



Assessment Center (AC)

Tehetséggondozás felsőfokon a Baka József Szakkollégiumban 2019
NTP-SZKOLL-19

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What's an Assessment Center

- A Variety of testing techniques
- Measuring a verity of constructs
- Designed to allow candidates to demonstrate the skills and abilities that are most essential for success in a given job
- Under standard conditions

How Assessment Center Work?

- A standardized evaluation of behavior
- Based on multiple inputs
- Multiple trained observers and techniques
- Judgments about behaviors are made from specifically developed assessment simulations.
- Judgments are pooled in a meeting among the assessors or by a statistical integration process.

Source: Guidelines and Ethical Considerations for Assessment Center Operations. Task Force on Assessment Center Guidelines; endorsed by the 17th International Congress on the Assessment Center Method, May 1989.

Brief Assessment Center History

- Used by Germans in 1st World War to select officers
- Used by U.S. to select spies (OSS)
 1. Prior to WWII the U.S. intelligence efforts were abysmal
 2. “interpersonal friction, the impairment of efficiency and moral, the injury to the reputation of the organizations that results from actions of a man who is stupid, apathetic, sullen, resentful, arrogant, or insulting in his dealings with members of his own unit or allied units or with customers or citizens of foreign countries”
 3. General William Donovan introduced assessment center methods
 4. Combination of interviews, psychological and cognitive ability tests, situational tests, and role play exercises. Vast improvement to OSS

Essential Features of an Assessment Center

- Job analysis of relevant behaviors
- Measurement techniques selected based on job analysis
- Multiple measurement techniques used, including simulation exercises
- Assessors' behavioral observations classified into meaningful and relevant categories
- Multiple observations made for each dimension
- Multiple assessors used for each candidate
- Assessors trained to a performance standard

Essential Features of an Assessment Center

- Systematic methods of recording behavior
- Assessors prepare behavior reports in preparation for integration
- Integration of behaviors through:
 - Pooling of information from assessors and techniques; “consensus” discussion
 - Statistical integration process

Assessment Center Exercises

Sample Individual Exercises

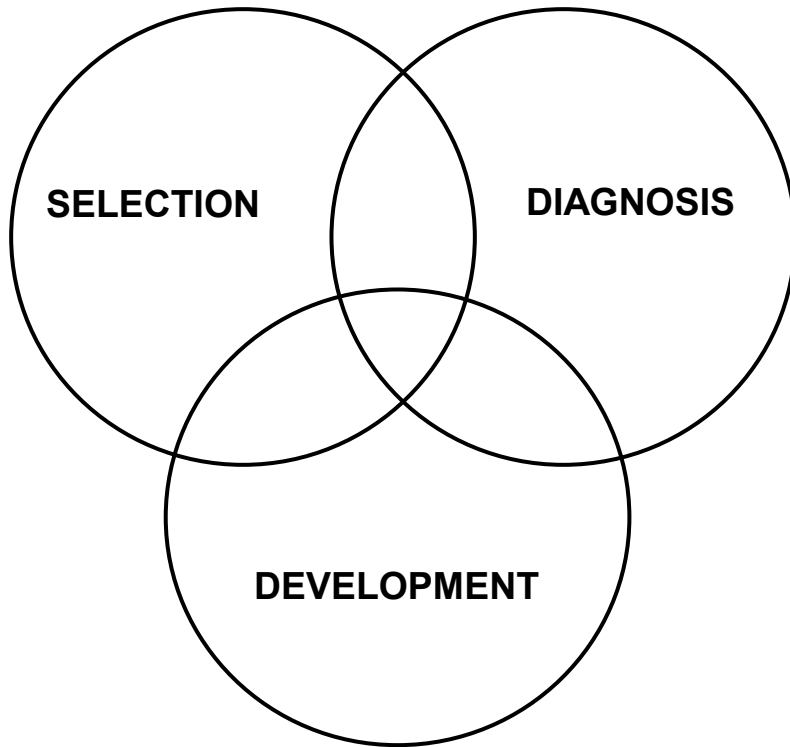
- Interview Simulation
- Scheduling Exercise
- In-Basket

