Annual/Rotation Performance Review

Description

Faculty, supervisors, and possibly peers assess the foundational and functional competencies of the person being assessed and the feedback from all sources is integrated into a comprehensive summative formulation, a process that typically occurs annually or at the end of a rotation. While intended to be an overall, global assessment, it also may involve attention to the essential components of specific competencies.

Application

Competency	**Applies to**[1]	**Predominant Use of**[2]	**Developmental Level**[3]
Professionalism	O	S	1,2,3,4
Reflective Practice	E	S	1,2,3,4
Scientific Knowledge and Methods	E	S	1,2,3,4
Relationships	O	S	1,2,3,4
Individual and Cultural Diversity	O	S	1,2,3,4
Ethical and Legal Standards and Policy	O	S	1,2,3,4
Interdisciplinary Systems	O	S	1,2,3,4
Assessment	E	S	1,2,3,4
Intervention	E	S	1,2,3,4
Research and Evaluation	E	S	1,2,3,4
Supervision	O	S	1,2,3,4
Administration	E	S	1,2,3,4
Advocacy	E	S	1,2,3,4

[1]O=method applies to overall or broad competency domain, E=method applies to one or more essential components

[2]F=formative evaluation, S=summative evaluation, F/S=both

[3]1=readiness for practicum, 2=readiness for internship, 3=entry level to practice, 4=advanced credentialing

Best to assess: (1) overall or broad foundational and functional competencies, particularly professionalism, relationships, individual and cultural diversity, ethical and legal standards and policy, interdisciplinary systems, and supervision; and (2) essential components of foundational and functional competencies, particularly reflective practice, scientific knowledge and methods, assessment, intervention, research and evaluation, administration, and advocacy

Most useful for: summative evaluations across most competencies, but data from a summative assessment also can serve a formative evaluation function

Level(s) of use: from readiness for practicum through advanced credentialing for most of the competencies

Implementation

Implementation steps include:

- Identifying
  - Competencies to be evaluated
  - Assessment sources that will comprise the review
- Determining
  - Rating method to be used
  - Whether or not the same rating form is to be used by all assessors
  - Feedback mechanism to the person being assessed
- Integrating input from the various assessors
- Comparing performance against the behavioral anchors for the given developmental level
- Giving specific feedback to allow the person being assessed to target competencies and their essential components to enhance

Psychometric Properties

- Assessment from multiple viewpoints increases construct validity
- Assessment based on direct observation of performance may increase both validity and reliability
- The more global the assessments are and the less complex the skills being rated, the greater the agreement between informants
- There is the potential for biases to affect ratings (e.g., halo effect)

Strengths

- Provides an easy to use and inexpensive method for competency assessment
- Offers the opportunity to utilize assessment of essential components to yield global ratings
- Allows for more encompassing evaluations that include foundational competencies (e.g., professionalism) in addition to functional competencies

Challenges

- Requires time to evaluate all students or trainees in a program and provide them with meaningful feedback, which may be prohibitive resulting in students or trainees receiving general and nonspecific feedback
- Limits the detail faculty/supervisors provide to the person being assessed given the global nature of the assessment and the fact that it often does not involve direct observation
- Reflects the fact that different concerns influence assessors' ratings of skills and behaviors
  - Peers are more likely to focus on interpersonal skills and relationships and to protect their colleagues.
  - Supervisors tend to overemphasize functional competencies that are client/patient focused
  - Faculty may over rely on academic information and those competencies most related to scholarship
- Highlights the reality that assessments may be influenced by the assessors' relationships with and views of the person being assessed
- Requires training for consistency across assessors
- Provokes anxiety in the people being assessed because of the summative and global nature of the assessment, which may add to reluctance to provide meaningful and integrative feedback

Future Direction

- Conduct studies to investigate the relationship between faculty, supervisor, and peer evaluations and future performance
- Ascertain the fidelity of summative, integrative evaluations that are global in nature
- Provide guidance for the effective offering of performance reviews

Case Presentation Review

Description

The person being assessed discusses client/patient/system characteristics, assessment methods, intervention planning, implementation, and outcome. Assessors evaluate the case presentation and the person being assessed's understanding of the client/patient/system, application of theory and evidence base, implementation efforts, and personal reactions.

Application

Competency	Applies to[1]	Predominant Use of[2]	Developmental Level[3]
Professionalism	E	F,S	2,3,4
Reflective Practice	E	F,S	2,3,4
Scientific Knowledge and Methods	E	F,S	2,3,4
Relationships	E	F,S	2,3,4
Individual and Cultural Diversity	E	F,S	2,3,4
Ethical and Legal Standards and Policy	O	F,S	2,3,4
Interdisciplinary Systems	E	F,S	2,3,4
Assessment	E	F,S	2,3,4
Intervention	O	F,S	2,3,4
Supervision	E	F,S	2, 3,4
Consultation	E	F,S	2,3,4
Research and Evaluation	E	F,S	2,3,4

[1]O=method applies to overall or broad competency domain, E=method applies to one or more essential components
[2]F=formative evaluation, S=summative evaluation, F/S=both
[3]1=pre- practicum, 2=practicum, 3= predoctoral internship/postdoctoral residency, 4= post doctoral credentialing

Best to assess: (1) essential components of foundational and functional competencies, particularly professionalism, reflective practice, scientific knowledge and methods, relationships, individual and cultural diversity, interdisciplinary systems, assessment, supervision, consultation, and research and evaluation; and (2) overall and broad foundational and functional competencies, ethical and legal standards and policy, and intervention.

Most useful for: both formative and summative evaluations across most competencies.

