Guiding Principles and Recommendations for the Assessment of Competence

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This article presents guiding principles for the assessment of competence developed by the members of the American Psychological Association’s Task Force on Assessment of Competence in Professional Psychology. These principles are applicable to the education, training, and credentialing of professional psychologists, and to practicing psychologists across the professional life span. The principles are built upon a review of competency assessment models, including practices in both psychology and other professions. These principles will help to ensure that psychologists reinforce the importance of a culture of competence. The implications of the principles for professional psychology also are highlighted.

Keywords: competence, assessment, education and training, guiding principles

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Competence is a common term in psychology today, as it is in other health professions (Joint Commission on Accreditation of Healthcare Organizations, 2000). Educational programs are expected to produce competence, professional credentialing bodies are required to certify individuals as competent, policymakers laud competence, and consumers demand it (Hoge et al., 2005). As professions are regulated to ensure public protection, we have a responsibility to ensure via education, training, and ongoing lifelong assessment that practicing psychologists and future generations of psychologists provide quality and safe services. Assessing competence throughout the training and career of a professional psychologist facilitates the determination of what one knows, if one knows how, if one shows how, and how one does things (Miller, 1990).

Although the culture of competence increasingly has been supported within psychology, it is time for psychology to embrace a culture of the assessment of competence (Roberts, Borden, Christiansen, & Lopez, 2005) that builds on a long history within and outside of the profession (Bourg et al., 1987; Bourg, Bent, McHolland, & Stricker, 1989; Bowden & Masters, 1993; Burke, 1990; Callan, Peterson, & Stricker, 1986; Kaslow, 2004; Kaslow et al., 2004; Lucia & Lepsinger, 1999; Mentkowski & Associates, 2000; R. L. Peterson, 2004; R. L. Peterson et al., 1992; R. L. Peterson, Peterson, Abrams, & Stricker, 1997; Roberts et al., 2005; Rychen & Salganik, 2001; Sumerall, Lopez, & Oehlert, 2000). Whereas acquiring competence has been a critical focus within professional psychology, embracing the culture of competency assessment may require a shift of focus toward the ongoing maintenance of competence as a primary goal and the promotion of both an internalized and institutionalized assessment of that competence at all phases of the professional life span. Assessment of competence fosters learning, evaluates progress, assists in determining the effectiveness of curriculum and training programs, advances the field, and protects the public (Kaslow, 2004; Kaslow et al., 2004). Compelling methods must be developed to advance our training programs before standards can be imposed for certification (D. R. Peterson, 2003). Having a systematic and comprehensive approach facilitates accountability for the profession and the public (Messick, 1999).

This article presents guiding principles for assessing competence that we developed as the members of the Task Force on Assessment of Competence in Professional Psychology sponsored by the American Psychological Association (APA). Task Force members included psychologists appointed by APA governance groups: Board of Educational Affairs (BEA), Board of Scientific Affairs, Board of Professional Affairs, Board for Advancement of Psychology in the Public Interest, and Committee for the Advancement of Professional Practice. The BEA also appointed two external consultants with expertise in competency assessment in psychology and other health professions. The Task Force’s goals were to synthesize the scholarly literature of current practices in measuring and assessing competence in professional education, training, and credentialing in psychology and selected other professions and to make recommendations regarding models and methods for assessing competence in professional education and training in psychology. It was anticipated that the work of the Task Force would encompass the breadth of perspective needed to define and implement competence assessments across the broad spectrum of applications in professional psychology and that we would identify initial steps toward sound methodological models and the armamentarium of tools necessary to carry out the evaluation of competencies.

The Task Force was convened in response to a confluence of events. Participants at the Competencies Conference: Future Directions in Education and Credentialing in Professional Psychology noted that although the profession has adequate methodologies for assessing knowledge, methods for evaluating clinical skills and other attributes of competence require more attention (Kaslow, 2004; Kaslow et al., 2004; Roberts et al., 2005). As a follow-up to that conference, a workshop on assessing health provider skills in education and training was held at the 2003 Education Leadership Conference (ELC; http://www.apa.org/ed/ele03_homepage.html). Specific methodologies were discussed, including their advantages and disadvantages. ELC participants agreed that more work was required to address psychology’s needs for reliable and valid assessment for formative and summative purposes in education and training. As a result of these developments, as well as myriad societal forces outside and inside of psychology, BEA requested and received funding support from the APA Council of Representatives in 2004 to establish a task force on the assessment of competencies in professional education, training, and credentialing.

