Art of Assessment: Ensuring Effective Evaluation of Affective Assessment

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Assidēre, as the origin of the word 'assessment', in Latin refers 'to sit beside' as in a law court and is a word linked to judgement. This FDW invites participants to actively engage in the affective domain of assessment, beginning with the historic origins of assessment. Just as one looks upon a portrait, sits beside it, and reflects and judges its impact on self--meaning, value, implications, so too, is the process of assessing student learning in the classroom, laboratory, and clinic. As teachers, we are more than likely to base the judgement of student learning on inferences, assumptions, and purpose. The teacher 'sits beside' the student and assesses the student's performance. Judgement takes place. Although the portrait of student evaluation has changed over the years--today's canvas paints the human element and creates a humanistic environment for learning, including student evaluation. Evaluation of student learning has at least three main palates: cognitive, psychomotor, and affective. The latter is often the most challenging to master for the educator, both new and seasoned. It can be a messy affair. There is much art to delivering formative and summative feedback to the student. Particularly when the student's performance is less than acceptable. The judgement which takes place may be based on criterion for the competency, but the uneasy feelings that may be felt by the teacher about to deliver the assessment can easily camouflage the message, making it ineffectual, inadequate, and erroneous. The student doesn't actually receive a valid nor fair assessment. Participants in this workshop will design and explore effective strategies in delivering feedback to the student when the student has not met expectations of performance, when there may be emotional reactions that complicate delivery for both the student and the faculty. The workshop engages participants in case scenarios, reflection, critical thinking, and photo-storytelling; all of which develop the ability to 'sit beside' and deliver effective affective assessment.
Organization of Session

- Introductions
- Creative juices flowing
- Outline session objectives
- Case scenarios throughout
- Theory in support
- Activities
- Strategy (ORID)
- Discussion
- Handout
Today’ Session Focus: Your Ability

• Put on your hat as an educator
• Perspective is of YOU, not the student
• It is about how YOU respond to student’s emotional reaction/response in a student learning encounter
• Recognize the student role, but FOCUS on YOUR ROLE as the educator
• Scenes of student and INSTRUCTOR

• Active, dynamic…doing this together
• When you FEEL moved PAINT your mood/emotion/thought on the CANVAS at your table
• MASTERPIECE of PORTRAIT OF ASSESSMENT
What’s your impression of this piece of art and what has it got to do with teaching?
Bowling can be like teaching

- Pins are all aspects of student learning: Knowledge, skill, attitude, beliefs, values
- Ball and thrower are the instructors
- Winning in bowling
  - Pins one at a time
  - Center pins only
  - Right pins only
  - Left pins only
  - Etc.
  - Spare
  - Strike

Strike!
A Strike in “Teaching & Learning” (Instructor Perspective When Teaching)

- Think about a time when you were teaching (lab, class, clinic, small group...) and the session went really well regarding student learning
  - What did you do to get a strike?
  - When you know you ‘got a strike’ what did it feel like for you?

Cognitive + Psychomotor + Affective=Strike!
(All domains of learning=Strike)
Bowling Inspires Art
Teaching Inspires Art

• KoKo’s World
  – Sign language
  – Gorilla intelligence
  – Art
    • Insights in gorilla’s joys, frustration, etc

• Gorilla (Michael)
  – Painting of his teacher
  – Much like painting of his own self-image

Teaching in health professions involves mentoring the student to become a professional
Session Objectives: Affective Assessment

• Using photographs (portraits) of student-instructor scenes, self analyze their weakness and strengths in delivering feedback to students, drawing from the Paulian (2007) articulations of intellectual attributes such as confidence in reason, integrity, courage, and empathy.

• Based on their self-analysis, explore criteria for self critique of own performance in delivering affective assessment, thus creating a personal ‘frame’ or rubric.

• Apply criteria of affective assessment to case scenarios.

• Use critical thinking strategies to enhance personal competency in delivering affective assessment.
Assidère to Sit Beside and Judge

What is going on in these pictures?

• There is an instructor and a student...

What do you see...

• Do you see yourself?

• Is there something in the photo that is appealing to you?

