Breast Cancer Education & Survivor Support Program – Evaluation Proposal

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Group 2

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(Source: Poulos, K. (2021, October 22).

## **General Background Information**

The Breast Cancer Education & Survivor Support Program (BCESSP) at a large, regional Health System in Michigan has been in existence for over 25 years. It has helped thousands of women to adapt to their breast cancer diagnoses and treatments through every stage and step. There are three primary functions of BCESSP.

**First** is the Breast Care Binder that is given to all positive breast cancer patients at the time of their consultation with a surgical oncologist. The Breast Care Binder contains important self-study information about surgery and recovery, radiation, chemotherapy, and other relevant hospital services like Integrative Medicine, the Lymphedema Clinic, the BCESSP, etc. The Breast Care Binder is distributed quarterly to Breast Care Centers under the program’s purview.

**The second function of BCESSP** is to facilitate community outreach by writing a quarterly newsletter, which includes the dissemination of the newsletter and other outreach materials to members of the community.

**The third and final function of BCESSP** is to facilitate monthly support groups and to curate quarterly educational encounters with breast cancer and high-risk breast patients, their families, and their caregivers. These educational encounters take the form of workshops led by oncology-specific or tangential specialties and are of benefit to breast cancer patients, or they take the form of lifestyle programs like art therapy. Currently, interested participants register by emailing the program office; in the near future, a Microsoft Form will be used to RSVP for programs. While all programming is currently virtual because of the COVID pandemic, except one Stage 4 support group, there is a general goal to create more fully in-person or hybrid engagements, where appropriate.

Despite its long tenure at the Health System, BCESSP has low visibility and low attendance in its educational programs and support groups despite the outreach efforts it makes to reach its audience. One reason for this could be the COVID pandemic’s shift of programming online, and patients’ desire for more in-person programming now that the pandemic is over. Therefore, the need to evaluate the educational programs and support groups, and the methods of communication used to solicit participation, is imperative to determine what can be done to improve attendance, retention of interest and motivation, and long-term viability of this arm of the program. This evaluation will be done using Kirkpatrick and Kirkpatrick’s (2016) Four Levels model.

**Instructional Product**

### **Instructional Product Description**

### **Physician/Provider-Led Workshops —**These are monthly virtual workshops on Microsoft Teams that typically last 60-90 minutes and include a Q&A with the provider. There is a goal to have them move back to fully in person or be hybrid.

### **Purpose:** Breast cancer patients have a lot of technical and medical information to process when they receive a diagnosis, as they are going through treatment, and well into survivorship. These workshops with providers are intended to provide important context on topics ranging from mental health to the side effects of radiation and chemotherapy, to scientific information about things like hormone-receptor positive/negative cancers, etc.

* **Non-Provider-Led Workshops or Lifestyle Engagements—**These are monthly or quarterly program offerings on Microsoft Teams. There is a goal to make them hybrid at one of the hospital campuses.
  + **Purpose:** Breast cancer **patients** need as many tools as they can get to overcome a diagnosis and the short- and long-term effects of treatments. These workshops and lifestyle engagements are intended to fill in a gap to help participants improve their lives in some way. Examples of learning engagements in this category are hearing from a nonprofit who offers financial assistance, doing art therapy, learning mindfulness, etc.
* **Peer-to-Peer Support Groups—**These are virtual meetings on Microsoft Teams twice a month (once at 1pm and once at 5:30pm) with an open pool of breast cancer patients who come and go. There is rotating attendance as new positive cases express interest in joining and veteran members have adjusted to illness.
  + **Purpose:** To facilitate peer relationships and bonding over a common experience, and to provide basic support through community and connection to Health System resources, as needed. Not a referral service, but recommendations are sometimes given.
* **Stage 4 Support Groups—**These are meetings twice a month, once in person at Gilda’s Club and once online on Microsoft Teams. There is a cohesive cohort in attendance across both meetings.
  + **Purpose:** This group is specifically for Stage 4 metastatic breast cancer patients to facilitate peer relationships and bonding over a common experience, and to provide basic support through community and connection to Health System resources, as needed. Not a referral service, but recommendations are sometimes given.

