

# Medical Innovation



## **New for 2022 - 2023**

- Round One at ILC will be pre-judged using digital submissions.
- Number of photos submitted to Tallo has been changed.
- Tallo upload process has been clarified
- Video demonstration requirement has been returned to the guidelines.
- Editorial updates have been made for clarity.

## **Event Summary**

Medical Innovation provides HOSA members with the opportunity to gain knowledge and skills required to impact the future of health and or the delivery of healthcare through the development of a new medical innovation. This competitive event consists of 2 rounds and each team consists of 2-4 people. In Round One, judges will evaluate the created medical innovation and the top scoring teams will advance to Round Two for the oral presentation. This event aims to inspire members to be proactive future health professionals by sharing their medical innovation, understanding, and outcomes with others.

## **Disclaimer**

If a competitor is interested in obtaining a patent for his/her original work, it is the responsibility of the competitor. More information on patents may be found at [US Patent Office](#) or [European Patent Office](#). HOSA does not provide patent protection for this event.

## **Dress Code**

Competitors must be in official HOSA uniform or in proper business attire. Bonus points will be awarded for [proper dress](#). All team members must be properly dressed to receive bonus points.

## **Competitor Must Provide**

- the pdf containing up to 8 photos of the exhibit, reference page, and summary video uploaded to Tallo by ONE team member by May 15 for ILC competition
- [Photo ID](#)
- Innovation and all associated materials/exhibit items
- Index cards or electronic notecards for presentation (optional)

## **General Rules**

1. Competitors in this event must be active members of HOSA in good standing.
2. **Eligible Divisions:** Secondary or Postsecondary/Collegiate division members are eligible to compete in this event.

3. Competitors must be familiar with and adhere to the "[General Rules and Regulations of the HOSA Competitive Events Program \(GRR\)](#)."
  - Per the [GRRs #11](#) and [Appendix H](#), HOSA members may request accommodation in any competitive event. To learn the definition of an accommodation, please read [Appendix H](#). To request accommodation for the International Leadership Conference, [submit the request form here](#) by May 15 at midnight EST.
  - To request accommodation for any regional/state level conferences, please work with your local and state advisor directly. Accommodations must first be done at state in order to be considered for ILC.
4. The original medical innovation must be presented by a team of two to four (2-4) HOSA members.

#### Official References

5. Websites that may provide useful information are:
  - A. [Johnson and Johnson](#)
  - B. [Cleveland Clinic](#)
  - C. [Deloitte](#)

#### ROUND ONE:

##### **The Medical Innovation Research, Exhibit and Video Demonstration - Pre-judged Digitally**

6. The team will create an original medical innovation of their own idea and design. The innovation should be something that could lead to an advancement in medicine or the delivery of healthcare. Teams will build a prototype of their innovation, provide supporting evidence for why this innovation is needed, and then record a video summarizing their innovation.
7. Topics could include, but are not limited to:
  - A. Medical or healthcare innovation
  - B. Emerging technologies in health
  - C. Advances in medicine
8. Innovations in this event *must* be original ideas. It is the competitor's responsibility to perform due diligence to determine whether or not their idea/innovation already exists in publication or patent. Begin with an internet search. For more information, visit [STOPfakes.gov](#) or the [European Patent Office](#).
9. Teams will create a video demonstration of their innovation. The video demonstration should be 60 seconds max showcasing the innovation and its inventor(s). No need for music, graphics, special effects, or text. Video must include competitor's names, HOSA chapter & division, ages, city, state, country, and name of innovation. Video must explain how the innovation works and show it in action using the prototype created. You can view a [sample video here](#). The video will be uploaded to Tallo (see below for instructions). The purpose of this video upload is for HOSA marketing purposes and the archiving of samples of the high-quality work created by HOSA members. The content of the video is not judged on the rating sheet.
10. Exhibit information should include, but is not limited to, the following items:
  - A. What the innovation is and what it does/how it is used.
  - B. Innovation impact on the future of healthcare delivery.
  - C. How innovation may increase the quality of life.
  - D. How innovation may reduce healthcare costs.
11. Anyone viewing the exhibit should be able to have a general ideal of the medical innovation without having someone there to speak about it.
12. The work **must** be the original work of the competitors, including the artistic aspects of the exhibit. Allowable artwork may include:
  - A. Competitor produced illustrations, designs, and/or computer-generated graphics.

