability and Accountability Act.
   Answer: T

2. Anton van Leeuwenhoek established the germ theory of disease.
   Answer: F

3. Diagnosis-related groups required hospitals to be reimbursed a per diem amount.
   Answer: F

4. Hippocrates was the first physician to consider medicine a science and art separate from the practice of religion.
   Answer: T

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5. Medicare, also known as Title 19, was established to provide comprehensive health care for people 65 years of age or older, certain younger people with disabilities, and people with End-Stage Renal Disease.
   Answer: F

6. The American Medical Association was established in 1901 as a national organization of state and local associations.
   Answer: F

7. The AMA developed the Minimum Standard for Hospitals to outline the protocol for on-site inspections of hospitals.
   Answer: F

8. The Centers for Medicare & Medicaid Services (CMS) was previously known as the Health Care Financing Administration.
   Answer: T

9. The primary purpose of The Joint Commission is to provide voluntary accreditation.
   Answer: T

10. Tertiary care centers include services such as neurosurgery, radiation oncology, and pediatric surgery.
    Answer: T

Multiple Choice

11. Which is a characteristic of a governing board?
    a. It is also known as the medical staff.
    b. Its membership is represented by professionals from the community.
    c. It is responsible for administering care to patients.
    d. It reports directly to the medical staff and administration.
    Answer: b

12. A patient is seen in the emergency department with glass in her eye. The attending emergency department physician feels it is necessary for the patient to be seen by a specialist. The specialist that most likely would see the patient would be from
    a. anesthesiology.
    b. dermatology.
    c. ophthalmology.
    d. urology.
    Answer: c

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13. The medical staff committee that reviews and verifies medical staff application data is the
    a. credentials committee.
    b. infection control committee.
    c. joint conference committee.
    d. tissue review committee.
    Answer: a

14. Which of the following is a function of the admitting department?
    a. Register inpatients and outpatients.
    b. Provide patients with names of individuals who will sign an advance directive.
    c. Obtain patient signature for surgical consents.
    d. Document admission orders in the patient record.
    Answer: a

15. Someone who is responsible for working with case managers of insurance companies to determine the appropriateness of admissions is employed in which hospital department?
    a. Admitting
    b. Community relations
    c. Nursing
    d. Utilization management
    Answer: d

16. Health information management services include which of the following?
    a. Patient billing
    b. Coding and abstracting
    c. Patient registration
    d. Discharge planning
    Answer: b

17. The assembly and analysis of discharged patient records is called
    a. abstracting.
    b. document conversion.
    c. image processing.
    d. incomplete-record processing.
    Answer: d

18. The CPT coding book is published annually by the AMA to assign what type(s) of code?
    a. Diagnostic
    b. Diagnostic and procedure
    c. Procedures and durable medical equipment
    d. Procedures and services
    Answer: d

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19. A hospital committee that is responsible for analyzing trends of accidents and establishing priorities for dealing with high-risk areas is
    a. disaster control.
    b. risk management.
    c. safety management.
    d. utilization review.
    Answer: b

20. United States health care delivery has been impacted by which of the following?
    a. Decreasing health care costs
    b. Absence of medical necessity requirements
    c. Review of appropriateness of admissions
    d. Lack of quality and effective treatments
    Answer: c

Fill-in-the-Blank

21. The private, not-for-profit organization established to assess and report on the quality of managed care plans is called the _____.
    Answer: National Committee for Quality Assurance.

22. In the last decade health care consumers are more educated in regards to their health and are now seeking health care with higher _____.
    Answer: quality

23. The implementation of standards for sanitation, ventilation, hygiene, and nutrition occurred during _____ medicine.
    Answer: modern

24. An oath that was adopted as an expression of early medical ethics is known as the _____.
    Answer: Hippocratic Oath

25. The Vaccine for Children Program established free immunizations for all children in low income families in _____.
    Answer: 1993

26. French physicists Pierre and Marie Curie, in 1898, discovered that radium provided a powerful weapon against _____.
    Answer: cancer

27. The medical specialty that diagnoses and treats disorders of the genitourinary system and the adrenal gland is _____.
    Answer: urology

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28. Services that include preventative and acute care and are provided by a general practitioner are known as _____services.
Answer: primary care

29. A hospital that is privately owned and whose excess income is distributed to shareholders and owners is a _____hospital.
Answer: for-profit

30. The medical specialty that diagnoses and treats female reproductive and urinary system disorders is _____.
Answer: gynecology

Short Answer

31. Define the term multidisciplinary as it relates to hospital committees, and list at least three hospital committees.
Answer: A hospital multidisciplinary committee consists of representation from hospital departments and the medical staff. Various hospital committees include disaster control, drug utilization review (or pharmacy and therapeutics), education, finance, forms, and risk management.

