COMPASS™ DIRECTIONS: LEADING THE INTEGRATION OF A COMPETENCY BASED ASSESSMENT TOOL IN SPEECH PATHOLOGY LEARNING AND TEACHING

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LD66: COMPASS™ Directions:
Leading the integration of a competency based assessment tool in speech pathology learning and teaching

Final Report – Part 1
Table of Contents

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Executive summary

The purpose of this project was to build the capacity of speech pathology academic and clinical education leaders to integrate COMPASS™, a newly developed competency based assessment tool, within their learning, teaching and assessment practices across curriculum. The specific aims of the project were:

1. To enhance learning and teaching by leading and supporting the integration of COMPASS™ within the curricula of speech pathology professional education programs nationally.
2. To build the capacity of speech pathology leaders to use COMPASS™ to enhance learning and teaching for the development of clinical competence in the discipline.
3. To build the leadership capacity of academic and clinical speech pathology educators to develop the research base for future enhancement of learning and teaching.

In summary, the results of the evaluation of the outcomes of the project were that there was evidence at all levels of leadership (professional, academic, clinical, and student) that the Leadership project had achieved its aim of effectively integrating the newly developed tool, COMPASS™, within learning, teaching and assessment practices. The professional association, Speech Pathology Australia, was continuing its strong support for the tool through continued funding support for an online version of the tool. These professional leaders reported that the project had resulted in rapid dissemination and embedding of the tool nationally. This national uptake was proving to be highly beneficial in the ongoing development of mutual recognition of professional qualification agreements being pursued internationally. The academic leaders (both Heads of programs and University clinical education coordinators) reported that all 9 Australian Universities were using COMPASS™ in their 13 speech pathology professional education programs for the assessment of the major practica contributing to the determination of professional entry-level competence. All programs had integrated the tool and its associated concepts within curricula related to clinical processes. Furthermore, some programs were beginning to cross-map the tool's Generic and Occupational competencies against University graduate attributes/outcomes more generally across their curricula. Speech pathologists providing clinical education were found to be strongly positive in their response to the introduction of the new tool. A high proportion of speech pathologists were found to be readily acquiring the main concepts immediately after training supported through the project. Speech pathology students were also strongly positive in their response to the roll-out of the new tool, again with a high proportion understanding the main concepts immediately after an introduction to COMPASS™.

Ongoing support for University clinical education coordinators in their use of the tool for benchmarking and research purposes is planned through a range of strategies. Further support for both clinical educators and students is recommended to continue to develop their skills in using the new assessment tool. Further research is suggested to investigate the longer term impact of the new approach to assessment on teaching and learning processes and outcomes.

1 Background & purpose

1.1 Introduction

This report describes the purpose, activities and outcomes of a collaborative project that set out to roll-out and embed a new approach to the assessment of clinical performance of speech pathology students across Australia.

The purpose of this project was to build the capacity of speech pathology academic and clinical education leaders to integrate COMPASS™, a newly developed competency based assessment tool, within their learning, teaching and assessment practices across 13 higher education programs, using assessment of work-integrated learning as a focus. This project used a strategic multi-level implementation process by working collaboratively with the professional community (through the Speech Pathology Association of Australia), speech pathology academic and clinical education leaders, clinical educators (both University employed clinical educators and speech pathologists in the field who provide clinical education), and speech pathology students. The approach was highly collaborative and participatory. The core team involved in the original research represented 3 Universities offering 4 of the 13 speech pathology programs in Australia. A further 6 Universities were involved, thus offering the other 9 speech pathology programs nationally as additional sites for the project. Finally, the professional association was included within the steering committee. Site visits, meetings (summits), website and telephone and computer conferencing were used to facilitate the familiarisation of speech pathology leaders in education to this approach to assessment. The project sought to facilitate the embedding of this new approach to assessment within the curriculum, teaching and learning practices within University speech pathology programs as well as within the professional discipline.

1.2 Aims of the project

The purpose of this project was to build the capacity of speech pathology academic and clinical education leaders to integrate COMPASS™, a newly developed competency based assessment tool, within their learning, teaching and assessment practices across curriculum. The specific aims of the project were:

1. To enhance learning and teaching by leading and supporting the integration of COMPASS™ within the curricula of speech pathology professional education programs nationally.

