5

Gathering information 2:
methods of assessmentM. Grace¹

The SEQ provides people with the opportunity to distinguish between knowledge and ability in themselves in all the relevant areas in order to achieve the business objectives.

In the previous part in the series we looked at simple methods of obtaining information that are useful in analysing the areas where gaps in knowledge and skills would require some form of training in order for people to carry out their jobs more effectively. Most of this information was available because of other procedures the practice carried out (such as job descriptions and appraisals) but there are some specific things you can do to identify training needs as well. This article is about two of the most common in small businesses and dental practices: self evaluation questionnaires and interviews.

Self evaluation forms

Self evaluation questionnaires (SEQs) are extremely useful forms you can use to collect information about how knowledgeable and competent people think they are in various areas of their job.

Figure 1 is an example of such a form. The form can be used for virtually any member of staff, has a number of generic areas in customer care, and asks the person completing the form to assess their level of competence by marking the form with either one, two or three 'blobs' (circles) in each of the boxes under the headings of 'Ability' and 'Knowledge'. Figure 2 shows the form completed.

Choosing the subjects

Figure 1 shows a number of subjects in the list that have been collected under the overall title of 'Customer care'. How were they chosen?

There are two main methods of selecting appropriate topics to ask people to assess themselves on:

1. What they need to do (their job description)
2. What you want to happen

In this case customer care is obviously part of everyone's job, but it can be easier to identify the areas required by thinking of what we want to happen in the organisation. Figure 1 contains one example of such a list.

What we must always remember is that the SEQs must have some relevance to the business objectives of the practice. Often these are obvious (after all, every service business should be concerned with customer care) but you may choose to select those subjects that

are an especially important priority at the time (such as attracting new patients when applicable or increasing profitability at a time of financial concern). That way you can tailor the SEQs to different areas that are genuinely important at the moment, thus making the TNA more effective.

The choice of topics should be the responsibility of the person involved in overall training, obviously in discussion with senior management (the dentist in most dental practices) and should reflect the current priorities and direction of the practice.

It is not necessary to give everyone in the organisation exactly the same SEQ to complete. Sometimes very specific forms for each person will result in better data to analyse. However, it is important to make sure that the person responsible for the TNA knows that, at this stage, the exercise is to simply collect the information, not to analyse it. The analysis comes later.

Ability and knowledge

The upper section of the questionnaire is self-explanatory, and asks the person completing the SEQ to use a grading scale of blobs (these forms are often known as the 'blobby charts' by the participants). The wording should make it apparent how to grade oneself.

However, people are asked to grade both their knowledge and ability, and this can cause some confusion initially. For this reason it can be sensible to make sure that SEQs are given to people with an explanation of how to distinguish between knowledge and ability. To help in that explanation, the next few paragraphs examine this difference.

Some people are very good at doing certain things, sometimes with very little knowledge of how they do them or why they are good. They are naturally good. While their ability may be very good (three blobs) they would not be able to train others easily because they do not understand what they are doing, they simply do it. Conversely other people are very knowledgeable about certain things but find them difficult to do.

An example of the first situation could be a receptionist who is excellent at negotiating appointments with patients, or very good at communicating over the telephone. Everyone knows she is good at this, but she does

In this part, we will discuss:

- ✓ Self evaluation questionnaires (SEQs)
- ✓ The use of SEQs to collect information about the knowledge and competency of people in the various areas of their jobs

¹Editor, British Dental Journal,
64 Wimpole Street, London W1G 8YS
*Correspondence to: Mike Grace
email: m.grace.bdj@bda-dentistry.org.uk
REFEREED PAPER
© British Dental Journal
2001; 191: 11–18

not know why she is successful. To her everything she does is obvious, and observation may help someone else to improve but quite often will not be very effective because the receptionist feels very comfortable doing whatever she does while a new member of staff is simply not able to do the same thing. People often think or say 'I am not like you' resulting in poor performance in the 'softer' skills such as communication, negotiation and so on.

