

Ruple: Teaching Health Careers Education

Evaluation Tools for the Affective Domain

Affective Domain Evaluation Tools (Excerpt from 1998 EMT-P: NSC)

Instructions for Affective Student Evaluations

An affective evaluation system has two primary purposes: to verify competence in the affective domain and to serve as a method to change behavior. Although affective evaluation can be used to support dismissal procedures, based on patterns of unacceptable behavior that is not the primary purpose of the evaluation. It is also recognized that there is some behavior that is so serious (abuse of a patient, illegal activity, reporting for work under the influence of drugs or alcohol, etc.) that it would result in immediate dismissal from the educational program.

The two forms that follow were developed by the Joint Review Committee on Educational Programs for the EMT-Paramedic. They represent extensive experience in the evaluation of student's affective domain. This type of evaluation is design to increase objectivity and decrease the subjectivity. In attempting to change behavior, it is necessary to identify, evaluate, and document the behavior that you as an instructor want your students to display. The 11 affective characteristics that form the basis of this evaluation system are based on widely accepted roles and responsibilities of healthcare providers in general. Typically, information regarding roles and responsibilities is presented early in the course and serves to inform the students what type of behavior is expected of them. It is important that as the instructor you are clear about behavioral expectations.

Cognitive and psychomotor objectives are relatively easy to describe in behavioral terms. Unfortunately, the nature of the affective domain makes it practically impossible to list all of the possible behaviors that embody professional behavior in each of the 11 areas. For this reason, the instructor should give examples of acceptable and unacceptable behavior in each of the 11 areas. It is important to emphasize to your students that these are examples and do not represent an all-inclusive list.

The "Professional Behavior Evaluation" Form

The affective evaluation instruments included in this curriculum take two forms: a "Professional Behavior Evaluation" and a "Professional Behavior Counseling Record." The "Professional Behavior Evaluation" should be completed regularly (i.e., every other week, once a month, etc.) by faculty and preceptors for each student. It is recommended that as many people as practically possible complete this form and that it becomes part of the students' record. The more independent evaluations of the student's behavior, the more reliable the results.

Professional Behavior Evaluation		
Student's Name: _____		
Date of evaluation: _____		
1. INTEGRITY	Competent []	Not yet competent []
Consistent honesty; being able to be trusted with the property of others; can be trusted with confidential information; complete and accurate documentation of patient care and learning activities.		
2. EMPATHY	Competent []	Not yet competent []
Showing compassion for others; responding appropriately to the emotional response of patients and family members; demonstrating respect for others; demonstrating a calm, compassionate, and helpful demeanor toward those in need; being supportive and reassuring to others.		
3. SELF-MOTIVATION	Competent []	Not yet competent []
Taking initiative to complete assignments; taking initiative to improve and/or correct behavior; taking on and following through on tasks without constant supervision; showing enthusiasm for learning and improvement; consistently striving for excellence in all aspects of patient care and professional activities; accepting constructive feedback in a positive manner; taking advantage of learning opportunities		
4. APPEARANCE AND PERSONAL HYGIENE	Competent []	Not yet competent []
Clothing is appropriate, neat, clean, and well maintained; good personal hygiene and grooming.		
5. SELF-CONFIDENCE	Competent []	Not yet competent []
Demonstrating the ability to trust personal judgment; demonstrating an awareness of strengths and limitations; exercises good personal judgment.		
6. COMMUNICATIONS	Competent []	Not yet competent []
Speaking clearly; writing legibly; listening actively; adjusting communication strategies to various situations		

7. TIME MANAGEMENT	Competent []	Not yet competent []
Consistent punctuality; completing tasks and assignments on time.		
8. TEAMWORK AND DIPLOMACY	Competent []	Not yet competent []
Placing the success of the team above self-interest; not undermining the team; helping and supporting other team members; showing respect for all team members; remaining flexible and open to change; communicating with others to resolve problems.		
9. RESPECT	Competent []	Not yet competent []
Being polite to others; not using derogatory or demeaning terms; behaving in a manner that brings credit to the profession.		
10. PATIENT ADVOCACY	Competent []	Not yet competent []
Not allowing personal bias or feelings to interfere with patient care; placing the needs of patients above self-interest; protecting and respecting patient confidentiality and dignity.		
11. CAREFUL DELIVERY OF SERVICE	Competent []	Not yet competent []
Mastering and refreshing skills; following policies, procedures, and protocols.		
Use the space below to explain <u>any</u> "not yet competent" ratings. When possible, use specific behaviors, and corrective actions.		

