



# Accelerated Development: Introducing Collaborative Centres

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35<sup>th</sup> International Congress on Assessment Center Methods – Singapore 2010



# Introducing Collaborative Centres

## Objectives of Presentation:

- To make a case for the use of Collaborative Development Centres
- To introduce possible avenues for comparative research on two applications of Assessment Centre methodology



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# Introducing Collaborative Centres

## Topics in the Presentation:

- Assessment Centres for development
- Why use centres for development?
- Centres exclusively for development defined
- Evolution of centres for development purposes
- Collaborative Development Centres (CDCs) – a third generation centre
- Similarities and differences between Diagnostic Centres and CDCs
- Feedback is important
- Concerns when using Diagnostic Centres



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# Introducing Collaborative Centres Continued

## Topics in the Presentation Continued:

- The case for CDCs
- Which centre application most effective – CDCs or Diagnostic AC?
- CDC versus Diagnostic AC – possible avenues for comparative research
- Five areas for comparative research
- In conclusion



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# Assessment Centres for Development

- AC was introduced in South Africa during the early 1970's
- Based on work of Douglas Bray and Bill Byham
- AC use grew rapidly during the 1970' and 1980's
- Main aims were both selection and development (Meiring, 2008 in Schlebusch & Roodt, 2008)
- Most centres used (and still in use) could be classified as Diagnostic Centres
- Naspers introduced Collaborative Development Centres (CDC) in 1992, followed by the SABC
- Vodacom introduced CDC in 1999, first at supervisory level, followed at middle management and also at senior management level



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# Assessment Centres for Development

Main objectives of current centres in South Africa:

- 65% selection and development
- 22% selection
- 13% development

(Krause, 2010)

Sub-goals of Development Centres:

- 51% diagnoses of development and training needs
- 44% HR planning / succession planning
- 37% potential identification or promotion to next level

(Krause, 2010)



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# Why Use Centres for Development?

- Diagnose development needs
- Assessment of managerial skills using ACs are expensive, comprehensive, time consuming and should be put to developmental use (McCloskey & Slivinsky, 1983 in Engelbrecht & Fischer, 1995)
- Development approach necessary so that participants agree and understand centre results; cost effective procedures; increased focus on management development (Baldwin & Padgett, 1993 in Engelbrecht & Fischer, 1995 )



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# Why Use Centres for Development Continued?

- Developmental purpose imposed onto existing AC – participants receive feedback on performance during selection centre (Tillema 1998 in Rupp et al., 2006a)
- Using centres for development purposes can perhaps be due to demonstrated criterion-related validity of the AC method (Carrick & Williams, 1999 in Rupp et al., 2006)



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# Centres Exclusively For Development Defined

- Development Assessment Centres (DAC) (Thornton & Rupp, 2006)
- Not only to diagnose development needs at start of development process
- Training intervention in itself (Carrick & Williams, 1999; Jones and Whitmore, 1995; Rupp & Thornton, 2003; Thornton & Rogers, 2001 in Thornton & Rupp. 2006)
- Learning takes place at DAC and afterwards; also transfer back into workplace (Thornton & Rupp, 2006)



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# Evolution of Centres For Developmental Purposes

(Adapted from Griffiths and Goodge, 1994 in Appelbaum et al., 1998)

- 3 categories of centre design

Centre Characteristic	First Generation	Second Generation	Third Generation
Participant Involvement	Only Involved in Executing Simulations	Participant Also Receive Feedback at End of Centre / Simulation	Joint Decision on Competencies; Feedback After Each Simulation
Development Planning	Part of Post Centre Activities	Some Time During Centre, Support Afterwards	Time at Centre, Significant Support
Centre Staff Role	Mostly Assessor, can Suggest Development	Assessor and More Development Suggestions	Assessor and Development Facilitator



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# Collaborative Development Centres (CDCs) –Third Generation Centres

- Each simulation followed by immediate, comprehensive feedback and open discussion
- Participants and facilitators fully engaged in reflecting, assessing, coaching, development planning
- Participants acquire more and more information about own skills as centre progress
- Participants can apply new insights during subsequent simulations
- Participants write own final report (Goodge, 1991)
- Each participant works with one facilitator (Woodruffe, 1990)



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# Similarities and Differences Between Diagnostic Centres and Collaborative Development Centres