Sample Group Exercises

- Leaderless Group Discussion
- Business Game

**Assessment Center
Design
&
Operation**

Common Uses of Assessment Centers



➤ Selection and Promotion

- Supervisors & managers
- Self-directed team members
- Sales

➤ Diagnosis

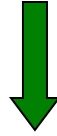
- Training & development needs
- Placement

➤ Development

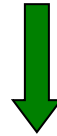
- Skill enhancement through simulations

A Typical Assessment Center

Candidates participate in a series of exercises that simulate on-the-job situations



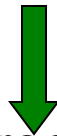
Trained assessors carefully observe and document the behaviors displayed by the participants. Each assessor observes each participant at least once



Assessors individually write evaluation reports, documenting their observations of each participant's performance



Assessors integrate the data through a consensus discussion process, led by the center administrator, who documents the ratings and decisions



Each participant receives objective performance information from the administrator or one of the assessors



Assessor Tasks

- Observe participant behavior in simulation exercises
- Record observed behavior on prepared forms
- Classify observed behaviors into appropriate dimensions
- Rate dimensions based upon behavioral evidence
- Share ratings and behavioral evidence in the consensus meeting

Behavior

- What a person actually says or does
- Observable and verifiable by others
- Behavior is not:
 - Judgmental conclusions
 - Feelings, opinions, or inferences
 - Vague generalizations
 - Statements of future actions

Dimension

- Definition: A category of behavior associated with success or failure in a job, under which specific examples of behavior can be logically grouped and reliably classified **(does it differentiate???)**
- Identified through job analysis
- The level of specificity must fit assessment purpose

A Typical Dimension

Planning and Organizing: Efficiently establishing a course of action for oneself and/or others in order to efficiently accomplish a specific goal.
Properly assigning routine work and making appropriate use of resources.

Correctly sets priorities

- Coordinates the work of all involved parties
- Plans work in a logical and orderly manner
- Organizes and plans own actions and those of others
- Properly assigns routine work to subordinates
- Plans follow-up of routinely assigned items
- Sets specific dates for meetings, replies, actions, etc.
- Requests to be kept informed
- Uses calendar, develops “to-do” lists or tickler files in order to accomplish goals

Sample scale for rating dimensions

Team Building (5 = Always, 4 = Frequently, 3 = Sometimes, 2 = Infrequently, 1 = Never)

How often did this person...

1. praise others for a specific job well done?
2. deliberately work against others?
3. demonstrate a willingness to be flexible and open minded?
4. set an appropriate example for others to follow?
5. provide you/others with a sense of belonging to the work group?

Types of simulation exercises

- In-basket
- Analysis
- Fact-finding
- Interaction
 - Subordinate
 - Peer
 - Customer
- Oral presentation
- Leaderless group discussion
 - Assigned roles or not
 - Competitive vs. cooperative
- Scheduling
- Sales call
- Production exercise

Dimensions By Exercise Grid

	Interview Simulation	Scheduling Exercise	Business Game	Leaderless Group Discussion
1. Decisiveness	X		(X)	(X)
2. Leadership	(X)		(X)	(X)
3. Management Control	X	X	X	
4. Oral Communication	(X)		X	(X)
5. Planning and Organization	X	(X)	X	
6. Problem Analysis/Judgment	(X)	(X)	(X)	X
7. Resilience	(X)	(X)	X	X
8. Sensitivity	(X)	X	X	X
9. * Written Communication (Reaction Forms)	X	X	X	X

Assessment Center ---

Sample Final Rating Form

Dimension	Assessor #1	Assessor #2	Assessor #3	Final Rating
Decisiveness				
Initiative				
Judgment				
Leadership				
Management Control				
Oral Communication				
Planning & Organization				
Problem Analysis				
Resilience				
Sensitivity				
Written Communication				
Overall Score				

Participant: _____
(Name)

Assessor: _____
(Name)

Date: _____

Assessor Report Form Interview Simulation

- 1 – Very little or none of the quality was shown.
- 2 – A less than satisfactory degree was shown.
- 3 – A satisfactory amount was shown.
- 4 – A greater than satisfactory amount was shown.
- 5 – A great deal of the quality was shown.

(1) Decisiveness:

(Readiness to make decisions, render judgments,
take action or commit oneself.)

(2) Judgment:

(Ability to develop alternative solutions to
problems, to evaluate courses of action and
reach logical decisions.)