Is there judgment taking place?
Emotion is at core of Affective Domain

- Study of emotion and affective domain is complex and perplexing in field of psychology
- Emotion: well known definition (Goleman 1995)
  - “a feeling and its distinctive thoughts, psychological and biological states and range of propensities to act”
- Awareness and ability to manage emotions may be even more important than IQ in success & contentment
- Aristotle recognized emotions as ‘those feelings that so change people so as to affect their judgment’
- Affective domain refers to emotions as well as their outward expression
Ultimate Goal of All Health Professional Education

Albino et al, Commission on Change & Innovation in DE, JDE 2008

“Determine student capacity to integrate and implement various domains of learning – that collectively define competent practice – over an extended period of time, – with day-to-day consistency, – in a work environment that approximates the actual work setting where health care providers interact with patients”

Literature sparse in dental education re assess’t methods to do so
Portrait of Student Assessment

• Commission on Change & Innovation in Dental Education painted the picture:
  – 5 main stay methods of evaluation in dental education: MCQ, lab practical, completion of specified units (numbers) of procedural requirements, daily grades, & clinical competencies (patients)
  – Faculty observation of students re patient interactions and outcomes of dental tx

• Catalyst for new assessment: PBL
  – Feedback for self-direction of learning
  – Assessment of abilities in the process
  – Assessment—variety of approaches: faculty, self, and peer; exercises; cased-based; OSCE’s; clinical competencies; triple jump exercises

Scenario as told by Instructor:

- Group UG students developing treatment plan
  - Patient with dentinal hypersensitivity
- Instructor asked students for a plan option
- Instructor gives 4 tx options for students to research
- Students get irritated
  - “You always give us multiple options…we only wanted one option…why not just give us the most predictable one.”
- Instructors replies
  - “Giving options helps you develop your critical thinking…”
- Students end up complaining to the Dean that this instructor is incapable of doing treatment planning seminars and that they are becoming “insecure dentists”
- Conflict!
“When going gets tough, tough get going”

Short-term conflict solving
TENSION QUICKLY UP
TENSION QUICKLY DOWN...LESS AFFECTIVE STRESS
MORE OR LESS LEARNING!? 

Long-term conflict solving
TENSION QUICKLY UP
TENSION LAST LONGER...MORE AFFECTIVE STRESS
MORE LEARNING

What is going on? What took place...this, then that...am I right? I do feel upset...so do the students...practice standards are...I am solid on the tx options...what's going on?
Instructor Self Analysis of Student Encounter: What would be good practice?

**ORID**

- **Objective**
  - Information, facts
    - Students ask for help
    - Instructor gives help
    - ...

- **Reflective**
  - Feelings, relationships
    - Students are frustrated
    - Instructor feeling attacked
    - ...

- **Interpretive**
  - Values, purpose
    - Standard of practice upheld
    - Guidance to students
    - ...

- **Decisional**
  - Future directions
    - Address the emotions
    - Confirm emotions…callibration?
    - ...

Institute of Cultural Affairs  Stanfield (2000)/ICA Assoc Inc
**ORID**: A useful tool in education

For example:

- Engage in deliberation or to recap what was covered in a previous meeting or class
- Explore decisions in class
- Clarify a path of action
- Problem solving, counseling

**Why?** Because it addresses cognitive, psychomotor, and affective domains!
Scenario: Needs, Time and Frustration

• DH student 1\textsuperscript{st} appt with patient
  – Patient presents with tooth ache
    • DH student involves dental student, dental instructor, radiographs…etc
    • Takes up all DH student appt time with patient

• DH student 2\textsuperscript{nd} appt with patient
  – Patient presents with another tooth ache (different tooth)
    – As per 1\textsuperscript{st} appt

• DH student 3\textsuperscript{rd} appt with patient
  – Student finally completes the full assessment from DH perspective
  – Wants to get her assessment checked by instructor
  – Instructor not available to do evaluation of her assessment
  – Patient is getting upset re amount of time it is taking for her DH appt

Assess’t: “A good example of a frustrating clinic due to short appt & client’s need due to abcess…I sensed your frustration that your own assessment wasn’t completed today.”