2. To build the capacity of speech pathology leaders to use COMPASS™ to enhance learning and teaching for the development of clinical competence in the discipline.

3. To build the leadership capacity of academic and clinical speech pathology educators to develop the research base for future enhancement of learning and teaching.

1.3 The project team

The project team involved collaboration between academic speech pathology staff from three universities: The University of Newcastle, The University of Sydney, and Charles Sturt University.

The project team members were:

- Associate Professor Alison Ferguson, Speech Pathology, School of Humanities & Social Sciences, University of Newcastle (project leader);
- Associate Professor Michelle Lincoln, Speech Pathology, Faculty of Health Sciences, University of Sydney;
- Associate Professor Lindy McAllister, Speech Pathology, School of Community Health, Charles Sturt University; and,
- Dr Sue McAllister, University of Newcastle/University of Sydney (project manager).

For further details about the project team members, see **Appendix 6.1** of this report.

1.4 The significance of the project

The significance of this project rests upon two key aspects. First, the project involved the introduction of a national assessment tool, and so raises important issues around the relationship between assessment and teaching and learning across academic programs. Second, the project involved a national network of all speech pathology programs in universities across Australia, and grew over the period of the project to include international programs from New Zealand. This offers the opportunity to reflect on distributed models of leadership within a professional community.

1.4.1 Significance in relation to the nexus between assessment, teaching and learning

Assessment drives learning, so learning, teaching, and assessment are inextricably intertwined. The COMPASS™ assessment system recognises that what is assessed and how it is assessed fundamentally shapes student learning (McAllister, Lincoln, Ferguson, & McAllister, 2006). COMPASS™ embodies best practice in ensuring that the assessment effectively facilitates learning through (a) appropriate processes e.g. authentic assessment (based in the real workplace), formative and summative components and validated rating scales (McAllister, 2005); and (b) content that is based on concepts and descriptions of professional competence that have been identified as meaningful to the profession and effectively describe the development of competence (*Competency Based Occupational Standards for Speech Pathologists - entry level (revised)*, 2001; Ferguson, 2006; McAllister, Lincoln, Ferguson, & McAllister, 2002). Not only do assessment tools shape the way students learn, but they also change the way educators design their curriculum and teaching practices. Sometimes, such tailoring of curriculum content and practices has negative effects or 'washback' (see Shohamy, 2001). For example when the test instrument lacks validity, then 'teaching to the test' promotes learning which also lacks utility in the real-world. However, when the assessment tool itself has been well-validated as adequately sampling and measuring authentic performance (McAllister, 2005) then any related adjustments to curriculum and teaching practices can be suggested to similarly increase the authenticity and relevance of teaching and learning.

Therefore, when evaluating the effectiveness of this project, we sought to find evidence of the extent to which speech pathology academic educators were changing their curriculum and/or teaching practices over the period of the roll-out of the new assessment tool. We also looked at the immediate impact of familiarisation with the new tool on the way clinical educators framed their learning goals for students.

1.4.2 Significance in relation to distributed models of leadership within a professional community

In Australia, there is a 'dual route' model of professional qualification, in that qualification can be obtained through a four-year undergraduate (Bachelors) degree program or a two-year postgraduate (Masters) degree program. A number of educational institutions in Australia offer both pathways to qualification. Programs are offered by the following 9 universities: Charles Sturt University, Curtin University, Flinders University, James Cook University, La Trobe University, Macquarie University, University of Newcastle, University of Queensland, and University of Sydney. This project aimed to promote and support change across the 13 higher education programs in these 9 institutions regarding their practice in assessment, learning and teaching in speech pathology education, using assessment of work-integrated learning as a focus.