A major goal of the Task Force was to articulate guiding principles for the assessment of competence within professional psychology. Principles were developed by culling relevant terminology, reviewing the competencies movement within professional psychology (Rubin et al., in press), examining societal forces outside of psychology that provide a context for the assessment of competence, considering competency assessment models (Leigh et al., in press), and considering the challenges associated with the assessment of competence and competencies (Lichtenberg et al., in press). More specifically, the principles developed by the Task Force build upon a review of competency assessment models, including practices in psychology and other professions (Accreditation Council for Graduate Medical Education and American Board of Medical Specialties, 2000; Bashook, 2005; Interprofessional Workgroup on Health Professions Regulation, 1997; Medical School Objectives Writing Group, 1999; http://www.ADA.org, www.adea.org/DEPR/Competencies.htm, http://www.acgme.org/outcome, http://www.lcme.org/standard.htm, https://www.ncsbn.org). Particularly influential were the thoughtful contributions of the Assessment of Competency Workgroup from the Competencies Conference: Future Directions in Education and Credentialing in Professional Psychology (Roberts et al., 2005). The principles presented in this document borrow from and then extend the writings from this key workgroup by, for example, attending to competency assessment models and the developments of other professions. The principles apply to the education, training, and credentialing of professional psychologists, as well as to practicing psychologists across the professional life span. We believe that the principles espoused in this article will help to ensure that as a profession, psychology reinforces the importance of a culture of competence. The implications of the principles for the profession also are delineated.

Principles

**Principle 1: The Career-Long Assessment of Competence Requires a Major Culture Shift**

Ideally, competence assessment occurs throughout the duration of a professional psychologist’s career, beginning in the 1st year of...
graduate school and lasting through retirement. As argued by the Assessment of Competence Workgroup from the Competencies Conference: Future Directions in Education and Credentialing in Professional Psychology (Roberts et al., 2005), for competence assessment to be integrated into the education, training, credentialing, and postcredentialing of psychologists, a culture shift is essential. This shift requires the routine, systematic, and institutional assessment of competence. It is advisable for the “politics” of the assessment process (e.g., demand characteristics for the inflation of grades and letters of recommendation) to be acknowledged and altered to support an environment in which reliable and valid assessments are encouraged and valued. Given the profession’s dynamic character, the assessment of competence should be sensitive to changes in the profession’s knowledge bases, practices, and ethics.

For such a culture shift to occur, it is advisable that buy-in be secured from students, faculty, supervisors, regulators, and professionals and a strategic plan be devised to ensure effective implementation of the assessment of competence at both the individual and organizational levels. Achieving a culture shift is most likely when institutions and all relevant constituency groups invest the economic and human resources to ensure the multimodal and multifaceted assessment of competence across the professional trajectory. Such a shift in priority and emphasis will have enormous implications for education, training, credentialing, and regulation. This shift will impact the acquisition and maintenance of competence in all professional psychologists. Thus, it would be useful to assess training programs, service delivery systems, and continuing professional education activities in terms of their effectiveness in producing competence. For instance, the extent to which education and training programs focus on preparing students to perform at the appropriate level of development in each competency domain may become a focus of accreditation. Also, assessing a training program’s efforts to comply with the expectations of accreditation that attention be paid to cultural and individual differences and diversity and to evidence-based practices to ensure that their students behave in a culturally competent, evidence-informed fashion and demonstrate respect for diversity will be relevant. Greater emphasis placed on the assessment of various systems, such as training and educational programs and service delivery programs, in addition to evaluating individuals within the profession, would further support the culture shift toward one in which a premium is placed on the assessment of competence throughout the professional life of the psychologist in all contexts and settings. Such life span evaluation will have to consider factors both within psychology and outside the profession (e.g., public, legal system).

**Principle 2: It Is Essential That Competencies Be Conceptualized as Generic, Wholistic, and Developmental Abilities**

Competencies are generic, developmental abilities in which knowledge, skills, dispositions, self-perceptions, motives, and beliefs—attitudes are considered as dimensions of wholistic abilities rather than discrete dimensions of performance (Mentkowski, 1991; Mentkowski & Associates, 2000; Mentkowski, Loacker, & O’Brien, 1998). Effective assessment focuses not only on the knowledge, skills, and attitudes associated with each competency domain but on integrating knowledge, skills, and attitudes within and across domains of competence (Epstein & Hundert, 2002). If we enhance our ability to reliably assess performance in a manner that reflects each domain, effective assessments can become routine.

Because we are more effective at assessing knowledge than skills and attitudes (Elman, Illfelder-Kaye, & Robiner, 2005), we need to develop more meaningful strategies for measuring skills and attitudes. Problem-based learning (PBL) methodologies (Boud & Feletti, 1997; Evansen & Hmelo, 2000), increasingly used in medical education, appear to be innovative and effective for teaching and evaluating the integration of knowledge, skills, and attitudes, as well as their component parts. These approaches could facilitate training and assessment of competence in professional psychology in the following fashion: A vignette of an individual with psychosocial difficulties can be presented to students, who reflect on what they do and do not know about the person’s problems, develop hypotheses, pursue answers to questions that pique their curiosity and facilitate problem solving, share with their peers what they have learned from their research and data collection, and articulate how they would address the individual’s difficulties. This PBL approach facilitates attainment of new knowledge; development of skills in applying basic knowledge to clinical problems; enhancement of the reasoning processes required for approaching clinical problems; effective use of available information resources; and the development of skills to teach others, work as a team, and facilitate lifelong learning. It offers a valuable methodology for assessing critical thinking, judgment, emotional intelligence, interpersonal interactions, and capacity to think and behave like a professional psychologist.