Organizational Policy Issues

- Candidate nomination and/or prescreening
- Participant orientation
- Security of data
 - Who receives feedback?
- Combining assessment and other data (tests, interviews, performance appraisal, etc.) for decision-making
 - Rational
 - Mechanical
- How long is data retained/considered “valid”?
 - Re-assessment policy
- Assessor/administrator selection & training

Validation of Assessment Centers

➤ **Content-oriented**

- Especially appropriate for diagnostic/developmental centers
- Importance of job analysis

➤ **Criterion-oriented**

- Meta-analysis (Hunter, Schmidt, & Jackson, 1982) of 50 assessment center studies containing 107 validity coefficients revealed a corrected mean and variance of .37 and .017, respectively.
- Meriac, Hoffman, Woehr, and Fleisher (2008) found that after controlling for intelligence and personality, ACs still offered incremental validity by measuring:
 - awareness of the needs or concerns of other individuals
 - communication ability
 - persuasion skills
 - planning or organizing ability
 - motivation or drive
 - stress management.

Developments in Assessment Methodology

Assessment goals and participants

- Expansion to non-management populations
 - Example: “high-involvement” plant startups
- Incorporating technology
 1. Virtual, web-based, avatars
 2. Gaming

Developments in Assessment Methodology

Assessment center design

- Multiple-choice in-baskets
- “Immersion” techniques: “Day in the life” assessment centers
- Increased use of video technology
 - As an exercise “stimulus”
 - Video-based low-fidelity simulations
 - Capturing assessee behavior
- 360 degree feedback incorporated
- Advent of Authoring Tools
 - Mike Rusello’s ClickFlic demonstration for creating video branching scenarios for SJTs.
 - http://www.clicflic.com/d.xhtml?a=6joz5WWIEGk*&r=0.8365373736517365
 - Coaching Exercise
 - http://www.clicflic.com/d.xhtml?a= axVsfScLYc*&r=0.3272295985600121
- <http://www.clicflic.com/help/ideas.xhtml>

Assessment Center Pros and Cons

- + Multiple exercises and raters
- + Behavioral Focus
- + Legal compliance
- Time and money involved
- Potential biases during group discussion
- Better predictor of progression within organizations than specific performance scores (Policy Capturing Device?)

50 Years of the AT&T Management Progress Study

AT&T's Objectives

- Basic, longitudinal research
- How do managers' lives and careers develop in a large organization?
- Use results to inform management selection and development programs.

Creator of the
Management
Progress
Study



Dr. Douglas W. Bray

Management Progress Study

In Private Industry, 1st used By AT&T to predict performance of managers (*Management Progress Study*)

1. 422 men participated (1950s) Longitudinal – 20-year period
2. True predictive validation study
3. 85% of candidates predicted by the assessment center to teach middle management actually did
4. 93% predicted not to – did not
5. Predictors
 - Cognitive and Interpersonal Ability
 - Need for advancement/Ambition
 - Leadership Motivation
 - Low Need for Security
 - High Self esteem
 - Decision Making
 - Personal Impact
 - Realism of Expectations
 - Oral Communications Skills
 - Resistance to Stress

MPS Exercises

SIMULATIONS

- In-Basket
- Business Game
- Group Discussion

OTHER EXERCISES

- Cognitive tests
- Personality questionnaires
- Projective tests
- Biographical measures
- Essays