- B. Clip art or other graphics used in compliance with copyright laws.
  - C. Photographs used in compliance with copyright laws.
  - D. Computer or machine generated lettering.
13. **Reference Page(s):** List the literature cited to give guidance to the exhibit. American Psychological Association (APA) is the preferred resource in Health Sciences. The reference page(s) must be uploaded to Tallo by ONE team member AND attached to the back side of the exhibit. Reference page(s) must also include: Event Name, Team Member Names, HOSA Division, HOSA Chapter #, School Name, Chartered Association, & Chosen Innovation. *Points will be awarded for compiling a clean, legible reference page(s), but the formatting of the reference page(s) is not judged.*

#### REQUIRED Digital Uploads

14. The following items **MUST** be uploaded to the Medical Innovation ILC opportunity in Tallo by May 15 by one member of the team:
- a. Reference page(s) with chapter and team member names
  - b. Up to 8 clear photos of the exhibit
  - c. Video link summarizing the innovation

**May 15** at midnight EST is the **final deadline** and there will be **NO EXCEPTIONS** to receipt of the required materials after the deadline.

15. Items #14A-B will be uploaded as one combined pdf file. Item #14C will be uploaded as a separate hyperlink in Tallo.

16. **SECONDARY/POST-SECONDARY/COLLEGIATE:**  
Detailed instructions for uploading materials to Tallo can be found [HERE](#).

17. State Leadership Conference (SLC) vs. HOSA's International Leadership Conference (ILC)
- a. **State Leadership Conferences.** It is the competitor's responsibility to check with their Local Advisor for all state-level processes used for competition as Tallo might not be a requirement.
  - b. **International Leadership Conference.**
    - i. **If a competitor uses Tallo as a requirement at the SLC**, the competitor **MUST** upload an **ADDITIONAL** time to the ILC Tallo opportunity by May 15. The competitor may use the product(s) exactly as written for the SLC but, if the competitor wants to change the information, the competitor may upload a revised version for ILC.
    - ii. **If Tallo is NOT used at the competitor's SLC**, it is the competitor's responsibility to upload the product to Tallo for HOSA's ILC on the ILC Tallo opportunity no later than May 15. Not using Tallo at a competitor's State Leadership Conference is not an exception to the rule. **ALL competitors MUST** use Tallo for ILC competition.

18. The FINAL ILC digital upload deadline is May 15. We **STRONGLY** suggest not waiting until the last minute to upload online to avoid user-challenges with the system.

19. For ILC, the digital materials uploaded by May 15 will be PRE-JUDGED for round one. Competitors who do not upload materials are NOT eligible for round two competition and **will NOT be given a competition appointment time at ILC**. All digital content uploaded as of May 15 is what will be used for pre-judging at ILC.

20. It is the team's responsibility to ensure that the digitally submitted photos are legible, clear, and large enough files to view effectively for round one pre-judging.

#### Project Display Setup at ILC

21. All competitors shall report to the site of the event at the time designated for competition. At ILC, competitor's [photo ID](#) must be presented prior to ALL competition rounds.