**Principle 3: A Developmental Perspective Must Undergird the Assessment of Competence**

The meaningful assessment of competence takes into account developmental and incremental learning factors and attends to overall competence in both integrated and competency-based formats at all stages of training and professional development (Kaslow, 2004; Kaslow et al., 2004; Roberts et al., 2005). This entails careful analysis of which competencies and aspects of these competencies should be mastered at which stages of professional development (e.g., novice, intermediate, advanced, proficient, expert, master). This will result in benchmarks, behavioral indicators associated with each domain that provide descriptions and examples of expected performance at each developmental stage. Such an analysis will incorporate an understanding of the gradations of competence at each level, ranging from competence problems, to minimum threshold of competence, to highly distinctive performance. The Guidelines and Principles for Accreditation are consistent with this stance, as they highlight the importance of education and training for practice as being sequential, cumulative, and graded in complexity (APA, 2005).

Once this framework is established, developmentally appropriate assessment criteria for performance in each competency domain that is expected for the novice through the master psychologist can be developed. It is likely that assessments at earlier stages of development will reflect breadth and simplicity and will be of relatively low fidelity. Assessments at later stages of professional development will reflect greater depth, complexity, and fidelity.
is imperative that the profession develops a lifetime model of the assessment of competence that articulates the types of assessments best suited for different purposes at various points in the professional life trajectory and that incorporates continuous monitoring of progress toward desired goals and outcomes (Kaslow, 2004; Kaslow et al., 2004; National Association of School Psychologists, 2000; Roberts et al., 2005; Waldron, Prus, & Curtis, 2001).

**Principle 4: Assessment Approaches Must Integrate Formative and Summative Evaluations**

Assessment approaches are most effective if they integrate formative and summative evaluations, as these are mutually informative processes (Kaslow, 2004; Kaslow et al., 2004; Roberts et al., 2005). *Formative assessment* is an ongoing, developmentally informed process with direct and thoughtful feedback during training and throughout professional development to ensure attainment of higher levels of competence through learning and performance improvement. *Summative assessment* is an end point or outcome measurement (e.g., degree conferral, completion of internship or postdoctoral fellowship training, licensure, board certification) and optimally enhances competence. Proper formative and summative assessments of competence focus on strengths, relative weaknesses, and areas of competence problems. This information should guide education and training plans and remediation efforts in ways useful to the person being evaluated. Often viewed as separate processes, formative and summative evaluations in fact interact in a continuing sequence of assessments at various points in summative ways and provide information for self-improvements for formative actions (Donaldson, 2003; Prescott, Norcini, McKinlay, & Rennie, 2002). Thus, summative evaluations are most effective if there is a formative component (Weber, 2000).

One challenge is to refrain from using formative evaluations as summative and to develop individual interventions based on strengths and weaknesses. Consistent with other health professions, our profession may want to encourage training programs to have curriculum management plans that ensure engagement in formative evaluations of student performance and associated evidence-based revisions of the teaching and learning process, including the institution of interventions and management strategies when deficiencies are identified. We also need to encourage programs to conduct formative and summative assessment of competencies using myriad methods (Accreditation Council for Graduate Medical Education and American Board of Medical Specialties, 2000) and provide evidence about the validity of the methods being used. A final challenge is to manage the dual role between formative evaluations in training, which are supportive and identify training needs, and summative evaluations done by the same supervisor (Roberts et al., 2005).

**Principle 5: There Must Be Collaboration Across Constituency Groups in Creating Coherence and Continuity in Strategies for Evaluating Competencies**

The field will be advanced if a level of coherence and continuity is established between the assessment methods used in education programs and those implemented at the credentialing level. Educators, trainers, and regulators can collaboratively create practical multitrait, multimethod, and multi-informant strategies for evaluating competencies that are consistent; are integrative across the spectrum of training and practice; and account for type of setting, population served, problems addressed, and nature of required professional functioning (Roberts et al., 2005).

Coherence and continuity imply the following recommendations. First, the use of multiple complementary methods is encouraged for education and credentialing. Assessment techniques used for licensure and other credentialing might begin during education and training at developmentally appropriate times. For example, during graduate school or internship, mock board certification examinations could be conducted. Second, selected measures could be implemented at both the education and credentialing level. Third, decisions at the licensure level may take into consideration results of common assessments of competence conducted for education and credentialing. Such a collaborative model may reduce the magnitude of false-positive and false-negative credentialing errors. Funding could assist professional psychology in developing and promulgating prototype assessments across the various levels of the profession.