##### Purpose, Need, and Benefit

* **Purpose:** The purpose of the BCESSP is to support breast cancer patients by providing free educational resources and support as women battle through surgery, treatment, and survivorship.
* **Need:** The need for this program is great. The [American Cancer Society](https://www.cancer.org/cancer/types/breast-cancer/about/how-common-is-breast-cancer.html) (2024) estimates that over 316,000 women will be diagnosed with breast cancer in 2025. In Michigan alone, an average of 10,000 positive cases of breast cancer occurs each year according to the [Michigan Cancer Dashboard for Female Breast Cancer](https://www.michigan.gov/mdhhs/keep-mi-healthy/communicablediseases/epidemiology/chronicepi/cancer-epidemiology/female-breast-cancer-dashboard) (2019).
* **Benefit:** The benefit of a program like BCESSP is that women who are experiencing breast cancer can get additional resources, education, and support within a hospital structure but at no cost to them.

##### Goal and Subgoals

* The goals of the Physician/Provider-Led Workshops are to provide key medical information or resources to breast cancer patients and to create an opportunity for participants to ask questions outside of a medical appointment.
* The goal of the Non-Provider-Led Workshops or Lifestyle Engagements is to provide key lifestyle or well-being resources or information to breast cancer patients so that quality of life can be improved.
* The goal of Peer-to-Peer Support groups is to create a community of breast cancer patients who can speak freely with one another about their experiences while in a setting that is supportive, non-judgmental, and inclusive.
* Subgoal: Resources are often shared for treatments, side effects, and referrals.
* The goal of the Stage 4 Metastatic Breast Cancer Support Group is to create a community of Stage 4 breast cancer patients who can speak freely with one another about their experiences while in a setting that is supportive, non-judgmental, and inclusive.
* Subgoal: Resources are often shared for treatments, side effects, and referrals.

##### Learning Objectives

1. For Physician/Provider-Led Workshops

* Learners will develop a comprehensive understanding of both the physical and emotional impacts of breast cancer and breast cancer treatment.
* Learners will develop a basic understanding of the medical science behind cancer and cancer treatments.
* Learners will identify actionable steps to aid in their cancer survivorship.

2. For Non-Provider-Led Workshops or Lifestyle Engagements

* Learners will develop a comprehensive understanding of both the physical and emotional impacts of breast cancer and breast cancer treatment.
* Learners will develop a basic understanding of lifestyle factors and/or social determinants of health as they relate to cancer survivorship.
* Learners will identify actionable steps to aid in their cancer survivorship.

3. For Peer-to-Peer Support Groups

* Learners will engage in community support to improve their own survivorship and the survivorship of others.

4. For Stage 4 Metastatic Breast Cancer Support Groups

* Learners will engage in community support to improve their own survivorship and the survivorship of others.

##### Success Criteria

* (Level 1) Post-Attitude Survey should show enjoyment and motivation and be administered after each program
* (Level 2) Post-Survey should show knowledge learned during learning engagement and be administered after each program.
* (Level 3) Bi-Annual, Post-Program Surveys should show the impact of learning engagements on participants over the course of time.
* (Level 4) Bi-Annual, Post-Program Surveys should show they meet Breast Center Leadership Outcomes.
* (Level 4) Bi-Annual, Post-Program Surveys should assess NAPBC and NCCN adherence to guidelines.