22. When instructed, the team will have **fifteen (15) minutes** to assemble their innovation and overall table exhibit. Only registered competitors will be allowed to setup the exhibits. The time for assembly is to set up what the team has previously created in preparation for the required Display Time.
23. There will be one or two teams per table. Once positioned on the table with three-dimensional exhibit items, the maximum dimensions are: WIDTH: 48 inches DEPTH: 24 inches
24. The exhibit will be measured by the Section Leader or Event Manager from a beginning point to the furthest point of the exhibit.
  - A. There is no maximum height limit, however exhibits must be stable enough to sit on the table without assistance or fear of falling.
  - B. Width will be measured from the widest point of anything on the exhibit to the opposite point.
  - C. Depth will be measured from the deepest point of anything on the exhibit to the opposite point.
  - D. Exhibit materials may not extend beyond the edge of the exhibit table.
  - E. Dimensions include models, electronics, mannequins and all other exhibit items.
  - F. Exhibit must be submitted in English for judging.
25. All teams will have the same size table. Exhibits must fit on this table without hanging off, as the next table may be in very close proximity. Teams may take things off the exhibit to show the judges and utilize the space around the exhibit, as long as they do not encroach on an equal distance from the next exhibit.
26. Teams should assemble materials so that the overall exhibit can stand-alone. Anyone viewing the innovation exhibit materials should be able to have a general idea of the medical innovation without having someone there to speak about it. This may include any pre-recorded materials on battery powered devices.
27. Competitors are responsible for the safety and proper functioning of all equipment they bring to this event. Teams *may not* use any flames, body fluids, living organisms, sharps, any equipment/materials that could expose anyone to risk of bodily harm or danger. Invasive procedures and skin puncturing of any kind are **prohibited**.
28. Electricity will not be provided. Teams **MUST** use battery power instead of electricity for their exhibits if power is required. Any noise (bells, alarms, etc...) used in exhibit/presentation must not interfere with neighboring exhibits/presentations.
29. No equipment/supplies (except tables) will be provided for this event. All equipment/supplies needed must be provided by the team. No Wi-Fi or internet service will be provided. It is the team's responsibility to ensure that all equipment is in working condition.

#### **Required Project Display Time at ILC**

30. All competitors at the International Leadership Conference are **required** to attend the **HOSA Project Display Time** for this event, as scheduled per the conference program. Team members will stand with their innovation and share event experiences with conference delegates. Failure to attend Project Display Time will result in a 15 point deduction, assessed in Tabulations.
31. Exhibits must be picked up by competitors as instructed. Any exhibits not picked up ***within the given timeframe*** will become the property of HOSA-Future Health Professionals and may be discarded.

#### **ROUND TWO: The Presentation**

32. The top teams from Round One in each division will advance to Round Two, for the oral presentation. The number of advancing teams will be determined by criteria met in Round One, attendance of the required display time, and space available for Round Two. Round Two finalists will be announced on-site at ILC per the conference agenda.

33. Teams must bring their exhibit to ILC competition, to reference during the round two presentation and to use during the required display time.
34. Qualifying teams will report back to their innovation at their individual team assigned appointment time to present a seven (7) minute prepared oral presentation to the judges.
  - A. Use of index card notes during the presentation are permitted. Electronic notecards (on a tablet, smart phone, laptop, etc...) are permitted, but will not be shown to judges.
  - B. During the seven (7) minute prepared presentation, time cards will be shown with one (1) minute remaining and time will be called at the end of the 7 minutes.
  - C. All team members must take an active role in the presentation.
35. At the conclusion of the seven (7) minute prepared oral presentation, judges will have two (2) minutes to ask questions of the competitors. The timekeeper will notify teams when one minute (1) remains and notify the judges when these two (2) minutes have ended. Judges will then have two (2) additional minutes to complete the rating sheets.
36. Each team that advances to the presentation round will be judged on their ability to communicate information to the judges about their innovation. The presentation will:
  - A. explain and teach judges about the innovation;
  - B. demonstrate the medical innovation to the judges, including how it is used;
  - C. include the purpose behind the innovation, why it is needed and how it will add value and benefit the healthcare system;
  - D. explain anticipated costs of the innovation for the consumer and/or the healthcare system;
  - E. describe training requirements needed to use or implement the medical innovation and,
  - F. highlight how the innovation fits within the healthcare field and what practitioners / consumers are needed to implement it.

The goal will be to deliver an engaging presentation that teaches the judges about the innovation. Each team will be judged on their overall innovation and on their ability to communicate information to the judges about the need for their chosen innovation.

### **Final Scoring**

37. Scores from Round One will be added to Round Two to determine the final results.
38. In the event of a tie, a tiebreaker will be determined by the areas on the rating sheet section(s) with the highest point value in descending order.