32. Describe the uses of diagnosis and procedure indexes.
Answer: Diagnosis and procedure indexes are computer-generated printouts, sequenced by code number, that contain patient information. The indexes are used to retrieve records for quality management and other purposes.

33. Compare the terms electronic signature and digital signature.
Answer: An electronic signature describes all technology options available that can be used to sign a document. A digital signature is a type of electronic signature that uses public key cryptography to attach an alphanumeric ID to a document that is unique to the document and to the person signing the document

34. Describe three contract services that a health information department would use.
Answer: Services that a HIM department may contract out include:
Cancer registry: Certified tumor registrars (CTRs) organize and assess cancer registry programs, assist in the preparation of an annual report, and perform the following technical functions: cancer case abstracting, patient care evaluation and research studies, follow-up for survival analysis, management of cancer data collection, and survey preparation/compliance with ACS standards.
Coding: Credentialed coding staff provide outsourced coding support (e.g., for facilities experiencing coding staff shortages), perform coding compliance audits to determine accuracy of codes and to ensure that Office of Inspector General (OIG) guidelines are met, review chargemasters for accuracy, and conduct APC & DRG validation studies (to determine accuracy of APC and DRG assignment).
Document conversion: Specialty companies convert paper-based documents and data to computer-based patient record (CPR) format using scanning technology to

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automate data entry, publish records on the Internet, manage messaging systems, and provide storage solutions (including providing immediate access to information).
Master patient index duplication review: Companies use software to identify, correct, and eliminate duplicate MPI records, increasing patient identification accuracy and patient care safety.
Medical transcription: Local and national medical transcription services provide Internet-based and pick- up/delivery of dictation and transcribed reports for health care facilities.
Release of information processing: Use of an outside copy service to process release of information requests.
Trauma registry: Credentialed professionals create and maintain a registry of all trauma admissions, deaths in the emergency department due to trauma, recording data elements for each entry that becomes part of a national registry developed by the ACS.

35. Distinguish between the terms regulation and accreditation.
Answer: Accreditation is the voluntary compliance with standards that are created by accrediting agencies as measurements of a health care organization's level of performance in specific areas. A regulation is the interpretation of a law and is written by a regulatory agency such as the Centers for Medicare & Medicaid Services. It is mandatory that regulations be followed by a health care organization

36. List the types of organizations that The Joint Commission accredits.
Answer: The Joint Commission accredits the following types of organizations: ambulatory care providers, assisted- living facilities, behavioral health care organizations, clinical laboratories, health care networks, home care organizations, hospitals, nursing homes, and other long-term care facilities.

37. Explain the relationship between abstracting and the generation of diagnosis and procedure indexes.
Answer: Once the coding function is completed, abstracting of patient cases is performed to enter codes and other pertinent information (e.g., patient identification data, admission/discharge dates) utilizing computer soft- ware. The purpose of abstracting is to generate statistical reports and disease/procedure indexes, which are used for administrative decision making and quality management purposes.

38. Compare primary care, secondary care, and tertiary/quaternary care services. Include an example of each service.
Answer: Primary care services include preventive and acute care services and are provided by a general practitioner or other health professional who has first contact with a patient. Primary care services include annual physical examinations, early detection of diseases, family planning, health education,

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immunizations, treatment of minor illnesses and injuries, and vision and hearing screening. Secondary care services are provided by medical specialists or hospital staff members to a patient whose primary care was provided by a general practitioner who first diagnosed or treated the patient. Examples of secondary care services include specialty consultations, orthopedic services for a patient referred because of a hip fracture, and a woman referred by a family practitioner to an OB-GYN because she is pregnant.

39. Differentiate between a proprietary and a voluntary hospital.
Answer: Proprietary hospitals are for-profit facilities owned by corporations, partnerships, or private foundations. Voluntary hospitals are not-for-profit facilities owned by religious or other voluntary groups.