Level(s) of use: from readiness to internship through advanced credentialing and not applicable at the developmental level of readiness for practicum for any of the competencies

Implementation

Implementation steps include:

- Identifying the competencies to be assessed for both the assessors and the person being assessed
- Providing the person to be assessed a framework to present and discuss in writing and verbally the case using the following categories: client/patient/system background information; presenting problem; relevant history; mental status (if applicable); assessment; conceptualization; intervention plan; intervention implementation; future plans; and references (if applicable)
- Training assessors in any rating scale that may be used
- Setting a structure (e.g. time, issue) for the exploration of the case
    - A case can be presented briefly during a typical supervision session or formally during a formal case review session
    - During formal case reviews, the person being assessed presents a case for a specific amount of time, followed by an interactive dialogue with the assessor(s)
- Combining this method with live and recorded performance

Psychometric Properties

- Despite the popularity and common usage of this assessment methodology, there is limited psychometric information available, because rating of case presentations is typically informal and not standardized or when it is standardized, the reliability and validity has not been researched
- Petti (2008) describes a formal process to provide a summative evaluation of clinical competencies by evaluating specific aspects of a case presentation and finds adequate overall reliability of case reviews and offers training programs a normative data set

Strengths

- Enables assessors to have the opportunity to hear the person being assessed describe knowledge application, skills, and values during interactions with clients/ patients/systems
- Provides a useful method to evaluate verbal and nonverbal communication
- Offers a familiar method in most training and credentialing contexts
- Gives assessors and systems a low cost, low resource intensive, and feasible method of competency assessment

Challenges

- Raises questions about the accuracy of recall on the part of the person being assessed
- Requires effective written and oral communication
- Elicits concerns by the person being assessed about sharing details of interactions with clients/patients/systems or reflective practice

Future Directions

- Continue to develop formal methodologies to assess and rate case presentations

- Consider increased use of this method for summative evaluations in training programs and for credentialing, as reliability of this method for competency assessment becomes more systematic

Reference

Petti, P. (in press) The use of a structured case presentation examination to evaluate clinical competencies of psychology doctoral students. *Training and Education in Professional Psychology*.

Competency Evaluation Rating Form (CERF)

Description

The Competency Evaluation Rating Form (CERF) is a written document that consists of a list of the behavioral indicators for selected foundational and functional competencies. The person being assessed is rated on each of these behavioral indicators according to a numerical system that corresponds with levels of competence attainment.

Application

Competency	**Applies to**[1]	**Predominant Use of**[2]	**Developmental Level**[3]
Professionalism	O	F,S	1,2,3,4
Scientific Knowledge and Methods	E	F,S	1,2,3
Relationships	O	F,S	1,2,3,4
Individual and Cultural Diversity	O	F,S	1,2,3,4
Ethical and Legal Standards and Policy	O	F,S	1,2,3,4
Interdisciplinary Systems	E	F,S	1,2,3,4
Assessment	E	F,S	1,2,3,4
Intervention	O	F,S	1,2,3,4
Research and Evaluation	E	F,S	1,2,3,4
Supervision	O	F,S	1,2,3,4
Teaching	E	F,S	1,2,3,4

[1]O=method applies to overall or broad competency domain, E=method applies to one or more essential components

[2]F=formative evaluation, S=summative evaluation , F/S=both

[3]1=readiness for practicum, 2=readiness for internship, 3=entry level to practice, 4=advanced credentialing

Best to assess: (1) overall or broad foundational and functional competencies, particularly professionalism, relationships, individual and cultural diversity, ethical and legal standards and policy, intervention, and supervision; and (2) essential components

foundational and functional competencies, particularly scientific knowledge and methods, interdisciplinary systems, assessment, research and evaluation, and teaching

Most useful for: both formative and summative evaluations across most competencies

Level(s) of use: at all developmental levels

Implementation

Implementation steps include:

- Identifying the competencies to be assessed
- Developing a Likert rating scale - for example, a 5 point scale, on which 3 is the minimum level of competency expected for persons being assessed at a given developmental level, 1 is below minimum level of competence and 5 is excelling in that competence
- Completing the CERF
- Reviewing the CERF with the person being assessed

Psychometric Properties

- Competency evaluation rating forms have high face validity
- Content validity is established by expert evaluation of the domains that comprise the competency
- Without rater training on the definition of the competencies being evaluated, reliability of the CERF can be low across settings and across raters

Strengths

- Provides an easy to use and inexpensive method for competency assessment
- Enables raters to distinguish between levels of competency acquisition on a continuum, which a dichotomous (pass/fail) rating does not allow
- Facilitates the tailoring to the specific behavioral indicators for the essential elements of selected competencies
- Helps to pinpoint the specific areas in need of improvement for a person being assessed
- Serves as a useful assessment approach across the span of education and training, reflecting the development of various levels of competence longitudinally

Challenges

- Presents difficulties for ensuring interrater reliability
- Requires direct observation data on which to base assessments, which may not always be available
- Poses problems in terms of assessing the more complex essential components of the various competencies

Future Directions

- Conduct research to investigate appropriate methods to train assessors to ensure reliable assessment
- Create CERFs specific to professional psychological that can be used consistently across developmental levels
- Ensure that CERFs created for each developmental level also map onto the essential elements of competencies at subsequent levels

Client/Patient Process and Outcome Data

Description

Client/patient process and outcome data may be gleaned from measures of the therapeutic or working alliance, self-report symptom checklists, or ratings from the therapist/assessor/consultant or an independent assessor. Working alliance measures assess the quality of the working relationship between the assessor/therapist/consultant and client/patient and are indicators of process. Symptom checklists, rating scales, and diagnostic interviews assess subjective distress, psychiatric symptoms, degree of impairment in life functioning, strengths, and progress and can be used as markers of outcome.

Application

Competency	**Applies to**[1]	**Predominant Use of**[2]	**Developmental Level**[3]
Professionalism	O	F	2,3,4
Relationships	O	F	2,3,4
Individual and Cultural Diversity	O	F	2,3,4
Ethical and Legal Standards and Policy	E	F	2,3,4
Assessment	E	F	2,3,4
Intervention	E	F	2,3,4
Consultation	E	F	2,3.4

[1]O=method applies to overall or broad competency domain, E=method applies to one or more essential components

[2]F=formative evaluation, S=summative evaluation, F/S=both

[3]1=readiness for practicum, 2=readiness for internship, 3=entry level to practice, 4=advanced credentialing

Best to assess: (1) essential components of some foundational and functional competencies, particularly ethical and legal standards and policy, assessment, intervention, and consultation; and (2) overall or broad foundational competencies in a few domains, particularly professionalism, relationships, and individual and cultural diversity

Most useful for: formative evaluations in some foundational and functional competency domains

Level(s) of use: from readiness for internship through advanced credentialing for some foundational and functional competency domains

Implementation

Implementation steps include:

- Determining
    - measure(s) to be used
    - timing (e.g., following assessment, early in treatment, during treatment, at termination, or at follow-up)
- Explaining the purpose(s) of data gathering to the client/patient
- Using the client/patient process and outcome data to enhance the quality of the services rendered

Psychometric Properties

- Reliability and validity of working alliance measures, symptom checklists, clinician ratings, and structured diagnostic interviews are generally adequate to high

