

THE WISCONSIN PROCEDURE
FOR APPRAISAL OF CLINICAL COMPETENCE
(W-PACC)

Applications Manual

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INTRODUCTION

A. Background

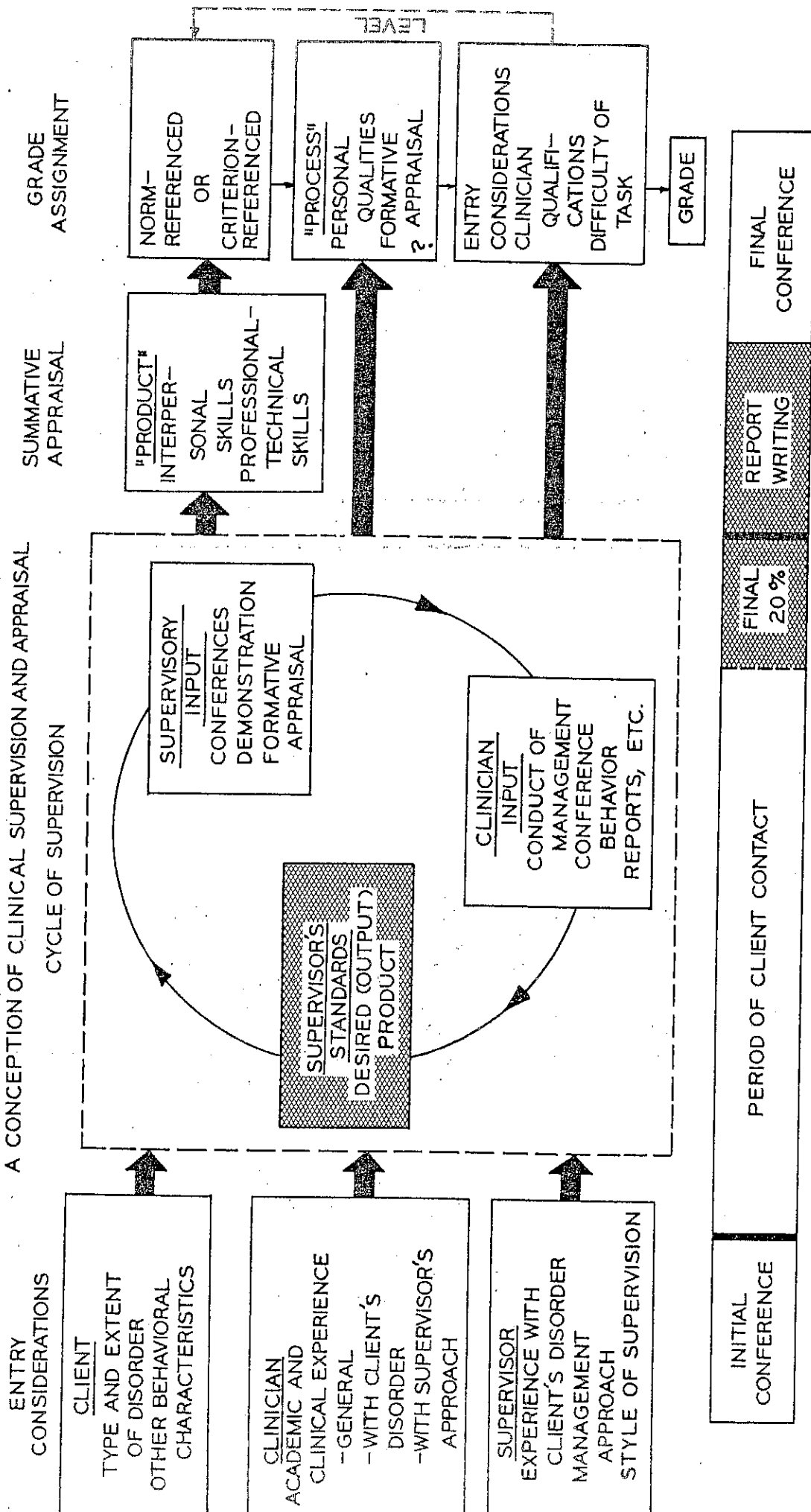
In 1971, the clinical staff of the Department of Communicative Disorders, University of Wisconsin-Madison assigned themselves an in-house research project: to make explicit the processes by which students in clinical practicum are appraised and graded. In serial studies over three years, this research has yielded information in three areas: 1) a working conception of clinical supervision and the appraisal process, 2) a procedure for summative appraisal of clinical competence, and 3) an aggregate of descriptive information on correlates of supervisory processes and clinical competence.

The purpose of this Applications Manual is to train potential users in the summative appraisal procedure titled: The Wisconsin Procedure for Appraisal of Clinical Competence (W-PACC). Information on both the conception of supervision underlying this procedure and reliability and validity data are presented in detail elsewhere. However, the following section is a brief summary of critical assumptions underlying application of W-PACC.

B. Assumptions about clinical supervision and appraisal

Figure 1 is a conception of basic elements in the supervisory process and appraisal. Subsequent sections of this manual will clarify terms and concepts expressed in Figure 1 and those which are incompletely developed here. Essentially, W-PACC is based on the following three working assumptions:

FIGURE 1
A CONCEPTION OF CLINICAL SUPERVISION AND APPRAISAL
CYCLE OF SUPERVISION



1. In its fullest sense, clinical practicum competence is currently assessable only through the individual "filters" of a supervisor. This is comparable to the academic freedom given to faculty in the classroom situation. "Objective" competency criteria for the full range of clinical skills and professional behaviors have not been (and may never be) universally adopted by working professionals.
2. Assessment of clinical skills involves two types of judgments. Is the clinician effective in a given skill? To what extent is effectiveness independent of the need for supervisory input?
3. Several factors may delimit the effective/independence scores achieved during any term of supervision; however, an adjustment for both entry characteristics and "process" characteristics (i.e., rate of clinician's learning and nature and quantity of a supervisor's input efforts) can be made when assigning a grade.

In W-PACC, each supervisor is given both the right and the responsibility to appraise the output "product" (e.g., clinician effectiveness during the last 20 percent of a semester, quarter, etc.) of his/her "supervisory-cycle" efforts. Summative product appraisal then is based on the extent to which effectiveness is demonstrated to be independent of supervisory input, and grades can be assigned from normative or criterion-referenced product score tables which adjust for the entrance characteristics of each trainee.