Centre Characteristic	Diagnostic Centre	Collaborative Development Centre
Purpose	Diagnose Areas of Strengths and Areas Needing Development	Catalyse Further Development and Growth
Tangible Deliverables	Final Report Development Plan	Final Report Development Plan
Feedback	After Centre	After Every Simulation and After Centre
Centre Activities	Participants Execute Simulations Observers Observe, Note, Classify, Evaluate, Write Reports	Participants and Facilitators Collaborate on Performance Evaluation, Reflect, Coach Debriefs, Discussions, Lectures
Centre Staff Role	Assessors	Development Facilitators
Participants	Prepare and Execute Simulations	Prepare and Execute Simulation; Reflect on Performance; Do Development Planning

# Feedback Is Important

- Feedback to a development centre participant is a crucial part of the process
- Assumption on which feedback rests: providing people with information on performance will result in improvement of performance (Bailey & Austin, 2006)
- Extend to which a participant develop a dimension during and after a centre depends on extend they understand their relative strength and development areas – depends on feedback given to participant (Thornton & Rupp, 2006)



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# Feedback Is Important Continued

- Intend of feedback is to engage participants in appropriate development activities (Woo et al., 2008)
- To engage, participants need to accept feedback and act on it (Kudisch, Lundquist, & Smith, 2002 in Woo et al., 2008)
- Feedback should also be perceived as accurate and participants should have the motivation to use it (Camp, Blanchard & Huszco, 1986 in Engelbrecht & Fischer, 1995)



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# Feedback is Important Continued

- Development feedback requirements:
  - Detailed
  - Behaviourally specific
  - High quality (Boehm, 1985; Francis-Smythe & Smith 1997 in Rupp et al., 2006b)
  - Suggestions to change behaviour (Arnold, 1987 in Rupp et al., 2006)
- Assessment results impact cognitive response; affective response, behavioural response (Dreher & Sackett, 1983 in Woo et al., 2008 )
- Participants need to react to and understand feedback during session (affective and cognitive response) (Bell & Arthur Jr., 2008)



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# Concerns When Using Diagnostic Centres

Participants might not accept feedback because –

- Time lapse between attending centre and feedback given
  - In South Africa 57% of feedback more than 1 week after attending centre
  - 36% of feedback up to 1 week after attending centre
  - 7% directly after attending centre (Krause, 2010)
- Participants still busy with affective response to feedback (good versus bad feedback) (Bell & Arthur, Jr. 2008)



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# Concerns When Using Diagnostic Centres Continued

- Participants might not understand the feedback because –
  - Only 1 feedback discussion about performance during total centre
    - Oral and written (79%), 45 – 90 minutes (Krause, 2010)
  - Participants cannot recall simulations, competencies and / or behaviour during simulations and thus cannot relate feedback to performance during centre
  - Since only 1 feedback interaction, the feedback might not be detailed and / or behaviour specific enough

# The Case For Collaborative Development Centres (CDCs)

- Feedback:
  - After every simulation the participants –
    - attend a group de-brief session entailing structured reflection, discussion, conceptual model of simulation
    - attend one-on-one evaluation, feedback on initial behaviour, reflection and coaching session with facilitator (private, confidential) (consistent with principles in social learning theories - Rupp et al. 2006b)
  - Participants active in conversation



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# The Case For Collaborative Development Centres (CDCs) Continued

- Advantages of feedback at CDC:
  - Participants have time to react to feedback (work through emotional reaction (affective) before engaging in message (cognitive reaction) (Bell & Arthur Jr., 2008)
  - Facilitators have time to build participants self-efficacy in relation to competencies (e.g. framing feedback in a positive way (Woo et al, 2008)
  - Participants engage in evaluation and impact own development - in line with adult learner being self-directed and autonomous (Knowles 1978 in Stratton, 2005)



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# The Case For Collaborative Development Centres (CDCs) Continued

- Participants write own final report and development plan thus clarifying own understanding (Goodge, 1991)
- CDC in line with Kolb's learning spiral (1983 in Stratton, 2005) —
  - Participant has pre-understanding (before executing simulation)
  - Has encounter (execute simulation)
  - Interpret encounter through own feelings and knowledge (reflection during de-brief)
  - Discuss with someone (facilitator)
  - New understanding



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# Which Centre Application Most Effective – CDC or Diagnostic AC?