Strengths

- Provides a relatively inexpensive and easy to administer and score way to assess client/patient process and outcome data, one marker of performance on the part of the person being assessed regardless of theoretical orientation
- Includes the potential to incorporate widely used, standardized, reliable and valid instruments that may assess global functioning or discrete symptoms or disorders

Challenges

- Elicits resistance on the part of the client/patient with regard to participation
- Raises questions about the level of distortion in clients/patients' responses to surveys due to factors such as social desirability, reactivity, and transference, which in turn presents challenges in interpreting the ratings
- Requires consideration of the fact the clients/patients are not assigned randomly to providers

Future Directions

- Develop a broader array of process measures that can be completed by clients/patients across practice settings
- Encourage more broad use of client/patient process and outcome measures in all practice settings

Consumer Surveys

Description

Self-report consumer surveys typically focus on satisfaction with the services rendered and assess the extent to which the services satisfy a client/patient/supervisee/ student/employees etc. desires and expectations. Consumer surveys also can address the consumer's perspective on the foundational and functional competencies of the person being assessed.

Application

Competency	Applies to[1]	Predominant Use of[2]	Developmental Level[3]
Professionalism	O	F,S	2,3,4
Scientific Knowledge and Methods	E	F,S	2,3,4
Relationships	O	F,S	2,3,4
Individual and Cultural Diversity	O	F,S	2,3,4
Ethical and Legal Standards and Policy	E	F,S	2,3,4
Interdisciplinary Systems	E	F,S	2,3,4
Assessment	E	F,S	2,3,4
Intervention	E	F,S	2,3,4
Consultation	E	F,S	2,3.4
Supervision	O	F,S	2,3,4
Teaching	E	F,S	1,2,3,4
Administration	O	F,S	3,4
Advocacy	O	F,S	3,4

[1]O=method applies to overall or broad competency domain, E=method applies to one or more essential components

[2]F=formative evaluation, S=summative evaluation, F/S=both

[3]1=readiness for practicum, 2=readiness for internship, 3=entry level to practice, 4=advanced credentialing

Best to assess: (1) essential components of a number of foundational and functional competencies, particularly scientific knowledge and methods, ethical and legal standards and policy, interdisciplinary systems, assessment, intervention, consultation, and teaching; and (2) overall or broad foundational and functional competencies in a number of domains, particularly professionalism, relationships, individual and cultural diversity, supervision, administration, and advocacy.

Most useful for: formative and summative evaluations across multiple competency domains

Level(s) of use: from readiness for internship to advanced credentialing for most competency domains

Implementation

Implementation steps include:

- Determining
  - competency(ies) to be assessed
  - measure(s) to be used
  - method (e.g., phone, in person, mail)
  - timing
- Collecting data from consumers
- Collating data received from consumers
- Providing feedback for performance improvement

Psychometric Properties

- Reliability for most client/patient satisfaction surveys has been found to be moderate to high

Strengths

- Provides a relatively inexpensive and easy to administer and score assessment approach that can be used in a multitude of practice settings
- Offers valuable information from consumers regarding views about the relationship with the person being assessed and the quality of services
- Includes the potential to incorporate psychometrically sound and commonly used instruments

Challenges

- Poses difficulties in eliciting consumer participation
- Raises questions about the consumer level of language and literacy to comprehend and complete the survey
- Requires that enough surveys per person being assessed are obtained to provide reproducible results
- Necessitates sufficient resources to collect, aggregate, and report survey responses

- Brings up questions about the level of distortion in consumers' responses to surveys due to factors such as social desirability, reactivity, and transference, which in turn presents challenges in interpreting the ratings
- Assessment of the person being assessed's contribution to a consumer's care separate from that of the treatment team
- Requires evaluation of the extent to which consumer satisfaction with surveys relates to the competence of the service provider

Future Directions

- Develop a set of surveys that can be used by various types of consumers to assess the breadth of foundational and functional competencies across practice settings
- Share consumer surveys across education and training programs and credentialing bodies

Rating of Live or Recorded Performance

Description

Assessors directly observe the person being assessed engaging in the target foundational or functional competency(ies). Assessors rate the live or recorded performance in accord with systematic competency criteria (e.g., behavioral indicators).

Application

Competency	**Applies to**[1]	**Predominant Use of**[2]	**Developmental Level**[3]
Professionalism	E	F,S	1,2,3,4
Scientific Knowledge and Methods	E	F,S	1,2,3,4
Relationships	O	F,S	2,3
Individual and Cultural Diversity	O	F,S	2,3
Ethical and Legal Standards and Policy	E	S	3,4
Interdisciplinary Systems	O	S	3,4
Assessment	E	F,S	2,3,4
Intervention	E	F,S	2,3,4
Consultation	O	F,S	2,3,4
Research and Evaluation	E	S	3,4
Supervision	E	F	3
Teaching	E	F,S	2,3,4
Administration	O	S	3,4

[1]O=method applies to overall or broad competency domain, E=method applies to one or more essential components

[2]F=formative evaluation, S=summative evaluation, F/S=both

[3]1=readiness for practicum, 2=readiness for internship, 3=entry level to practice, 4=advanced credentialing

Best to assess: (1) essential components of foundational and functional competencies, particularly professionalism, scientific knowledge and methods, ethical and legal standards and policy, assessment, intervention, research and evaluation, supervision, and teaching; and (2) overall or broad foundational and functional competencies, particularly relationships, individual and cultural diversity, interdisciplinary systems, consultation, and administration

Most useful for: summative evaluations across most competencies, and formative evaluations for some of the competencies

Level(s) of use: primarily from entry level to practice to advanced credentialing, with some applicability to readiness for practicum and internship

Implementation

Implementation steps include:

- Determining whether the performance will be live (e.g., behind one-way mirror, in the room, webcam) or recorded (e.g. audio, video)
- Identifying the competencies and their essential components to be evaluated
- Ascertaining the rating method to be used
- Training assessors to apply rating methods reliably in accord with systematic and specific criteria across persons being assessed and across performances
- Helping the person being assessed to become familiar with the method of evaluation particularly if this method is newly introduced
- Orienting the client/patient to the purpose and method of this approach and securing appropriate informed consent

Psychometric Properties

- Several instruments have been developed with which to assess ratings of live or recorded performance that demonstrate adequate inter-rater reliability and content validity in medical settings
- Reliable and valid assessment methods have been developed within psychology to evaluate therapist performance and psychotherapy process and outcome could be applied to assess the competencies noted above