Overview of the Wisconsin Procedure for Appraisal of Clinical Competence (W-PACC)

Subsequent pages of this manual are organized as a series of Guidelines which roughly correspond to the chronology of application of W-PACC. Following the assumptions just reviewed, W-PACC is a quantitative framework for appraisal of clinical trainees. Importantly, it allows the flexibility needed to accommodate individual differences across supervisors, practicums, and clinicians. Hence, the Guidelines to follow include choice points for the supervisor. The chronology of W-PACC administration is as follows:

<u>STEP</u>	<u>PROCEDURES</u>	<u>W-PACC MANUAL REFERENCE</u>
1	During the initial conference(s) the supervisor assigns the clinician to a Level.	-Fig. 1 (Entry considerations) -Guideline I
2	During the initial conference(s) with the clinician, the supervisor reviews all pertinent information in this manual, including item descriptors for the practicum. The clinician should be fully aware of the basis for appraisal and grading.	-Fig. 1 -All Guidelines -All Appendices
3	Supervision proceeds in the customary mode for the practicum, including use of formative appraisal instruments, observational analyses, etc. Filling out a Clinician Appraisal Form (CAF) at mid-term is optional.	-Fig. 1 (Cycle of Supervision)
4	At the completion of the term the supervisor fills out a CAF, based on the clinician's performance during the last 20 percent of the term, i.e., appraisal of the "product" of supervision.	-Fig. 1 (Appraisal) -Guidelines II, III, IV, V
5	Supervisor calculates Interpersonal Skills, Professional-Technical Skills and "Average" Scale scores on CAF.	-Guideline VI
6	Supervisor assigns a grade.	-Guideline VII

Guideline 1. Assignment of Clinician to Level

A. Rationale

As indicated in Figure 1, a clinician's entrance characteristics for a practicum experience should be taken into account at the end-of-term grade assignment. To accomplish this, entry considerations have been formalized to four clinician Levels (Level I, II, III, IV). Each level (see Figure 2. - Criteria for Level Assignment) accounts for (1) a clinician's academic and clinical background relative to the practicum needs and expectations (e.g., client, task, supervisor) and (2) the total number of supervised clinical clock hours the clinician has accumulated. On this latter criterion, the assumption is that basic principles of and experience in clinical management are summative and generalizable.

B. When to assign Level

At the beginning of the practicum assignment, the clinician and the supervisor should review the clinician's previous experiences (as below) and circle the appropriate level on the Clinician Appraisal Form (CAF).

C. How to assign Level (refer to Figure 2)

1. Under the column titled "Experience", find the Level at which the clinician meets the total number of supervised therapy clock hours criteria (do not include observation hours).
2. Inspect the other criteria at that Level:
 - a. If the clinician meets all of the criteria for the Level as required under the column titled "Requirements", assign the clinician to that Level.
 - b. If the clinician does not meet the required criteria, move back one level only and assign the clinician to this Level (even though some of the requirements will be exceeded). Note that if the clinician does not meet the criteria listed under "Academic or Equivalent Information" listed for Level III and Level IV, move back only one level.

LEVEL	REQUIREMENTS	EXPERIENCE	NUMBER OF CLIENTS	IMMEDIATE PRACTICUM	ACADEMIC OR EQUIVALENT INFO.
I	STUDENT CLINICIAN MUST MEET TWO OR MORE CRITERIA	LESS THAN 20 THERAPY CLOCK HOURS OF PRACTICUM WITH 1/4 TIME SUPERVISED OR MORE THAN 20 WITH LESS THAN 1/4 TIME SUPERVISED	NONE PREVIOUSLY OR FIRST SEMESTER OF PRACTICUM	PAST EXPERIENCES, NUMBER OF CLIENTS, OR CLINICAL PREPARATION IS INSUFFICIENT IN SUPERVISOR'S JUDGMENT	IS OR IS NOT PREPARED, IN SUPERVISOR'S JUDGMENT
II	STUDENT CLINICIAN MUST MEET OR EXCEED ALL CRITERIA	AT LEAST 30-40 THERAPY CLOCK HOURS OF PRACTICUM WITH 1/4 TIME SUPERVISED	AT LEAST 2 CLIENTS AND/OR THE EQUIVALENT OF A SEMESTER'S THERAPY EXPERIENCE	FIRST CLIENT WITH THIS PROBLEM	HAS OR IS CURRENTLY RECEIVING, IN SUPERVISOR'S JUDGMENT
III	STUDENT CLINICIAN MUST MEET OR EXCEED ALL CRITERIA	AT LEAST 90-100 THERAPY CLOCK HOURS OF PRACTICUM WITH 1/4 TIME SUPERVISED	AT LEAST 5-6 CLIENTS AND/OR A STUDENT TEACHING EXPERIENCE	FIRST CLIENT WITH THIS PROBLEM OR FIRST EXPERIENCE WITH THIS SPECIFIC MANAGEMENT APPROACH	* HAS OR IS CURRENTLY RECEIVING, IN SUPERVISOR'S JUDGMENT
IV	STUDENT CLINICIAN MUST MEET OR EXCEED ALL CRITERIA	AT LEAST 150-200 THERAPY CLOCK HRS. OF PRACTICUM WITH 1/4 TIME SUPERVISED	AT LEAST 8-10 CLIENTS	APPROXIMATELY THE SAME MANAGEMENT APPROACH USED WITH AT LEAST ONE OTHER CLIENT	* HAS OR IS CURRENTLY RECEIVING, IN SUPERVISOR'S JUDGMENT

* IF THE STUDENT CLINICIAN DOES NOT MEET THIS CRITERION, MOVE BACK ONLY ONE LEVEL.

FIGURE 2. CRITERIA FOR ASSIGNMENT OF CLINICIAN LEVEL

Guideline II. Structure of the Clinician Appraisal Form

The Clinician Appraisal Form (Appendix A) consists of: 1) a face sheet for summarizing pertinent information; 2) an Interpersonal Skills Scale (10 items); 3) a Professional-Technical Skills Scale (28 items); 4) a Personal Qualities Scale (10 items). Completion of face sheet information (Appendix A) is self-explanatory; calculation of Scale scores is discussed in Guideline VI.

Interpersonal Skills Scale

The 10 items in this scale appraise the clinician's ability to relate to and interact with the client, the client's family, and other professionals in a manner which is conducive to effective management.

Professional-Technical Skills Scale

The 28 items in this scale are nominally divided into four sub-domains:

- Developing and Planning: (8 items) - the clinician's approach to the task
- Teaching: (9 items) - the clinician's ability to modify behavior
- Assessment: (7 items) - the clinician's ability to assess behavior and make recommendations
- Reporting: (4 items) - the clinician's ability to formulate oral and written reports

Personal Qualities

The 10 items of this scale provide additional information about the clinicians' general responsibility in clinical tasks. Clinicians' scores on this scale have been found to be statistically unrelated to effectiveness decisions. However, this information is available for grading decisions (see Guideline VII).

Guideline III. Interpretation of CAF Items

A. Background

The following statements about interpretation of items on each Scale (Interpersonal Skills, Professional-Technical Skills) on the Clinician Appraisal Form (CAF) are important to an understanding of the appraisal procedure:

1. At first inspection, some items on the CAF may appear to be appraising similar behaviors. In part, this is due to the necessary brevity of description for each item. Each of the items is meant to tap a different sub-skill within a Scale domain or sub-skill domain.
2. In keeping with the conception of supervision described, some items are interpreted differently by different supervisors - or the same supervisor may need to interpret an item differently for different practicum sites. Hence, explicit "Item Descriptors" are needed.
3. Appendix B is a list of Item Descriptors contributed by supervisors who have had considerable experience with the CAF. These descriptors should both clarify item wording and indicate item flexibility; they are suggestive rather than exhaustive.