Management Progress Study Sample

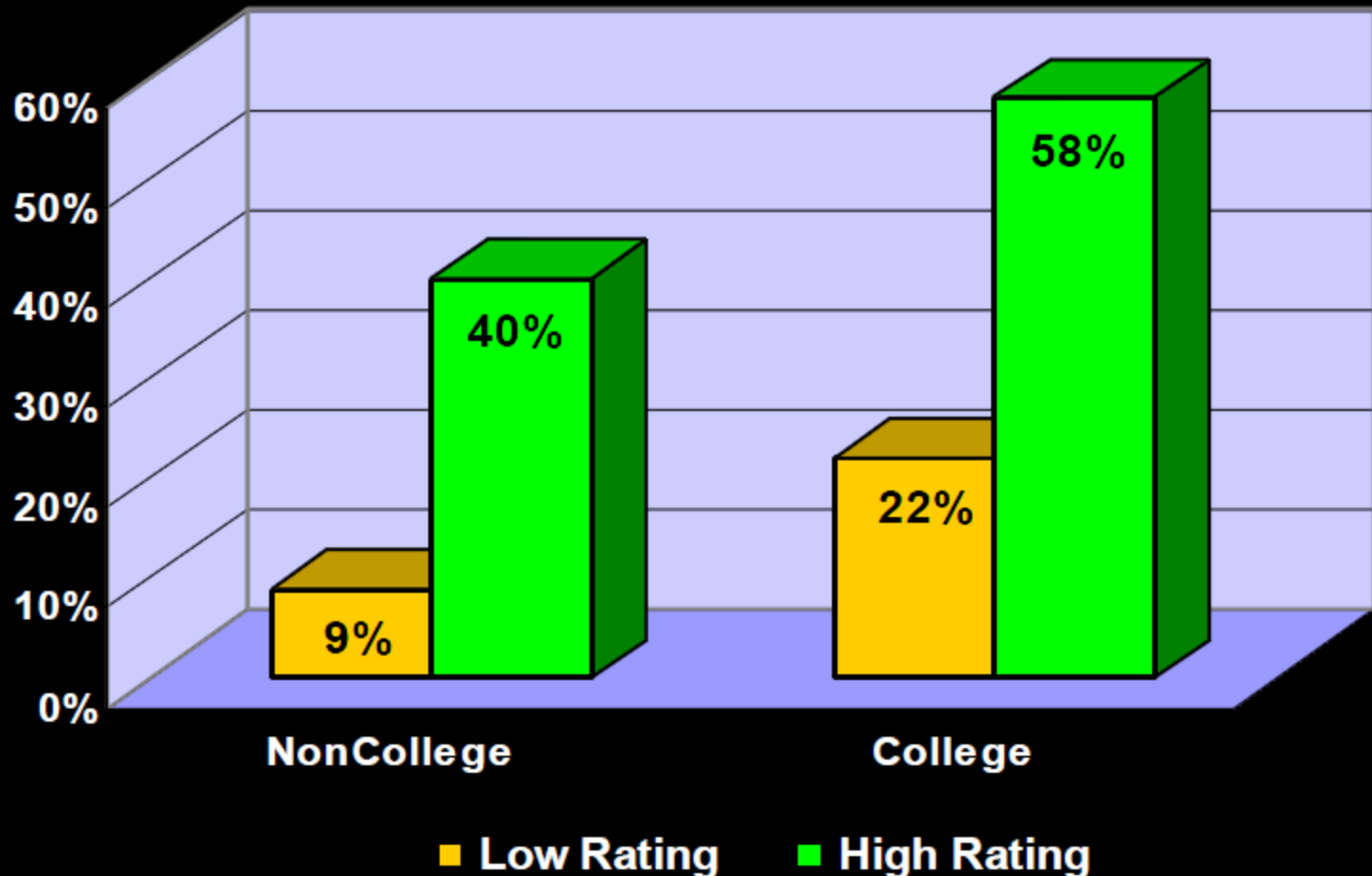
274	College graduates <ul style="list-style-type: none">▪ Hired into management
148	High school graduates <ul style="list-style-type: none">▪ Promoted into management
422	TOTAL

Management Progress Study Design

Year 0	Assessment
Years 1-7	Annual interviews, Questionnaires
Year 8	Assessment
Years 10-13	3-Year Interviews, Questionnaires
Year 20	Assessment
Year 25	Interview, Questionnaire

