

*\*This assessment review was compiled by our students and is intended to be used as a guide in assisting clinicians. We encourage you to review the evaluations and assessments for yourself to guarantee the most accurate and updated information.*

## I. General Information

**Title of the test:** The Patient Competency Rating Scale (PCRS)

**Author:** George Prigatano, Ph.D. and colleagues at Presbyterian Hospital's Neuropsychological Rehabilitation Program (Prigatano and Others, 1986)

**Publisher:** John Hopkins University Press

**Time required to administer:** Not available; 30-item questionnaire with answers on a 5-point Likert scale

**Cost of the Test:** available for free at <http://www.tbims.org/combi/pcrs/pcrsrat.html>

## II. Description of Test

**Type/Purpose of Test:** The primary purpose of the PCRS is to determine the client's self-awareness (the ability to appraise one's current strengths and weaknesses) following TBIs. The test is a 30-item self-report tool that has the client use a 5-point Likert scale to rate his or her ability to perform in a variety of activities, skills, and tasks. The client's responses are then contrasted with those of either a relative or clinician who also rates the client on the same items. Inconsistencies between the client's ratings and the relative/clinician's ratings implies impaired self-awareness in that the client overestimates his/ her abilities compared to the other informant. The client's awareness of their deficits can also be examined separately in the various areas (ADLs, behavioral and emotional function, cognitive abilities, physical function) sampled by PCRS items.

**Population:** Specifically, those who have suffered a traumatic brain injury but also those with stroke and dementia.

**Focus of measurement:**

Organic systems     Abilities     Participation/life habits     Environmental Factors

## III. Practical Administration

**Ease of Administration:** The PCRS is given to clients and relatives/clinicians to fill out after the instructions, which are found at the top of each form, are explained aloud. If needed like with aphasic clients, the examiner can read the questions aloud and record the answers.

**Clarity of Directions:** The directions of this test are very clear and easily understood.

**Scoring Procedures:** The PCRS consists of 30 items, each scored on a scale of 1 to 5, making the total score range from 30 to 150. The higher scores indicate greater competency in the list of skills on the test. There are 3 different methods of calculating discrepancy scores according to the studies (adapted from Fleming et al., 1996):

"1) The total score or the average score across all items (average competency rating), may be calculated for both subject and significant other and then compared. This approach gives an overall measure of the discrepancy between self- and other-ratings but is insensitive to differences that may exist as a function of the type of item.

2) The following 3 scores may be computed: The # of items on which the subject's rating is higher than the respondent's; the # of items on which the respondent's rating is higher; and the # of items on which the ratings are identical. Subjects may then be classified according to which of these 3 scores is highest.

3) The actual magnitude difference between the subject's and respondent's ratings on specific items may be calculated. This method is sensitive not only to the degree of discrepancy, but to differences as a function of item type (e.g., cognitive/behavioral versus physical).”

**Examiner Qualification & Training:** Not specified

#### IV. Technical Considerations

**Standardization:** \_\_\_ Norms \_\_\_ Criterion Referenced ✓ Other: control group study

**Reliability:** Test-retest reliability:  $r = .97$  for patients and  $r = .92$  for relatives (Prigatano, Altman & O'Brien, 1990) Test-retest reliability for a group of uninjured college students:  $r = .82$  (Heilbronner et al., 1993) Test-retest reliability for patients with TBI: ICC  $r = .85$  (Fleming et al., 1998) Internal consistency was strong for both patient ratings (Cronbach's  $\alpha = .91$ ,  $n = 55$ ) and relatives' ratings of patients (Cronbach's  $\alpha = .93$ ,  $n = 50$ ).

**Validity:** The scoring and interpretation of this test relies on the assumption that the rating of the relative/clinician is a true measure of competency.

PCRS discrepancy scores correlate significantly with indices of injury severity in some studies (Prigatano et al., 1998) but not others (Prigatano & Altman, 1990) Correlation of the PCRS with specific neuropsychological findings is negative or ambivalent (Prigatano & Altman, 1990; Ranseen et al., 1990). PCRS discrepancy scores correlated negatively with measures of depression or emotional distress (Ranseen et al., 1990; Fleming et al., 1998)

**Manual:** \_\_\_ Excellent \_\_\_ Adequate \_\_\_ Poor

There is no manual per say but the instructions online are clear and concise as well as the instructions on each of the forms.

**What is (are) the setting/s that you would anticipate using this assessment?**

inpatient/acute settings, outpatient settings, home health

**Summary of strengths and weaknesses**

**Weakness:** Reliability of relative/clinician is crucial to validity of the test scores

**Strength:** Ease of administration, Easy to follow directions

**References:**

Prigatano, G. P. and Others (1986). *Neuropsychological Rehabilitation After Brain Injury*. Baltimore: John Hopkins University Press.

Kolakowsky-Hayner, S. (2010). The Patient Competency Rating Scale. *The Center for Outcome Measurement in Brain Injury*. <http://www.tbims.org/combi/pcrs> (accessed January 19, 2013 ).