Faculty Signature/Date	
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National Highway Traffic Safety Administration (2002). National Guidelines for Education EMS Instructors. Retrieved on February 25, 2009 from http://www.nhtsa.gov/people/injury/ems/Instructor/TableofContents.htm	

The only two options for rating the student on this form are "competent" and "not yet competent." For each attribute, a short list of behavioral markers is listed that indicates what is generally considered a demonstration of competence for entry-level healthcare providers. This is not an all-inclusive list, but it serves to help the evaluator in making judgments. Clearly, there are behaviors that warrant a "not yet competent" evaluation that are not listed in the form. Any ratings of "not yet competent" require an explanation in the space provided.

Establishing a cut score to use in conjunction with the "Professional Behavior Evaluation" instrument is important. A cut score can be established by judgment of the local programs' community of interest. The question the community should ask is "What percent score do we expect of graduates of our education program to achieve in the affective domain to demonstrate entry-level competency for an (first month, second semester, graduate, etc.) entry-level student?"

When the cut score judgment is made on acceptability or deviation of competent behavior for each characteristic, a percent score can be achieved. For example, a student may have received 10 competent checks out of 11 (10 of 11 = 91%), or 5 of 7 (because 4 areas were not evaluated) for a score of 71%. This student may then continue to obtain scores of 91%, 91%, 82%, etc., and have a term grade of 86% in the affective domain. Each student in the program would receive an average score. Results of multiple evaluations throughout the program would indicate if the score set by the community of interest was too high or too low. When a number of evaluations have been done, adjustments in the acceptable score would yield a standard for the community. This standard coupled with community of interest judgments based on graduate student and employer survey feedbacks would identify additional validity evidence for the cut score each year. A valid cut score based on years of investigation could then be used as a determining factor on future participation in the education program.

For all affective evaluations, the faculty member should focus on patterns of behavior, not isolated instances that fall outside of the student's normal performance. For example, a student who is consistently on time and prepared for class should not be penalized for an isolated emergency that makes him late for one class. On the other hand, if the student is constantly late for class, he or she should be counseled and, if the behavior continues, rated as "not yet competent" in time management. Continuing the behavior may result in disciplinary action.

PROFESSIONAL BEHAVIOR EVALUATION		
Student's Name: <i>Janet L</i>		
Date of evaluation: <i>September 2009</i>		
1. INTEGRITY	Competent [X]	Not yet competent []
Consistent honesty; being able to be trusted with the property of others; can be trusted with confidential information; complete and accurate documentation of patient care and learning activities.		
2. EMPATHY	Competent [X]	Not yet competent []
Showing compassion for others; responding appropriately to the emotional response of patients and family members; demonstrating respect for others; demonstrating a calm, compassionate, and helpful demeanor toward those in need; being supportive and reassuring to others.		
3. SELF-MOTIVATION	Competent [X]	Not yet competent []
Taking initiative to complete assignments; taking initiative to improve and/or correct behavior; taking on and following through on tasks without constant supervision; showing enthusiasm for learning and improvement; consistently striving for excellence in all aspects of patient care and professional activities; accepting constructive feedback in a positive manner; taking advantage of learning opportunities.		
4. APPEARANCE AND PERSONAL HYGIENE	Competent [X]	Not yet competent []
Clothing and uniform is appropriate, neat, clean, and well maintained; good personal hygiene and grooming.		
5. SELF-CONFIDENCE	Competent [X]	Not yet competent []
Demonstrating the ability to trust personal judgment; demonstrating an awareness of strengths		