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| **Rationale of NAPBC Section 5.15 Survivorship (***NAPBC Standards and Resources,* n.d.).  Patients with breast disease or breast cancer are at risk for complications and symptoms that can delay other treatments and interfere with recovery. Identification and control of these symptoms is essential to promote compliance with continued therapies and restore the patient’s sense of normalcy. After treatment, some patients need assistance and guidance to help them return to their “new normal.” Other patients may see their diagnosis as a “wake up call” to improve their overall health. NAPBC-accredited programs promoting a healthy lifestyle will not only decrease patient risk for disease recurrence but will also improve the patient’s post-cancer well-being. Document linked [here](https://purdue0-my.sharepoint.com/:b:/r/personal/malerba_purdue_edu/Documents/EDCI%20577%20Group%20Project/NAPBC%20Standards_Optimal_Resources_for_Breast_Care_2024.pdf?csf=1&web=1&e=xCKfT2). | | |
| **NAPBC Section** | **Standard to Uphold** | **Success Criteria for Program Evaluation** |
| 5.15  Survivorship | * The NAPBC-accredited program must use evidence-based guidelines to develop and implement a protocol addressing persistent symptoms, functional issues, and social and behavioral determinants of health for maximizing symptom management, physical function, and social well-being among patients with breast disease or breast cancer. Evidence-based guidelines include those provided by the ACSM, APTA, ONS, ACS, **NCCN**, and ASCO. | * Evidence-based guidelines that will be followed are from NCCN. |
| 5.15  Survivorship | * It is recommended, but not required, that a written summary of treatment and associated survivorship recommendations is provided to the patient and the patient’s primary care provider. | * Dissemination of the Breast Care Binder given to each positive breast cancer patient **(Currently this program is in place and effectively delivered, and outside of the scope of this Program Evaluation).** |
| 5.15  Survivorship | Measure of Compliance:   * The NAPBC-accredited program fulfills all compliance criteria: * A protocol is developed and implemented for following evidence-based guidelines for addressing persistent symptoms and maximizing physical function and social and behavioral health. * Symptom status, functional status, and social well-being are tracked in the patient medical record **(OUT OF SCOPE for the BCESSP)**. | * The Protocol that will be developed will include survey and data tracking at 6 and 12 months. * Post program delivery to ensure patient-participants address their persistent symptoms and maximizing their physical function and behavioral health as a result of the BCESSP workshop or support group programming. |
| **Conclusion:** Currently, no formal assessment instrument exists to validate these standards and guidelines. Thus, a program evaluation needs to take place to identify and track best practices (Leadership expectations), accreditation standards (NAPBC), and evidence-based guidelines (NCCN) moving forward. | | |

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| NCCN Guidelines Version 2.2024 / Survivorship: Healthy Lifestyles (*Guidelines Detail,* n.d.).  GENERAL PRINCIPLES OF HEALTHY LIFESTYLES  • Healthy lifestyle habits have been associated with improved overall health and quality of life. For some cancers, a healthy lifestyle has been associated with a reduced risk of recurrence and death. Document linked [here](https://purdue0-my.sharepoint.com/:b:/r/personal/malerba_purdue_edu/Documents/EDCI%20577%20Group%20Project/NCCN%20Guildelines_survivorship.pdf?csf=1&web=1&e=XbdR8k). | | |
| **NCCN Section** | **Standard to Uphold** | **Success Criteria for Program Evaluation** |
| * For optimal health, all survivors should be encouraged to set incremental as well as ultimate goals for diet, physical activity, and weight management. At a minimum all survivors should be encouraged to: | * Achieve and maintain a healthy body weight throughout life (SNWM-2). * Avoid inactivity. * Engage in physical activity (e.g., exercise, take the stairs, park in the back of parking lot) daily (SPA-1). * Maintain a healthy diet high in vegetables, fruits, beans/legumes, and whole grains. * Limit intake of red and cured meats and highly processed foods, particularly those high in fats and sugars (SNWM-1). * Drink alcohol sparingly if at all (SNWM-1). * Discontinue use of cigarettes, other tobacco products (including hookah), and e-cigarettes (NCCN Guidelines for Smoking Cessation). * Avoid secondary exposure to cigarette smoke. * Practice sun safety * Utilize sunscreen with at least 30 SPF that protects against UVA and UVB rays and is water resistant. * Apply sunscreen generously and reapply every 2 hours or after swimming/excessive sweating. * Consider using physical barriers whenever possible (i.e., hats, shirts with sleeves, avoiding direct sun during peak hours). * Do not use tanning beds. * Avoid sunburn. * Seek shade and wear protective clothing (i.e., hats and long-sleeved garments) if outside for prolonged periods of time or during peak direct sun hours. * Strive for sufficient sleep on a regular basis (SSD-1).   3 Recommended total sleep duration:   * Adults: 7–9 hours * Adolescents: 8–10 hours * Older adults: 7–8 hours   Follow up with PCP regularly:   * Adhere to age-appropriate and treatment-associated health screening, preventive measures (SIMIN-1), and cancer screening recommendations (NCCN Guidelines for Detection, Prevention, & Risk Reduction). * Obtain nutrients from food sources rather than relying on dietary supplements. Routine use of dietary supplements is not recommended for the purposes of cancer control (SSUP-1). | * These are intermittently accomplished via the BCESSP Workshops and Newsletter (with its informative articles on varying topics, including alcohol use and cancer in Q2 2025’s newsletter, etc.). * Nonetheless, more can be done to emphasize the broad spectrum of these topics in both workshops and the newsletter, as well as on social media channels used by BCESSP to communicate with its patient-participants. |
| • A multidisciplinary approach (including but not limited to clinicians, physical therapists, dieticians, social workers, and patient navigators) should be utilized to: | * Assess individual and community-level barriers to meeting healthy lifestyle recommendations. * Support patients in developing strategies to overcome challenges throughout the continuum of survivorship care (from diagnosis to long-term survivorship). * Consider specialty referrals to supportive programs offered by medical centers or the community (ie, Livestrong at the YMCA). | * This is the primary function of BCESSP’s workshops, support groups, and newsletters, but because no formal assessment instrument exists to validate these standards and guidelines, more can be done to make BCESSP a bona fide arm of the Breast Care Center in meeting its accreditation requirements. |
| **Conclusion:** Currently, no formal assessment instrument exists to validate these standards and guidelines. Thus, a program evaluation needs to take place to identify and track best practices (Leadership expectations), accreditation standards (NAPBC), and evidence-based guidelines (NCCN) moving forward. | | |

