

Appendix D

Affective Evaluations

INSTRUCTIONS FOR AFFECTIVE STUDENT EVALUATIONS

There are two primary purposes of an affective evaluation system: 1) to verify competence in the affective domain, and 2) to serve as a method to change behavior. Although affective evaluation can be used to ultimately dismiss a student for unacceptable patterns of behavior, that is not the primary purpose of these forms. It is also recognized that there is some behavior that is so serious (abuse of a patient, gross insubordination, illegal activity, reporting for duty under the influence of drugs or alcohol, etc) that it would result in immediate dismissal from the educational program.

In attempting to change behavior it is necessary to identify, evaluate, and document the behavior that you want. The eleven affective characteristics that form the basis of this evaluation system refer to content in the Roles and Responsibilities of the EMT-Critical Care Technician unit of the curriculum. Typically, this information is presented early in the course and serves to inform the students what type of behavior that is expected of them. It is important that the instructor is clear about these expectations.

Cognitive and psychomotor objectives are relatively easy to operationalize in behavioral terms. Unfortunately, the nature of the affective domain makes it practically impossible to enumerate all of the possible behaviors that represent professional behavior in each of the eleven areas. For this reason, the instructor should give examples of acceptable and unacceptable behavior in each of the eleven attributes, but emphasize that these are examples and do not represent an all inclusive list.

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 about each student. It is recommended that this form be completed by as many people as practically possible and that it becomes part of the students record. The more independent evaluations of the student, the more reliable are the results.

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 EMT-Critical Care Technicians. This is not an all inclusive list, but serves to help the evaluator in making judgements. Clearly there are behaviors which warrant a "not yet competent" evaluation that are not listed. Any ratings of "not yet competent" require 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 judgement 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 in order to demonstrate entry level competency for a (first month, second semester, graduate, etc.) level student?

When the cut score judgement is made on acceptability or deviation of competent behavior for each characteristic a percent score can be achieved. For example, a student may 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 had evolved adjustments in acceptable score would yield a standard for the community. This standard coupled with community of interest judgements based upon graduate student and employer survey feedbacks would identify additional validity evidence for the cut score each year. A valid cut score based upon 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 the students normal performance. For example, a student who is consistently on time and prepared for class may have demonstrated competence in time management and 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, they should be counseled and if the behavior continues, rated as “not yet competent” in time management. Continued behavior may result in disciplinary action.

The second form, the Professional Behavior Counseling form is used to clearly 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/insubordination, etc.) or patterns of unacceptable behavior. As noted before, there is some behavior that 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.

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 behavior, actions that will be taken if the behavior continues, and dates of future counseling sessions.

Using a combination of these forms helps to enable the program to demonstrate 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 behavior. Finally, these forms enable programs to build a strong case for dismissing students following a repeated pattern of unacceptable behavior. Having numerous, uncollaborated evaluations by faculty members documenting unacceptable behavior, and continuation of that behavior after remediation, is usually adequate grounds for dismissal.