and limitations; exercises good personal judgment.		
6. COMMUNICATIONS	Competent []	Not yet competent [X]
Speaking clearly; writing legibly; listening actively; adjusting communication strategies to various situations		
7. TIME MANAGEMENT	Competent []	Not yet competent [X]
Consistent punctuality; completing tasks and assignments on time.		
8. TEAMWORK AND DIPLOMACY	Competent [X]	Not yet competent []
Placing the success of the team above self-interest; not undermining the team; helping and supporting other team members; showing respect for all team members; remaining flexible and open to change; communicating with others to resolve problems.		
9. RESPECT	Competent [X]	Not yet competent []
Being polite to others; not using derogatory or demeaning terms; behaving in a manner that brings credit to the profession.		
10. PATIENT ADVOCACY	Competent [X]	Not yet competent []
Not allowing personal bias to or feelings to interfere with patient care; placing the needs of patients above self-interest; protecting and respecting patient confidentiality and dignity.		
11. CAREFUL DELIVERY OF SERVICE	Competent [X]	Not yet competent []
Mastering and refreshing skills; following policies, procedures, and protocols		
Use the space below to explain <u>any</u> "not yet competent" ratings. When possible, use specific behaviors, and corrective actions.		
X	<i>Janet's run reports, written case reports, and homework are illegible and disorganized. She has numerous spelling and grammatical errors.</i>	
X	<i>Janet repeatedly hands in assignments after due dates. She does not complete</i>	
X	<i>clinical time in a organized, organized manner. She did not report for five</i>	

X	<i>scheduled clinical shifts this semester.</i>
X	<i>Janet has not completed the required</i>
X	<i>clinical for this semester.</i>
Faculty Signature/ Date <i>John Brown 2/25/09</i> _____	
National Highway Traffic Safety Administration (2002). National Guidelines for Education EMS Instructors. Retrieved on February 25, 2009 from http://www.nhtsa.gov/people/injury/ems/Instructor/TableofContents.htm	

PROFESSIONAL BEHAVIOR EVALUATION		
Student's Name: <i>Steve R</i>		
Date of evaluation: <i>November 2009</i>		
1. INTEGRITY	Competent [X]	Not yet competent []
Consistent honesty; being able to be trusted with the property of others; can be trusted with confidential information; complete and accurate documentation of patient care and learning activities.		
2. EMPATHY	Competent []	Not yet competent [X]
Showing compassion for others; responding appropriately to the emotional response of patients and family members; demonstrating respect for others; demonstrating a calm, compassionate, and helpful demeanor toward those in need; being supportive and reassuring to others.		
3. SELF-MOTIVATION	Competent [X]	Not yet competent []
Taking initiative to complete assignments; taking initiative to improve and/or correct behavior;		

taking on and following through on tasks without constant supervision; showing enthusiasm for learning and improvement; consistently striving for excellence in all aspects of patient care and professional activities; accepting constructive feedback in a positive manner; taking advantage of learning opportunities		
4. APPEARANCE AND PERSONAL HYGIENE	Competent <input checked="" type="checkbox"/>	Not yet competent <input type="checkbox"/>
Clothing and uniform is appropriate, neat, clean, and well maintained; good personal hygiene and grooming.		
5. SELF-CONFIDENCE	Competent <input type="checkbox"/>	Not yet competent <input checked="" type="checkbox"/>
Demonstrating the ability to trust personal judgment; demonstrating an awareness of strengths and limitations; exercises good personal judgment.		
6. COMMUNICATIONS	Competent <input type="checkbox"/>	Not yet competent <input checked="" type="checkbox"/>
Speaking clearly; writing legibly; listening actively; adjusting communication strategies to various situations		
7. TIME MANAGEMENT	Competent <input checked="" type="checkbox"/>	Not yet competent <input type="checkbox"/>
Consistent punctuality; completing tasks and assignments on time.		
8. TEAMWORK AND DIPLOMACY	Competent <input type="checkbox"/>	Not yet competent <input checked="" type="checkbox"/>
Placing the success of the team above self-interest; not undermining the team; helping and supporting other team members; showing respect for all team members; remaining flexible and open to change; communicating with others to resolve problems.		
9. RESPECT	Competent <input type="checkbox"/>	Not yet competent <input checked="" type="checkbox"/>
Being polite to others; not using derogatory or demeaning terms; behaving in a manner that brings credit to the profession.		
10. PATIENT ADVOCACY	Competent <input checked="" type="checkbox"/>	Not yet competent <input type="checkbox"/>
Not allowing personal bias to or feelings to interfere with patient care; placing the needs of patients above self-interest; protecting and respecting patient confidentiality and dignity.		
11. CAREFUL DELIVERY OF SERVICE	Competent <input checked="" type="checkbox"/>	Not yet competent <input type="checkbox"/>