##### Accessibility of Instruction

* Currently, all Physician/Provider-Led Workshops are held virtually on Microsoft Teams. Accessibility considerations are limited for participants who do not have a computer or internet service. Typically, the Provider’s PowerPoint slides, and a recording of the presentation are sent to registered participants after the fact for review.
* Currently, all Non-Provider-Led or Lifestyle Workshops are held virtually on Microsoft Teams. Accessibility considerations are limited for participants who do not have a computer or internet service. If relevant, the Provider’s PowerPoint slides, and a recording of the presentation are sent to registered participants after the fact for review.
* Currently, all Peer-to-Peer Support groups are held virtually on Microsoft Teams.
* Currently, one Stage 4 Metastatic Breast Cancer Support group is held virtually on Microsoft Teams. Accessibility considerations are limited for participants who do not have a computer or internet service. A second Stage 4 Metastatic Breast Cancer Support group is held in person at Gilda’s Club on the first floor of the building, which has a handicap accessible ramp. There are no accessibility considerations currently in place to address deaf or hard of hearing patients and more can be done to improve this.

**Below are ways in which accessibility could be improved of the instructional product:**

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| **Add multi-language support** | **Accessible Technology** | **Flexible Scheduling** |
| * Offering materials and sessions in multiple languages can help reach non-English speaking participants such as Arabic and Spanish. | * Ensure that the virtual platform is user-friendly and accessible to people. This includes providing closed captioning, screen reader compatibility, and easy navigation features etc. * Due to the virtual nature of the sessions, other accessibility concerns include access to functioning technology and a stable internet connection. | * Offer virtual sessions at various times to accommodate different schedules. |

### **Instruction Audience and Instruction Context**

#### Instruction Audience

* The instruction audience for Provider Workshops and Non-Provider Lifestyle Workshops are targeted at breast cancer patients, their family members, or caregivers.
* Audience members come from a diverse set of backgrounds, including age, ethnicity, nationality, language, socioeconomic background, educational background, etc.
  + Audience members with breast cancer are across a very wide spectrum of breast cancer stages, treatments, and diagnoses.
* The instruction audience for support groups are targeted to only breast cancer patients.
  + Audience members come from a diverse set of backgrounds, including age, ethnicity, nationality, language, socioeconomic background, educational background, etc.
  + Audience members for the Peer-to-Peer Support Group have breast cancer and are across a very wide spectrum of breast cancer diagnoses, stages, and treatments.
  + Audience members for the Stage 4 Metastatic Support Group are in a special category of those whose breast cancer has spread.