Strengths

- Offers a level of direct observation of technical skills (functional competencies), knowledge application, and interaction with clients/ patients
- Provides an excellent formative means of training and can also be useful as a capstone performance demonstrating summative skills in an applied setting

- Encourages collaborative learning opportunities for improvement when the assessors and the person being assessed can observe and evaluate competencies together
- Serves as an effective test of verbal and nonverbal communication
- Offers an inexpensive logistically feasible methodology that is familiar in many training contexts
- Provides an enduring record of the examinee's performance that facilitates evaluation at different times by different assessors
- Informs the person being assessed of the criteria to be evaluated the standards and expectation in advance and therefore has greater input into the actual performance
- Increases the probability of observing the person being assessed in realistic and actual practice when there is regular or periodic observation of performance, which may differ from how individuals may perform in a single event
- Yields high acceptance of the method by both participants because of the educative impact

Challenges

- Poses difficulties in terms of feasibility and practicality (e.g., difficulties with the video equipment and its operations)
- Involves costs
- Requires informed consent procedures
- Elicits resistances in the person being assessed
- Elicits resistances and other emotional reactions and concerns in the clients/patients being observed
- Requires training for reliability of assessors

Future Directions

- Adapt psychotherapy and other psychologically based research measures for use in competency assessment
- Improve reliability through rater training
- Anticipate increased use due to improved feasibility, reduced technology costs, enhanced availability of technology, and increased effectiveness

Objective Structured Clinical Examination (OSCE)

Description

Objective Structured Clinical Examinations (OSCE) consist of several clinical encounters (called stations), typically with specially trained actors playing the role of a client/patient presenting with one or more psychological issues. Each encounter is designed to assess either a different competency or various essential elements of one or more competencies.

Application

Competency	Applies to[1]	Predominant Use of[2]	Developmental Level[3]
Professionalism	E	S	2,3,4
Reflective Practice	E	S	2,3,4
Scientific Knowledge and Methods	E	S	2,3,4
Relationships	O	S	2,3,4
Individual and Cultural Diversity	E	S	2,3,4
Ethical and Legal Standards and Policy	O	S	2,3,4
Assessment	O	S	2,3,4
Intervention	O	S	2,3,4
Consultation	E	S	2,3,4
Research and Evaluation	E	S	2,3,4

[1]O=method applies to overall or broad competency domain, E=method applies to one or more essential components

[2]F=formative evaluation, S=summative evaluation, F/S=both

[3]1=readiness for practicum, 2=readiness for internship, 3=entry level to practice, 4=advanced credentialing

Best to assess: (1) essential components of foundational and functional competencies, particularly professionalism, reflective practice, scientific knowledge and methods, individual and cultural diversity, consultation, and research and evaluation; and (2) overall or broad foundational and functional competencies, particularly relationships, ethical and legal standards and policy, assessment, and intervention

Most useful for: summative evaluations across most competencies, however can be extremely valuable for formative assessments but may be too resource intensive for such assessments

Level(s) of use: from readiness for internship through advanced credentialing for most competencies and not applicable at the developmental level of readiness for practicum for any of the competencies

Implementation

Implementation steps include:

- Training the standardized clients/patients in the issues of the encounter and not to provide any information unless the person being assessed specifically requests it
- Providing standardized client/patient encounters or tasks requiring interpretation of clinical information at separate stations that last for 5-10 minutes or longer that are observed by the assessor(s)
- Moving between stations, at the completion of the allotted time, when a bell/buzzer/announcer goes off indicating it is time for the person being assessed to move to the next station in accord with a specified sequence
- Completing notes or preparing other written material about the client/patient encounter between movements from one station to another (person being assessed)
- Generating separate performance scores for the tasks at each station based on input from the standardized client/patient, the person being assessed and the assessor
- Combining scores from multiple informants across the stations or tasks (assessors)

Psychometric Properties

- With appropriate attention to design the OSCE has acceptable reliability and validity in other health professions and has been shown to
    - Have good inter-rater, inter-station, and split-half reliability
    - Have good generalizability, which is further evidence for its reliability
    - Have strong evidence for content, construct, and concurrent validity
    - correlate moderately with other performance indicators and other forms of evaluations
    - Have increased reliability and content validity with a greater number of stations and similarity between tasks at different stations
    - Have high fidelity
- No psychometric information can be located in the psychology literature

Strengths

- Measures clinical competence cross-sectionally using standardized means
- Focuses on observable behaviors.
- Enables fairer peer comparison
- Assesses complex competencies without endangering clients'/patients' well-being

Challenges

- Poses challenges to create and administer given that it is labor intensive and costly and only cost-effective when many individuals are to be examined at one administration
- Requires high demands for other resources including large number of standardized clients/patients, significant number of assessors, time commitment for assessors
- Raises questions about its utility in evaluating some intervention essential components given that if does not provide a longitudinal assessment

Future Directions

- Adapt for psychology OSCE approaches that have gained national and international recognition for the assessment of competence in the medical and other health professions
- Design and share model OSCEs for the key foundational and functional competencies for use in psychology training programs and for credentialing assessments
- Ascertain the reliability of this approach for the summative assessment of competence within psychology
- Find ways to overcome the challenges to the feasibility of the implementation of this method so it will be used more widely for summative evaluations and considered for use in formative evaluations

Portfolio Review

Description

A portfolio is a collection of products, gathered by the person being assessed, which provides evidence of achievement of specific competencies. It typically contains written documents, but also may include audio or video recordings or other forms of information. The content of a portfolio is not standardized and is implemented according to the desire of the program or credentialing body.

Application

Competency	Applies to[1]	Predominant Use of[2]	Developmental Level[3]
Professionalism	E	F,S	2,3,4
Reflective Practice	E	F,S	1,2,3,4
Scientific Knowledge and Methods	O	F,S	2,3,4
Assessment	E	F,S	3,4
Intervention	O	F,S	3,4
Research and Evaluation	O	F,S	1,2,3
Supervision	E	F,S	3,4
Teaching	O	F,S	2,3,4
Administration	O	F,S	3,4

[1]O=method applies to overall or broad competency domain, E=method applies to one or more essential components

[2]F=formative evaluation, S=summative evaluation, F/S=both

[3]1=readiness for practicum, 2=readiness for internship, 3=entry level to practice, 4=advanced credentialing

Best to assess: (1) overall or broad functional competencies, particularly intervention, research and evaluation, teaching, and administration; (2) essential components of functional competencies, particularly, assessment and supervision; (3) essential components of foundational competencies, particularly professionalism and reflective practice; and (4) overall or broad foundational competence in the domain of scientific knowledge and methods.