**Principle 6: The Assessment of Competence Must Reflect Fidelity to Practice and Must Incorporate Reliable, Valid, and Practical Methodologies**

It behooves psychologists to develop and use effective, reliable, valid, feasible, practical, flexible, credible, fair, timely, and innovative approaches for assessing all aspects of competence and all domains of competence relevant to the profession (Chambers & Glassman, 1997; Epstein & Hundert, 2002; Greenhalgh & Macfarlane, 1997; Joorabchi & Devries, 1996; Turnbull, Gray, & MacFadyen, 1998). These assessment methods will be most powerful if they are consistent with recognized best practices of measurement and assessment, albeit practices with varying degrees of fidelity and levels of responsibility to reliability and validity considerations.

For example, a clinical proficiency review in which a graduate student provides a written work sample (e.g., diagnostic formulation, case conceptualization, treatment description) and then participates in an oral interview regarding this material would be a procedure with a high degree of fidelity and validity and a moderate degree of reliability consistent with the student’s level of development (Dienst & Armstrong, 1998). A similar clinical proficiency review often is used for board specialty examinations to determine expertise. For that later stage of development, the procedure may have different fidelity, validity, and reliability.

Meaningful evaluation influences the progress of the person being evaluated (Turnbull et al., 1998). Ideally, there is coherence throughout the training process with what is assessed and what is practiced in the field (Shulman, 2004). Finally, the assessment methodologies developed require practicality in terms of administration, cost, and burden. Marketplace pressures and constraints may make implementing comprehensive assessment methods difficult to achieve given added costs (e.g., time, money, organizational pressure), and thus consideration of the efficiency and transferability of approaches is recommended.
Principle 7: Generic and Specialty Foundational and Functional Competencies Must Be Evaluated in a Comprehensive Assessment of Competence

As part of a culture of competence, attention is warranted with regard to the assessment of overall competence in integrated and competency-by-competency formats at all stages of training and career functioning. A focus on the generic competencies expected of all professional psychologists, as well as the specialty competencies that define the distinctive character of each of the specialty areas or subdisciplines, will strengthen our assessments of competence. Assessment at both levels should concentrate on competencies that are foundational (knowledge, skills, and attitudes foundational to competence) and functional (what competent psychologists are expected to do) to professional practice, and equally to stages of professional development.

Principle 8: Assessment of Competence Should Be a Multitrait, Multimethod, and Multi-Informant Process

Ideally, competence assessment is a multitrait, multimethod, multi-informant process. Multitrait relates to the assessment of all competency domains. For example, determining competence in an intervention approach would entail (a) evaluating familiarity with the empirical, theoretical, and clinical data associated with that approach; (b) assessing capacity to effectively intervene with a patient–client using that intervention approach; and (c) demonstrating the nonspecifics associated with creating and maintaining a working alliance. Multitrait evaluations would include measurable indicators of knowledge, skills, attitudes, performance, and their integration. Skills could be evaluated via reviews of samples of behaviors from multiple perspectives using valid and reliable methods of observation and evaluation using predefined, clearly outlined objectives and criteria. Better strategies for assessing the attitudes–values component of each competency domain are warranted. Competencies should be assessed individually and integratively with multiple traits evaluated simultaneously.

Multimethod means using more than one methodology. In addition to paper-and-pencil measures, oral examinations, and supervisor ratings, it will be useful to incorporate work samples, case-based oral examinations, decision-tree analysis, direct performance observations and ratings, computer-based assessments, assessments of problem solving in standardized simulated environments—Objective Structured Clinical Examinations (OSCEs) that use standardized patients (SPs) (Harden, Stevenson, Downie, & Wilson, 1975)—and product appraisals. Including these latter approaches helps ensure that assessments reflect real-life situations and predict future performance (Accreditation Council for Graduate Medical Education and American Board of Medical Specialties, 2000; Barrows, 1993; Bashook, 2005; Berven & Scofield, 1980; Linsk & Tunney, 1997; McHolland, Peterson, & Brown, 1987; Norman, 1995).

Multi-informant pertains to gathering data about a person’s competence from multiple sources with myriad perspectives from diverse environments. Effective evaluations move beyond assessment of a trainee’s performance by one supervisor to multiple observers providing input from differing perspectives (Turnbull et al., 1998). Scales (Oetting & Michaels, 1982) afford the supervisor and supervisee the opportunity to provide behaviorally anchored ratings of the trainee’s performance and compare rankings across time. Professional psychology should increasingly utilize 360° evaluations and evaluate their link to performance outcomes. The 360° evaluations gather feedback from multiple raters (e.g., supervisors, peers and colleagues within and outside the profession, subordinates—e.g., supervisees—one self, and possibly patients–clients; Atkins & Wood, 2002; Fletcher & Bailey, 2003; Koese, Koese, & Malling Le, 1993; Maurer, Mitchell, & Barbeite, 2002) regarding professionalism, teamwork, interpersonal and communication skills, emotional intelligence, management skills, and interpersonal functioning. This approach offers a fair and well-rounded assessment, empowers people by enabling them to give feedback to their superiors and peers, enhances people’s knowledge about the competency framework relevant to their organization or program, provides a powerful tool for development and learning, offers a culture that values the provision and receipt of feedback, enhances self-awareness, and leads to personal action plans based on comprehensive feedback designed to improve professional and personal functioning (Fletcher & Bailey, 2003).