B. Recommendation

Each supervisor who uses the CAF should derive his/her own descriptors for CAF items, using the descriptors presented in Appendix B only as possible guidelines. This suggestion is critical because:

1. Preparing descriptors for items will force an explicit understanding of how each item relates to the Scale domain (and for Professional-Technical Skills Items, to sub-skill domains).
2. Items which initially seem similar can be differentiated.
3. Different practicums may warrant different descriptors for the same item.
4. Both test-retest stability and consistency in scoring items across students will be enhanced.
5. Supervisors have found such pre-determined descriptors to be extremely helpful in conferencing with students, - both as initial guidelines to appraisal domains and for end-of-term feedback (see Overview of W-PACC - Step 1).

Guideline IV. Matching Clinician Behaviors to Numerical Values

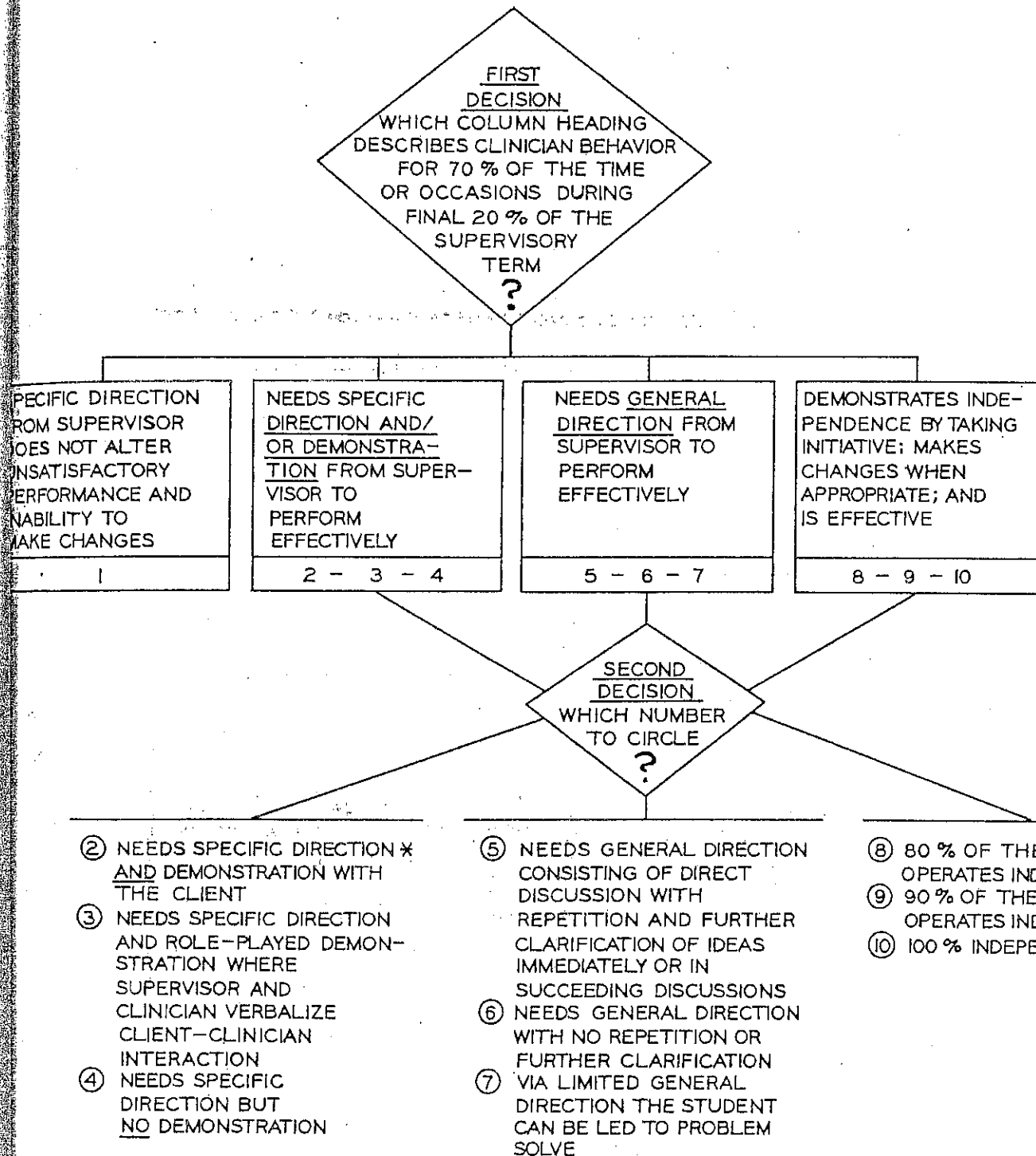
Supervisors should adopt some explicit scheme for matching clinician behaviors to numerical values - i.e., the "decision" process. Scoring a CAF requires that a number from 1 - 10 be circled for each item (or "Does Not Apply" can be used for any of a number of reasons). Data (available elsewhere) indicate that supervisors can use this 10-point system reliably. Each of the following two schemes has been used successfully. Scheme 2 may be particularly useful when a supervisee has more than one client.

Scheme 1. A Descriptive/Quantitative Scheme

Figure 3 contains the information and the sequence of decisions used in application of this scheme. For each item on the CAF, essentially two sequential decisions are made:

First decision: Referring to the column headings on the CAF (as reproduced in Figure 3) the supervisor first decides which of the four column headings best matches the clinician's behavior for 70% of the time or occasions. Recall that this decision is made on the "product" of supervision, i.e., clinician behavior during the last 20% of the supervisory term. If clinician behaviors appear to warrant placement between either of two column headings, select the number next to the boundary which best quantifies the level of assistance needed - and no second level decision is necessary.

Second decision: The decision as to which of the numbers within a column heading best matches clinician behavior is next made by applying the descriptors listed under each column heading (Figure 3).



* "SPECIFIC DIRECTIONS"--STEP-BY-STEP REVIEW OF EVERY ASPECT OF THE PROBLEM

FIGURE 3. A DESCRIPTIVE/QUANTITATIVE SCHEME FOR MATCHING CLINICIAN BEHAVIORS TO NUMERICAL VALUES

Scheme 2. A Proportional/Quantitative Scheme

Figure 4 is an alternative scheme for matching clinician behaviors to a numerical value. This scheme accounts for the "proportion" of time or occurrences which a clinician needs assistance from the supervisor. It assumes that clinicians will need varying amounts of assistance only in adjacent column headings. To use this procedure:

- 1) For each CAF item, decide the proportion of time or occurrences for which a clinician requires the type of assistance described by the four column headings.
- 2) Then, using the conversion values in Figure 4, circle the number on the CAF which corresponds to that proportion.

