

AFFECTIVE DOMAIN.

1. At the completion of the program, the student will be able to:
 - a. Demonstrate personal behaviors consistent with professional and employer expectations for each level of EMT.
 - b. Demonstrate knowledge, attitudes, and skills reflective of professionalism.
 - c. Demonstrate an interest in learning.
 - d. Demonstrate a commitment to ongoing personal education and personal improvement.
 - e. Demonstrate knowledge of research and tools for maintaining up-to-date knowledge in the field
 - f. Demonstrate a commitment to be a role model for others as an EMS professional.
 - g. Demonstrate an understanding of the roles and responsibilities of an EMS provider.
 - h. Demonstrate how the professional EMS provider can be a force in improving public health.
 - i. Demonstrate a continuing commitment to excellent patient care.
 - j. Demonstrate the ability to use teaching opportunities when appropriate.
 - k. Demonstrate a knowledge and understanding of patient's rights.
 - l. Practice implementation of patient's rights in all care situations.
 - m. Become a patient advocate.
 - n. Demonstrate awareness of needs of specially challenged patients.
 - o. Demonstrate the ability to act as a team leader.

Student Assessment.

Affective – Students must demonstrate professionalism, conscientiousness and interest in learning. Affective evaluation instruments will be incorporated into all components of the program: didactic, practical laboratory, clinical and field internship. Students who fail to meet the affective evaluations will be counseled while the course is in progress in order to provide them the opportunity to develop and exhibit the proper attitude expected of an EMT.

Affective Domain Evaluation Tools

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.

The two forms included in the EMT-Paramedic: National Standard Curricula 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. The nature of this type of evaluation makes it impossible to achieve complete objectivity, but these forms attempt to decrease the subjectivity and document affective evaluations.

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 Paramedic 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 for each student. It is recommended that as many people as practically possible complete this form and that it becomes part of the student's 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 paramedics. This is not an all-inclusive list, but serves to help the evaluator in making judgments. Clearly there are behaviors that 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 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 in order 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 were 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 judgments 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 student’s normal performance. For example, a student who is consistently on time and prepared for class or rotation 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 corroborated evaluations by faculty members documenting unacceptable behavior, and continuation of that behavior after remediation, is usually adequate grounds for dismissal.

PROFESSIONAL BEHAVIOR EVALUATION

Student's Name: _____

Date of evaluation: _____ Course Deadline Date: _____

1. INTEGRITY	Competent []	Not yet competent []
<p>Examples of professional behavior include, but are not limited to: 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.</p>		
2. EMPATHY	Competent []	Not yet competent []
<p>Examples of professional behavior include, but are not limited to: 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.</p>		
3. SELF - MOTIVATION	Competent []	Not yet competent []
<p>Examples of professional behavior include, but are not limited to: 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</p>		
4. APPEARANCE AND PERSONAL HYGIENE	Competent []	Not yet competent []
<p>Examples of professional behavior include, but are not limited to: Clothing and uniform is appropriate, neat, clean and well maintained; good personal hygiene and grooming.</p>		
5. SELF - CONFIDENCE	Competent []	Not yet competent []
<p>Examples of professional behavior include, but are not limited to: Demonstrating the ability to trust personal judgement; demonstrating an awareness of strengths and limitations; exercises good personal judgement.</p>		
6. COMMUNICATIONS	Competent []	Not yet competent []
<p>Examples of professional behavior include, but are not limited to: Speaking clearly; writing legibly; listening actively; adjusting communication strategies to various situations</p>		
7. TIME MANAGEMENT	Competent []	Not yet competent []
<p>Examples of professional behavior include, but are not limited to: Consistent punctuality; completing tasks and assignments on time.</p>		
8. TEAMWORK AND DIPLOMACY	Competent []	Not yet competent []
<p>Examples of professional behavior include, but are not limited to: 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.</p>		
9. RESPECT	Competent []	Not yet competent []

Examples of professional behavior include, but are not limited to: 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 []

Examples of professional behavior include, but are not limited to: 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 []

Examples of professional behavior include, but are not limited to: Mastering and refreshing skills; performing complete equipment checks; demonstrating careful and safe ambulance operations; following policies, procedures, and protocols; following orders.

Use the space below to explain any “not yet competent” ratings. When possible, use specific behaviors, and corrective actions.

_____-Faculty Signature

Student's Name: _____

Date of counseling: _____

Date of incident: _____

Course Deadline Date: _____

-	Reason for Counseling	Explanation (use back of form if more space is needed):
	Integrity	
	Empathy	
	Self – Motivation	
	Appearance/Personal Hygiene	
	Self – Confidence	
	Communications	
	Time Management	
	Teamwork and Diplomacy	
	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.):

_____ -Faculty signature

I have read this notice and I understand it.

_____ -Student signature

_____ -Program Director Review

_____ -Medical Director Review