1. INTEGRITY	Competent [X]	Not yet competent []
Consistent honesty; being able to be trusted with the property of others; can be trusted with confidential information; complete and accurate documentation of patient care and learning activities.		
2. EMPATHY	Competent [X]	Not yet competent []
Showing compassion for others; responding appropriately to the emotional response of patients and family members; demonstrating respect for others; demonstrating a calm, compassionate, and helpful demeanor toward those in need; being supportive and reassuring to others.		
3. SELF-MOTIVATION	Competent [X]	Not yet competent []
Taking initiative to complete assignments; taking initiative to improve and/or correct behavior; taking on and following through on tasks without constant supervision; showing enthusiasm for learning and improvement; consistently striving for excellence in all aspects of patient care and professional activities; accepting constructive feedback in a positive manner; taking advantage of learning opportunities		
4. APPEARANCE AND PERSONAL HYGIENE	Competent [X]	Not yet competent []
Clothing and uniform is appropriate, neat, clean, and well maintained; good personal hygiene and grooming.		
5. SELF-CONFIDENCE	Competent []	Not yet competent [X]
Demonstrating the ability to trust personal judgment; demonstrating an awareness of strengths and limitations; exercises good personal judgment.		
6. COMMUNICATIONS	Competent []	Not yet competent [X]
Speaking clearly; writing legibly; listening actively; adjusting communication strategies to various situations		
7. TIME MANAGEMENT	Competent [X]	Not yet competent []
Consistent punctuality; completing tasks and assignments on time.		
8. TEAMWORK AND DIPLOMACY	Competent []	Not yet competent [X]
Placing the success of the team above self-interest; not undermining the team; helping and supporting other team members; showing respect for all team members; remaining flexible and		

open to change; communicating with others to resolve problems.		
9. RESPECT	Competent <input type="checkbox"/>	Not yet competent <input checked="" type="checkbox"/>
Being polite to others; not using derogatory or demeaning terms; behaving in a manner that brings credit to the profession.		
10. PATIENT ADVOCACY	Competent <input checked="" type="checkbox"/>	Not yet competent <input type="checkbox"/>
Not allowing personal bias to or feelings to interfere with patient care; placing the needs of patients above self-interest; protecting and respecting patient confidentiality and dignity.		
11. CAREFUL DELIVERY OF SERVICE	Competent <input checked="" type="checkbox"/>	Not yet competent <input type="checkbox"/>
Mastering and refreshing skills; following policies, procedures, and protocols		
Use the space below to explain any "not yet competent" ratings. When possible, use specific behaviors, and corrective actions.		
#2	<i>Steve is constantly disrupting class with irrelevant questions. He is disrespectful to guest instructors, classmates, and the program.</i>	
#5		
#6	<i>Steve has not changed his communication skills despite verbal counseling.</i>	
#8	<i>Steve's disruptions are destructive to the team environment by placing his needs above those of the group.</i>	
#9	<i>Disruptions are disrespectful.</i>	

Faculty Signature/ Date

A. Cox 12/ 17/2009

National Highway Traffic Safety Administration (2002). National Guidelines for Education EMS Instructors. Retrieved on February 25, 2009 from <http://www.nhtsa.gov/people/injury/ems/Instructor/TableofContents.htm>

The “Professional Behavior Counseling” Form

The second form, the “Professional Behavior Counseling” form, is used to communicate to the student that their affective performance is unacceptable. This form should be used during counseling sessions in response to specific incidents (i.e., cheating, lying, falsification of documentation, disrespect, etc.) or patterns of unacceptable behavior. As noted before, some behavior is so egregious as to result in immediate disciplinary action or dismissal. In the case of such serious incidents, thorough documentation is needed to justify the disciplinary action. For less serious incidents, the “Professional Behavior Counseling” form can serve as an important tracking mechanism to verify competence or patterns of uncorrected behavior.

