



Introduction

- The Performance Diagnostic Checklist- Human Services (PDC-HS) assesses employee performance in human-service settings (Carr, Wilder, Majdalany, Mathisen, and Strain, 2013)
- PDC-HS identifies environmental variables contributing to performance problems
- PDC-HS includes four domains: (a) training, (b) task clarification and prompting (c) resources, materials, and processes, and (d) performance consequences, effort and competition
- Since its publication, the PDC-HS has been administered in several human service settings
 - However, PDC-HS has not been used to assess research employee performance

Methods

Archival Analysis

- Archival data denotes status of effective performance of a set of tasks to be completed when running client sessions (Figure 1)
 - Figure 2 shows total percent complete of tasks
 - Figure 3 displays total percent complete of each component per shift observation
 - Figure 4 lists the average completed tasks by employee type for each component
- PDC-HS*
- PDC-HS was administered across three levels of comparison: respondent, supervisor and investigator
 - Performance concern: running clinic client sessions
 - 4 participants. Each participant had a total of 5 PDC-HS completed on their individual clinic performance

| | | |
|------------------------------|---|--|
| Shift Prep (+/-) | Create Client Schedule: Assign Roles: | |
| Session Prep (+/-) | Check Client Availability: Check Session Log: Obtain Session Materials: Prepare Data Collection Materials: Read Protocol: | |
| | Session Procedure (+/-) | Therapist Follows Protocol Procedures: Data Collector(s) Follows Protocol Procedures: Return Session Materials: Return Data Collection Materials: Excel Raw Data Transferred to Flash Drive: Video File Renamed: Video File Transferred to Flash Drive: IOA Calculated: IOA Renamed: IOA Transferred to Flash Drive: Client Session Log Updated: Clinic Computer Client Raw Data Entered: Clinic Computer Client Graphs Updated: Update Productivity Sheet: |
| | Shift Transfer (+/-) | Raw Data Copied to Clinic Client Folder: Transfer Raw Data/Videos to Stand-Alone: Quick Cleaning of Clinic Workspace: Meet with Next Shift Team for Debriefing: |
| Clinic Shutdown (+/-) | Binders, Surface Pros, Cameras Stored: Cabinets Locked: Computers Signed Out: | |