- Literature on DACs descriptive or prescriptive
- Few validity studies on DACs (Rupp et al., 2006a)
- “A valid DAC is one that provides accurate information about the dimensions measured and that results in improved performance on those dimensions” (Thornton and Rupp, 2005 in Rupp et al., 2006 p172)
- Thus DAC validated as
  - Assessment Centre and
  - Training intervention



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# Which Centre Application Most Effective – CDC or Diagnostic AC Continued?

- Rupp et al., (2006a) propose –
  - Accurate Assessment Centres:
    - Appropriate content
    - DAC structure (clear dimensions; rating process)
    - Relationships with other variables
    - Social consequences
  - Accurate development intervention
    - Kirkpatrick's Model – reaction criteria; learning criteria, behavioural criteria, results criteria



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# CDC versus Diagnostic AC – Possible Avenues for Comparative Research

- Use the same during the CDC and Diagnostic Centre:
  - Dimensions with sub-elements (developability of each “known”) (Rupp et al., 2006b)
  - Simulations
  - Sequence of simulations
  - Process owners (administrator; observers / facilitators; role-players)
  - Observer Report Forms and norm tables



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# CDC versus Diagnostic AC – Possible Avenues for Comparative Research Continued

- Use the same during the CDC and Diagnostic Centre continued:
  - Within exercise dimension ratings
  - Feedback after centre – dimension and simulation level; guidance on modifying behaviour; rich, detailed, behaviour based
  - Six monthly follow-up discussions



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# CDC versus Diagnostic AC – Possible Avenues for Comparative Research Continued

- Since DACs need to lead to active learning during and after the centre, engagement during and after centres needs investigation (Baltyn & Povah in Woo et al, 2008)
- Engagement = behavioural involvement in activities (Woo et al, 2008)



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# Five Areas for Comparative Research

## Area 1:

Participant understanding of dimension elements assessed during the centre

- A knowledge test administered pre- and post centre
- Test is on dimensions assessed during the centres
- Centre application with greatest positive change in knowledge, is most effective



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# Five Areas for Comparative Research Continued

## Area 2:

### Correlation Between Participant and Observer Post Simulation Dimension Ratings (PEDR)

- Participant knowledge of dimensions as well as insight into own performance should increase if learning is taking place during the centre (Kirkpatrick's learning criteria)(Rupp et al., 2006a)
- CDC participants' simulation ratings after the debrief are compared to the PEDRS at end of facilitator / participant feedback discussions
- Diagnostic Centres' participants simulation ratings directly after executing a simulation is compared with PEDRs



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# Five Areas for Comparative Research Continued

## Area 3:

An augmentation effect as showed on the PEDRS from one simulation to the next simulation

- Rupp et al. (2006a) argues that if participants incorporate feedback from one-simulation to next simulation as seen in changed behaviour, it indicates engagement on development activities within centre, thus a positive reaction (Kirkpatrick's reaction criteria)
- An augmentation effect also indicate active learning during centre (Kirkpatrick's learning criteria)
- Since learning takes place during a centre even without feedback, PEDRS at the Diagnostic Centres would still be useful
- Centre application with greatest positive augmentation is most effective



# Five Areas for Comparative Research Continued

## Area 4:

Participants engagement in post-centre development activities as indicated on their development plans

- Active implementation of plan will indicate positive engagement and learning
- The centre will then have achieved its purpose of catalysing development
- Implementation of plan monitored during six monthly follow-up discussions
- Centre application with greatest percentage implementation over time is most effective



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# Five Areas for Comparative Research Continued

## Area 5:

Post-centre evaluation (Kirkpatrick's behavioural level criteria of learning)

- Subordinates evaluate their experience of participant's behaviour
  - Pre-centre and ideally every 6 months, in preparation for follow-up discussions
  - Track change over time
- Centre application with greatest positive change is most effective



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# Five Areas for Comparative Research Continued

Area 5 continued:

- Attending a parallel centre once personal development plan is completed
  - Parallel centre at the same level of complexity and assessing the same dimensions as original centre
- If participants perform significantly better on the competencies during the parallel centre, learning has taken place
- The centre application with the greatest positive change would be most effective



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# In Conclusion

- Centres are widely used for developmental purposes
- However, a development purpose is imposed onto Assessment Centres and Diagnostic Centres mostly used
- Propose using Collaborative Development Centres for development purposes
- Limited research available on validity of DACs
- Support validating DACs as assessments and as development interventions
- Propose researching 5 areas during and after the DAC to compare Collaborative Development Centres with Diagnostic Centres



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