Most useful for: formative and summative evaluations across some competencies

Level(s) of use: from entry level to practice and advanced credentialing for some competencies, and for readiness for practicum and internship for a limited number of competencies

Implementation

Implementation steps include:

- Deciding on form (e.g., web-based or hard copy)
- Determining the portfolio elements (e.g., video tapes, assessment or treatment reports, evaluations)
- Establishing a mentoring system and facilitating assessor buy-in
- Promoting a supportive climate for learning and feedback
- Planning outcomes and evaluation strategies

Psychometric Properties

- Reliability has not been well established due to the variable content included in a portfolio
- The reliability and validity of the individual instruments included in the portfolio will impact overall psychometric properties
- Reproducible assessments are feasible when there is agreement on criteria and standards for the contents of the portfolio
- Some evidence for construct and predictive validity has been established

Strengths

- Provides a low cost assessment strategy
- Offers broad applicability
- Allows for the assessment of actual work products
- Allows for items already generated for other purposes to be collected for the portfolio
- Enables the person being assessed to share information about some activities and products that otherwise would have gone unnoticed
- Expands over time as the person being assessed engages in additional activities such that more complex activities are increasingly reflected
- Provides educational value and flexibility
- Shifts responsibility for demonstrating competence to the person being assessed
- Serves as a tool for practice based learning and improvement that entails self-reflection and self-assessment in determining needs for improvement, developing a plan for attaining such, and measuring the effect of the plan in meeting goals
- Serves as a potentially useful tool to document continuing education activities

Challenges

- Requires intense commitment of time and labor intensive for the assessors and the person being assessed
- Requires mentor involvement in reviewing and supporting the development of a portfolio
- Entails the possibility of eliciting resistance in the person being assessed
- Reflects variable reliability/validity across the items evaluated in the portfolio

Future directions

- Create and implement training modules for assessors and people being assessed in the portfolio assessment strategy
- Develop templates that demonstrate a sufficient level of reliability and validity of the portfolio assessment methodology for professional psychology

Record Review

Description

Client/patient records (e.g., case files, psychotherapy notes, assessment protocols) developed and maintained by the person being assessed are reviewed by the assessor or administrative evaluators. Assessors employ record review to determine the presence, the quality of development, and the accuracy of essential elements of the client/patient case as recorded by the person being assessed. Standardized rating systems or protocols are developed to evaluate the critical elements of the record.

Application

Competency	Applies to[1]	Predominant Use of[2]	Developmental Level[3]
Professionalism	E	F	2,3
Ethical and Legal Standards and Policy	E	F	2,3
Assessment	E	F	2,3,4
Intervention	E	F	2,3,4
Consultation	E	F	2,3,4
Supervision	E	F	3,4

[1]O=method applies to overall or broad competency domain, E=method applies to one or more essential components

[2]F=formative evaluation, S=summative evaluation, F/S=both

[3]1=readiness for practicum, 2=readiness for internship, 3=entry level to practice, 4=advanced credentialing

Best to assess: (1) essential components of foundational competencies, particularly professionalism and ethical and legal standards and policy; and (2) essential components of functional competencies, including assessment, intervention, consultation, and supervision

Most useful for: formative evaluations for a moderate number of competencies

Level(s) of use: from entry to internship to advanced credentialing for a limited to moderate number of competencies

Implementation

Implementation steps include:

- Determining criteria by which the record is assessed and are standardized or coded so that evaluation across records and across examinees may be reliable
- Identifying specific protocols for standard use in order to evaluate records systematically
- Conducting record reviews with scheduled frequency and by assessors or administrative evaluators who have been trained to identify the expected elements of the record and to evaluate the standard of practice represented by the record

Psychometric Properties

- Use of standardized protocols and/or coding systems increases the reliability of evaluation
- Ongoing case maintenance by an examinee provides greater stability in assessing performance
- Development and maintenance of electronic clinical records avoids the problem of chart abstraction protocols

Strengths

- Involves relatively low cost
- Allows for the retroactive access to cases
- Enables assessors to identify the accuracy and the descriptive recording of sentinel events, the course of a case across time, decision-making, and follow through

Challenges

- Fails to capture all procedures, interventions, and treatment components, as they may not be recorded
- Raises concerns about standardization, accuracy, and adherence to protocol recording
- Requires criteria to be set for coding records
- Demands the conduct of multiple record reviews before feedback is effective

Future Directions

- Develop record review protocols that capitalize on the growing use of electronic client/patient records
- Articulate further and in more detail the key conditions essential for reliable record review
- Gather information about the reliability and validity of this assessment methodology, particularly for psychology

Simulations/Role Plays

Description

Simulations/role plays involve constructing situations that closely resemble actual practice scenarios associated with various functional competencies, which are directly observed and evaluated with attention to both foundational and functional competencies. Simulations are the artificial recreation of a clinical environment or circumstance for the purpose of allowing the person being assessed to undertake a specific task, problem-solve, and receive immediate feedback to correct errors in a controlled fashion without endangering clients/patients. Simulations may incorporate the use of technology (e.g., virtual simulations or environments). Role plays involves taking on a role (e.g., as client, or therapist) or putting oneself in another position for purposes of learning a new skill. Role-plays typically include at least two (assessor/therapist/consultant/supervisor/ teacher/manager/advocate and client/patient/student/consumer) people.