In addition, greater incorporation of OSCEs with SPs offers an alternative strategy that can provide reliable and valid feedback regarding one’s competence. This methodology can aid in the evaluation of trainees’ and professionals’ attitudes and values, in addition to knowledge, skills, and integrated competencies.

The specifics of this multitrait, multimethod, multi-informant assessment depend on the domain or aspect of competence being assessed and the level of performance expected. For example, for graduate students learning to do assessments, evaluations of their performance in simulations may be most appropriate, whereas for postdoctoral fellows such evaluations may be based on document review. It is vital to recognize the practical challenges inherent in incorporating multitrait, multimethod, and multi-informant assessments in both training and practice. Thus, it will be necessary to devise a plan for priorities and preferences tailored to local training and practice pressures, as well as specialty needs.

Principle 9: Self-Reflection and Self-Assessment Are Key Components of the Assessment of Competence and Have To Be Taught and Encouraged

Self-assessment refers to learners judging whether learner-identified standards have been met (Boud, 1995). It is the ability to validly ascertain one’s strengths and areas in need of improvement, have an awareness of one’s own limits of expertise, and determine what to do when those limits are reached (Hoge et al., 2005). It also refers to monitoring one’s own progress in the process of taking action to address one’s own specific developmental needs (Forster, Bussiere, Chiocchio, Laroche, & Sears, 2000). A cognitive skill acquired through continued practice, it is the ability to thoughtfully consider the knowledge used when one responds to a situation (Schon, 1987). Present either while the action is occurring or after the behavior has taken place, it connotes the time the person examines his or her processes to ascertain modifications needed in future responses. Reflection can illuminate areas for growth in knowledge and/or skill and alterations in attitudes and provide insights regarding future educational and training needs.

Due to the lack of consensus regarding how to most appropriately represent self-awareness conceptually or statistically, there is a paucity of measurement tools for this construct (Fletcher &
Baldry, 2000). The 360° evaluation methodology fosters self-awareness by enabling individuals to develop insight into the ways in which their perceptions of their strengths and areas in which improvement are needed are consistent with or discrepant from those around them (Fletcher & Bailey, 2003). Others have argued for the value of an indirect approach to tapping self-awareness by examining other constructs theoretically linked to level of self-awareness. Indirect approaches may include (a) interview questions to ascertain prior examples of feedback seeking, capacity for constructive self-criticism, emotional intelligence, and awareness of others’ perceptions and (b) psychometric assessment of personality traits and styles potentially associated with self-awareness (Fletcher, 1997; Fletcher & Baldry, 2000).

Training in self-assessment has been minimal. Colleagues in education highlight a “metacognitive” approach to help people control their own learning by defining goals and monitoring their progress (Brunsford, Brown, & Cocking, 2000). A good example in our profession is the model outlined for clinical health psychology that delineates questions for students or professionals regarding beliefs about gaining the requisite knowledge, skills, and attitudes to practice competently (Belar et al., 2001). Tools have been crafted to aid in self-exploration related to psychotherapy practice (Pope, Sonne, & Greene, 2006). The College of Psychologists of Ontario devised a Self Assessment Guide and Professional Development Plan to be completed biannually by all psychologists in the jurisdiction (http://www.cpo.on.ca/QA/QA2006/Self_Assessment2006.htm). The document assists members in assessing their competence in legislation, standards, codes, and guidelines; service to clients; teaching–training and research activities; supervisory activities; current areas of practice and/or services provided; and anticipated areas of future practice. Each member creates a Professional Development Plan to address discrepancies between current and desired competence, and at 2-year intervals, individuals reflect on and modify the plan.

Because self-assessment may not line up with other assessment methods (Constantine & Ladany, 2000) and is poorly correlated with performance measures (Eva, Cummington, Reiter, Keane, & Norman, 2004), people can be taught how to engage in honest reflection of their own performance from the onset of training to the end of their career (Stewart et al., 2000) and encouraged to practice this methodology in an ongoing fashion to ensure maintenance of self-assessment skills. Self-assessment training in the early phases of education can be enhanced if students simultaneously receive monitoring and feedback from external sources (professors, supervisors, peers) and are helped to integrate feedback from self and others (Roberts et al., 2005). Such training, both for students and professionals, must underscore the importance of self-assessment throughout one’s professional career (Roberts et al., 2005). Engaging in self-assessment reflects a commitment to lifelong, self-directed learning (Eva et al., 2004), the cornerstone of psychology’s commitment to social and professional responsibility (Belar et al., 2001). Self-assessment also is a vital aspect of professional self-regulation (Eva & Regehr, 2005). Although valid models for self-assessment have been developed (Loacker, 2000), the relative dearth of well-articulated self-assessment models within professional psychology underscores the value to the profession of adopting or adapting such models and methods.