This project ran alongside a related Priority project with the same project team, which also was supported through the Carrick Institute. The Priority project focused on building the capacity of University academics in the measurement functionality of COMPASS™ to facilitate the development of threshold standards of performance within programs and cross institutional benchmarking of students clinical competency (Lincoln, McAllister, Ferguson, & McAllister, 2006/2007). The Priority project included the 3 New Zealand Universities offering 3 speech pathology programs along with the Australian programs. The Leadership project facilitated the development of the capacity of speech pathology academics and clinical educators to embed COMPASS™ within their curriculum and assessment processes through facilitating their understanding of its contribution to the assessment and learning process in practicum. This process contributed to building the capacity of the discipline to undertake the Priority project's benchmarking activities. While each project addressed different learning and teaching priorities, they shared goals related to embedding COMPASS™ into speech pathology curricula and facilitating research into learning and teaching. To enhance the effectiveness of both projects through addressing mutual goals and capturing the positive synergies created, the projects were managed by one project manager (Dr McAllister) under one banner "The COMPASS™ Project". This effectively resulted in doubling of both project activities, particularly summits and site visits, and also enabled the New Zealand Universities to contribute to aspects of the Leadership project that would not have been otherwise possible.

The project actively built on a unique Australian initiative which has considerable scope for further development both nationally and internationally through application to research, establishing international benchmarks, and investigating ways to accelerate competence building. The project embraces the values of the Carrick Institute, through its commitment to excellence, diversity and collaboration, and aims to create long-term systemic change. The collaborative approach to leadership in this project also provides a model of best practice in the implementation of assessment in work-place base learning for other disciplines to follow.

1.5 Target outcomes of the project

Table 1 summarises the target outcomes of the project in relation to the three main aims of the project (as previously outlined in Section 1.2). The actual outcomes achieved are described in Section 3, and summarised and discussed in Section 4.

Table 1. Target outcomes

Project Aim	Project Outcomes	Evidence used in evaluating outcomes
1. To enhance learning and teaching by leading and supporting the integration of COMPASS™ within the curricula of speech pathology professional education programs nationally	Embedding of key COMPASS™ concepts in curriculum documents Embedding of key COMPASS™ concepts in teaching practices Dissemination of the knowledge and skills required to continue the integration of COMPASS™ within the curricula of speech pathology professional education programs nationally	Course outlines, academic & clinical student handbooks Course teaching guides & materials, & evaluation of familiarisation workshops Resources developed to support use of COMPASS™ by SPAA & Universities Evaluation feedback from key academic leaders.
2. To build the capacity of speech pathology leaders to use COMPASS™ to enhance learning and teaching for the development of clinical competence in the discipline	Establishment of a national network of speech pathology leaders in education Embedding of COMPASS™ within the structures and processes of Speech Pathology Australia Dissemination of knowledge and skills required to promote the familiarity of other speech pathologists with COMPASS™	Consortium, web-based resource sharing network Evaluation feedback from key Association leaders. Extent of 'train the trainer' activities, and evaluation of familiarisation workshops.
3. To build the leadership capacity of academic and clinical speech pathology educators to develop the research base for future enhancement of learning and teaching.	Dissemination of the knowledge and skills required to develop research using COMPASS™	Evaluation of summits, and by research activities developed to-date Extent of research developments using COMPASS™

2 Approach & methodology

This project used a strategic approach using a layered 'cross level' implementation process. This approach reflected a multi-level model of leadership, distributed both across and within higher education institutions and the professional community of speech pathologists. The approach was collaborative both with reference to the core project team (who represented 3 Universities offering 4 of the 13 speech pathology programs in Australia), and participatory in its involvement of a further 6 Universities offering the other 9 speech pathology programs nationally as additional sites for the project. The approach also involved collaboration with the professional community, both in relation to the Association's leadership and members. As

mentioned previously, linking this project with the related Priority project under The COMPASS™ Project banner enabled the 3 New Zealand Universities to collaborate on aspects of the Leadership Project. **Figure 1** (below) provides an overview of the layers of the project and illustrates the embedding of disciplinary capacity building.