An example of the second situation could be a dentist who knows everything there is to know about endodontics, but simply cannot seem to practice root-filling molars as well as he should. He has attended a number of postgraduate courses, has bought a number of books, and continues to ask colleagues how to

Fig. 1 A self evaluation questionnaire for any member of staff on customer care

Customer Care Self -Evaluation Questionnaire

For: _____ **(name of person)**

Please read the questions below and select the option that most accurately reflects how you feel.

KEY

Using the following system please fill in the 'ability' and 'knowledge' boxes below.

- I don't feel I know a lot/I am not confident I achieve this
- • I feel my knowledge is adequate/I am reasonable at achieving this
- • • I feel my knowledge is (very) good/I am good at achieving this

CUSTOMER CARE	Ability	Knowledge
Making patients feel at ease		
Making patients feel good about the practice		
Making patients feel good about you		
Making patients feel good about all other staff		
Making patients feel they want to return		
Enjoying helping patients		
Using body language to put patients at ease		
Making sure my appearance is right for patients		
Answer the telephone within 3 rings		
Making sure my own part of the practice is clean and tidy		
Making sure other parts of the practice are clean and tidy		
Being positive when on the phone		
Being positive when writing to patients		
Finding out what makes patients happy		
Making sure I give them what is right for them		
Keeping them informed at all times		
Taking responsibility for things that are my responsibility		
Taking responsibility for anything to do with the practice		
Achieving 'win/win' results when people complain		
A good understanding of the complaints procedure		
Checking patients feel good about their exit procedure		

improve. His knowledge is more than adequate, but his ability is just not good enough (for whatever reason).

The SEQ provides people with the opportunity to distinguish between knowledge and ability in themselves in all the relevant areas in order to achieve the business objectives.

Another example is shown in Figure 3 where the practice manager has marked the SEQ to

show that she feels she is very knowledgeable in making patients feel good about her and enjoys helping them, but interestingly her knowledge is poor in making patients feel good about other staff, in making patients want to return and in using body language. She has also recognized a lack of knowledge in making patients feel at ease and making patients feel good about the practice (one

Fig. 2 A self evaluation questionnaire completed by the practice manager

Customer Care Self-Evaluation Questionnaire

For: SUSIE KEW (name of person)

Please read the questions below and select the option that most accurately reflects how you feel.

KEY

Using the following system please fill in the 'ability' and 'knowledge' boxes below.

- I don't feel I know a lot/I am not confident I achieve this
- • I feel my knowledge is adequate/I am reasonable at achieving this
- • • I feel my knowledge is (very) good/I am good at achieving this

CUSTOMER CARE

	Ability	Knowledge
Making patients feel at ease	• •	•
Making patients feel good about the practice	• •	•
Making patients feel good about you	• • •	• • •
Making patients feel good about all other staff	•	•
Making patients feel they want to return	•	•
Enjoying helping patients	• • •	• • • •
Using body language to put patients at ease	•	•
Making sure my appearance is right for patients	• • •	• • •
Answer the telephone within 3 rings	• • •	• • • •
Making sure my own part of the practice is clean and tidy	• •	• • • •
Making sure other parts of the practice are clean and tidy	• •	• • • •
Being positive when on the phone	• • •	•
Being positive when writing to patients	• •	•
Finding out what makes patients happy	•	•
Making sure I give them what is right for them	N/A	N/A
Keeping them informed at all times	• • •	• •
Taking responsibility for things that are my responsibility	• • •	• •
Taking responsibility for anything to do with the practice	• •	•
Achieving 'win/win' results when people complain	•	•
A good understanding of the complaints procedure	• •	•
Checking patients feel good about their exit procedure	•	•

Fig. 3 The top part of the SEQ

CUSTOMER CARE	Ability	Knowledge
Making patients feel at ease	● ●	●
Making patients feel good about the practice	● ●	●
Making patients feel good about you	●	● ●
Making patients feel good about all other staff	●	●
Making patients feel they want to return	●	●
Enjoying helping patients	● ● ●	● ● ●
Using body language to put patients at ease	●	●
Making sure my appearance is right for patients		

© UMD Professional Ltd

Fig. 4 The SEQ showing how to mark a section that is not relevant

Making sure other parts of the practice are clean and tidy		
Being positive when on the phone	● ● ●	●
Being positive when writing to patients	● ●	●
Finding out what makes patients happy	●	●
Making sure I give them what is right for them	N/A	N/A
Keeping them informed at all times	●	●
Taking responsibility for things that are my responsibility		

© UMD Professional Ltd

blob) but has the ability to achieve this adequately (two blobs). In other words, she seems to recognize she achieves these last two points without quite knowing why.