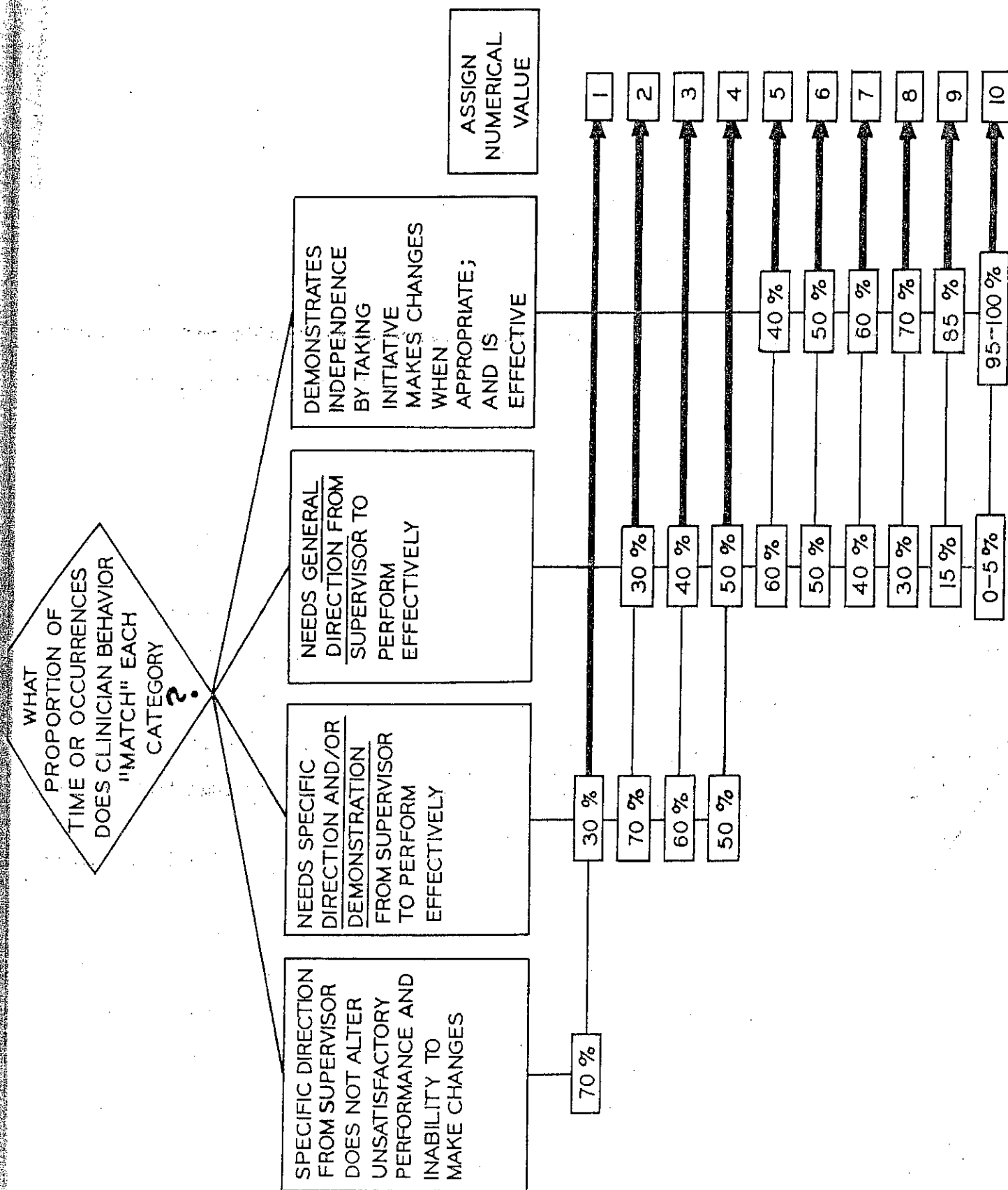


FIGURE 4. A PROPORTIONAL/QUANTITATIVE SCHEME FOR MATCHING CLINICIAN BEHAVIORS TO NUMERICAL VALUES

Guideline V. Maximizing Reliable Scoring

Completing a Clinician Appraisal Form should average 20 minutes per student. The following suggestions, which are based on experience and extensive discussion, are recommended for the "mechanics" of completing the forms at the conclusion of each semester:

1. Keep notes on supervisory observations, conferences, lesson plans, and formative appraisals. This is endorsed as the most important aid to making valid and reliable judgments for each item.
2. Complete the forms as soon as possible after the term of therapy has ended. Furthermore, try to complete all appraisals within a relatively short space of time, i.e., try to avoid spacing the task over more than a few days.
3. Organize the total of clinicians to be appraised according to some sub-group commonality. The following organizing principles, listed here in decreasing order of endorsed value, have been employed:

<u>Grouping Principle</u>	<u>Comments</u>
a. Group clinicians by practicum site	This is by far the most useful principle; students from similar sites are grouped and scored sequentially.
b. Group clinicians by similar client disorders	This may or may not result in a grouping similar to the above, e.g. group all clinicians who worked with stuttering, etc.
c. Group clinicians of similar Levels	Grouping by Level, e.g., all Level I clinicians, then all Level II etc. may at first appear logical. However, supervisors have found the two principles above to be more useful, although for some supervisory situations this principle is preferred.
d. Group clinicians by similarity in overall clinical skills	Some supervisors prefer to appraise their "best" clinicians first, regardless of Level, etc.

A combination of these grouping principles may be most useful, with one principle being used for the first organization into sub-groups, and a second principle for further sequencing of clinicians for scoring within each group. The important recommendation is for supervisors to adopt some organizing principle for scoring a group of clinicians, rather than filling out CAF's in a non-specified or chance sequence.

Guideline VI. Computational Procedures for Deriving Skill Scale Percentages

After having circled values for each item chosen for appraisal, the supervisor can calculate Scale scores on Interpersonal Skills, Professional-Technical Skills, and an "Average" of these two Scales. These values, expressed as percentages (to adjust for unscored items) are entered in the appropriate boxes on the face sheet of the CAF (see Appendix A). For each Scale, completing the following procedure will yield the Scale percentage:

1. Add the values circled for each item used. This total becomes the NUMERATOR.

Example: If a student received five "7"s and three "8"s on the Interpersonal Skills Scale (two items were not scored) the total equals: $35 + 24 = 59$

2. Multiply only the number of items actually used by 10. This product becomes the DENOMINATOR.

Example: For the student above, only eight items were used, hence: $8 \times 10 = 80$

3. Divide the NUMERATOR by the DENOMINATOR; move decimal point two places to the right; round to a whole number (move any decimal .5 or above to the next highest whole number.)

Example: As above $\frac{59}{80} = .7375$
 $= 73.75$
 $= 74\%$

4. Record each of the percentages obtained, Interpersonal Skills and Professional Technical Skills, in the appropriate boxes on the face sheet. An "Average" of these two scores (i.e., the sum of the two scores divided by two) is also entered in the appropriate box on the face sheet.

Guideline VII. Suggestions for Grade Assignment

Discussion

A conception of the elements of grade assignment is presented in Figure 1 (see Summative Appraisal and Grade Assignment). The working assumption is that a grade can be derived from a three-way weighting of "product" information, "process" information, and "entry characteristics" considerations. Both the function of "clinical" grades and the contingencies for receiving a specific grade in a particular setting should influence weighting and grading decisions. For example, grades can be used 1) to certify skill, 2) to predict success, 3) to suggest entry points for subsequent practicums, 4) as feedback to clinicians, 5) to compare the outcomes of different groups, and 6) to allow continuation in a clinical program (the customary academic contingency). Functional differences among grades of A, AB, B, BC, C, D, for example, might vary according to the purpose(s) above for which a set of grades is used. As with previous Guidelines, the suggestion is that some explicit framework for grade assignment must be developed by a supervisory team. Three suggestions for grade assignment are presented here.