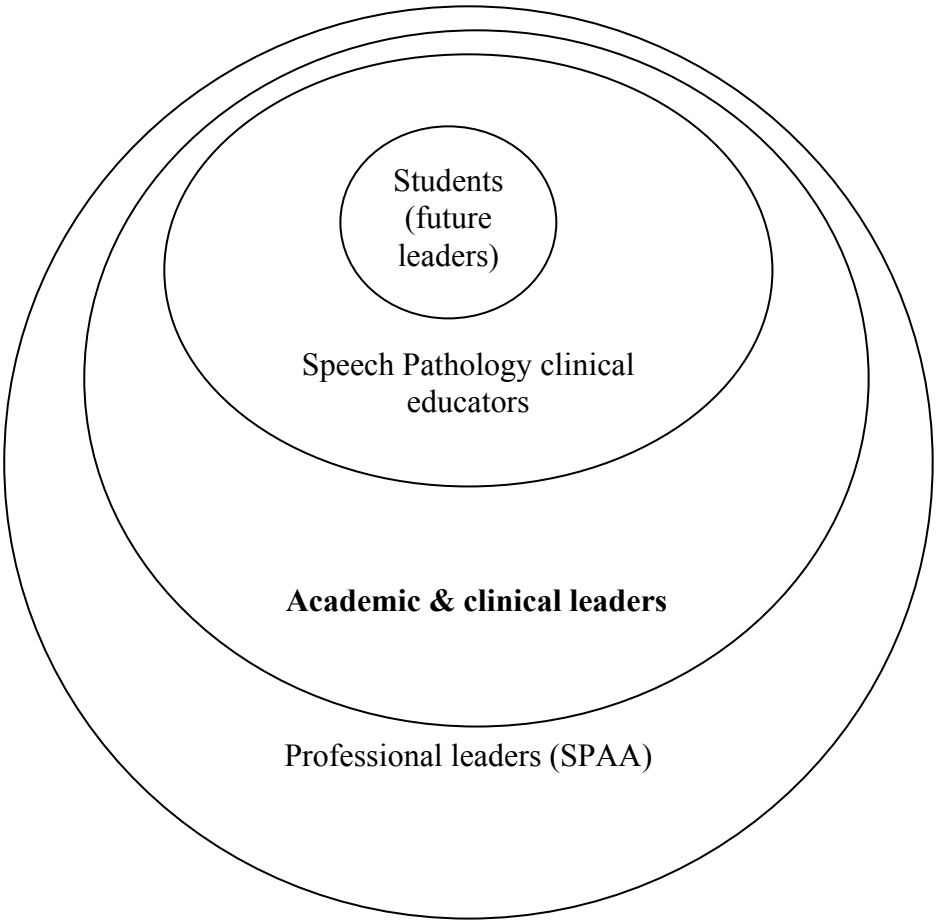


Figure 1: Multi-level model of leadership

2.1 Consultation and dissemination strategies for the project

2.1.1 Consultation

The primary consultation strategy for the project was the development and use of a nested set of consultative groups. Each level of leadership in the project was represented within a national reference group. Separate reference groups for students, speech pathology clinical educators, and University clinical education coordinators were set up specifically for this project. The project made use of the already established national 'Heads of Speech Pathology Programs' group meetings with Speech Pathology Australia President and Chief Executive Officer to act as a reference group for these levels of leadership. Representatives from each of these reference groups made up the membership of the steering committee with the members of the project team.

- **Steering committee** – chaired by Associate Professor Lindy McAllister comprised of all 4 members of the project team, and a representative from each of the reference groups (see below), with consultant Professor Joy Higgs (Strategic Research Professor in Professional Practice and Director of The Education for Practice Institute at Charles Sturt University) and Ms Gail Mulcair (CEO, Speech Pathology Australia). The steering committee met by teleconference at approximately 4 monthly intervals through the project.

- **Reference groups –** there were three reference groups, one for students, one for speech pathology clinical educators, and one for University clinical education coordinators and these groups met by teleconference at approximately 4 monthly intervals through the project.
    - **Student reference group –** chaired by Associate Professor Alison Ferguson, members were (listed by State, alphabetical order): NSW – Gemma Watts, QLD – Tameiko Filipowski, SA – Melanie Kane, VIC – Chelsea Kilgour, WA - Michelle Quail.

    - **Clinical educator reference group –** chaired by Dr Sue McAllister, with representatives from each State and Territory of Australia. Over the life of the project members included the following members (listed by State, alphabetical order): ACT - Suzanne Keed and Cathy Hurman, NSW - Kimberly O'Donnell and Sarah Legge, NT – Narelle Campbell, QLD - Liesa Beyers/Langbecker, SA - Helen Smith, VIC - Noni Burke and Sharon Horkings, WA - Jade Cartwright.