Principle 10: The Comprehensive Assessment of Competence Must Include a Focus on Interpersonal Functioning and Professional Development

Despite identifying sound interpersonal functioning and professional development as key to all competency domains and overall competence, training programs historically have not focused on formally enhancing or evaluating these domains of competence (Oliver, Bernstein, Anderson, Blashfield, & Roberts, 2004). Little effort has been made toward assessing these constructs among practicing professionals. Recently, these constructs have gained prominence (Elman, Illfelder-Kaye, & Robiner, 2005) and require greater attention in the future. For example, the Student Competence Task Force of the Council of Chairs of Training Councils (http://www.apa.org/ed/graduate/cctc.html) developed recommendations for the comprehensive evaluation of student–trainee competence in professional psychology programs. The recommendations highlight the importance of educators and trainers evaluating students’ interpersonal and professional competence; self-awareness, self-reflection, and self-evaluation; openness to supervision; and resolution of problems that interfere with satisfactory professional functioning. The document underscores the need for (a) consistent and content verifiable evaluation processes and standards, (b) more than one source of information to be gleaned across settings, and (c) ways to ensure that evaluation feedback with regard to this aspect of competence is integrated into a remediation plan.

In the medical profession, significant recent attention is being paid to measuring professionalism (Stern, 2006), which falls under the rubrics of interpersonal functioning and professional development. The framework for assessing medical professionalism attends to the following constructs: communication skills, application of ethical and legal understandings, moral reasoning, empathy, teamwork, and lifelong learning. It incorporates various assessment strategies: surveys and scales, observations, critical incident reports, peer reports, portfolios, and self-reflection. There is an emphasis on the assessment of professionalism at both the individual and the program level. Of note, disciplinary action by a medical board against a practicing physician is associated with prior unprofessional behavior in medical school, further supporting the notion that professionalism is a critical measure of competence (Papadikis et al., 2005).

Principle 11: The Assessment of Competence Must Be Sensitive to and Highlight the Importance of Individual and Cultural Diversity

Competence assessment must be sensitive to all aspects of individual and cultural differences noted in the APA Ethical Principles of Psychologists and Code of Conduct (APA, 2002), focus on how an assessment is sensitive to culture, and address the assessment of cultural competence (i.e., how competence in the broad array of diversity considerations is defined and measured; Fox, Blank, Rovnyak, & Barnett, 2001; Roberts et al., 2005; Stuart, 2004). Measures are available to assess sensitivity to cultural considerations. Unfortunately, few tools measure competence in other aspects of diversity (e.g., age, disability status); these need development and evaluation. Further, when one is assessing competence in all other domains, attention has to be paid to integrating
individual and cultural diversity; such factors are superordinate and cross-cutting among all competency domains (Daniel, Roysircar, Abeles, & Boyd, 2004; Kaslow, 2004).

Principle 12: Multimodal Methods of Assessment Are Needed To Ensure the Development and Maintenance of Ethical Practice Skills, Which Underlie All Professional Activities and Performance

Ethics, another superordinate or cross-cutting competency (de las Fuentes, Willmuth, & Yarrow, 2005; Kaslow, 2004; Kaslow et al., 2004), has been rated the most critical issue on every practice analysis because professional practice is a moral enterprise (Institute of Medicine, 2002b). In other health professions, competence in ethical reasoning is the best predictor of clinical performance (Institute of Medicine, 2002a). Therefore, assessments of competence in ethics should be theoretically grounded and multimodal rather than mainly focused on knowledge of ethical codes. The assessment of ethics competence is most beneficial if it addresses ethical integrity in every aspect (e.g., course, experiential placements, research, comprehensive examinations, theses, and dissertations), ethical competence in clinical settings in accord with the APA’s Ethical Principles of Psychologists and Code of Conduct, ethical decision making using critical incident methodologies, and ethical behavior as evaluated in a 360° format (de las Fuentes et al., 2005). Faculty, supervisors, and credentialers should be empowered to initiate remediation efforts and/or dismiss individuals whose performance reveals an inability to ethically serve the public (de las Fuentes et al., 2005). Systems must be put into place to ascertain the link between unprofessional behavior in training settings and subsequent disciplinary actions (Papadikis, Hodgson, Teherani, & Kohatsu, 2004). It would be helpful if licensure boards informed training programs about the adjudication of their graduates (de las Fuentes et al., 2005).

Principle 13: It Is Important To Assess Capability in Addition to Competence

Comprehensive assessment assesses for capability, which incorporates and extends the notion of competence. Capability refers to the extent to which competent individuals can adapt their skills to new contexts and situations, generate (rather than simply acquire) new knowledge, and continue to improve their performance (Fraser & Greenhalgh, 2001). Capability is the enhancement of competence—generally achieved through formative or summative feedback on one’s performance, self-assessment, and coping with unfamiliar contexts and challenges to one’s competencies. It is the confluence of competence and lifelong learning, an ongoing professional developmental conceptualization (Stephenson & Yorke, 1998). Psychologists need to ascertain whose performance merits the distinction of capability in a particular competency domain; these individuals are likely to be classified as experts (Bransford et al., 2000).