## MEDICAL INNOVATION

### Judge's Round 1 Rating Sheet – The Innovation Exhibit – Pre-Judged Digitally

Section # \_\_\_\_\_  
 Team # \_\_\_\_\_

Judge's Signature \_\_\_\_\_  
 Division: SS \_\_\_\_ PS/Collegiate \_\_\_\_

One PDF file with Reference Page and up to 8 photos, and a link to summary video Uploaded Online\*: Yes \_\_\_\_ No \_\_\_\_  
 For ILC, the digital materials uploaded by May 15 will be PRE-JUDGED for round one. Competitors who do not upload materials are NOT eligible for round two competition and **will NOT be given a competition appointment time at ILC.**  
 All digital content uploaded as of May 15 is what will be used for pre-judging at ILC.

A. Exhibit Overview	Excellent 5 points	Good 4 points	Average 3 points	Fair 2 points	Poor 0 points	JUDGE SCORE
<b>1. Reference Page</b>	Reference page(s) included as a digital upload - and contains Event name, Competitor/Team Member Names, HOSA Division, HOSA Chapter #, School Name, Chartered Assoc, & Chosen Innovation	N/A	N/A	N/A	Reference page(s) not included OR all requirements are not met.	
A. Exhibit Overview	Excellent 10 points	Good 8 points	Average 6 points	Fair 4 points	Poor 0 points	JUDGE SCORE
<b>2. Video summary demonstration</b>	Video summary of innovation uploaded	N/A	N/A	N/A	Video summary not uploaded	
<b>3. Prototype</b>	Prototype shown in uploaded photos	N/A	N/A	N/A	Prototype not shown in uploaded photos OR no photos uploaded.	
A. EXHIBIT CONTENT	Excellent 15 points	Good 12 points	Average 9 points	Fair 6 points	Poor 0 points	JUDGE SCORE
<b>1. Description of the Innovation and how it is used</b>	Exhibit provides an exceptional representation of what the innovation is, what it does, and how it is used. Information is supported by data that is accurate, current, and presented in a logical manner.	The content of the exhibit is mostly clear, ideas are sequenced in a logical manner. The exhibit provides information that describes the innovation and its use.	The information on the exhibit is somewhat vague and does not clearly explain the innovation and/or its use.	The sequencing of ideas throughout the exhibit is unclear. The exhibit includes little information or data to support the innovation.	Exhibit not submitted OR information on the exhibit is unclear and does not provide understanding of the innovation and its use.	
<b>2. Innovation Design</b>	The quality of design of the innovation is exceptional. The unique design is comprehensive and original. The design pushes the boundaries of originality and takes innovation to the next level.	The innovation consists of mostly original design. The information appears to be well-designed and comprehensive.	The design innovation is moderately original showcasing some unique features. Some of the design lacked details that took away from the overall comprehension of the innovation	Information on the design seem to be missing key elements. More information is needed for the design innovation to be effective.	The design is simplistic and does not offer an original approach. Components of the design are missing and judges are left with more questions than answers.	
<b>3. Innovation Impact /Relevance</b>	The relevance of this medical innovation is significant and timely. This product/process definitely has the potential to positively impact the future of healthcare delivery, increase the quality of life or reduce healthcare costs.	This medical innovation exhibits promising indicators of having a positive impact on the future of healthcare but may or may not significantly affect quality of life or reduction of care costs.	This innovation suggests a minimal impact on the future of the healthcare industry, quality of life or improvement in reducing healthcare costs.	The impact on the healthcare industry by improving quality of life or reducing healthcare costs is questionable at best.	This design is already in existence or does not add value to the global healthcare market.	