Figure 4 shows what happens when the person completing the form does not feel the area on the form is relevant. In this case she may have interpreted this as providing clinical treatment and has rightly regarded this as inappropriate. She might be right, or the person writing the form may have intended this question to refer to non-clinical aspects such as making appointments or answering the telephone. This kind of mistake can easily be rectified (if this was the case) by explaining the misunderstanding and by asking her to complete the relevant section. Often this situation is very useful in clarifying areas of someone's job that might have been unclear.

Benefits of SEQs

Besides obviously helping to identify training needs, SEQs have been found to have a number of other benefits.

Firstly they improve communication within the organisation because people have to discuss areas of confusion in their jobs and possible confusion in the expectations of the manager and the person being managed. An SEQ can be

very useful in performance review (appraisal) to help clarify matters.

Secondly, SEQs make staff feel that someone is genuinely interested in their development. This helps in motivation as well as increased or improved performance. People are always happier if they think management want to help them improve themselves, for the benefit of both the business and themselves.

Another advantage is the increased communication that SEQs foster, because people have a reason to talk about things with each other rather than simply keeping the 'head down — get on with the job' attitude that tends to stifle communication.

Lastly, SEQs imply that you are giving people a lot of involvement in their own training and development, and that creates a feeling of trust and respect. Providing SEQs are actioned appropriately (in other words the findings are not simply ignored) they are obviously a great motivator.

Other areas

In this chapter I have focused on a SEQ that focuses on customer care. Other areas that are usually very relevant are clinical areas, management generally and administration. Figures 5 and 6 show some more examples.

Interviews

The term 'interview' has a formality about it that is probably inappropriate for a TNA. Many organisations carry out performance reviews already in the form of appraisals, while informal 'get togethers' can be very effective. Thus the term 'interview' really

refers to any method of communication between a manager and another member of staff where the emphasis of the conversation is on training and development.

Thus you may find that your appraisal already collects enough information on an individual's training needs for this to be suffi-

Fig. 5 An SEQ on clinical topics

Clinical Self-Evaluation Questionnaire

For: _____ (name of person)

Please read the questions below and select the option that most accurately reflects how you feel.

Using the following system please fill in the 'ability' and 'knowledge' boxes below.

- I don't feel I know a lot/I am not confident I achieve this
- • I feel my knowledge is adequate/I am reasonable at achieving this
- • • I feel my knowledge is (very) good/I am good at achieving this

	Ability	Knowledge
Taking a medical history		
Full mouth examination		
Periodontal examination		
Periodontal monitoring		
Oral cancer check		
Use of local anaesthetic		
Reviewing radiographs		
Treatment planning		
Oral hygiene instruction		
Patient motivation		
Scaling and maintenance		
Root planing		
Cavity preparation		
Placement of amalgam restorations		
Placement of anterior restorations		
Crown preparation		
Bridge preparation		
Endodontic treatment		
Taking impressions for advanced work		
Occlusal adjustment		
Construction of complete dentures		
Construction of partial dentures (acrylic)		
Construction of partial dentures (metal)		
Orthodontic diagnosis and evaluation		
Treating children		
Implants		
First aid procedures		
Communication skills		
Cross infection control procedures		
Keeping up to date with new techniques		

Fig. 6 An SEQ on general management topics

Management Self-Evaluation Questionnaire

For: _____ (name of person)

Please read the questions below and select the option that most accurately reflects how you feel.

Using the following system please fill in the 'ability' and 'knowledge' boxes below.