Assessment Validity after 8 Years

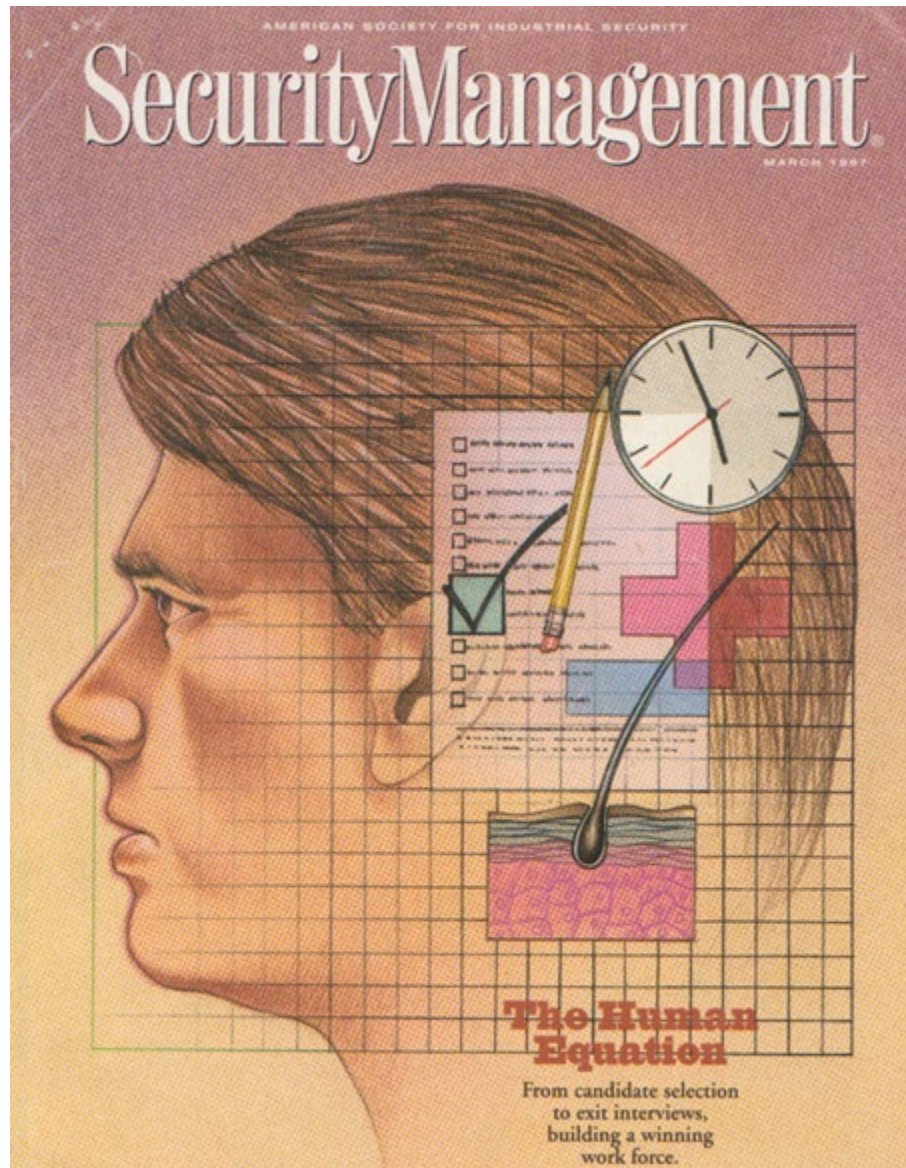
Percent Reaching Middle Management

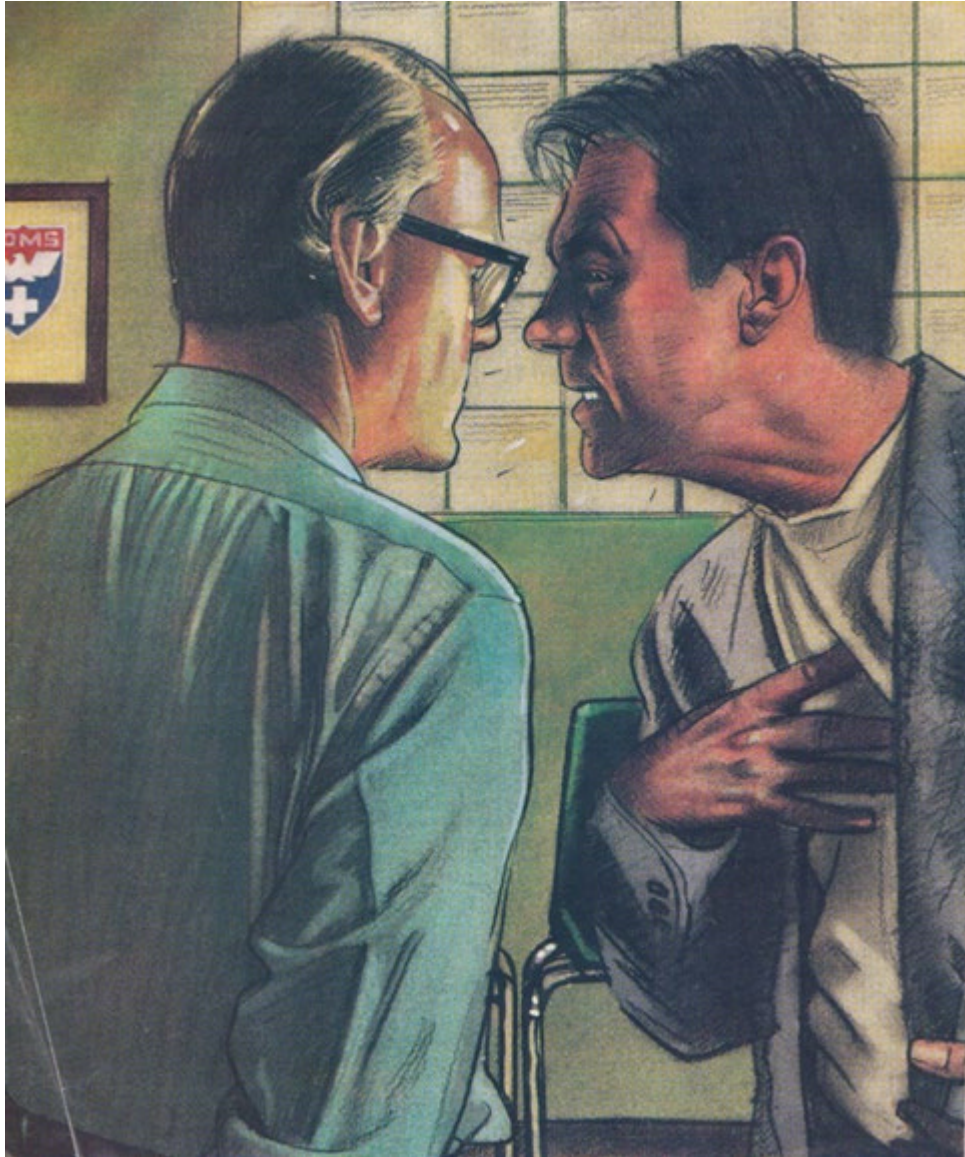


MPS Predictions Over 20 Years

	R
Cognitive Ability (Test)	.64
Ambition (Interview, Personality test)	.62
Interpersonal skills (Simulations)	.60
Educational level (Biodata)	.54

Leeds, J.P., Burroughs, W. (March 1997). Finding the Right Stuff. Security Management. 32-43.





Assessment Center for Hospital Security Officers:

1. Escalating Patient Role Play Exercise

2. Structured Response "In-Basket" Exercise and Prioritizing Exercise

Job Analysis Dimensions with Definitions

1. Managing Disturbed Behavior - Dimension Weight = 10 (*Optimal Performance Oriented*) The KSAO's involved with the control of events involving aggressive, psychotic, or combative persons.

- A. Managing verbally hostile patients
- B. Managing delusional patients
- C. Controlling physically aggressive patients

2. Patient/Staff Contact - Dimension weight = 20 (*Typical Performance Oriented*) The KSAO's involved with assisting, interacting with and gaining compliance from medical staff members and patients/visitors.

- A. Rule enforcement
- B. Direction Giving
- C. Helpfulness

3. **Vigilance- Dimension Weight = 10** (*Typical Performance Oriented*) Those KSAO's involved with reconnaissance of the property and the actions taken to report/address identified hazards.
- A. Patrol Coverage
 - B. Observation
 - C. Responsiveness