    - **University clinical education coordinators group** – chaired by Associate Professor Michelle Lincoln, membership comprised representatives responsible for coordinating clinical education programs from each University (listed below by University, in alphabetical order). Note that while the project's initial scope was to achieve national dissemination of COMPASS™, there was immediately considerable interest internationally, and so this reference group expanded to include representation of the three University speech pathology programs in New Zealand.
        - Charles Sturt University – Dr Ruth Beecham and Dale Howe
        - Curtin University - Margo Brewer
        - Flinders University - A/Prof Paul McCormack and Stacie Attrill
        - James Cook University - Louise Brown
        - LaTrobe University - Rachel Davenport
        - Macquarie University - Dr Lynne Mortenson
        - Massey University, Auckland - Yvonne Cope
        - University of Auckland - Alayne McKee
        - University of Canterbury, Christchurch - Gina Tillard
        - University of Newcastle – Dr Sally Hewat
        - University of Sydney - Liz Scott
        - University of Queensland - Anne Hill

- **Heads of Speech Pathology Programs –** the project team consulted with this established group in their quarterly teleconferences and face-to-face meetings with Speech Pathology Australia President (Cori Williams) and Chief Executive Officer (Gail Mulcair). Associate Professor Michelle Lincoln and Associate Professor Alison Ferguson represented the project team in these meetings.

2.1.2 Dissemination

There were two dissemination strategies employed on this project. The first strategy can be described as 'engaged dissemination' (in line with the Carrick Institute Dissemination Framework). The highly collaborative and participatory approach taken by this project meant that dissemination of the outcomes as they developed over time was an integral part of the project itself. The project's approach of embedding the tool within academic programs allowed for dissemination across each of the layers of leadership targeted by the project (professional leadership, academic and clinical education leadership, speech pathology clinical educators, and students). This type of engaged dissemination strategy was also involved in the consultation process undertaken in providing support for other disciplines.

The second strategy involved dissemination of the process and outcomes of the project, through national and international presentations (see Section 3.5 for these dissemination outcomes).

2.2 Project activities

The project commenced in September 2006, with the employment of Dr Sue McAllister as project manager (for both the Leadership and the related Priority project). The main substantive activities are described here. The evaluation activities are presented in Section 3. Dissemination activities are presented in Section 3.5.

2.2.1 National summit of University academic and clinical education leaders

A two day summit meeting was held in Sydney on September 25-26, 2006, with representatives from all Universities in Australia. Project funds supported the attendance costs for one representative from each university. While both Heads of speech pathology programs and University clinical education coordinators were invited to attend, Australian Universities (apart from those of the project team members) chose to be represented by their clinical education coordinators. In addition, due to their involvement in the related Priority project, two of the three Universities in New Zealand offering undergraduate and/or postgraduate programs sent two delegates each to this summit (including one Head of program), adding value to Leadership project activities. In addition, academic staff from the National University of Singapore audited the second summit. Given the highly complementary nature of the two projects, a combined agenda from both projects was developed. Activities that strategically promoted and supported changes to assessment practice and curricula (Leadership project objectives) included:

- Overview of the project and development of an agreement regarding the mutual responsibilities involved in participation. By the end of September, 2006, all 13 Australian speech pathology programs were directly participating in this project, with indirect participation by the 3 New Zealand programs.

- Training was provided adopting a 'train the trainer' approach to ensure that those implementing COMPASS™ within the University programs were both equipped to understand and train others regarding the assessment process and its impact upon student learning. Related scoring and interpretation issues were also discussed with

reference to appropriate inclusion of scores and performance descriptors in curriculum documents and assessment statements.

- Preliminary identification and discussion of issues related to training and use of COMPASS™ in the clinical education and University based curricula, and opportunities to develop evidence based practice in learning and teaching were identified and discussed.

There was a second national summit 10 months later (July 30-31, 2007). As before, this summit provided an opportunity to move forward with activities related to both projects. Activities that strategically promoted and supported Leadership project objectives included:

- Identification of further needs for COMPASS™ training. The main outcome of this activity was planning for the joint conference between Speech Pathology Australia and New Zealand Speech-Language Therapists Association, to be held in Auckland, New Zealand, May 2008.

- Development of ideas for the COMPASS™ online design that would support clinical educators' learning about the tool. The main outcome of this activity was the recommendation of a preliminary online tutorial as a required step prior to first entry into the online system.