40. Summarize the purposes of record circulation.
Answer: The purposes of record circulation include retrieval for inpatient readmission, scheduled and unscheduled outpatient clinic visits, authorized quality management studies, and education/research.

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Instructor Manual

Essentials of Health Information Management, 9780357624258; Chapter 1: Health Care Delivery Systems

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Purpose and Perspective of the Chapter

This chapter presents an overview of the development of health care, beginning with ancient medicine through current delivery in the United States. You will learn that health care delivery has been greatly impacted by escalating costs, resulting in medical necessity requirements (to justify acute care hospitalizations), review of appropriateness of admissions, and requirement for administration of quality and effective treatments. Today, patients routinely undergo pre-admission testing (PAT) on an outpatient basis instead of being admitted as a hospital inpatient, and the performance of outpatient testing and surgical procedures has increased due to health care technological advances (e.g., laparoscopic appendectomies). Health care consumers are better educated, and demand higher-quality, more cost-effective health care, and the focus is on primary and preventive care.

Chapter Objectives

The following objectives are addressed in this chapter:

01.01 Define key terms related to health care delivery systems.

01.02 Trace the historical development of the health care delivery system from early times to the present.

01.03 List milestones in the progression of the health care delivery system in the United States.

01.04 List programs and services offered as part of the continuum of care.

01.05 Differentiate between for-profit and not-for-profit health care facility ownership.

01.06 Interpret the authority and responsibility associated with a health care facility's organizational structure.

01.07 Provide examples of the various health care providers across the continuum of care.

01.08 Compare and contrast the different health care roles, including physicians, dentists, chiropractors, podiatrists, optometrists, physician assistants, nurses, and allied health professions.

01.09 Differentiate among licensure, regulation, and accreditation.

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What's New in This Chapter

The following elements are improvements in this chapter from the previous edition:

- Reduced content about prehistoric, ancient, medieval, and Renaissance medicine; this content can now be found in Appendix A.
- New content on telehealth and telemedicine.

Chapter Outline

I. History of Medicine (01.02)
   a. Medicine has advanced from the prehistoric age, where it was believed that illness was caused by the supernatural, to the modern age, where many discoveries paved the way for new understanding of disease processes and treatments.

II. Health Care Delivery in the United States (01.03)
   a. Advances in health care delivery in the United States closely followed the changes in England and Europe, and hospitals were established in larger cities (e.g., Philadelphia, New York City, and Boston)
   b. **Exercise 1-1: History of Medicine and Health Care Delivery in the United States**

III. Continuum of Care (01.04)
   a. The complete range of programs and services is called a continuum of care, with the type of health care indicating the health care services provided. Primary, secondary, tertiary, and quaternary care are differing levels of health care provided to patients.
   b. **Exercise 1-2: Continuum of Care**

IV. Health Care Facility Ownership (01.05)
   a. Hospital ownership is either for-profit (privately owned and excess income is distributed to shareholders and owners) or not-for-profit (excess income is reinvested in the facility) and categorized according to: Government (not-for-profit), proprietary (for-profit), and voluntary (not-for-profit).
   b. **Exercise 1-3: Health Care Facility Ownership**

V. Health Care Facility Organization Structure and Operation (01.06, 01.07, 01.08)
   a. Most health care facilities use a top-down format so that authority and responsibility flow downward through a chain of command of the governing board, administration, and medical staff.
   b. Governing Board - The governing board (or board of trustees, board of governors, board of directors) serves without pay, and its membership is

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represented by professionals from the business community. It has ultimate legal authority and responsibility for the hospital's operation and is responsible for the quality of care administered to patients.