4. **Conscientiousness- Dimension Weight = 20** (*Typical Performance Oriented*) Those KSAO's involved with demonstrating a strict regard for that which is right and which will facilitate effective work relationships with all others on the job site.
- A. Work Habits
 - B. Super-Ego Development
5. **Human Crisis Management- Dimension Weight = 10** (*Optimal Performance Oriented*) Those KSAO's involved with responding to and controlling consequences of psychiatric, cardiac, fire or other emergencies.
- A. Prioritizing Responses
 - B. Decision Making
 - C. Data Gathering
6. **Communications- Dimension Weight= 15** (*Typical Performance Oriented*) Those KSAO's involved with imparting essential written and spoken information to others.
- A. Written
 - B. Oral
 - C. Non-verbal

1. Assessment Center: Escalating Patient Role Play Exercise for Hospital Security Officers

- Use of a trained actor to serve as a hostile patient in a simulated officer-patient confrontation
- The applicant's performance assessed using a behavioral checklist
- Each level of escalation, the assessor will rate the behaviors elicited on the list and score the behavior on a scale ranging from -3(very ineffective) to +3(very effective)
- Role Player Training and Specific Instructions

The scene: You are a medical facility security officer confronted with a patient who has illegally parked his van in a "Handicapped Van Only" space on the property. He is in need of help and directions.