Instructor~Student debriefing

Hear what is being said
Consider what is at stake
See the body language
Sense the purpose
Think about the outcome

Emotions are running high!
Communication and Interpersonal Skills

Competency Number

3.1 Apply appropriate interpersonal skills.

Communication theory

Interpersonal (one-on-one)

Verbal and nonverbal communication principles

Conflict resolution

Motivational interviewing

Reflective listening

Collaborative teamwork

Physical, emotional, and behavioral development

Physiological and psychological indications of anxiety and fear

Addressing patient concerns/issues/problems

Behavior modification and motivation techniques

Special needs/diversity of patients

- Health literacy
- Language barriers

Emotions & Affective Learning

Learn about emotions

You are the professional—you have to teach this competency
Tough Get Going...Good Traits for the Teacher

- **Humility**: knowing what you know, sensitivity to circumstances and to bias...
- **Courage**: consciously and fairly facing ideas, beliefs, etc...even when to do so may be 'dangerous'
- **Empathy**: imaginatively put self in place of others to genuinely understand them...
- **Autonomy**: having rational control of one’s beliefs, values...think for oneself
- **Integrity**: need to be true to own thinking
- **Perseverance**: use insights and truths despite difficulties
- **Confidence in Reason**: belief that people can learn to think for themselves...draw reasonable conclusions...
- **Fairmindedness**: treat all viewpoints alike

Vs arrogance
Vs cowardice
Vs closemind
Vs conformity
Vs hypocrisy
Vs laziness
Vs distrust
Vs unfair

Intellectual Traits, Paul and Elder 2007
Needs, Time and Frustration

You know:
• Student is frustrated
• Patient is getting annoyed with ‘time’ needed
• 3rd appointment

Letting you know:
• Student has aired out frustration with fellow student
  – “I keep telling my instructor it is not my fault”
  – “I feel like my patient is getting annoyed with me”

Assidere: “To sit beside and judge”
• With traits in mind how would you manage this scenario? Note the increasing ‘behavior’ of student
  – Do you have the courage to address it?
  – Are you empathetic?
<table>
<thead>
<tr>
<th>Traits</th>
<th>Comments on Scene</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>If it was me I would _____ because I ______</td>
</tr>
<tr>
<td></td>
<td>If it was me, I know I wouldn’t_____ because I ______</td>
</tr>
<tr>
<td>Humility</td>
<td></td>
</tr>
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<td>Courage</td>
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<td>Fairmindedness</td>
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</table>
Confidence in Reasoning

• As health professional educators we teach students and students learn to become competent entry-to-practice professionals
  – This takes confidence in reasoning... knowing that we can teach students to develop into persons who can think and do for themselves with the patient at the center of their care
  – This takes humility (knowing limits of own knowledge, sensitive to circumstance & bias) ... being careful to not make assumptions about another person’s behaviors
  – This takes empathy...seeking to understand other’s viewpoints...
  – This takes courage (face fairly ... despite potential conflicts) and integrity (true to own thinking)

• As health professional educators we need to be competent educators
  – This takes...confidence, humility...
  – STUDY!

Learning Domains: Cognitive, Psychomotor, Affective
Learning Domains

Cognitive (intellectual outcome)  
Bloom et al., 1956

Affective (emotions, attitude, etc)  
Krathwohl et al, 1964

Psychomotor (motor skills)  
Simpson, 1974

Learning = Spirit-in-action
Assessment of Learning

Cognitive + Psychomotor + Affective = Learning!

Delta Symbol = Change
Change = Learning

What shape do you see in the middle?

Cognitive

Affective

Psychomotor

The Masterpiece you are aiming for!
Affective Domain

• Related to cognitive and behavioral domain
• Unique arena of human behavior
  – complex information processing (cognition)
  – body sensation of feelings, perception of positive or negative well-being
  – activation of related emotions, arousal for action, and tendency to approach opportunity and avoid danger
• Development of social-emotional learning skills (SEL)
• Emotions and SEL guide social interactions
  – Emotional knowledge
    • Goal directed behavior
    • Provision of social information
  – Emotional competence
    • Moral character
    • Self regulation
    • Reasoning and problem-solving
    • Etc.