<b>EXHIBIT CONTENT</b>	<b>Excellent 15 points</b>	<b>Good 12 points</b>	<b>Average 9 points</b>	<b>Fair 6 points</b>	<b>Poor 0 points</b>	<b>JUDGE SCORE</b>
<b>4. Content/ Information</b>	Content is written clearly and concisely with a logical sequence of ideas and supporting information. The exhibit gives the audience a clear understanding of the innovation. Information is accurate and current.	The content is mostly clear, and ideas are sequenced in a logical manner. The exhibit provides the audience with a general understanding of the innovation.	The content is vague in conveying a point of view and does not create a strong sense of purpose. Some of the information does not support understanding of the innovation.	Sequencing of ideas does not flow logically. Exhibit includes little information – only one or two details about the topic with little support for claims/ evidence.	Information on the exhibit is unclear and does not provide understanding of the innovation.	
<b>C. EXHIBIT VISUALS</b>	<b>Excellent 10 points</b>	<b>Good 8 points</b>	<b>Average 6 points</b>	<b>Fair 4 points</b>	<b>Poor 0 points</b>	<b>JUDGE SCORE</b>
<b>1. Artistic Design</b>	The artistic quality is exceptional. The artwork is vibrant, balanced, visually pleasing and pushes the boundaries of artistic expression. The design choices take the exhibit to the next level.	The artistic quality is good; the artwork stands out. The design elements seem to be well-thought out and comprehensive.	The exhibit incorporates balanced design choices, showcasing some artistic features. Some of the design lacks artistic details that took away from the overall visual of the exhibit.	Basic levels of artistic design are incorporated into the exhibit. Better design/color choices should be incorporated to assure the artwork on the exhibit is pleasing to the eye,	The design is simplistic and not visually appealing.	
<b>2. Creativity and Originality</b>	The exhibit incorporates creativity and innovation that make it unique. The exhibit has the “wow-factor” and stands out in the room above all others.	The exhibit is innovative and creative. It offers something unique but is missing the wow-factor.	The exhibit has moderate levels of creativity and originality.	Basic elements of creativity and innovation were captured in this exhibit. It blends in with the other competitors.	Little creativity or originality was captured in the exhibit of this health care exhibit. More effort needed.	
<b>3. Appearance/ Organization</b>	The exhibit is exceptionally neat, organized, and error-free. Information is clearly displayed and easy to understand and follow.	Exhibit is neat and organized. The content has a logical flow with only minimal errors.	The exhibit was basic and could use more organization and thought to be understood. .	The exhibit lacked organization and/or contained several spelling errors. The flow of information seemed to be out of order.	The exhibit is either too busy or lacks enough detail to support the content	
<b>Total Points Round 1 Pre-Judged Digitally (115):</b>						