Results

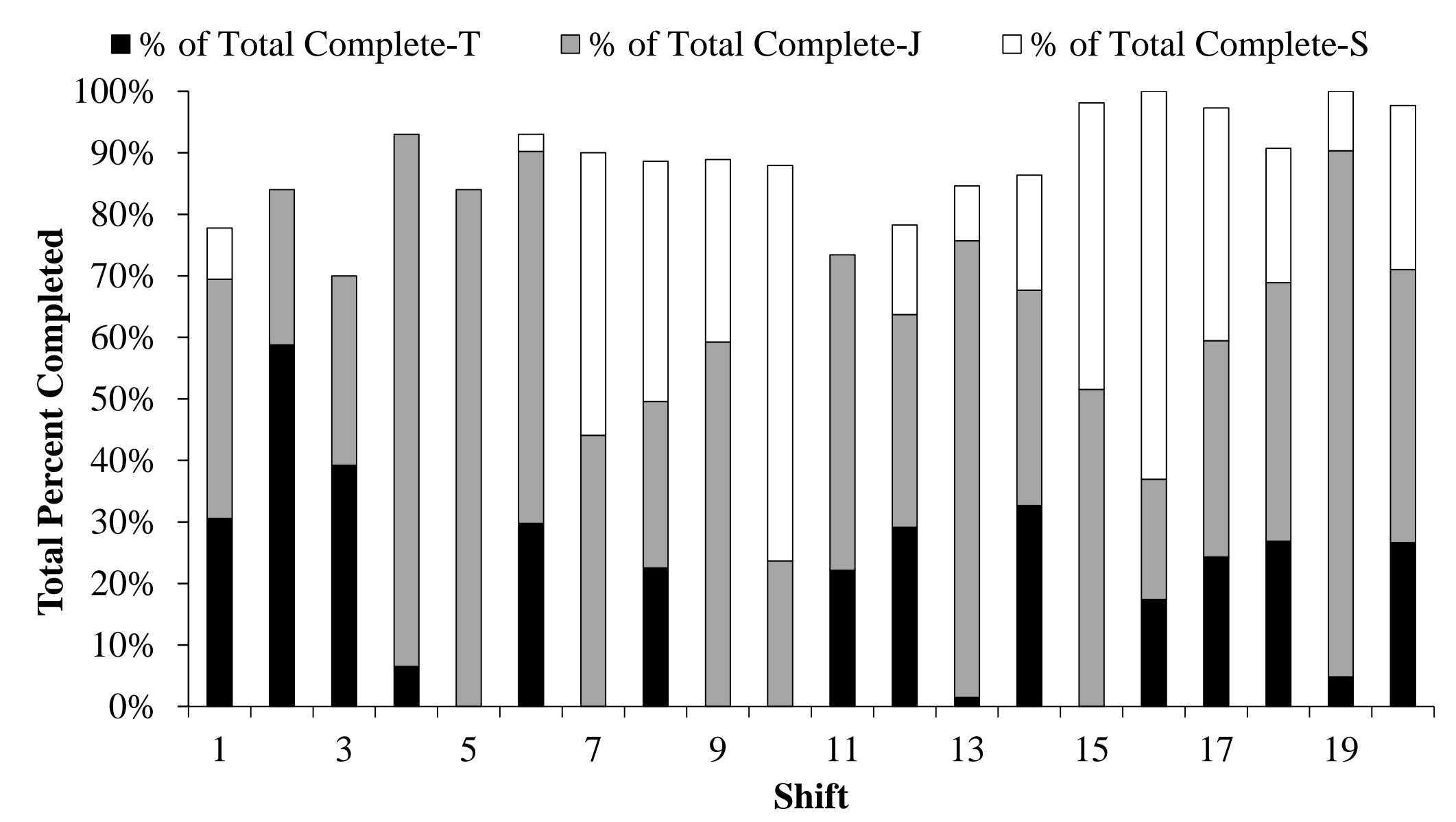


Figure 2. Total percent of completed tasks per shift observation

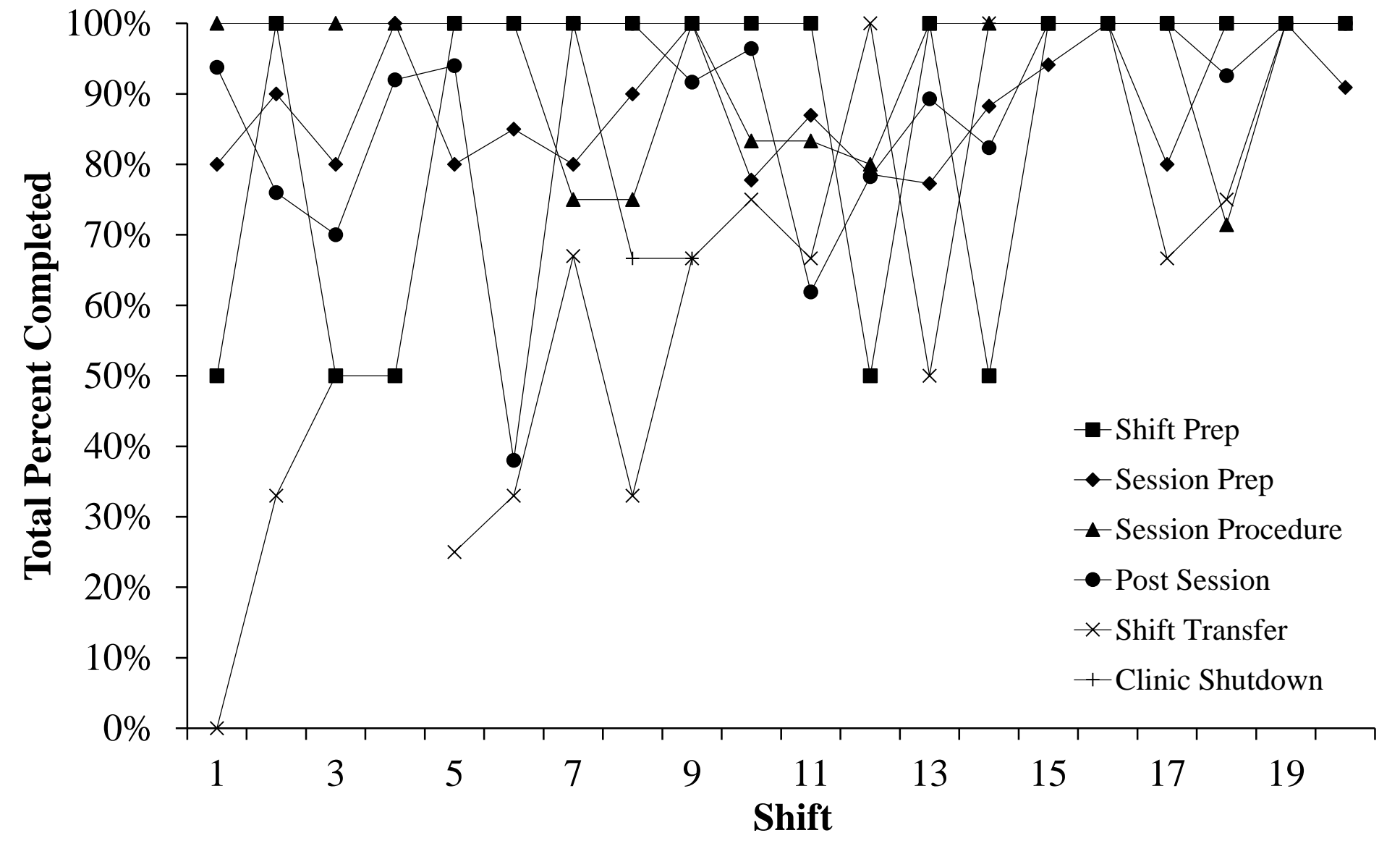


Figure 3. Total percent of completed tasks for each component

| Component | Trainee | Junior | Senior |
|-------------------|---------|--------|--------|
| Shift Prep | 7% | 64% | 20% |
| Session Prep | 16% | 57% | 22% |
| Session Procedure | 15% | 62% | 20% |
| Post Session | 35% | 44% | 19% |
| Shift Transfer | 13% | 45% | 17% |
| Clinic Shutdown | 12% | 51% | 37% |

Figure 4. Average task completion for each component completed by each student assistant type