Professional competence encompasses all this…
we have to take heed of the affective domain
Affective Domain

• Manner in which students deal with things emotionally:
  – Feelings
  – Values
  – appreciation,
  – Enthusiasms
  – Motivations
  – Attitudes

• Demonstrated by behaviors indicating:
  – Attitudes of awareness, interest, attention, concern, and responsibility
  – Ability to listen and respond in interactions with others
  – Ability to demonstrate those attitudinal characteristics or values, which are appropriate to the test situation and the field of study.

(Seels & Glasgow, 1990)
Affective Domain Purpose
(Seels & Glasgow, 1990)

• Organize levels of commitment, degrees of acceptance or rejection, or levels of feelings or emotions
  – Ordered according to the principle of internalization

• “Internalization refers to the process whereby a person's affect toward an object passes from a general awareness level to a point where the affect is 'internalized' and consistently guides or controls the person's behavior”
When going gets tough...

- **Cognitive domain**
  - Frequent
  - Relative Ease

- **Psychomotor domain**
  - Frequent
  - Relative Ease

- **Affective domain**
  - Infrequent
  - Difficult/challenging

**MCQ**
- Case-based Questions at chairside

**Observation**
- Critical errors
- OSCE

**How?**
- Your attitude was poor?
- You were inattentive?
- Your patient was upset?

**Just doesn't get done**
# Affective Learning Targets

<table>
<thead>
<tr>
<th>Attitudes</th>
<th>Interests</th>
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<tbody>
<tr>
<td>Values</td>
<td>Opinions</td>
</tr>
<tr>
<td>Preferences</td>
<td>Motivation</td>
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<tr>
<td>Academic Self-Concept</td>
<td>Self-Esteem</td>
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<tr>
<td>Locus of Control</td>
<td>Social Relationships</td>
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<tr>
<td>Emotional Development</td>
<td>Altruism</td>
</tr>
<tr>
<td>Classroom Environment</td>
<td>Moral Development</td>
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</table>

Today

Focus is on any given instructor~student learning encounter and how the affect effects the learning.
Assessment Methods for Affective Learning Targets

• Checklists associated with lists of positive and negative behaviors
  – Positive attitude toward learning: Student...
    • asks lots of questions
    • works well with others
    • completes all homework assignments on time
  – Negative attitude toward learning: Student...
    • sleeps in class
    • complains a lot
    • is frequently tardy to class
Affective Assessment

• Almost always used for formative purposes

• Can we hold students accountable for positive or negative dispositions in the same way we do for achievement?
  - Can we lower a student’s grade because of a negative disposition? Can we raise one because of a positive disposition?
  - Do negative dispositions require teacher intervention?
‘Emotions’ are part of the picture

• Student knows when nervous she starts to giggle (doesn’t disclose)
• How does the instructor deal with this? Is it helping?
• What begins to happen? And what ends up happening?

Instructor assess’t: “If you don’t know the answer, present a suggestion or describe the area..tell me what you do know. No giggling—we want to present a professional appearance.”

Emotions can and do effectively block learning
Emotions
Three Components

Feeling: physiological sensation one experiences

Cognition: subjective thoughts accompanying sensation

Behavior: display/positioning or actions related to both feelings and cognitions

- Happy
- Mad
- Nervous (giggles)
- This is stupid!
- I am in love!
- Prof X is so picky
- Rolling eyes
- Hugs and kisses
- Unable to remember or explain procedure

Brett, Smith, Price, Huit 2003
“How well am I doing now?”

Emotion Theory: Regulation or Activation

Brett, Smith, Price, Huit 2003

- Communicative Theory (Oatley & Johnson-Laird 1995)
  - Conscious or unconscious cognitive evaluation
  - Each evaluation produces signal through cognitive architecture
  - Biases of cognitive processing lead to emotions seen as managing goals

- Feedback Theory (Parkinson & Manstead 1992)
  - Emotions arise as a consequence of bodily reaction, rather than cognitive appraisal
  - Relationship with an object evokes emotion expressed through the body
  - “We are happy because we smile”