- I don't feel I know a lot/I am not confident I achieve this
- • I feel my knowledge is adequate/I am reasonable at achieving this
- • • I feel my knowledge is (very) good/I am good at achieving this

MANAGEMENT

	Ability	Knowledge
Prepare a 10 year strategic plan		
Prepare a 2-year strategic plan		
Carry out a SWOT analysis		
Set SMART objectives		
Delegate to staff		
Monitor and evaluate individual performance		
Organise and prioritise own workload		
Time management		
Create and maintain effective relationships with staff		
Create and maintain effective relationships with patients		
Manage stress		
Manage customer care		
Solve problems		
Run effective practice meetings		
Plan on a day -to-day basis		
Awareness of health and safety		
Maintain quality of service		

ADMINISTRATIVE

	Ability	Knowledge
Making an appointment for a patient		
Setting up office management systems		
Using the filing system		
Organising the recall system		
Typing a business letter		
Using a Dictaphone		
Writing a referral letter		
Keyboard skills on computer		
Knowledge and use of word processing		
Knowledge and use of spreadsheets		
Sending an e-mail		
Using the internet		

Table continued

© UMD Professional Ltd

Fig. 6 contd An SEQ on general management topics

MARKETING	Ability	Knowledge
Carry out market research		
Analyse market research findings		
Promote the practice		
Design advertisements		
Place advertisements		
Design brochures		
Write a mailshot letter		
Implement a mailshot		
Understand market segmentation		
Write a press release		
Use public relations methods		
Selling skills		
Price various services		
Improve profitability		

FINANCIAL	Ability	Knowledge
Location of financial paperwork		
Types and use of financial paperwork		
Location of current price information		
Processing of payment (cash/cheque)		
Processing a credit card payment		
Book keeping		
Location and use of account system		
Location and use of petty cash system		
Requesting payment at the end of each		
Discussing fees with patient		
Setting prices		
Understanding a balance sheet		
Understanding a profit/loss statement		
Being able to do a cash flow forecast		
Understanding the principles of working capital		
Understanding how depreciation works		

© UMD Professional Ltd

cient, and apart from carrying out a self assessment using an SEQ first there is no need to have a further interview. Alternatively you may find that an interview held midway between annual appraisals is a very good way of keeping contact in a formal way. The solution is to use the method that is most suitable for you.

In terms of training and development the interview (whenever and however it is held) should focus on the ability of the individual to carry out his or her job as effectively as possible, on possible future developments that may create the need for training, and on concerns of that individual. There is no ideal fixed format, although a few questions on a simple form will help. This is especially useful for the interviewee, because he or she can be given the form in advance to help stimulate ideas and prevent

undue concern about the kinds of questions to be asked or topics to be discussed.

Some basic guidelines for interviews are:

1. Keep the questions simple and ideally use open questions (questions with who, what, where, how and why) rather than closed questions (questions that only require 'yes' or 'no' for an answer).
2. Let the interviewee see the questions in advance.
3. Select a time and place where both interviewer and interviewee will not be disturbed.
4. Use the questions as a stimulus for the answer rather than a strict control over the interview.
5. The interviewer should write down a sum-

mary of the answer and ask the interviewee to agree it is correct.

6. Do not have too many questions (ideally 6–10 maximum).
7. If appropriate allow different people to do the interviewing (preferably with training rather than simply *ad hoc*).
8. Respect confidentiality.

With larger organisations a more formal approach may well be preferable, especially as people need to feel treated fairly. In smaller practices a more informal approach (but still with written answers) should be sufficient. If the interview is part of a larger appraisal then obviously it can be incorporated into the

appraisal form and only this section transferred to the person doing the training needs analysis.

Conclusion

Both self evaluation questionnaires (SEQs) and interviews can be very helpful as part of a training needs analysis. Neither should be very time-consuming (an SEQ should typically take 5 minutes to complete per form, and interviews of over 10 minutes are probably excessive). Both will add information to other paperwork collected to help provide a more comprehensive body of data to analyse in the next section of the process, which forms the content of the next part in the series.

© 1999 The design of the SEQs in this article are copyright of UMD Professional Limited