Principle 14: When Competence Problems Are Identified Through Assessment, It Is Important To Have Strategies in Place for Their Remediation and Management

Effective assessment approaches identify individuals across the professional life span who exhibit competence problems, that is, insufficient professional competence (Elman & Forrest, in press). An infrastructure has to be put into place to ensure that areas in need of improvement are addressed initially without punitive sanctions, unless the behavior in question is very problematic (e.g., unethical, illegal) or not responsive to remediation. Although there are some excellent models for identifying, responding to, and remediating trainee deficits (Forrest, Elman, Gizaara, & Vacha-Haase, 1999; Lamb, Cochran, & Jackson, 1991; Lamb et al., 1987), there is a greater need for national policies and processes that promote more consistent identification, evaluation, and intervention at the faculty–supervisor, student, and program levels (Forrest et al., 1999; Vacha-Haase, Davenport, & Kerewsky, 2004). More attention is required with regard to the gate-keeping function that trainers serve when students are assessed as having competence problems that cannot be effectively remediated (Vacha-Haase et al., 2004). Effective policies should be instituted for managing practicing psychologists assessed as not performing competently (O’Connor, 2001). These individuals need encouragement to utilize colleague assistance programs (Barnett & Hillard, 2001; Floyd, Myszka, & Orr, 1998).

Principle 15: Evaluators Must Be Trained in Effective Methodologies for the Ongoing Assessment of Competence

It is recommended that training be offered to educators, trainers, supervisors, and credentialers to enable them to utilize assessment strategies in a consistent, reliable, and valid fashion. Such training will involve education and feedback about appropriate level of rater objectivity to ensure informative assessments (Roberts et al., 2005) and attention to common biases in performing ratings (e.g., halo effects, leniency) and challenges (supervisee defensiveness, variability in ratings across raters). Evaluators need direction in providing direct, specific, and accurate feedback regarding strengths, areas for improvement, and deficits, in a supportive–collegial, comprehensible, and meaningful fashion (Kaslow, 2004). Also, training in the proper administration and interpretation of results (http://www.apa.org/ed/guides/homepage.html) is crucial. The training process must underscore that the competence of evaluators and evaluation methods may be subject to scrutiny by the legal profession.

Further, it would be advantageous for the profession to devise and utilize evaluation methods (e.g., grading systems, letter of recommendation formats) that emphasize accurate portrayals of the competence of the person being evaluated. For example, the Canadian Council of Professional Psychology Programs developed guidelines for competency-based letters of recommendation to internship settings (www.ccppp.ca/en/ref-letter-guidelines.pdf) that ask the evaluator to comment on the current professional and personal skills of the student in terms of core competencies, work skills, communication skills, other interpersonal skills, personal resources, and professional conduct. Letter writers are expected to provide coverage on specific areas for growth and development for the internship year. Such guidelines could be encouraged for use more broadly in the United States and its territories, as well as for professional transitions other than the move from graduate school to internship.
Implications for the Profession

Building on these 15 principles, the Task Force on Assessment of Competence in Professional Psychology offers the following recommendations for the implementation of strategies to enhance the assessment of competence within professional psychology.

1. It is recommended that there be a culture shift toward a high value on assessing competence across the professional life span. It is hoped that (a) program accreditation will reflect attention to the use of professionally accepted, high-fidelity, and valid assessment methods to evaluate students’, interns’, and postdoctoral residents’ competence; (b) training programs teach and evaluate self-assessment; (c) continuing professional education and recertification programs include self-assessment components; and (d) institutions commit the economic and human resources to initiate a culture shift.

2. It is recommended that workgroups be formed to further define competencies within professional psychology and enhance the assessment of competence based upon the guiding principles. Probably the most challenging and yet most foundational recommendation is that the profession develop a consensus regarding the definition of core competencies. It may be useful for multiconstituency workgroups to agree on generic and specialty-specific foundational and functional competencies, define competencies clearly at all levels of professional development, and determine criteria for different levels of expertise for each competency domain (benchmarks). It would be useful for structures to be put into place to allow for the incorporation of new competencies as the field develops. Once competencies are well-defined, stakeholders and assessment experts may develop consensus regarding comprehensive and effective strategies for competency assessment across the professional life span and devise solutions to key challenges. Strategies from other professions for forging consensus may be useful in guiding our efforts (http://www.acgme.org/outcome).

3. The assessment of competence will be strengthened if research is conducted focused on the development of psychometrically sound and comprehensive assessment methodologies that have appropriate levels of fidelity, including methods and tools for assessing meritorious performance and capability within and across professional developmental stages. It is advisable that investigations ascertain the fidelity, reliability, validity, utility, and cost–benefit analysis of various methodologies. Assessment models from the other professions may be applicable to psychology with modification. How these models were developed (e.g., time frames, personnel, resources, cost) could be studied as bases for the development of new competency assessment instruments and methodologies in psychology.