- Discrete Emotion Theory (Fogel, Nwokah, et al 1992)
  - Emotions organize and motivate action
  - Adaptation with respect to basic function of survival
  - Each emotion broken down into specific patterns of neural stimulation causing changes in feelings, associated with distinct sets of physical responses (e.g., smile)
  - Maturation process involves learning rules that modify and modulate expression

- Functionalist Model (Campos, Mumme et al 1994)
  - Relations between person and environment on matters significant to person

- Relational Model (Lazarus 1991)
  - Development begins with core set of central nervous system (CNS) emotional programs
  - Basic function/survival relationship

- Social-Constructivist Model of Emotion (Jenkins et al 1998)
  - Learn to give meaning to our experiences through social exposure and cognitive development

Emotions are learned
- Cognition
- Feelings
- Behavior

Emotions do develop
Emotions can mature
Relational Model (Lazarus 1991)
About Appraisal & Viability

1’ Appraisal
(Relevance to one’s well-being)
• Goal relevance (care or not; personal stake)
• Goal congruence (extent to which foils or facilitates personal goal)
• Ego involvement (one’s ego-identity)

2’ Appraisal
(Coping options)
• Blame or credit (who is accountable or responsible for emotion resulting from encounter)
• Coping potential (ability to manage demands of encounter)
• Future expect’n (whether things are likely to change for better or worse, ie goal congruence)

Reappraisal
(Adapt or change)
• Make decision as to course of action (cognitive process and accompanying behavior)
“He Pooped His Pants”

• Student working in LTC with patient with dementia
• Patient’s avoidance behavior is to ask to go the bathroom and then relieves himself (wearing depends)
  – This occurs continuously thru out day
• Student informs instructor patient needs to go to washroom and is told to continue working as per above
• Patient does relieve his bowels while in the dental chair
• Student is absolutely aghast at this and can’t believe the disrespect shown to the patient
• Debriefing with instructor (and other student present as assistant to student)
Relational Model: Personal Viability

• “How well am I doing right now?” & “How well do others think I’m doing right now” feedback

• Involves highest, most advanced regions of brain simultaneously with ancient parts
  – Viability determination use of rapid stimulus/pattern recognition (unconscious level) & complex, personal, cultural rules labeled as emotional schemas (conscious level)

• Threat or opportunity or combined: About Distance
  – Move toward (enhance viability)
  – Move away (reduce viability)
  – Push and pull of multiple emotions (courage and fear)

A student is a complex organism; so is the instructor
“Pooped His Pants”
Personal Viability

• Threat
  – Student seems ‘stuck’ on “He had pooped his pants”…instructor maintains “policy and procedure stance”
  – Lack on goal congruence

• Opportunity
  – Instructor could have explored student’s concerns re patient’s situation
  – Missed opportunity re ‘affective learning’

This would have been a spare…could have been a strike.
### Trying the Relational Model

**Your Strength & Weakness**

<table>
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<tr>
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<th>Weakness</th>
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<tr>
<td><strong>Empathy</strong></td>
<td></td>
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<tr>
<td><strong>Humility</strong></td>
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#### 1’ Appraisal

(Relevance to one’s well-being
goal relevance & congruence, ego)

#### 2’ Appraisal

(Coping options: blame/credit; coping potential; future expectations)

#### Reappraisal

(Adapt or change: make decision re action)
## Trying the Relational Model

### Your Strength & Weakness

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### 1’ Appraisal

(Relevance to one’s well-being goal relevance & congruence, ego)

### 2’ Appraisal

(Coping options: blame/credit; coping potential; future expectations)

### Reappraisal

(Adapt or change: make decision re action)
Three Functions of the Mind

Thinking
- Makes sense of the world
  - Judging
  - Perceiving
  - Analyzing
  - Clarifying
  - Determining
  - Comparing
  - Synthesizing

Feeling
- Tells us how we are doing
  - Happy
  - Sad
  - Depressed
  - Anxious
  - Stressed
  - Calm
  - Worried
  - Excited

Wanting/Doing
- Drives us to act as we do
  - Goals
  - Desires
  - Purposes
  - Agendas
  - Values
  - Motives

Affective domain is all three of these; all three can be assessed
Triangulation
Paul & Elder 2007