## MEDICAL INNOVATION Judge's Round 2 Rating Sheet – The Presentation

Section # \_\_\_\_\_

Judge's Signature \_\_\_\_\_

Team # \_\_\_\_\_

Division: SS \_\_\_\_\_ PS/Collegiate \_\_\_\_\_

Medical Innovation – The Presentation – Round 2						JUDGE SCORE
A.PRESENTATION CONTENT	Excellent 15 points	Good 12 points	Average 9 points	Fair 6 points	Poor 0 points	
<b>1. Explain &amp; Teach</b>	The team shared exceptional depth of knowledge on the innovation content and effectively taught the judges about their innovation.	The team shared knowledge and understanding of the original innovation with the judges.	The team shared an average amount of knowledge on the original medical innovation.	The team demonstrated some command of the knowledge but failed to effectively teach the judges about the original innovation.	The team shared little to no knowledge of the medical innovation with the judges or repeated information.	
<b>2. Demonstration of Prototype</b>	The team did an outstanding job demonstrating the medical innovation prototype. The audience feels competent about how to use the prototype.	The team did a good job demonstrating the innovation prototype.	The presentation of the medical innovation prototype was mediocre.	The team attempted to demonstrate the innovation prototype but experienced challenges.	The presentation of the medical innovation prototype was poor. The prototype did not function correctly.	
<b>3. Why this Innovation? Value &amp; Benefit</b>	The team provided clear rationale for the purpose behind the innovation, why it is needed and how it will add value and benefit the healthcare system.	The team was able to explain the value and benefit of the medical innovation to the healthcare industry.	The team provided a short explanation for how the medical innovation will benefit the healthcare industry.	Little demonstration for why this innovation will add value or benefit the healthcare system was given.	The team was unable to explain or demonstrate why this medical innovation will add value or benefit to the healthcare system.	
<b>4.Overall Innovation</b>	The exhibit and presentation are an excellent combination to get people excited about the innovation and could have a profound effect on the future of healthcare.	The exhibit and presentation resonated with the audience and made a positive impact. The audience left feeling positive about the new innovation.	The overall effectiveness of the innovation demonstrates some potential to impact the future of healthcare.	The medical innovation needs additional focus in order to gain excitement	The presentation and exhibit need more polish and attention to detail in order to improve the delivery of healthcare. The overall innovation lacks effectiveness and attention to detail.	
A.PRESENTATION CONTENT	Excellent 5 points	Good 4 points	Average 3 points	Fair 2 points	Poor 0 points	JUDGE SCORE
<b>5. Cost</b>	Detailed information about the cost of the innovation for the consumer and/or the healthcare system was shared.	N/A	Information was shared about the cost of the innovation but judges were left with unanswered questions.	N/A	No relevant information was shared about the cost of the innovation.	
<b>6. Training Requirements</b>	A detailed description of the training requirements to use or implement the medical innovation was shared.	A description of the training requirements was provided.	A short description of the training requirements was provided.	An incomplete description of the training requirements was provided.	There is no description of the training requirements for the medical innovation.	



<b>A.PRESENTATION CONTENT</b>	<b>Excellent 5 points</b>	<b>Good 4 points</b>	<b>Average 3 points</b>	<b>Fair 2 points</b>	<b>Poor 0 points</b>	<b>JUDGE SCORE</b>
<b>7. Career Implications</b>	Detailed information was shared about how the innovation fits within the healthcare field and what practitioners / consumers are needed to implement it. It is clear how and what healthcare careers are affected by this innovation.	Mostly relevant information was shared about the career implications of this innovation.	Some information was shared about the career implications of this innovation.	A fair amount of information was shared about the career implications of this innovation, but more detail is needed to be relevant.	No information was shared about the career implications of this innovation.	
<b>B.PRESENTATION DELIVERY</b>	<b>Excellent 10 points</b>	<b>Good 8 points</b>	<b>Average 6 points</b>	<b>Fair 4 points</b>	<b>Poor 0 points</b>	<b>JUDGE SCORE</b>
<b>1. Voice</b> Pitch, tempo, volume, quality	The team's voice was loud enough to hear. The competitors varied rate & volume to enhance the speech. Appropriate pausing was employed.	The team spoke loudly and clearly enough to be understood. The competitors varied rate OR volume to enhance the speech. Pauses were attempted.	The team could be heard most of the time. The competitors attempted to use some variety in vocal quality, but not always successfully.	The team's voice is low. Judges have difficulty hearing the presentation.	Judge had difficulty hearing and/or understanding much of the speech due to low volume. Little variety in rate or volume.	
<b>2. Stage Presence</b> Poise, posture, eye contact, and enthusiasm	Movements & gestures were purposeful and enhanced the delivery of the speech and did not distract. Body language reflects comfort interacting with audience. Facial expressions and body language consistently generated a strong interest and enthusiasm for the topic.	The team maintained adequate posture and non-distracting movement during the speech. Some gestures were used. Facial expressions and body language sometimes generated an interest and enthusiasm for the topic.	Stiff or unnatural use of nonverbal behaviors. Body language reflects some discomfort interacting with audience. Limited use of gestures to reinforce verbal message. Facial expressions and body language are used to try to generate enthusiasm but seem somewhat forced.	The team's posture, body language, and facial expressions indicated a lack of enthusiasm for the topic. Movements were distracting.	No attempt was made to use body movement or gestures to enhance the message. No interest or enthusiasm for the topic came through in presentation.	
<b>3. Diction*, Pronunciation** and Grammar</b>	Delivery emphasizes and enhances message. Clear enunciation and pronunciation. No vocal fillers (ex: "ahs," "uh/ums," or "you-knows"). Tone heightened interest and complemented the verbal message.	Delivery helps to enhance message. Clear enunciation and pronunciation. Minimal vocal fillers (ex: "ahs," "uh/ums," or "you-knows"). Tone complemented the verbal message	Delivery adequate. Enunciation and pronunciation suitable. Noticeable verbal fillers (ex: "ahs," "uh/ums," or "you-knows") present. Tone seemed inconsistent at times.	Delivery quality minimal. Regular verbal fillers (ex: "ahs," "uh/ums," or "you-knows") present. Delivery problems cause disruption to message.	Many distracting errors in pronunciation and/or articulation. Monotone or inappropriate variation of vocal characteristics. Inconsistent with verbal message.	
<b>B.PRESENTATION DELIVERY</b>	<b>Excellent 5 points</b>	<b>Good 4 points</b>	<b>Average 3 points</b>	<b>Fair 2 points</b>	<b>Poor 0 points</b>	<b>JUDGE SCORE</b>
<b>4. Organization and Flow</b>	The presentation was exceptionally organized, clear and coherent. It flowed seamlessly.	The presentation was well-organized, clear and included sufficient detail.	Information shared by presenters was somewhat organized and presented fairly well. The presentation included some details to help with the delivery.	Presentation was not delivered in a clear and concise manner.	The presentation was scattered and unclear; did not flow, and left judges with more questions than answers.	