Act 1: The patient states that he has a heart condition and is handicapped but does not have a sticker indicating such.

2. Patient/Staff Contact - Dimension weight = 20 (*Typical Performance Oriented*) The KSAO's involved with assisting, interacting with and gaining compliance from medical staff members and patients/visitors.

- A. Rule enforcement
- B. Direction Giving
- C. Helpfulness

6. Communications- Dimension Weight= 15 (*Typical Performance Oriented*) Those KSAO's involved with imparting essential written and spoken information to others.

- A. Written
- B. Oral
- C. Non-verbal

Act 2: The patient then becomes agitated about the rules being presented which further tasks the candidates to respond.

2. **Patient/Staff Contact - Dimension weight = 20** (*Typical Performance Oriented*) The KSAO's involved with assisting, interacting with and gaining compliance from medical staff members and patients/visitors.

- A. Rule enforcement
- B. Direction Giving
- C. Helpfulness

6. **Communications- Dimension Weight= 15** (*Typical Performance Oriented*) Those KSAO's involved with imparting essential written and spoken information to others.

- A. Written
- B. Oral
- C. Non-verbal

Act 3: At this point the role player's behavior degenerates into a verbally aggressive confrontation to allow assessment of more dimensions.

1. **Managing Disturbed Behavior - Dimension Weight = 10** (*Optimal Performance Oriented*) The KSAO's involved with the control of events involving aggressive, psychotic, or combative persons.

A. Managing verbally hostile patients

4. **Conscientiousness- Dimension Weight = 20** (*Typical Performance Oriented*) Those KSAO's involved with demonstrating a strict regard for that which is right and which will facilitate effective work relationships with all others on the job site.

A. Work Habits

B. Super-Ego Development

6. **Communications- Dimension Weight= 15** (*Typical Performance Oriented*) Those KSAO's involved with imparting essential written and spoken information to others.

A. Written

B. Oral

Act 4: The situation now degrades into a direct physical confrontation with the role player pushing up against the candidate and invading his or her space.

1. **Managing Disturbed Behavior - Dimension Weight = 10** (*Optimal Performance Oriented*) The KSAO's involved with the control of events involving aggressive, psychotic, or combative persons.
 - C. Controlling physically aggressive patients

4. **Conscientiousness- Dimension Weight = 20** (*Typical Performance Oriented*) Those KSAO's involved with demonstrating a strict regard for that which is right and which will facilitate effective work relationships with all others on the job site.
 - B. Super-Ego Development

6. **Communications- Dimension Weight= 15** (*Typical Performance Oriented*) Those KSAO's involved with imparting essential written and spoken information to others.
 - A. Written
 - B. Oral
 - C. Non-verbal

When completed, the candidate can finally be assessed on Dimension 6A as a formal report will need to be generated and graded using the criteria detailed in Dimension 6A.

6. Communications- Dimension Weight= 15 (*Typical Performance Oriented*) Those KSAO's involved with imparting essential written and spoken information to others.

A. Written

Performance on each of the dimensions are assessable in this exercise.

Raters will use behavioral checklists to identify and categorize the observed behavior.

Judges will independently assign an exercise rating of 1-5 which will be averaged with the other judges to form a total exercise score.