Thinking

Wanting/Doing

Feeling

I don’t think I get what she is saying…

Oh my, I am going to fail the test…

I’m putting up my hand
Behavior...a product of the mind

Paul & Elder 2007

Thinking → Feeling

Doing → Wanting

Be sure to assess the feeling, it is part of the whole!
Emotions: A Walk Down Logic Lane

Gathering the evidence
(Emotional theory, principles, practice; competencies; practice standards)

Courage
Humility
Integrity
Honesty
Autonomy
Empathy
Perseverance
Fairmindedness
Confidence in reason

What is going on? What took place…this, then that…am I right? I do feel upset…so do the students…practice standards are…I am solid on the tx options…what’s going on?

How am I doing now?

Paul & Elder 2007
Recall Affective Domain

• Purpose to assess level of emotional response (behavior)

• **Internalization** as highest level (professionalism)
  – Person's affect toward an object passes from a general awareness level to a point where the affect is 'internalized' and consistently guides or controls the person's behavior

• Krathwohl (1964) is to Affective Domain as Bloom is to Cognitive Domain (1956)
  – See handout re Krathwohl’s taxonomy for Affective Domain
Affective Domain

Problem-solving
Application
Knowledge

Characterization by Value Set
Organization
Valuing
Responding
Receiving

Increasing Internationalization

(adapted from Krathwohl, 1964)
## Affective Domain Explanation

<table>
<thead>
<tr>
<th>Ability</th>
<th>Meaning</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Knowledge (Receiving &amp; Responding)</strong></td>
<td>– aware of or sensitive to ideas, material, or phenomena</td>
<td>• Listen to others with respect</td>
</tr>
<tr>
<td></td>
<td>– Showing some new behaviors to ideas, materials, or phenomena &amp; actively responding to them</td>
<td>• Hear another version</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Answer questions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Rewrite lecture notes</td>
</tr>
<tr>
<td><strong>Application (Valuing)</strong></td>
<td>– Internaliz’n of a set of specified values</td>
<td>• Invites opinions</td>
</tr>
<tr>
<td></td>
<td>– Clues to these values are expressed in identifiable behavior</td>
<td>• Increasing ability to relinquish own view</td>
</tr>
<tr>
<td><strong>Problem-solving (Organ’n &amp; Char’n by value set)</strong></td>
<td>• Compare, relate, synthesize values</td>
<td>• Accept ethical principles</td>
</tr>
<tr>
<td></td>
<td>• Has a value system that controls their behavior</td>
<td>• Plans week to maximize own learning</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Shows self reliance</td>
</tr>
</tbody>
</table>
Emotions
Feelings…Cognition…Behavior

• Ah! Behavior
  – That we can observe and measure
  • Accepts
  • Attempts
  • Questions
  • Volunteers
  • Challenges
  • Defends
  • Disputes
  • Judges
  • Praises

See handout re Krathwohl’s taxonomy
You are ready to create a rubric

• Criteria
  – What are you hoping to achieve?
    • Example: intellectual traits of courage, etc

• Description of criteria
  – “By that I mean”…give it explanation

• Ranking
  – Lickert
  – Good/bad/ugly
  – Pass/fail

I started one…
<table>
<thead>
<tr>
<th>Criteria</th>
<th>Description</th>
<th>Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feelings (sensation)</td>
<td>I am able to recognize and <strong>accept</strong> the physiological sensation I am experiencing</td>
<td>1….2….3….4….5 1=not at all; 5=absolutely</td>
</tr>
<tr>
<td>Cognition (thoughts accompanying sensation)</td>
<td>I can <strong>defend</strong> what I am thinking when I experience the feeling</td>
<td>1….2….3….4….5 1=didn’t think about it at all 3=well, at least I recognize an issue... 5=absolutely</td>
</tr>
<tr>
<td>Calibration of emotions (checking in with other party)</td>
<td>I thought the student was feeling “Y” so I asked the student “What are you feeling?”</td>
<td>1….2….3….4….5 1=Assumed I knew student’s feelings 3=Asked student “How are you?” 5=Asked student “What are you feeling as a result of ….”</td>
</tr>
<tr>
<td>Courage (faced and fairly addressed ideas, beliefs, viewpoints)</td>
<td>Although I was nervous/afraid/felt strongly about…I was able to volunteer my views…</td>
<td>1….2….3….4….5 1=chickened out completely 3=put my ideas on the table 5=shared my view without fear</td>
</tr>
<tr>
<td>Behavior (outward expression of my thoughts and feelings)</td>
<td>I was conscious of my behavior It was conducive with though/feelings.</td>
<td>1….2….3….4….5 1….2….3….4….5</td>
</tr>
</tbody>
</table>