- Discussion of ways in which benchmarking data could potentially be used in curriculum and program reviews, and in research. The main outcome of this activity was the identification of opportunities for further collaboration on projects focused on learning and teaching practice, as well as research.

2.2.2 University site visits

The following site visits to Universities across Australia were undertaken by the project manager:

- Charles Sturt University, October 2006
- Macquarie University, November 2006
- La Trobe University, December 2006 and November 2007
- The University of Queensland, January 2006 and September 2007
- Flinders University, September and October 2006 and January 2008
- Curtin University, February 2007 and June 2007
- The University of Sydney, February 2007
- James Cook University, March 2007
- The University of Newcastle, June 2007

The activities undertaken during site visits were individually tailored to the identified needs of the programs involved, and related to the objectives of both the Leadership and Priority projects. These visits served to establish and maintain effective working relationships between the project and University academic and clinical education leaders. Site visit activities included presentation by Dr Sue McAllister of various combinations of the 3 training modules included in the COMPASS™ resource folder. Five of the 9 Universities incorporated this activity in their site visit, in order to provide other academic and clinical education staff with

an opportunity to develop their skills and confidence as presenters through observation of the presentation of a workshop by an experienced presenter. This also increased the recognition of academic staff of the potential to embed COMPASS™ into the wider learning and teaching curriculum. Strategies to support training of rural and remote clinical educators were also identified, with the result that Universities independently collaborated to ensure training was offered at venues across their States (La Trobe and Charles Sturt Universities; James Cook University and University of Queensland; University of Sydney and Newcastle). Other site visit activities included participation in clinical education planning days or discussions to identify and address issues involved in introducing and using COMPASS™ as an assessment and learning tool within topics including practica. This included meeting training needs and identifying opportunities to enhance linkages between these and other aspects of the academic curriculum. Discussion and establishment of research activities also occurred, as described later in this report (see Section 3.2).

2.2.3 Development of resources

A number of 'train the trainer' resources of practical advice, suggestions and examples were developed over the life of the project to assist Universities to effectively use the training materials provided in the COMPASS™ resource folder. Additionally, written recommendations were provided to Speech Pathology Australia regarding future development of COMPASS™ materials. The project team members also collaborated in developing and trialling a resource to familiarise students with the COMPASS™ with both its roles as an assessment tool and as a resource to guide their learning. These resources are summarised in Tables 2, 3. These resources are all available from the website which was developed as a shared resource for both the Leadership and Priority project.

The website is currently for University speech pathology clinical education coordinators only, as its role is to assist their participation in The COMPASS™ Project and has been supported by the project manager. The website includes discussion fora, and archives of all COMPASS™ Project materials such as resources and meeting minutes. The ongoing role for this website and/or development other web presences will be discussed at an international summit ('Asia-Pacific Speech Pathology Education Forum') scheduled for the end of May, Auckland, New Zealand. Members of the website have currently chosen to use the website primarily to share and archive resources, with communication via scheduled meetings (including telephone and web conferencing via Elluminate) preferred over using the website fora. Programs will be asked to review content and functions (current and possible) of the website and to finalise agreement on strategies that have already been discussed for maintaining the website e.g. 12 monthly rotating responsibility for management of the web site including uploading shared resources. In addition, Forum participants will discuss the feasibility of developing a response to the strong recommendation from the clinical educator reference group that a public forum to support clinical educators be collaboratively developed and supported by Universities.

Table 2: Resource outcomes from the Leadership Project

Resources	Description	Accessible from
Train the trainer notes: COMPASS™ Module 1 [Trainer tips for using COMPASS™ Module 1.doc]	Information and recommendations to improve training using COMPASS™ Module 1, based on evaluation of training events.	The COMPASS™ Project Website [Edna Groups]
COMPASS™ FAQs for Clinical Educators [CE COMPASS FAQs Jan 08.doc]	Collation of frequently asked questions and related answers regarding appropriate use of COMPASS™ raised by clinical educators or students during assessment and training activities. Provided to programs to share with clinical educators via handbooks or University websites.	The COMPASS™ Project Website [Edna Groups]
Resource package to support introducing COMPASS™ to students. [Intro Students to COMPASS Presentation Guide.doc] [Introducing Students to COMPASS Slides.ppt]	A document that provides suggestions for presenting to students information about COMPASS™ as an assessment and learning tool, including suggested learning activities. Includes a set of PowerPoint slides.	The COMPASS™ Project Website [Edna Groups]