Application

Competency	**Applies to**[1]	**Predominant Use of**[2]	**Developmental Level**[3]
Relationships	E	F	1,2,3,4
Ethical and Legal Standards and Policy	O	F	1,2,3,4
Assessment	E	F	1,2,3,4
Intervention	E	F	1,2,3,4

[1]O=method applies to overall or broad competency domain, E=method applies to one or more essential components

[2]F=formative evaluation, S=summative evaluation, F/S=both

[3]1=readiness for practicum, 2=readiness for internship, 3=entry level to practice, 4=advanced credentialing

Best to assess: (1) essential elements of a limited number of foundational and functional competencies, particularly relationships, assessment, and intervention; and (2) overall or broad foundational competence of ethical and legal standards and policy

Most useful for: formative evaluations for a limited number of foundational and functional competencies

Level(s) of use: for all developmental levels for a limited number of competencies

Implementation

Implementation steps include:

- Identifying competencies to be evaluated
- Constructing simulations around target competency(ies)
    - Determining format (e.g., computer-based, standardized client/patient)
- Constructing role play around target competency(ies)
    - Selecting role play partner
    - Determining length/nature/complexity of role play scenario
- Determining the assessment method to be used (specific assessment methods have been developed for use with role plays, e.g., microtraining skills)
- Ascertaining feedback mechanism to persons being assessed

Psychometric Properties

- Validity of the assessment of simulations/role plays is greater the closer the behavior is to the target competency
- Evidence of construct validity is strengthened when the skill domain is comprehensively assessed
- High quality simulations that closely resemble a real client/patient have good content validity
- Inter-rater reliability increases with the specificity of the coding scheme and degree of assessor training

Strengths

- Requires limited resources or demands for implementation (role plays)
- Targets focally specific competencies for assessment
- Provides useful structure for students or trainees to learn and practice new skills

Challenges

- Requires considerable resources for development and implementation (simulations)
- Requires students or trainees to be informed prior to admission to a program that personal information may be expected to be disclosed during role
- Raises dual role issues
- Fails to capture how individuals actually perform in practice, given the artificial nature of the situation
- Poses challenges for the individuals playing the client/patient role in terms of projecting genuine emotions or taking the role seriously
- Creates challenges for people learning new skills if the individuals role playing clients/patients have more serious issues than novices can handle

Future Directions

- Use technology to develop increased availability of computer based simulations to practice target competencies
- Utilizing the gaming literature to guide the creation of effective simulations/role plays
- Develop simulations/role plays that balance efficiency with adequate content sampling

Self-Assessment

Description

Self-assessment is the process of the person being assessed validly ascertains personal and professional strengths and areas in need of improvement across foundational and functional competency domains, has an awareness of own limits of expertise and determines what to do when those limits are reached, and monitors own progress in the process of taking action to address specific developmental needs.

Application

Competency	**Applies to**[1]	**Predominant Use of**[2]	**Developmental Level**[3]
Professionalism	E	F,S	1,2,3,4
Reflective Practice	O	F,S	1,2,3,4
Scientific Knowledge and Methods	E	F,S	1,2,3,4
Relationships	E	F,S	1,2,3,4
Individual and Cultural Diversity	O	F,S	1,2,3,4
Ethical and Legal Standards and Policy	O	F,S	1,2,3,4
Interdisciplinary Systems	O	F,S	3,4
Assessment	E	F,S	2,3,4
Intervention	E	F,S	2,3,4
Consultation	E	F,S	3,4
Research and Evaluation	E	F,S	2,3,4
Supervision	O	F,S	1,2,3,4
Teaching	E	F,S	2,3,4
Administration	O	F,S	3,4
Advocacy	O	F,S	3,4

[1]O=method applies to overall or broad competency domain, E=method applies to one or more essential components

[2]F=formative evaluation, S=summative evaluation, F/S=both

[3]1=readiness for practicum, 2=readiness for internship, 3=entry level to practice, 4=advanced credentialing

Best to assess: (1) specific essential elements of foundational and functional competencies, particularly professionalism, scientific knowledge and methods, relationships, assessment, intervention, consultation, research and evaluation, and teaching; and (2) overall or broad foundational and functional competencies, particularly reflective practice, individual and cultural diversity, ethical and legal standards and policy, interdisciplinary systems, supervision, administration, and advocacy

Most useful for: formative evaluations across all competency domains for the purpose of guiding future competency development and summative evaluations across all competency domains for the purpose of reflection on competency achievement at the level required to advance

Level(s) of use: from entry level to practice and advanced credentialing for all competency domains and for readiness for practicum and internship for some competency domains

Implementation

Implementation steps include (these are for the person doing the self-assessment):

- Learning rationale for self-assessment
- Becoming familiar with self-assessment methodology
- Understanding the competencies to be evaluated
- Becoming familiar with the rating method to be used and delivery mechanism (e.g., paper, electronic)
- Reflecting on results on own or with the faculty member or supervisor responsible for the services being provided for which the self-assessment was performed

Psychometric Properties

- Self-assessment measures tend to be developed ad hoc; there are very few standardized measures with established reliability or validity
- Face validity is generally strong
- Studies of self-assessments tend to show limited to no validity in relation to ratings by peers or supervisors, though there is considerable debate about how best to test for validity
- Self-assessment correlates poorly with measures of performance

Strengths

- Increases self-knowledge on one's level of competency attainment across all foundational and functional competency domains
- Offers an effective approach for correcting self appraisals when used in conjunction with ratings from other informants
- Promotes self-reflection and self-reflective practice as a lifelong competency

Challenges

- Requires accurate self-assessment, which is difficult to teach and to accomplish
- Requires points of reference from which to conduct self-assessments and these often are lacking
- Raises questions about the accuracy of the reporting, particularly as people with low rated competence according to other informants often over-rate themselves
- Requires use in conjunction with other assessments

Future Directions

- Develop standardized self-assessment instruments and procedures
- Improve reliability and validity of self assessment through training
- Develop feedback systems to enhance validity and value of self-assessment
- Use models, such as the Self-Assessment Guide and Professional Development plan created by the College of Psychologists of Ontario, to create templates for self-assessment protocols

Structured Oral Examinations

Description

Structured oral examinations are a method of performance evaluation in which an assessor or panel of assessors poses a series of questions orally in a systematic fashion to the person being assessed who is expected to respond orally and these responses are evaluated in accord with a priori established criteria. Structured oral examinations may involve general questions addressing the knowledge, skills, and attitudes and their integration associated with foundational and functional competencies; inquiry regarding material written previously by the person being assessed; presentation and discussion of standardized vignettes; discussion and analysis of live or recorded performances; and role-playing, etc.