Sure wish I had a **Helpful tool/strategy to assess myself**

Have the rubric **Ready to process**
“How am I doing now?”, A Rubric (Frame) of Self Assessment re Affect

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Description</th>
<th>Scale</th>
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How well am I doing?
How well do others perceive I am doing?

- Knowledge base
  - Theoretical support
  - Competencies
  - Practice standards
  - Profession itself

- Skill base
  - Tried a few scenarios applying above
  - Have a rubric (started)

- Attitude/belief/value
  - You are here!
  - You are engaged!

Oops, did I just do that or was I just thinking that?

Tool for “How well am I doing” … ORID
Instructor Self Analysis of Student Encounter: What would be good practice?

**ORID**

- **Objective**
  - Information, facts

- **Reflective**
  - Feelings, relationships, associations

- **Interpretive**
  - Values, meaning, purpose

- **Decisional**
  - Future directions

Stanfield (2000)/ICA Assoc Inc
Using ORID to Help Arrive at a Decision

Objective

Reflective

Interpretive

Decisional

Just typically not done!
## Application of ORID to Scenario

**Proposition:** “He pooped his pants scenario”. You are the instructor—how well do you do?

<table>
<thead>
<tr>
<th>Objective (Getting the facts...)</th>
<th>Reflective (Emotions, feelings, associations)</th>
<th>Interpretative (Values, meaning, purpose)</th>
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**Decision** (Future resolve...
Objective
(Gather the facts)

= a fact

Stanfield (2000)/ICA Assoc Inc
Gathering the Facts

Objective (the facts)

- What?
- Who?
- Why?
- How?...
- When?...
- Where?...

The Evidence
Next step...reflect on the facts

Objective → Reflective

Objective (O) Reflection (R)

Stanfield (2000)/ICA Assoc Inc
Reflecting

Reflection (Associations/relationships/feelings/hidden images)

• Looks like student is upset
• I remember a time when I...
• I really just don’t have time for this...

Take 5 minutes
Interpretation

Interpretive (value, meaning, purpose)

• Healthy mouth~healthy body
• Empathy first or ‘lessons’ first?
• What are your thoughts/ questions?
Decision

Objective

Reflective

Interpretive

Decisional

Stanfield (2000)/ICA Assoc Inc
Decide

Decisional (future resolve)

...ideas/suggestions

- With this information, I will...
- This makes me realize...
- In developing myself as an educator, I will...
- What are your question?

Apply O R I responses...make a Decision
A tool for Arriving at Assessment

Objective
Reflective
Interpretive
Decisional

Feelings
Values
Purpose
Meaning

Stanfield (2000)/ICA Assoc Inc
Design/Explore Effective Strategy

- What does your strategy now look like for delivering feedback to the student
  - when the student has not met expectations of performance
  - and when there may be emotional reactions that complicate delivery for both the student and the faculty

- Group work
  - Will ask you to share it
  - Consider pre FDW and what you are thinking now
  - Give a context of the learning (clinic, lab, classroom)
  - Incorporate the traits (courage, empathy, etc) with ORID and your rubric (self-assessment)
Session Objectives: Affective Assessment

- Using photographs (portraits) of student-instructor scenes, self analyze their weakness and strengths in delivering feedback to students, drawing from the Paulian (2007) articulations of intellectual attributes such as confidence in reason, integrity, courage, and empathy.
- Based on their self-analysis, explore criteria for self critique of own performance in delivering affective assessment, thus creating a personal ‘frame’ or rubric.
- Apply criteria of affective assessment to case scenarios.
- Use critical thinking strategies to enhance personal competency in delivering affective assessment.
Affective Domain

(adapted from Krathwohl, 1964)