Behavioral Checklist	Levels of Escalation			
	1	2	3	4
<i>Managing Disturbed Behavior - Dimension Weight 10</i>				
<i>Calls for Assistance</i>				
called for supervisor				
called for doctor or mental health specialist				
called security backup				
called police				
called an emergency "code"				
called for a medical administrator				
<i>Verbal Tactics</i>				
reminds subject of responsibility to obey rules				
explains the consequences of violence toward a security officer				
points out risk of arrest for disorderly conduct				
instructs subject to back away				
assures the subject that help is on the way				
tells subject to calm down				
tells subject he is behaving inappropriately				

Role Play and Report Writing Test Budget

	D I M E N S I O N S						
Role Player Behaviors which elicit behaviors from the candidate	Managing Disturbed Behavior	Patient and Staff Contact	Vigilance	Conscienti-Ousness	Human Crisis Magnt	Comm.	Politically Conscious
Level 1							
Asks what the problem is and explains hart condition		X				X	
Asks for directions, agrees to move car, and asks to repeat directions		X					
Level 2							
Contends he doesn't understand directions and insists on parking there		X				X	
Insists hart condition should allow him to park there		X				X	
Asks to barrow the candidate's radio		X					
Threatens to report candidate to supervisor	X	X				X	X
Level 3							
Courses at the candidate and asks "who the hell" he thinks he is	X	X				X	
States he knows a congressman who will have the candidate fired	X	X				X	X
Courses at the candidate and demands to know who is supervisor is	X	X				X	
Attempts to flank the candidate by circling behind him/her	X	X	X				
Courses at the candidate and threatens termination	X	X				X	

2. Assessment Center: Structured Response "In-Basket" Exercise and Prioritizing Exercise for Hospital Security Officers

This paper and pencil exercise will first present 5 simultaneously occurring but iterating critical events

1. A man is reported to be yelling and banging on the Plexiglas pharmacy window demanding his prescriptions. His behavior is becoming worse
2. A fist-fight is reported in the lounge area
3. A "Code Blue" (cardiac emergency) is reported in the nursing section
4. The psychiatric section called for security to assist with a delusional patient who is uncooperative and combative
5. A car accident is reported in the front of the building.

Process

- Candidate must prioritize according to which he or she would address first, second, etc.
- The candidate is then asked to choose, from an option list, the first seven behaviors to perform (in the first five minutes of the events) to respond to each event.
- All optional behaviors which may be used to address the scenarios have been assigned a weight ranging from -3(not effective) to +3 (highly effective) for each of attack conditions
- The candidate is then presented with a second variation of the same set of five events. These new events provide the candidate with more detail and a shifting of event criticality having completely different optimal solutions and priorities.

Process continued

- The candidate must repeat the prioritizing and the behavior selection
- In this way a multiple assessments may be made of prioritizing, decision making, as well as decision adjustment in the face of new information.
- Subject matter experts determined the weight of each behavior on the menu for each of the critical events under each of the 2 iterations.
- To score the prioritizing sections of this exercise, a rating of -3 (worst possible priority) to +3 (best possible priority) was established by SME's for each of the possible order combinations.
- These scenarios will tap multiple dimension across the 2 iterations

Dimensions Rated

1. Managing Disturbed Behavior - Dimension Weight = 10 (Optimal Performance Oriented) The KSAO's involved with the control of events involving aggressive, psychotic, or combative persons.

- A. Managing verbally hostile patients
- B. Managing delusional patients
- C. Controlling physically aggressive patients

2. Patient/Staff Contact - Dimension weight = 20 (Typical Performance Oriented) The KSAO's involved with assisting, interacting with and gaining compliance from medical staff members and patients/visitors.

- A. Rule enforcement
- B. Direction Giving
- C. Helpfulness

5. Human Crisis Management- Dimension Weight = 10 (Optimal Performance Oriented) Those KSAO's involved with responding to and controlling consequences of psychiatric, cardiac, fire or other emergencies.

- A. Prioritizing Responses
- B. Decision Making

Example of Iterating Event

First Iteration

- A. A man is reported to be yelling and banging on the bullet-proof Plexiglas pharmacy window demanding his prescriptions. His behavior is becoming worse.
- B. A shoving and pushing match is escalating in the lounge area

Second Iteration

- A. A man is reported to be yelling and banging on the bullet-proof Plexiglas pharmacy window demanding his prescriptions. His behavior is becoming violent. A reliable patient has informed you that this man is armed with a handgun and you have been informed by police dispatch that this man is wanted. The police have not arrived yet and there are 30 patients and staff in the pharmacy waiting area.
- B. A pushing and shoving match is escalating in the lounge area. You have been informed by the mental health staff that this is the ninth time this week these two brothers have engaged in this rowdy behavior. The staff once found it amusing but now it is becoming a nuisance.