c. Administration - The hospital administration serves as liaison between the medical staff and governing board and is responsible for developing a strategic plan for supporting the mission and goals of the organization.
d. Medical Staff - The medical staff consists of licensed physicians and other licensed providers as permitted by law (e.g., nurse practitioners and physician assistants) who are granted clinical privileges. The medical staff is organized into clinical departments according to medical specialty (Table 1-5), with a chairperson appointed to each department, and members serve on medical staff committees (Table 1-6) and hospital committees (Table 1-7).
e. Hospital Departments, Services, and Committees - Quality patient care delivery requires the coordinated effort of hospital departments, contract services, and hospital committees.
f. Effective Committee Meetings - Hospital committees are central to a facility's activities and provide a forum during which decisions are made that impact the entire organization. Each committee must work as a team and be well organized and does so by maintaining an agenda and recording meeting minutes.
g. Health Information Department - The health information department is responsible for allowing appropriate access to patient information in support of clinical practice, health services, and medical research, while at the same time maintaining confidentiality of patient and provider data. The management of health information is changing as the health information moves from a paper format to electronic formats.
h. Department Administration - Health information department administrative functions are directed by registered health information administrators (RHIAs) and registered health information technicians.
I. (RHITs). These administrators develop, monitor, and improve systems related to the establishment.
j. Cancer Registry - Cancer registry functions are performed by individuals who are credentialed as certified tumor registrars (CTRs) and include using computerized registry software to conduct lifetime follow-up on each cancer patient; electronically transmit data to state and national agencies (e.g., Georgia Center for Cancer Statistics, ACS National Cancer Database) for use at local, regional, state, and national levels; and generate reports and information for requesting entities (e.g., physicians).

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k. Coding and Abstracting - Coding involves assigning numeric and alphanumeric codes to diagnoses, procedures, and services. Coding is performed using encoders and groupers and can be facilitated in health care facilities by using several national coding resources.
l. Incomplete Record Processing – This process includes the assembly and analysis of discharged patient records. After a patient is discharged from a nursing unit, the record is retrieved, and reports are assembled according to a hospital- and medical staff–approved order of assembly.
m. Medical Transcription – The process of accurate and timely transcription of dictated reports into the patient's chart via electronic routing. Electric signatures encompass the options available to authenticate a document in the electronic health record.
n. Record Circulation – Record circulation in a paper medical record system includes the retrieval of patient records for the purpose of: Inpatient readmission (records are transported to nursing units), scheduled and unscheduled outpatient clinic visits (records are transported to the clinics such as dermatology, orthopedics, and so on), authorized quality-management studies (records remain in the health information department for review), education and research (records remain in the health information department for review).
o. Release of Information Processing - Written requests for release of information are reviewed for authenticity (e.g., appropriate authorization) and processed by health information department staff.
p. Contract Services – All contracted services must be qualified, competent, and provide quality patient care. This can be ensured by inventorying all contract services used by the hospital and including what each contractor does for the organization and which staff members are responsible for overseeing the vendor's work and employees.
q. **Exercise 1-4: Health Care Facility Organization Structure and Operation**

VI. Licensure, Regulation, and Accreditation (01.09)

a. State laws require health care facilities and providers (e.g., physicians) to obtain licensure (a license to operate or practice medicine) before providing health care services to a patient population. Regulations are interpretations of a law that are written by the responsible regulatory agency. Accreditation is a voluntary process that a health care facility or organization (e.g., hospital) undergoes to demonstrate that it has met standards beyond those required by law.
b. **Exercise 1-5: Licensure, Regulation, and Accreditation**

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DISCUSSION QUESTIONS

You can assign these questions several ways: in a discussion forum in your LMS; as whole-class discussions in person; or as a partner or group activity in class.

I. Discussion Question 1: Many crucial discoveries have paved the way for modern medicine. Choose 3 important discoveries impacting medicine and explain why you think they were crucial to health care delivery

a. Answer: Choose any three from Table 1-1. For example:

- German physician Koch invented a method for determining which bacteria cause diseases. By the end of the 1800s, researchers had discovered the kinds of bacteria and other microbes responsible for such infectious diseases as cholera, diphtheria, dysentery, gonorrhea, leprosy, malaria, plague pneumonia, tetanus, and tuberculosis.
- In 1928, the English bacteriologist Sir Alexander Fleming discovered the germ-killing power of a mold called Penicillium.
- In 2006, the Food and Drug Administration (FDA) approved the first vaccine for human papilloma virus (HPV). The vaccine is delivered in three injections over six months and protects against four strains of the virus that can lead to genital warts and cervical cancer.

II. Discussion Question 2: The continuum of care includes three levels: primary, secondary, and tertiary care. Many patients receive care at all three levels at some point in their life. Break into groups of 2-3. Imagine a fictional patient and provide examples of health care they might receive at the primary, secondary, and tertiary levels.

a. Answer: The patient has advancing chronic kidney failure and uses weekly dialysis and medication to manage their care.