4. It is recommended that this report be reviewed by relevant groups and recommendations instituted by these groups. We hope that myriad education, training, and credentialing groups will develop a systematic implementation plan to further move forward the agenda to create a culture of the assessment of competence. The comprehensive guiding principles require intensive effort to enact the changes necessary for the culture of assessment.

5. It is recommended that collaborative models for competence assessment be developed and best practices shared with the public. This likely will benefit from the formation of a strategic plan, first to prepare the profession for competence assessment across the life span and then to institute the implementation of this plan. It is unrealistic to expect individual training programs to design defensible high-fidelity assessments on their own, as many programs lack the expertise or resources to do so. Hopefully, funding for collaborative projects to develop methods and measures can be provided. Professional psychology is encouraged to sponsor an awards program recognizing exemplary collaborative assessment models at different levels of training and encourage consideration of their use by other programs. In addition, we encourage collaboration among all agencies, both private and governmental, representing the profession in terms of producing and sustaining new assessment methods. This would help to ensure the coherence and continuity of assessment approaches across the professional life span. Further, collaboration in the development of assessments and sharing of testing methodologies across the health professions is desirable.

6. It is recommended that there be a national or multinational conference on the assessment of competence at the program level and for individuals across the professional life span within psychology. Best practices for the assessment of competence could be shared. Including leaders from other professions who are experts in the assessment of competence will be essential. Presentations by leaders in the field at such a conference can create enthusiasm for further development, recognition that there are feasible approaches, and possible implementation for attendees.

7. It is recommended that a Web-based presentation of best practices be maintained. A survey may facilitate the identification of such assessment models. It is suggested that funding be secured to construct and host a competence assessment center Web site of state-of-the-art practices within professional psychology.

8. It is recommended that an “assessment toolbox” for professional psychology be created, similar to the one available for medicine (Accreditation Council for Graduate Medical Education and American Board of Medical Specialties, 2000). It is hoped that funds can be secured to do so. The toolbox assessments must incorporate psychometrically sound and meaningful assessments of the foundational and functional competencies promulgated by the profession. These toolbox assessments optimally may be developed for use across the professional life span.

9. Consideration must be given to the value, design, and implementation of planned–structured assessment of competence postlicensure. Increasingly, other health professions are instituting planned–structured assessments following initial licensure. It be-hooves professional psychology to consider the appropriateness, value, and cost–benefit analysis of such assessments. If such assessments are deemed warranted, it will be necessary to pay attention to developing and implementing high-fidelity postlicensure assessment methods and methods that encourage self-assessment.

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**New Editors Appointed, 2009–2014**

The Publications and Communications Board of the American Psychological Association announces the appointment of six new editors for 6-year terms beginning in 2009. As of January 1, 2008, manuscripts should be directed as follows:

- **Journal of Applied Psychology** (http://www.apa.org/journals/apl), **Steve W. J. Kozlowski, PhD**, Department of Psychology, Michigan State University, East Lansing, MI 48824.
- **Journal of Educational Psychology** (http://www.apa.org/journals/edu), **Arthur C. Graesser, PhD**, Department of Psychology, University of Memphis, 202 Psychology Building, Memphis, TN 38152.
- **Journal of Personality and Social Psychology: Interpersonal Relations and Group Processes** (http://www.apa.org/journals/psp), **Jeffry A. Simpson, PhD**, Department of Psychology, University of Minnesota, 75 East River Road, N394 Elliott Hall, Minneapolis, MN 55455.
- **Psychology of Addictive Behaviors** (http://www.apa.org/journals/adb), **Stephen A. Maisto, PhD**, Department of Psychology, Syracuse University, Syracuse, NY 13244.
- **Behavioral Neuroscience** (http://www.apa.org/journals/bne), **Mark S. Blumberg, PhD**, Department of Psychology, University of Iowa, E11 Seashore Hall, Iowa City, IA 52242.
- **Psychological Bulletin** (http://www.apa.org/journals/bul), **Stephen P. Hinshaw, PhD**, Department of Psychology, University of California, Tolman Hall #1650, Berkeley, CA 94720. (Manuscripts will not be directed to Dr. Hinshaw until July 1, 2008, as Harris Cooper will continue as editor until June 30, 2008.)

**Electronic manuscript submission:** As of January 1, 2008, manuscripts should be submitted electronically via the journal’s Manuscript Submission Portal (see the website listed above with each journal title).

Manuscript submission patterns make the precise date of completion of the 2008 volumes uncertain. Current editors, Sheldon Zedeck, PhD, Karen R. Harris, EdD, John F. Dovidio, PhD, Howard J. Shaffer, PhD, and John F. Disterhoft, PhD, will receive and consider manuscripts through December 31, 2007. Harris Cooper, PhD, will continue to receive manuscripts until June 30, 2008. Should 2008 volumes be completed before that date, manuscripts will be redirected to the new editors for consideration in 2009 volumes.