Suggestions for Grade Assignment

Procedure 1: Non-Specified

Some supervisors or supervisory groups may prefer to use the CAF skill scores (Interpersonal, Professional Technical, "Average") and Personal Qualities Summary solely as advisory input to grading decisions. Some supervisors prefer to avoid unwarranted use of "numbers" to characterize clinician competence. Following this procedure, which might be closest

to a subjective approach to grading, the supervisor weighs 1) the CAF skill scores, 2) the "process" information, and 3) the student's level and difficulty of the client - and in some non-specified fashion, determines an appropriate grade. Such procedures are defensible to the extent that grading decisions obtain the same validity, on any of the six purposes for grading listed above, as that obtained by supervisors using more explicit quantitative procedures.

Procedure 2: Individual-Supervisory Norms

Procedures 2 and 3 are each in turn, subdivided into two options. These options refer to two possible ways of converting Interpersonal Skills or Professional-Technical Skills scores (or the "Average") to tentative letter grades.

OPTION A - NORMATIVE-REFERENCED

- Step 1. Each supervisor plots the distributions of scale scores¹ obtained by her supervisees at each Level (or each Level by Practicum Site), for the current term and cumulatively over several terms.
- Step 2. A tentative letter-grade is assigned based on a clinician's performance in comparison with peers. Either natural "breaks" in the distribution or frequency percentages can be used, similar to grading practices in some large academic courses.
- Step 3. The final grade assignment may be derived by weighting the tentative letter grade derived above against information on "process" characteristics, personal qualities, and difficulty of task (other than as already adjusted for by Level assignment - see Figure 1, Grade Assignment).

Comment: Such norm-referenced grading generally promotes competition rather than cooperation among clinicians and is counter to the objectives of skills competency training

¹Of the three scores, Interpersonal, Professional-Technical, and "Average", Professional-Technical appears to correlate highest with subjective grades.

OPTION B - CRITERION-REFERENCED¹

Step 1. In criterion-referenced grading, the distribution of scores is not used for grade assignments. Rather, each supervisor has a particular CAF score in mind which corresponds to a specific letter grade. (For example, in one practicum a supervisor may decide that a Level II clinician will need to obtain a CAF Professional-Technical Skills score of 88 or above to be considered for an "A". In normative-referenced grading, a clinician's grade depends on how well the other clinicians in the practicum performed; in criterion-referenced grading such comparisons are not relevant.) These decisions may not be possible to make until a supervisor has had several terms of experience with W-PACC and CAF data.

Step 2. Grades may again be weighed against "process" information, personal qualities summary, and difficulty of task - final grading may be adjusted up or down accordingly.

Procedure 3: Group Supervisory Norms

The steps to apply each of the two options in Procedure 3 are essentially the same as those reviewed for Procedure 2 above. However, in Procedure 3, grouped supervisory CAF scores are used for all clinicians, rather than each supervisor's individual distribution of scores.

OPTION A - NORMATIVE-REFERENCED

Step 1. The CAF skill scores (Interpersonal, Professional-Technical, and "Average") from all clinicians in a training program are arranged in distributions for each Level or Level by Practicum Site.

Step 2. Based on this frequency distribution, the supervisory group determines which scores will be considered for "A's", which scores will be considered for "B's", etc.

Step 3. Each supervisor may adjust these tentative grades of the clinician she supervised up or down, according to "process" information, personal qualities summary, and difficulty of task considerations.

¹Appendix C presents sample grade assignments aggregated over several supervisors. As evident in the assumptions about supervision and appraisal reviewed (pp. 1-3), Option B has been of greatest interest to the authors of this manual.

OPTION B - CRITERION-REFERENCED

- Step 1. The supervisory group determines the CAF score that is required for each tentative letter grade at each Level or Level by Practicum Site.
- Step 2. Each clinician is assigned a tentative letter grade, according to the CAF skill scores obtained.
- Step 3. Each supervisor adjusts grades by the other three considerations as above.

(Appendix A)

CLINICIAN APPRAISAL FORM (CAF)

W-PACC
University of Wisconsin - Madison
Fall, 1974

CLINICIAN'S NAME _____

DATE _____

CIRCLE:

1	2	3	4

CLASS STANDING - JR. 1st. sem. JR. 2nd sem. SR. 1st sem. SR. 2nd sem. GRAD. 1st sem.
GRAD 2nd sem. GRAD. 3rd sem. OTHER _____

PRACTICUM SITE - SHRC - UNIV. HOSP. - MENDOTA - CENTRAL COLONY - MADISON OPPORTUNITY CENTER - FRANK ALLIS SCHOOL -
PAROCHIAL SCHOOLS - PUBLIC SCHOOL PROGRAM - MR CENTER - PRESCHOOL - OTHER _____

TYPE(S) OF PROBLEM(S) _____

PROBLEMS IN ADDITION TO COMMUNICATION _____

AGE(S) OF CLIENT(S) _____

TOTAL NUMBER OF THERAPY SESSIONS _____

SUPERVISOR _____

* INTERPERSONAL SKILLS SCALE -----

* PROFESSIONAL-TECHNICAL SKILLS SCALE -----

AVERAGE $\frac{(1S + PTS)}{2} =$ -----

PERSONAL QUALITIES SUMMARY

no. of "SATISFACTORY" items -----

no. of "INCONSISTENT" items -----

no. of "UNSATISFACTORY" items -----

no. of "LACK INFORMATION" items -----

no. of "DOES NOT APPLY" items -----

(total should = 10)

* % SCORE = $\frac{\text{SUM OF SCORED ITEMS}}{\text{NUMBER OF ITEMS SCORED X 10}}$

COMMENTS:

INTERPERSONAL SKILLS	DOES NOT APPLY	Specific direction from supervisor does not alter unsatisfactory performance and inability to make changes	Needs specific direction and/or demonstration from supervisor to perform effectively	Needs general direction from supervisor to perform effectively	Demonstrates independence by taking initiative; makes changes when appropriate; and is effective
1. Accepts, empathizes, shows genuine concern for the client as a person and understands the client's problems, needs, and stresses	1	2 - 3 - 4	5 - 6 - 7	8 - 9 - 10	
2. Perceives verbal and non-verbal cues which indicate the client is not understanding the task; is unable to perform all or part of the task; or when emotional stress interferes with performance of the task.	1	2 - 3 - 4	5 - 6 - 7	8 - 9 - 10	
3. Creates an atmosphere based on honesty and trust; enables client to express his feelings and concerns.	1	2 - 3 - 4	5 - 6 - 7	8 - 9 - 10	
4. Conveys to the client in a nonthreatening manner what the standards of behavior and performance are.	1	2 - 3 - 4	5 - 6 - 7	8 - 9 - 10	
5. Develops understanding of teaching goals and procedures with client.	1	2 - 3 - 4	5 - 6 - 7	8 - 9 - 10	