Table 3: Resource outcomes shared by both Leadership and Priority projects

Resource	Description	Accessible from
COMPASS™ FAQs for University Clinical Education Program Coordinators [University Coordinators FAQs for COMPASS 300108.doc]	Collation of frequently asked questions and related answers regarding scoring and interpretation of COMPASS™ ratings that have been raised by University clinical education coordinators during trainings, field visits, and other communications.	The COMPASS™ Project Website [Edna Groups]
Integrating COMPASS™ competencies into academic curriculum: Examples of clinically-focused tutorials [Competencies and clinical tutorials.doc]	An example of how COMPASS™ competencies could be usefully mapped across curriculum for University based topics, using tools and materials developed by The University of Newcastle.	The COMPASS™ Project Website [Edna Groups]
The COMPASS™ Project Website [Edna Groups]	A website for University clinical education coordinators only, to support their participation in The COMPASS™ Project. Includes discussion fora, and archives of all COMPASS™ Project materials such as resources and meeting minutes.	

2.2.4 Facilitation of integration into curriculum

All University programs commenced integrating COMPASS™ related information into course outlines and handbooks in time for the 2007 academic year. This process was supported by the project manager by face to face consultation and discussion, email, or telephone, and through commenting on revised curriculum materials. All programs had completed their teaching administration requirements to enable the use of COMPASS™ in their programs early in 2007. Many programs continued to access project manager support over the remainder of 2007 while refining learning outcomes and assessment criteria in unit/topic outlines and clinical education handbooks, so that they were well aligned with the content and processes reflected in the COMPASS™ assessment.

2.2.5 Facilitation and support for related research

A research project titled "Impact of student clinical assessment on goal-setting for learning and teaching" was developed by Associate Professor Ferguson, to investigate the impact of the introduction of the new assessment tool on students' reflections and goals for learning (project still underway). Dr Sue McAllister and members of the project team also acted as a resource for academics and students from The Universities of Sydney, Queensland, Newcastle, and Flinders on discussions and planning of research utilising COMPASS™ and investigating issues that would enhance learning and teaching. These have included evaluating the utility of COMPASS™ to assess the effectiveness of innovative curriculum approaches, the relationship of emotional intelligence to competency, and competencies enhanced by different types of work placements (refer also to Section 3.2).

2.2.6 Summary of activities

The activities conducted through the project are summarised in **Tables 4, 5**.

Table 4. Leadership project activities

Activity	Completed
National summit of speech pathology academic/clinical leadership (Australia and New Zealand)	September 2006
Training package for University employed clinical educators developed (based on experience from trials of familiarisation workshops in Sept-Nov 2006)	Jan 2007
Additional training resources for speech pathologists developed (based on experience from trials of familiarisation workshops in second half of 2006 and first half of 2007)	Over 2007
Clinical educator training conducted in all participating programs	2006-7
Train the trainer workshops and leadership support conducted site visits to train University clinical educators to deliver the training package for speech pathologists	
Implementation of changes in teaching students about competence assessment	Commenced March 2007
Leadership support through • Website • Elluminate training • Phone and email support by project manager • Planned succession for leadership roles	Mid-end 2007
Evaluation of clinical educator training across participating sites; identification of directions for ongoing implementation	August 2007
Evaluation of speech pathologist training across participating sites; identification of directions for ongoing implementation	September 2007
Evaluation of student learning about assessment of clinical competence across participating sites	November 2007
Final resource development • FAQs for clinical educators • Training resources for students • Additional 'train the trainer' materials for University clinical education coordinators on the COMPASS™ modules	February 2008
Evaluation of academic and professional leadership feedback	March 2008
Final report for Carrick.	16 May 2008

Table 5. Complementary Priority project activities

Activity	Completed
National summit of speech pathology academic/clinical leadership (Australia and New Zealand) – allowed for evaluation of extent of effective dissemination of knowledge and skills for leading COMPASS™ assessment approach	July 2007
Summit meeting of project team, reference group comprising Heads of programs and clinical education coordinators from participating Universities for final review of project and identification of directions for ongoing implementation.	25-30 May 2008

2.3 Evaluation methods

The project used a range of evaluation methods, making use of both qualitative and quantitative research methodologies where appropriate. **Figure 2** (over page) provides a matrix of the data sources and methods used in the project, mapped against the aims and outcomes of the project.