- Primary care: This patient visits their primary care provider for continual maintenance of their condition and medication.
- Secondary care: This patient needs further specialty care for their condition and is referred to a renal specialist to fine tune their dialysis.
- Tertiary care: This patient comes down with a severe case of pneumonia, causing sepsis and acute kidney failure. This patient is hospitalized and transferred to a hospital with continuous renal replacement capabilities.

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Additional Resources

Internet Resources

- Accreditation Association for Ambulatory Health Care http://www.aaahc.org
- American College of Surgeons http://www.facs.org
- American Hospital Association http://www.aha.org
- American Medical Association http://www.ama-assn.org
- American Osteopathic Association http://www.osteopathic.org
- Centers for Medicare & Medicaid Services http://www.cms.hhs.gov
- Commission on Accreditation of Rehabilitation Facilities http://www.carf.org
- Community Health Accreditation Program http://www.chapinc.org
- Det Norske Veritas (DNV) http://dnvglhealthcare.com
- The Joint Commission http://www.jointcommission.org
- National Commission on Correctional Health Care http://www.ncchc.org
- National Committee for Quality Assurance http://www.ncqa.org
- National Practitioner Data Bank http://www.npdb.hrsa.gov
- NCQA's Health Plan Report Card http://reportcard.ncqa.org

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Appendix

Generic Rubrics

Providing students with rubrics helps them understand expectations and components of assignments. Rubrics help students become more aware of their learning process and progress, and they improve students' work through timely and detailed feedback.

Customize these rubrics as you wish. The writing rubric indicates 40 points, and the discussion rubric indicates 30 points.

Standard Writing Rubric

Criteria	Meets Requirements	Needs Improvement	Incomplete
Content	The assignment clearly and comprehensively addresses all	The assignment partially addresses some or all	The assignment does not address the questions in the assignment.

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	questions in the assignment. 15 points	questions in the assignment. 8 points	0 points
Organization and Clarity	The assignment presents ideas in a clear manner and with strong organizational structure. The assignment includes an appropriate introduction, content, and conclusion. Coverage of facts, arguments, and conclusions are logically related and consistent. 10 points	The assignment presents ideas in a mostly clear manner and with a mostly strong organizational structure. The assignment includes an appropriate introduction, content, and conclusion. Coverage of facts, arguments, and conclusions are mostly logically related and consistent. 7 points	The assignment does not present ideas in a clear manner and with strong organizational structure. The assignment includes an introduction, content, and conclusion, but coverage of facts, arguments, and conclusions are not logically related and consistent. 0 points
Research	The assignment is based upon appropriate and adequate academic literature, including peer reviewed journals and other scholarly work. 5 points	The assignment is based upon adequate academic literature but does not include peer reviewed journals and other scholarly work. 3 points	The assignment is not based upon appropriate and adequate academic literature and does not include peer reviewed journals and other scholarly work. 0 points
Research	The assignment follows the required citation guidelines. 5 points	The assignment follows some of the required citation guidelines. 3 points	The assignment does not follow the required citation guidelines. 0 points
Grammar and Spelling	The assignment has two or fewer grammatical and spelling errors. 5 points	The assignment has three to five grammatical and spelling errors. 3 points	The assignment is incomplete or unintelligible. 0 points

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Standard Discussion Rubric

Criteria	Meets Requirements	Needs Improvement	Incomplete
Participation	Submits or participates in discussion by the posted deadlines. Follows all assignment. instructions for initial post and responses. 5 points	Does not participate or submit discussion by the posted deadlines. Does not follow instructions for initial post and responses. 3 points	Does not participate in discussion. 0 points
Contribution Quality	Comments stay on task. Comments add value to discussion topic. Comments motivate other students to respond. 20 points	Comments may not stay on task. Comments may not add value to discussion topic. Comments may not motivate other students to respond. 10 points	Does not participate in discussion. 0 points
Etiquette	Maintains appropriate language. Offers criticism in a constructive manner. Provides both positive and negative feedback. 5 points	Does not always maintain appropriate language. Offers criticism in an offensive manner. Provides only negative feedback. 3 points	Does not participate in discussion. 0 points

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