INTERPERSONAL SKILLS	DOES NOT APPLY	Specific direction from supervisor does not alter unsatisfactory performance and inability to make changes	Needs specific direction and/or demonstration from supervisor to perform effectively	Needs general direction from supervisor to perform effectively	Demonstrates independence by taking initiative; makes changes when appropriate; and is effective
6. Listens, asks questions, participates with supervisor in therapy and/or client related discussions; is not defensive.	1		2 - 3 - 4	5 - 6 - 7	8 - 9 - 10
7. Requests assistance from supervisor and/or other professionals when appropriate.	1		2 - 3 - 4	5 - 6 - 7	8 - 9 - 10
8. Creates an atmosphere based on honesty and trust enabling family members to express their feelings and concerns.	1		2 - 3 - 4	5 - 6 - 7	8 - 9 - 10
9. Develops understanding of teaching goals and procedures with family members.	1		2 - 3 - 4	5 - 6 - 7	8 - 9 - 10
10. Communicates with other disciplines on a professional level.	1		2 - 3 - 4	5 - 6 - 7	8 - 9 - 10

PROFESSIONAL-TECHNICAL SKILLS	DOES NOT APPLY	Specific direction from supervisor does not alter unsatisfactory performance and inability to make changes	Needs specific direction and/or demonstration from supervisor to perform effectively	Needs general direction from supervisor to perform effectively	Demonstrates inde- pendence by taking initiative; makes changes when appro- priate; and is effective
PROFESSIONAL-TECHNICAL SKILLS					
<u>Developing and Planning</u>					
1. Applies academic informa- tion to the clinical process.		1	2 - 3 - 4	5 - 6 - 7	8 - 9 - 10
2. Researches problems and obtains pertinent information from supplemental reading and/or observing other clients with similar problems.		1	2 - 3 - 4	5 - 6 - 7	8 - 9 - 10
3. Develops a semester management program (concep- tualized or written) appropriate to the client's needs.		1	2 - 3 - 4	5 - 6 - 7	8 - 9 - 10
4. On the basis of assessment and measure- ment can appropriately determine measurable teaching objectives.		1	2 - 3 - 4	5 - 6 - 7	8 - 9 - 10
5. Plans appropriate teaching procedures.		1	2 - 3 - 4	5 - 6 - 7	8 - 9 - 10

PROFESSIONAL-TECHNICAL SKILLS

DOES NOT APPLY	Specific direction from supervisor does not alter unsatisfactory performance and inability to make changes	Needs specific direction and/or demonstration from supervisor to perform effectively	Needs general direction from supervisor to perform effectively	Demonstrates independence by taking initiative; makes changes when appropriate; and is effective
6. Selects appropriate stimulus materials (age and ability level of client).	1	2 - 3 - 4	5 - 6 - 7	8 - 9 - 10
7. Sequences teaching tasks to implement designated program objectives.	1	2 - 3 - 4	5 - 6 - 7	8 - 9 - 10
8. Plans strategies for maintaining on-task behavior (including structuring the teaching environment and setting behavioral limits).	1	2 - 3 - 4	5 - 6 - 7	8 - 9 - 10
<u>Teaching</u>				
9. Gives clear, concise instructions in presenting materials and/or techniques in management and assessments.	1	2 - 3 - 4	5 - 6 - 7	8 - 9 - 10
10. Modifies level of language according to the needs of the client.	1	2 - 3 - 4	5 - 6 - 7	8 - 9 - 10

PROFESSIONAL-TECHNICAL SKILLS	DOES NOT APPLY	Specific direction from supervisor does not alter unsatisfactory performance and inability to make changes	Needs specific direction and/or demonstration from supervisor to perform effectively	Needs general direction from supervisor to perform effectively	Demonstrates inde- pendence by taking initiative; makes changes when appro- priate; and is effective
11. Utilizes planned teaching procedures.		1	2 - 3 - 4	5 - 6 - 7	8 - 9 - 10
12. Adaptability - makes modifications in the teaching strategy such as shifting materials and/or techniques when the client is not understanding or performing the task.		1	2 - 3 - 4	5 - 6 - 7	8 - 9 - 10
13. Uses feedback and/or reinforcement which is consistent, discriminating, and meaningful to the client.		1	2 - 3 - 4	5 - 6 - 7	8 - 9 - 10
14. Selects pertinent information to convey to the client.		1	2 - 3 - 4	5 - 6 - 7	8 - 9 - 10
15. Maintains on-task behavior.		1	2 - 3 - 4	5 - 6 - 7	8 - 9 - 10
16. Prepares clinical setting to meet individual client and observer needs.		1	2 - 3 - 4	5 - 6 - 7	8 - 9 - 10

PROFESSIONAL-TECHNICAL SKILLS	DOES NOT APPLY	Specific direction from supervisor does not alter unsatisfactory performance and inability to make changes	Needs specific direction and/or demonstration from supervisor to perform effectively	Needs general direction from supervisor to perform effectively	Demonstrates inde- pendence by taking initiative; makes changes when appro- priate; and is effective
17. If mistakes are made in the therapy situation, is able to generate ideas of what might have improved the situation. <u>Assessment</u>		1	2 - 3 - 4	5 - 6 - 7	8 - 9 - 10
18. Continues to assess client throughout the course of therapy using observational recording, standardized and nonstandardized measurement procedures and techniques.		1	2 - 3 - 4	5 - 6 - 7	8 - 9 - 10
19. Administers diagnostic tests according to standardization criterion.		1	2 - 3 - 4	5 - 6 - 7	8 - 9 - 10
20. Prepares prior to administering diagnostic tests by: (a) having appropriate materials available (b) familiarity with testing procedures.		1	2 - 3 - 4	5 - 6 - 7	8 - 9 - 10

PROFESSIONAL-TECHNICAL SKILLS	DOES NOT APPLY	Specific direction from supervisor does not alter unsatisfactory performance and inability to make changes	Needs specific direction and/or demonstration from supervisor to perform effectively	Needs general direction from supervisor to perform effectively	Demonstrates inde- pendence by taking initiative; makes changes when appro- priate; and is effective
21. Scores diagnostic tests accurately.		1	2 - 3 - 4	5 - 6 - 7	8 - 9 - 10
22. Interprets results of diagnostic testing accurately.		1	2 - 3 - 4	5 - 6 - 7	8 - 9 - 10
23. Interprets accurately results of diagnostic testing in light of other available information to form an impression.		1	2 - 3 - 4	5 - 6 - 7	8 - 9 - 10
24. Makes appropriate recommendations and/or referrals based on information obtained from the assessment or teaching process.		1	2 - 3 - 4	5 - 6 - 7	8 - 9 - 10
<u>Reporting</u>					
25. Reports information in written form that is pertinent and accurate.		1	2 - 3 - 4	5 - 6 - 7	8 - 9 - 10
26. Writes in an organized, concise, clear, and grammatically correct style.		1	2 - 3 - 4	5 - 6 - 7	8 - 9 - 10

PROFESSIONAL-TECHNICAL SKILLS	DOES NOT APPLY	Specific direction from supervisor does not alter unsatisfactory performance and inability to make changes	Needs specific direction and/or demonstration from supervisor to perform effectively	Needs general direction from supervisor to perform effectively	Demonstrate inde- pendence by taking initiative; makes changes when appro- priate; and is effective
27. Selects pertinent infor- mation to convey to family members.	1	2 - 3 - 4	5 - 6 - 7	8 - 9 - 10	
28. Selects pertinent infor- mation to convey to other professionals (including all non- written communications such as phone calls and conferences).	1	2 - 3 - 4	5 - 6 - 7	8 - 9 - 10	
Personal Qualities	Does not apply	Lack informa- tion	Unsatisfactory	Inconsistent	Satisfactory
1. Is punctual for client appointments.					
2. Cancels client appointments when necessary					
3. Keeps appointments with supervisor or cancels appointments when necessary.					
4. Turns in lesson plans on time.					
5. Meets deadlines for reports.					