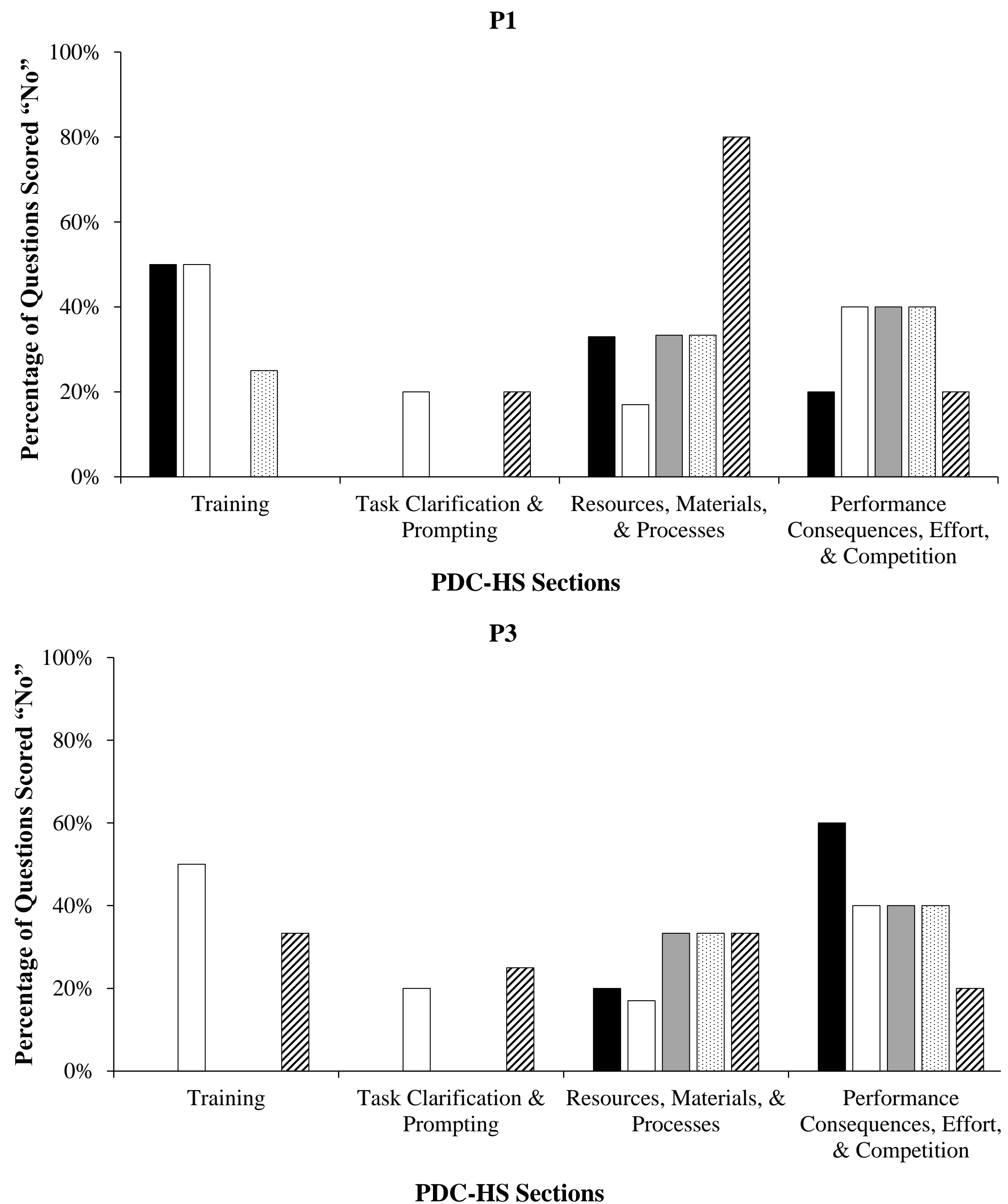


Figure 5. Results of the PDC-HS for Participants 1-4

Discussion

- No congruence between all 3 levels of comparison for any one participant for the highest deficit in a PDC-HS category (Figure 5)
 - Participant 1- 2/5 agreement on training category
 - Participant 2- 2/5 agreement on performance, consequences, effort and competition category
 - Participant 3- 3/5 agreement on performance consequences, effort and competition category
 - Participant 4- 2/5 agreement on resources, materials and processes category
- Implications:
 - Multiple PDC-HS results may show unclear maintaining variables
 - Obtaining even 2 different PDC-HS results may show disparate results and can affect subsequent intervention design
 - Another interviewee may pinpoint completely different potentiating variables and an intervention derived from those results may prove to be a more effective intervention
 - The investigator must be wary of possible disparate PDC-HS results and remain aware of other interventions with greater effects.

References:
 Carr, J. E., Wilder, D. A., Majdalany, L., Mathisen, D., & Strain, L. A. (2013). An assessment-based solution to a human-service employee performance problem. *Behavior Analysis in Practice*, 6(1), 16-32.