#### Instruction Context

* Instructional context for Provider Workshops and Non-Provider Lifestyle Workshops—these educational encounters are conducted online on Microsoft Teams (currently).
  + In the near future, the instruction for Provider Workshops and Non-Provider Lifestyle Workshops will be conducted in a hybrid manner on Microsoft Teams and in a “Cancer Center Classroom” that seats approximately 20 people and is equipped with online meeting technology.
  + Instruction begins with an Introduction of the Presenter by the meeting facilitator
  + Presenter instructs participants in the topic of the presentation using a Microsoft PowerPoint slide deck.
  + The Presenter incorporates a Question & Answer period either throughout the presentation or at the end of instruction.
* Instructional context for Peer-to-Peer Support Groups—these educational encounters are conducted online on Microsoft Teams.
  + The group facilitator welcomes everyone into the virtual room.
  + Each participant shares an update about her life, treatment, or health journey in a round-robin format.
  + The group facilitator and participants offer resources, where necessary.
* Instructional context for Stage 4 Metastatic Breast Cancer Support Groups—these educational encounters are conducted online on Microsoft Teams and in person/hybrid.
* Group facilitators welcome everyone into the virtual room or the physical room.
* Each participant shares an update about her life, treatment, or health journey in a round-robin format.
* The group facilitator and participants offer resources, where necessary.

##### Accessibility of the Instruction Context

* Online instructional engagements using Microsoft Teams have built-in Accessibility Features for closed captioning for the hearing impaired.
  + There are no additional ADA considerations being taken to address visual impairments, which do sometimes manifest with participants whose chemotherapy affects their vision. More can be done in this area.
* In-person Support Group meetings for the Stage 4 Metastatic meeting and any future hybrid in-person meetings are in an ADA accessible first-floor room of a commercial building that is wheelchair accessible.
* There are not currently any ADA considerations for deaf or hard of hearing for in-person instructional engagements. More can be done in this area to ensure that closed captioning is available.

## **Evaluation of the Instructional Product**

### *Evaluation Purpose, Need, Benefit*

* **Purpose** – The purpose of evaluating the educational and support group components of the BCESSP are to ensure that participants receive a quality learning experience that is grounded in appropriate learning theories and instructional design best practices, and to ensure that BCESSP programming contributes positively to meeting the breast care center’s accreditation benchmarks through the NAPBC.
* **Need** – The need for this program evaluation is illustrated by the fact that there are no controlling standards, other than historical precedent and programming patterns, by which the BCESSP is evaluated. Because there are outside speakers who come in to present to BCESSP constituents, internal standards of practice (and learning outcomes) need to be established so that internal learning outcomes are met and so that programming isn’t based on an external goal.
* **Benefit** – The benefit of completing a thorough program evaluation will be that it identifies the weak points in the educational and support group programming arm of BCESSP and thus identifies opportunities for remediation and improvement of the educational offerings to breast cancer patients, their families, and their caregivers.

### *Evaluation Goals and Subgoals*

* Determine if the educational and support group programming arm of BCESSP is having a positive outcome on breast cancer patients through the scheduling and delivery of workshops and support groups (Level 1).
* Determine if the educational and support group programming arm of BCESSP is ensuring learning and community support has taken place during individual educational experiences that are delivered to breast cancer patients (Level 2).
* Determine if the educational and support group programming arm of BCESSP is positively affecting the short- and long-term behavior of breast cancer survivors outside of the programs based on what participants learned during workshops and support groups (Level 3).
* Determine if the educational and support group programming arm of BCESSP can be aligned better with NAPBC accreditation standards to positively affect the breast care center’s accreditation status (Level 4).

### *Evaluation Rationale*

* Evaluating the BCESSP using Kirkpatrick’s Four Levels will provide an opportunity for an incredibly thorough look at the educational and support group arm of this breast cancer survivor program to determine if the program can be improved. It is anticipated that interventions in the design and delivery of educational workshops and support groups will result from the evaluation, which will lead to more impactful programming and community support for breast cancer patients moving forward.

### *Stakeholders*

### Breast Cancer patients, their families, and caregivers. (Level 1, 2 & 3).

### Medical Providers – workshop presenters (Level 1, 2 & 3).

### Non-Medical Providers – workshop or other lifestyle engagement presenters (Level 1, 2 & 3).

### BCESSP Support Group Leaders (Level 1, 2 & 3).

### BCESSP Program Staff (Level 1, 2, 3 & 4).

### Breast Center Administrative Management level (Level 1, 2, 3 & 4).

### Breast Center Medical Director level (Level 1, 2, 3 & 4).

* Hospital Executives (Level 1, 2, 3 & 4).