Personal Qualities	Does not apply	Lack informa- tion	Unsatisfactory	Inconsistent	Satisfactory
6. Turns in attendance sheets on time.					
7. Respects confidentiality of all professional activities.					
8. Uses socially acceptable voice, speech and language.					
9. Personal appearance is appropriate for clinical setting and maintaining credibility.					
10. Appears to recognize own professional limitations and stays within boundaries of training.					

(APPENDIX B)
SAMPLE ITEM DESCRIPTORS

(See Guideline III for perspective on these descriptors.)

INTERPERSONAL ITEMS

1. Accepts, empathizes, shows genuine concern for the client as a person and understands the client's problems, needs, and stresses.

The clinician demonstrates openness, acceptance, supportiveness, and honesty through verbal and non-verbal language. The clinician does not make parent-like statements or reassurances such as "Don't feel that way; Don't worry; Everything will be all right; You should...; You shouldn't..., etc.

During the session, the clinician demonstrates acceptance, empathy and concern for the client. During conferences with the supervisor the clinician discusses the client, reflects these feelings and understanding of the client; thoughtful preparation for session is one indication of concern.

2. Perceives verbal and non-verbal cues which indicate the client is not understanding the task; is unable to perform all or part of the task; or when emotional stress interferes with performance of the task.

The clinician demonstrates this by (1) making attempts to alter the task or terminating the task, (2) using language which indicates that he/she is aware the client is unable to perform the task. (This statement is made either to the client or to the supervisor, or to both.)

The clinician's behavior indicates an awareness of the client's difficulty although he/she may not have the professional-technical skills to make the most appropriate and effective changes during the session.

3. Creates an atmosphere based on honesty and trust; enables client to express his feelings and concerns.

Verbal and non-verbal responses of the client are included. The clinician does not "turn off" client questions, knows limits of knowledge and can say "I don't know" and listens to client.

Look to the behavior of the client to measure the clinician's interpersonal skill. Does the client feel the clinician is accepting, interested, concerned for the client as a person, and understanding of the client's needs, problems, and stresses.

The client's behavior is interpreted as a reflection of the atmosphere created by the clinician.

4. Conveys to the client in a non-threatening manner what the standards of behavior and performance are.

In a positive manner the clinician indicates acceptable behavioral limits, verbally and non-verbally by manner and facial expression.

The language of the clinician reflects a willingness to confront undesirable behavior and talk about it objectively and constructively.

The clinician is able to state expectations in a positive manner, and to handle unacceptable behaviors in such a way that the client feels that a positive relationship with the clinician is not in jeopardy.

Applies only to interactions which occur after the client has performed inappropriately.

5. Develops understanding of teaching goals and procedures with client.

The clinician informs the client of immediate and long range goals, explains the sequencing of tasks and procedures, and questions the client for his ideas regarding teaching objectives and therapy procedures.

The client is made aware of his purpose in therapy to the extent to which it is appropriate at any point in time. He is led to understand the goals and procedures and recognize them as something he can accomplish.

6. Listens, asks questions, participates with supervisor in therapy and/or client related discussions; is not defensive.

The clinician contributes to discussion at a level commensurate with academic background and clinical experience and "teams" for problem solving with the supervisor.

The clinician is candid with the supervisor. The clinician discusses successes and failures and attempts to look for alternatives to deal with problems about teaching objectives and related clinical issues.

7. Requests assistance from supervisor and/or other professionals when appropriate.

The clinician recognizes when he/she needs assistance. The clinician indicates when he/she is unsure about teaching tasks or behavioral expectations and checks with the supervisor regarding any changes made on the lesson plans.

The clinician is willing to ask for assistance as soon as possible to insure that teaching is continuously effective.

8. Creates an atmosphere based on honesty and trust enabling family members to express their feelings and concerns.

Look to the behavior of the parents to measure the clinician's interpersonal skills. Do the parents feel that the clinician is accepting of and concerned for their child and for them? Can the parents openly discuss their feelings and concerns without feeling defensive?

9. Develops understanding of teaching goals and procedures with family members.

The clinician's manner is straightforward and self-assured. The clinician respects the desire of family members "to know".

The clinician clarifies goals and procedures without being judgmental. The clinician encourages and rewards parent involvement.

10. Communicates with specialists in other disciplines on a professional level.

The clinician exhibits professional self-confidence. The clinician attempts to understand the background of other professionals involved and adapts his/her language accordingly.

The clinician respects the integrity of specialists in other disciplines when there is an exchange of information.

PROFESSIONAL - TECHNICAL ITEMS

1. Applies academic information to the clinical process.

This item includes the application of classroom information as well as supervisory information given during the current assignment.

As a result of attending class, group meetings, and discussions with supervisors, the clinician demonstrates an understanding of (1) the psychology of fear, (2) use of the DAF, (3) use of problem solving, and (4) stuttering behavior (these are only some examples.)

2. Researches problems and obtains pertinent information from supplemental reading and/or observing other clients with similar problems.

The clinician actively seeks additional information. The clinician reads and evaluates materials recommended by other sources including the clinical supervisor.

3. Develops a semester therapy program (conceptualized or written) appropriate to the client's needs.

The development of a therapy program is an ongoing procedure which extends throughout the clinician's assignment with the client.

Within the first half of the semester the clinician defines long and short range goals.

4. On the basis of assessment and measurement can determine measurable teaching objectives.

The clinician uses information obtained through formal and informal assessment procedures to determine appropriate teaching objectives.

As a result of analyzing the client's speaking behavior and expressed feelings and attitudes, the clinician can identify the problems and determine appropriate objectives to alleviate these problems.

The clinician can delineate which aspects of behavior on which to keep data.

5. Plans appropriate teaching procedures.

Teaching procedures reflect knowledge of what the client might be able to do and at what level he is functioning.

6. Selects appropriate stimulus materials (age and ability level of client).

The clinician makes good use of commercial materials; altering them if necessary to meet the client's needs, and/or creatively devises his/her own materials.

The clinician respects limits imposed by motor development and interest.

7. Sequences teaching tasks to implement designated program objectives.

The clinician knows base-line behaviors for task requirements and places the client's ability along the continuum.