Application

Competency	**Applies to**[1]	**Predominant Use of**[2]	**Developmental Level**[3]
Professionalism	E	S	1, 2, 3, 4
Reflective Practice	E	S	1, 2, 3, 4
Scientific Knowledge and Methods	O	S	1,2,4
Individual and Cultural Diversity	E	S	1, 2, 3,4
Ethical and Legal Standards and Policy	O	S	1, 2,3,4
Interdisciplinary Systems	E	S	3, 4
Assessment	E	S	1, 2,3,4
Intervention	E	S	1,2,3,4
Consultation	E	S	2,3,4
Supervision	E	S	2,3 4,

[1]O=method applies to overall or broad competency domain, E=method applies to one or more essential components

[2]F=formative evaluation, S=summative evaluation, F/S=both

[3]1=readiness for practicum, 2=readiness for internship, 3=entry level to practice, 4=advanced credentialing

Best to assess: (1) essential elements of a number of specific foundational and functional competencies, particularly professionalism, reflective practice, individual and cultural diversity, interdisciplinary systems, assessment, intervention, consultation, and supervision; and (2) a limited number of overall or broad foundational competency domains, particularly scientific knowledge and methods and ethical and legal standards and policy

Most useful for: summative evaluations

Level(s) of use: readiness for practicum through advanced credentialing

Implementation

Steps in implementation include:

- Determining and communicating to the person being assessed the various components of the oral examination and what needs to be provided by the person being assessed (e.g., written documents, recorded materials)
- Developing materials (e.g., probes, vignettes) to be used, if applicable
- Standardizing administration, rating, and scoring procedures
- Training assessors to be consistent in their evaluations

Psychometric Properties

- Acceptable reliability and validity (face, content, construct, criterion) have been reported and are stronger the more standardized and structured the protocol
- Vignettes may have limited predictive validity

Strengths

- Enables the assessor(s) to explore competencies in an in-depth manner
- Offers the ability to assess the integration of knowledge, skills, and attitudes
- Allows for the assessment of the application of knowledge in decision-making
- Allows for a dynamic interaction between assessor(s) and the person being assessed
- Enhances the reliability of the oral examination process beyond that found with unstructured oral examinations

Challenges

- Requires considerable time on the part of all parties involved
- Requires training of assessors to systematically administer and rate the examination and to avoid giving verbal or nonverbal cues to the person being assessed
- Necessitates standardizing administration both within and across assessors
- Poses challenges for assessing quality of care over time
- Raises questions about the fidelity of the performance

Future directions

- Develop and disseminate structured oral examination protocols that have good reliability, validity, and fidelity and that are cost-efficient
- Prepare and implement training protocols that ensure standardization of administration and scoring

Standardized Client/Patient Interviews

Description

Individuals are trained to present as a patient/client with a specific condition in a standardized and consistent manner. The person being assessed then performs prescribed tasks such as interviewing, assessing, or intervening as though interacting with an actual client/patient. Assessors rate targeted competencies of persons being assessed during the conduct of a standardized client/patient interview using performance criteria set in advance.

Application

Competency	**Applies to[1]**	**Predominant Use of[2]**	**Developmental Level[3]**
Scientific Knowledge and Methods	E	S	2,3,4
Relationships	E	S	2,3,4
Individual and Cultural Diversity	E	S	2,3,4
Ethical and Legal Standards and Policy	O	S	2,3,4
Assessment	E	S	2,3,4
Intervention	E	S	2,3,4
Research and Evaluation	E	S	2,3,4
Teaching	E	S	1,2,3,4

[1]O=method applies to overall or broad competency domain, E=method applies to one or more essential components

[2]F=formative evaluation, S=summative evaluation, F/S=both

[3]1=readiness for practicum, 2=readiness for internship, 3=entry level to practice, 4=advanced credentialing

Best to assess: (1) essential elements of some specific foundational and functional competencies, particularly scientific knowledge and methods, relationships, individual and cultural diversity, assessment, intervention, research and evaluation, and teaching; and (2) one overall or broad foundational competency, ethical and legal standards and policy

Most useful for: summative evaluations across some competency domains

Level(s) of use: from readiness for internship to advanced credentialing

Implementation

Implementation steps include:

- Determining target competency(ies) to be assessed
- Ascertaining measure(s) to be used and developing checklists or rating forms and criteria setting
- Training the standardized client/patient
- Providing direction to the person being assessed from the assessor or from the standardized client/patient to conduct an evaluation of the standardized client/patient in a manner consistent with how they would act with an actual client/patient
- Securing performance ratings in accord with the competencies that have been identified a priori from trained observers, the standardized client/patient, and the person being assessed

Psychometric Properties

- Using standardized clients/patients provides high fidelity assessments and can provide reliable scores
- Reproducible scores are easy to obtain for the essential components of functional competencies
- A single standardized client/patient may not provide a reliable assessment of competence, a number of cases/encounters need to be utilized to ensure reliability
- Standardized clients/patients have been used with medical students and residents with demonstrated construct and concurrent validity
- Training of the standardized client/patient and the evaluators is key to reliability and validity, as they must be knowledgeable about the condition, understand the importance of consistent responses, and anticipate common questions and interactions

Strengths

- Offers for a realistic and high fidelity assessment of actual performance
- Allows the flexibility to have the standardized client/patient present in way that is most relevant to the competency being measured
- Allows for direct comparison across people being assessed

Challenges

- Requires considerable time, cost, and resources in design and implementation
- Requires extensive training of raters to obtain reliable scores

- Raises questions about the comparability of the behavior of the standardized client/patient versus what actually happens in practice settings
- Poses difficulties with regard to developing scoring systems that accurately capture performance

Future Directions

- Develop standardized client/patient scenarios for professional psychology
- Share standardized client/patient scenarios across programs and credentialing organizations
- Ascertain the reliability, validity, and fidelity of standardized client/patient assessments for the competencies and their essential components in professional psychology

Written Examination

Description

A written examination may be paper or computer based and may include multiple choice, matching, fill-in-the-blank, true false questions; vignettes or problem-based scenarios requiring sequential and integrative problem-solving and decision-making; and essay questions that require the synthesis and communication of content and critical thinking and judgment.