Professional Behavior Counseling Record		
Student’s Name:		
Date of counseling:		
Date of incident:		
Description incident:		
–	Reason for Counseling	Explanation (use back of form if more space is needed):
	Integrity	
	Empathy	
	Self-Motivation	
	Appearance/Personal Hygiene	
	Self-Confidence	
	Communications	

I have read this notice and I understand it.

Student Signature/Date

Administrative or Medical Director Review

Administrative or Medical Director Signature/ Date

National Highway Traffic Safety Administration (2002). National Guidelines for Education EMS Instructors. Retrieved on February 25, 2009 from

<http://www.nhtsa.gov/people/injury/ems/Instructor/TableofContents.htm>

On the “Professional Behavior Counseling” form, the evaluator checks all of the areas that the infraction affects in the left-hand column (most incidents affect more than one area) and documents the nature of the incident(s) in the right-hand column. Space is provided to document any follow-up. This should include specific expectations, clearly defined positive behaviors, actions that will be taken if the behavior continues, and dates of future counseling sessions.

Using a combination of these forms enables you to show that graduating students have demonstrated competence in the affective domain. This is achieved by having many independent evaluations, by different faculty members at different times, stating that the student was competent. These forms can also be used to help correct unacceptable behaviors. Finally, these forms enable programs to build a strong case for dismissing students following a repeated pattern of unacceptable behavior. Having numerous, uncorroborated evaluations by faculty members documenting unacceptable behavior, and continuation of that behavior after remediation, is usually adequate grounds for dismissal.

Professional Behavior Counseling Record

Student’s Name: *Steve R.*

Date of counseling: *December 14, 2009*

Date of incident: *November and December, 2009*

Description of incident: *This counseling session was in response to the two Professional Behavior Evaluations filed by instructors Cox and Jones. They both indicated that Steve has been disruptive in classes (see attached).*

	Reason for Counseling	Explanation (use back of form if more space is needed):
	Integrity	
X	Empathy	

	Self-Motivation	
	Appearance/Personal Hygiene	
X	Self-Confidence	
	Communications	
	Time Management	
X	Teamwork and Diplomacy	
X	Respect	
	Patient Advocacy	
	Careful Delivery of Service	

Follow-up (include specific expectations, clearly defined positive behavior, actions that will be taken if behavior continues, dates of future counseling sessions, etc.):

X Student was advised that his behavior is inappropriate and unacceptable. Continuation of this behavior will result in dismissal from class.

X Written warning from program director.

X Instructors Cox and Jones to complete Professional Behavior Evaluations biweekly throughout next semester.

Faculty signature/ Date <i>M. Travis 12/14/09</i>
<i>I have read this notice and I understand it.</i> Student Signature/Date <i>Steve R. 12/14/09</i>
Administrative or Medical Director Review Administrative or Medical Director Signature/Date <i>Dr. O'Hara 12/18/09</i>
National Highway Traffic Safety Administration (2002). National Guidelines for Education EMS Instructors. Retrieved on February 25, 2009 from http://www.nhtsa.gov/people/injury/ems/Instructor/TableofContents.htm

Professional Behavior Counseling Record		
Student's Name: <i>Joe L.</i>		
Date of counseling: <i>February 23, 2009</i>		
Date of incident: <i>February 21, 2009</i>		
Description of incident: <i>Joe reported to a clinical assignment 16 minutes late, he was not wearing a belt, and had "at least 2 days' beard growth," according to field supervisor Johnson. When Joe was approached regarding this situation, he became argumentative and told Mr. Johnson to "mind your own business." Joe was asked to leave.</i>		
_	Reason for Counseling	Explanation (use back of form if more space is needed):
	Integrity	
	Empathy	
	Self-Motivation	

Faculty signature/ Date <i>Bill Smith 2/ 23/09</i>
<i>I have read this notice and I understand it.</i> Student Signature/ Date <i>Joe L. 2/23/09</i>
Administrative or Medical Director Review Administrative or Medical Director Signature/ Date <i>Dr. Jones 2/26/09</i>

National Highway Traffic Safety Administration (2002). National Guidelines for Education EMS Instructors. Retrieved on February 25, 2009 from <http://www.nhtsa.gov/people/injury/ems/Instructor/TableofContents.htm>