<b>B.PRESENTATION DELIVERY</b>	<b>Excellent 5 points</b>	<b>Good 4 points</b>	<b>Average 3 points</b>	<b>Fair 2 points</b>	<b>Poor 0 points</b>	<b>JUDGE SCORE</b>
<b>5. Exhibit Incorporated into Presentation</b>	The exhibit enhanced the messaging of the innovation and helped bring the presentation to life.	The exhibit helped tell the story of the innovation. It complemented the presentation effectively.	The team did an adequate job of using the exhibit to support the presentation.	The exhibit somewhat enhanced the presentation on the innovation yet seemed to miss key points of emphasis.	The exhibit seemed to be an “afterthought” to the presentation. There was a disconnect between what was featured on the exhibit and the presentation.	
<b>B.PRESENTATION DELIVERY</b>	<b>Excellent 10 points</b>	<b>Good 8 points</b>	<b>Average 6 points</b>	<b>Fair 4 points</b>	<b>Poor 0 points</b>	<b>JUDGE SCORE</b>
<b>6.Team Participation</b>	Excellent example of shared collaboration in the presentation of the project. Each team member spoke and carried equal parts of the project presentation.	All but one person on the team was actively engaged in the project presentation.	The team worked together relatively well. Some of the team members had little participation.	The team did not work effectively together.	One team member dominated the project presentation.	
<b>7. Answered judge questions effectively.</b>	The team provided excellent answers to judge’s questions, shared important details and maintained a high level of professionalism and poise throughout the presentation.	The team answered the judge’s questions accurately and provided some important details about the medical innovation.	The team was able to answer most of the questions effectively, could have provided more details regarding the innovation process.	The team answered some of the questions but failed to expound on the details of the medical innovation.	The team had trouble answering the judge’s questions. More evidence is needed to demonstrate a basic understanding of the medical innovation.	
<b>C. Exhibit Overview</b>	<b>Excellent 5 points</b>	<b>Good 4 points</b>	<b>Average 3 points</b>	<b>Fair 2 points</b>	<b>Poor 0 points</b>	
<b>1. Safety</b>	Exhibit/ equipment is safe and poses no hazards.	N/A	N/A	N/A	Equipment presents safety/hazard concern.	
<b>2. Innovation Setup</b>	Exhibit materials do not extend beyond the edge of the table and safely stands on the table AND exhibit is no more than 48” wide x 24” deep.	N/A	N/A	N/A	Exhibit does not meet requirements.	
<b>Total Points Presentation (145):</b>						

\*Definition of Diction – Choice of words especially with regard to correctness, clearness, and effectiveness.

\*\*Definition of Pronunciation – Act or manner of uttering officially