The clinician teaches various tasks using a hierarchy of difficulty format. He/she does not start with a difficult level of performance before client demonstrates ability to perform at a lower level.

8. Plans strategies for maintaining on-task behavior (including structuring the teaching environment and setting behavioral limits).

The clinician explores alternate teaching environments and strategies for maintaining on-task behavior in order to provide structure for the client's progress.

The clinician knows when it is important to keep the client on task and when it is important to deal with something else. The clinician helps define criteria for acceptable or successful speech behavior at a particular stage.

The clinician can deal effectively with client behaviors such as inattentiveness, hyperactivity or distractibility.

9. Gives clear concise instructions in presenting materials and/or techniques in therapy and assessment.

The clinician demonstrates adequate preparation which eliminates the need to reword instructions or redesign materials during the session.

The clinician uses language that is clear, specific and concise and is not redundant when giving directions or explanations.

10. Modifies level of language according to the needs of the client.

The clinician uses active rather than passive language. The clinician uses "doer" language ("You are pressing your lips together"), and descriptive language rather than labels such as pullouts, cancellations, etc.

By use of his/her words, the clinician indicates his/her understanding of the concept of the "total child," i.e. does not talk down to the child yet uses words which can be understood.

The clinician provides a verbal model which is within the client's comprehension and/or modifies his/her speaking behavior so that the client's fluency is not adversely affected.

11. Utilizes planned teaching procedures.

The clinician knows in advance the planned teaching procedures. He/she does not have to refer extensively to written lesson plan.

The clinician demonstrates knowledge and purpose of the teaching procedure. The clinician uses this knowledge to: a. identify and describe those behaviors which facilitate the client's use of the procedure; b. monitor the client's behavior as it relates to achieving the objective.

12. Adaptability - makes modifications in the teaching strategy such as shifting materials and/or techniques when the client is not understanding or performing the task.

The clinician overplans by having alternate procedures and materials available in case they may be needed. He/she knows base-line behaviors and can spontaneously return to these or to more advanced behaviors as appropriate within the session.

This item deals with how the clinician reacts in one particular session, e.g., ability to see that, for that particular day, the material is too complex and is therefore able to modify the material; ability to modify a particular technique that is not effective (change from pullouts to cancellations, change from modifying real blocks to faked blocks, etc.).

13. Uses feedback and/or reinforcement which is consistent, discriminating, and meaningful to the client.

The clinician's own verbal and non-verbal behaviors are used as reinforcement for desired verbal and non-verbal client behaviors.

The clinician positively reinforces on-target behavior. The clinician positively reinforces attitudes and feelings that the client verbalizes that are conducive to progress.

14. Selects pertinent information to convey to the client.

The clinician includes information related to the client's problems with communication and knows when to extend the information. The clinician keeps the client informed of progress during each session.

The clinician demonstrates the ability to give information that is relevant to the client's problems, questions, etc.

The clinician explains teaching strategies and expectations for progress to the client, i.e., this item may be particularly applicable to school age and adult clients.

15. Maintains on-task behavior.

The clinician is consistent in maintaining set behavioral standards.

The clinician facilitates client concentration or attentiveness to task.

16. Prepares clinical setting to meet individual client and observer needs.

The clinician uses appropriate furniture for the client and places chairs so observers can see the client's face; arranges supplies including personal notes and books so they are available, but not cluttered; and respects the client's wishes regarding observers.

Setting is interpreted to include not only physical elements (furniture; materials) but people as well. When teaching in a group situation, the clinician prepares seating arrangements which recognize the needs of individual children in relationship to the needs and behavior of other children.

17. If mistakes are made in the therapy situation, is able to generate ideas of what might have improved the situation.

In conferences with the supervisor the clinician indicates an understanding of his/her mistakes and can creatively plan alternate procedures to meet problems which were unsuccessfully dealt with during the session.

The clinician can independently verbalize future modifications in the therapy format.

18. Continues to assess client throughout the course of therapy using observational recording, standardized and non-standardized measurement procedures and techniques.

The clinician recognizes goal achievement and moves the client through a systematic progression of designated objectives.

The clinician recognizes when the client should add another goal, or when a particular goal needs to be emphasized. (For example, desensitization procedures; identification of stresses, etc.)

The clinician keeps systematic data on measurable aspects of behavior.

19. Administers diagnostic tests according to standardization criterion.

(no descriptors)

20. Prepares prior to administering diagnostic tests by: (a) having appropriate materials available; (b) becoming familiar with testing procedures.

The clinician knows how to administer various diagnostic tests. He/she does not become overly absorbed in test materials and procedures and so miss interpersonal contact with the client.

21. Scores diagnostic tests accurately.

(no descriptors)

22. Interprets results of diagnostic testing accurately.

(no descriptors)

23. Interprets results of diagnostic testing accurately in light of other available information to form an impression.

(no descriptors)

24. Makes appropriate recommendations and/or referrals based on information obtained from the assessment or teaching process.

(no descriptors)

25. Reports information in written form that is pertinent and accurate.

The clinician includes information which enables the reader to understand goals and procedures. The clinician effectively summarizes the information rather than detailing it.

The clinician's first draft of the final report reflects a knowledge of client's behavior, teaching objectives, and clinical procedures.

26. Writes in an organized, concise, clear, and grammatically correct style.

The clinician is able to write, using language which will be meaningful and useful to people outside the Speech and Hearing Clinic.

27. Selects pertinent information to convey to family members.

The clinician selects relevant facts from therapy sessions or other observable aspects of behavior to share with family members.

28. Selects pertinent information to convey to other professionals (including all non-written communications such as phone calls and conferences).

The clinician selects relevant facts from therapy sessions or other observable aspects of behavior to share with allied professionals. The clinician knows when to initiate contact with these professionals.

(APPENDIX C)
SAMPLE GRADE ASSIGNMENTS

The table below summarizes the correspondence between the "product" scores and grade assignments obtained over one group of supervisors (n => 400 appraisals). Briefly, the values for each scale represent the mean value obtained by clinicians who would "subjectively" have been given the corresponding letter grade. Obviously, no claim is intended or should be inferred that these values are the recommended "norms" for grade assignments. Recall that the authors of this manual have been most interested in developing criterion-referenced norms at the individual supervisory level (again, the values below have been aggregated over several supervisors solely for the purposes of summary inspection). Moreover, in addition to reflecting "product" or scale scores, an individual grade can be adjusted upwards or downwards by a supervisor in consideration of 1) "process" information (up or down), 2) Personal Qualities Summary information (usually down), or 3) "Difficulty of task" information (usually up).

Level	Grade	Interpersonal Skills	Professional-Technical Skills	"Average"
1	A	92	85	88
	AB	81	72	76
	B	78	65	72
	BC	--	--	--
	C	48	41	45
2	A	94	88	90
	AB	88	81	84
	B	76	67	72
	BC	--	--	--
	C	--	--	--
3	A	96	93	95
	AB	92	86	89
	B	80	76	78
	BC	--	--	--
	C	81	61	71
4	A	98	96	97
	AB	96	89	93
	B	92	87	89
	BC	98	66	82
	C	--	--	--