### *Evaluation Context and Scope*

**General Overview of BCESSP Program Schedule & Environment:**

* BCESSP Medical Provider-based workshops occur monthly online or in person and are scheduled quarterly.
* BCESSP Non-Medical Provider-based workshops occur monthly online or in person and are scheduled quarterly.
* BCESSP support groups occur twice a month, either online or in person.
* Breast cancer patients, families, and their caregivers can sign up for programming by emailing the program office. Soon, participants will be able to register using a Microsoft Form or other internal registration system.

**Scope of Evaluation, via Kirpatrick’s Four Levels:**

* Level 1 & 2 RETRO survey can take place immediately to capture recent past workshop and support group experiences (past 3 months).
* Level 1 evaluation can take place after each workshop or support group.
* Level 2 evaluation can take place after each workshop or support group.
* Level 3 evaluation of workshops can take place in increments of 6 & 12 months out from each workshop.
* Level 3 evaluation of support groups can take place semi-annually.
* Level 4 evaluation of workshops and support groups can take place semi-annually.

**Accessibility Considerations:**

* All Surveys (Levels 1-4) can be administered digitally, on paper, over the phone, and in person to meet accessibility needs.

## References

American Cancer Society. (2024, January 12). *Key Statistics for Breast Cancer*. American Cancer Society. <https://www.cancer.org/cancer/types/breast-cancer/about/how-common-is-breast-cancer.html>

‌*Guidelines Detail*. (n.d.). NCCN. <https://www.nccn.org/guidelines/guidelines-detail?category=1&id=1419>

Kirkpatrick, J. D., & Kirkpatrick, W. K. (2016). Kirkpatrick’s four levels of training evaluation. Association for Talent Development.

*Michigan Cancer Dashboard: Female Breast Cancer in Michigan*. (2019). Michigan.gov. <https://www.michigan.gov/mdhhs/keep-mi-healthy/communicablediseases/epidemiology/chronicepi/cancer-epidemiology/female-breast-cancer-dashboard>

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*NAPBC Standards and Resources*. (n.d.). ACS. <https://www.facs.org/quality-programs/cancer-programs/national-accreditation-program-for-breast-centers/standards-and-resources/>

‌ Poulos, K. (2021, October 22). *Can outreach and education solve the problem of inequity in breast care? Part 3 - Ferrum Health*. Ferrum Health. <https://ferrumhealth.com/can-outreach-and-education-solve-the-problem-of-inequity-in-breast-care-part-3/>

## *Simple Gantt Chart*. (2021, December 3). Vertex 42. https://vertex42.com/ExcelTemplates/simple-gantt-chart.html.

## Appendix

Refer to timeline Gantt chart here (see attached): [Breast Cancer Education Timeline.xlsx](https://purdue0-my.sharepoint.com/:x:/g/personal/malerba_purdue_edu/EcUMCwBhqttHiOASDa5x07IBpJrz1-lbLdtcPHtZehtB5g?e=pb9oJl)

**Rubric**

**Students’ Names: Cindy Malerba & Ritika Bhargo**

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| --- | --- | --- | --- |
| **Content** | | **Description** | **Pts.** |
| **General Background** | |  |  |
| General Background | | * General background and context information | /5 |
| **Instructional Product** | |  |  |
| Instructional Product | | * Purpose, need, and potential benefit of instruction * Goal and subgoals of instructional product * Learning objectives listed * Instruction success criteria provided * Description of any accessibility features of the instruction | /5 |
| Instructional Audience and Instruction Context | | * Audience with which the product is used * Context and environment used for the instruction * Description of accessibility of instructional context | /5 |
| **Evaluation of the Instruction** | |  |  |
| Evaluation Purpose and Goals | | * Overall purpose, need, and potential benefit of evaluating the instructional product * Goal and subgoals for evaluating the instructional product | /5 |
| Evaluation Rationale | | * Rationale/reason for why the instructional product is a good candidate for a four-level evaluation | /5 |
| Stakeholders | | * Key and additional stakeholders are described | /5 |
| Evaluation Context and Scope | | * Identify/describe the proposed context and environment for the evaluation * Description of things you might need to consider for an accessible evaluation   Timeline of major events | /10 |
| **Document** | |  |  |
|  | Formatting and Writing | Grammar, Spelling, Punctuation, APA formatting, etc.  Additional points will be deducted for significant writing errors. |  |
| **TOTAL** | |  | /40 |

**Instructor Comments:**