Application

Competency	Applies to[1]	Predominant Use of[2]	Developmental Level[3]
Scientific Knowledge and Methods	O	F,S	1,2,3
Individual and Cultural Diversity	E	F,S	1,2,3
Ethical and Legal Standards and Policy	O	S	1,2,3
Interdisciplinary Systems	E	S	2,3
Assessment	E	S	1,2,3
Intervention	E	S	1,2,3
Consultation	E	S	1,2,3
Research and Evaluation	E	S	1,2,3
Teaching	E	S	1,2

[1]O=method applies to overall or broad competency domain, E=method applies to one or more essential components
[2]F=formative evaluation, S=summative evaluation, F/S=both
[3]1=readiness for practicum, 2=readiness for internship, 3=entry level to practice, 4=advanced credentialing

Best to assess: (1) essential elements of a number of foundational and functional competencies, particularly individual and cultural diversity, interdisciplinary systems, assessment, intervention, consultation, research and evaluation, and teaching; and (2) overall or broad foundational competencies in a limited number of domains, including scientific knowledge and methods and ethical and legal standards and policy
Most useful for: summative evaluations for a number of competency domains
Level(s) of use: from readiness to practicum to entry to practice primarily, but in some instances (e.g., board certification in certain specialties) may also be used for advanced credentialing

Implementation

Implementation steps include:

- Determining the competencies or essential subcomponents to be assessed
- Developing questions and statements to be responded to by the person being assessed
- Administering the written examination either in paper and pencil or computer format
- Scoring the examination
- Determining the cutoff scores or the grading curve
- Providing the outcome (and if appropriate the test answers) of the written examination to the person being assessed

Psychometric Properties

- Given the lack of consistency of written examinations during graduate programs in psychology, no overall statement of psychometric properties is appropriate
- Psychometric examinations of the Examination of Professional Practice in Psychology (EPPP) reveal that
  - It taps the areas of practice it is intended to target (content validity)
  - Various characteristics of the person being assessed's doctoral program correlate with EPPP scores

Strengths

- Provides an easy to use and inexpensive method of competency assessment
- Allows for the assessment of multiple people at the same time
- Provides an effective assessment of knowledge across multiple competency domains
- Allows for easy and generally reliable scoring
- Allows for easy interpretation

Challenges

- Poses challenges for assessing skills and attitudes
- Raises questions about applicability to real world experiences and thus the fidelity of the method
- Raises concerns about the predictive validity of performance on written examinations to performance in professional practice settings

Future Directions

- Develop guidance for effectively using this method to evaluate skills and attitudes
- Consider developing national written examinations to assess competence at multiple stages of the education and training process prior to the summative evaluation national written examination (Examination for Professional Practice in Psychology (EPPP) that is a requirement for licensure

360-Degree Evaluations

Description

360-degree evaluations glean systematic input retrospectively, concurrently, and individually from multiple raters in the person being assessed's sphere of influence including the person being assessed regarding key performance behaviors and attitudes.

Application

Competency	Applies to[1]	Predominant Use of[2]	Developmental Level[3]
Professionalism	O	F,S	2,3,4
Reflective Practice	O	F,S	2,3,4
Relationships	O	F,S	2,3,4
Individual and Cultural Diversity	E	F,S	2,3,4
Ethical and Legal Standards and Policy	O	F,S	2,3,4
Interdisciplinary Systems	O	F,S	2,3,4
Intervention	E	F,S	2,3,4
Supervision	O	F,S	2,3,4
Teaching	O	F,S	2,3,4
Administration	O	F,S	2,3,4
Advocacy	O	F,S	2,3,4

[1]O=method applies to overall or broad competency domain, E=method applies to one or more essential components

[2]F=formative evaluation, S=summative evaluation, F,S=both

[3]1=readiness for practicum, 2=readiness for internship, 3=entry level to practice, 4=advanced credentialing

Best to assess: (1) overall or broad foundational and functional competencies in a number of domains, particularly professionalism, reflective practice, relationships, ethical

and legal standards and policy, interdisciplinary systems, supervision, teaching, administration, and advocacy; and (2) essential components of a few foundational and functional competencies, particularly individual and cultural diversity and intervention

Most useful for: both formative and summative evaluations across most competencies

Level(s) of use: from readiness to internship through advanced credentialing for most competencies and not applicable at the developmental level of readiness for practicum for any of the competencies

Implementation

Implementation steps include:

- Choosing the 360-degree assessment tool
- Determining who will serve as raters
  - Typically includes supervisors, a diverse cadre of peers and colleagues, subordinates (e.g., supervisees), and the person being assessed
  - May include colleagues from other disciplines and the clients/patients of the person being assessed
- Asking individuals to serve as raters and orienting them to the 360-degree process
- Having raters complete the comprehensive evaluation using paper-based measurement tools (surveys, questionnaires) or on-line via the use of computer software packages
- Using the rating scales to assess how frequently and effectively a behavior is performed or an attitude is observed and how important the behavior or attitude is to the context
- Encouraging evaluators to add comments illustrative of the reasons for the specific ratings
- Summing ratings across all evaluators by topic or competency
- Having a trained person provide detailed feedback to the person being assessed and discussing the similarities and differences of ratings across informants and areas to target for personal and professional growth
- Developing, with the assistance of a trained professional, a systematic action plan to address specific areas for self-improvement

Psychometric Properties

- In leadership and business contexts
  - Strong evidence of high levels of internal consistency and inter-rater reliability
  - Initial evidence that 360-degree evaluation data correlate with other types of ratings
- With health professionals outside of psychology
  - Some support for construct and convergent validity and inter-rater reliability

Strengths

- Provides one of the best methods for assessing the breadth of foundational competencies
- Offers a fair, accurate, objective, and well-rounded assessment of the person being assessed
- Allows the person being assessed to gain a greater appreciation of how viewed by others, areas of strength, aspects of personal functioning that can be improved on, and where there are discrepancies between self-perceptions and the perceptions of others
- Bolsters the person being assessed's knowledge about the competency framework relevant to the organization or program
- Enhances self-awareness
- Provides a powerful tool for development, learning, and self-reflection
- Leads to improved performance
- Empowers people by enabling them to give feedback to their superiors and peers
- Offers a culture shift that values the provision and receipt of feedback, as long as such feedback is offered in accord with best practices

Challenges

- Poses challenges for constructing a survey that is appropriate for use by all evaluators in the circle of influence
- Requires orchestration of data collection from a large number of individuals
- Elicits concerns for evaluators about the confidentiality of their feedback, given the sensitive and detailed nature of the input
- Raises questions regarding the reliability and validity of feedback from certain raters, as well as the appropriateness of gathering data from some informants (e.g., one's clients/patients)
- Causes undue anxiety and hurt feelings if feedback process is not handled appropriately
- Entails significant costs and resources, and the incremental advantages of this methodology may not always outweigh the costs and resources

Future Directions

- Develop standardized 360-degree evaluations for different stages of professional development that tap the relevant foundational and functional competencies within professional psychology that can be used systematically across training programs and credentialing efforts
- Create programs to train psychologists to implement 360-degree evaluations, to provide useful feedback to the person being assessed and to assist that individual in crafting and utilizing action plans for self-improvement based on the 360-degree feedback
- Develop centralized systems for scoring and writing the 360-degree evaluation reports, which will help offset some of the costs of implementation