- Descriptive statistics (of numbers and proportions trained and using tool)
- Review of curriculum information/documents (as volunteered by participants)
- Comparison of content from group discussion at 2 national summits
- Individual interviews seeking evaluative feedback (by telephone)
- Questionnaire evaluation of training workshops, and of project
    - quantitative (ratings)
    - qualitative (comments)
- Comparison of content in written task pre/post familiarisation workshops

This mixed methodology approach (Creswell, 2003) provides for the opportunity to triangulate data and findings from a number of perspectives, serving to strengthen confidence in the interpretation regarding the outcomes achieved. Additionally, the evaluation methodology incorporated independent evaluation of qualitative data to increase the rigour of analysis (Liamputtong & Ezzy, 2005). A research consultant and two research officers who were not members of the project team were employed to undertake the analysis of the content and themes emerging in the following data: Field notes from interviews, comments about the training workshops, and the written task pre/post workshops.

3 Results of evaluation of outcomes

This section presents a summary of the results of the evaluation of outcomes based on sources of data and interpretation of findings at each of the levels targeted by the project:

- Professional leadership (Speech Pathology Australia)
- Academic and clinical education leadership
- Speech pathology clinical educators (speech pathologists employed by Universities to provided clinical education to students or who provide clinical education to students as part of their other duties)
- Students

See the following Section 4 for the summary of the outcomes of the project in relation to its specific aims.

Aims	Outcomes	Source / Method: Curriculum information/ documents Descriptive information	Academic & Clinical Leaders Interview Questionnaire Group discussion	Clinical Educators Questionnaire - Workshops - Project	Students Questionnaire - Project	Professional Association (SPAA) Interview
To integrate COMPASS™ in national curricula	COMPASS™ embedded in curricula	√	√		√	√
	Teaching practices use COMPASS™	√	√		√	
	Others competent & confident to continue to integrate in curricula		√			
To build capacity of others to lead in use of COMPASS™	National network established		√			
	Continuation of SPAA support for COMPASS™					√
	Others competent & confident to continue to use/train others		√	√	√	
To build capacity of others for research with COMPASS™	Others using COMPASS™ in research		√			√

Figure 2. Data sources and methods in relation to project aims and outcome

3.1 Professional leadership

Prior to the Leadership project, there was a long history of support provided by Speech Pathology Australia for the development and implementation of a national competency based assessment tool. Speech Pathology Australia was the industry partner on the Australian Research Council Linkage Grant that funded the original research which developed and validated the tool. Subsequently, Speech Pathology Australia invested in the publication of the tool, which became available to programs shortly before the start of this Leadership project. During the period of the Leadership project, Speech Pathology Australia was engaged in developing an online version of the tool, as the trial of this mode in the original research (McAllister, 2005), indicated that there was no difference in validity using this mode, and that it was favourably received by users[1]. Thus, engagement of the professional association was already well-established before the commencement of this project, and is continuing. With this in mind, the evaluation of outcomes of this project for professional leadership asked, in essence, what was the 'value-added' component that this project brought to the work of the Association and its members?

A semi-structured interview was conducted with two key leaders in Speech Pathology Australia: Gail Mulcair, Chief Executive Officer, and Vickie Dawson, Professional Standards Officer (see **Appendix 6.2** for interview questions). Both of these professional leaders reported with reference to their own roles in the Association, as well as the general views of the leadership of the Association where that was possible and appropriate.

The main findings of this evaluation were as follows. It was reported that in the accreditation of the 7 programs conducted during the period of the project, COMPASS™ was being used for final year students. From the Association's perspective, it was reported that there was no intention to require the use of this particular tool for accreditation purposes. However, the national uptake had greatly increased the efficiency of the accreditors' task, as accreditors did not have to familiarise themselves with a range of different assessment processes. It was also reported that the national use of the tool was proving useful in the Association's ongoing mutual recognition negotiations with other professional associations internationally, since it allowed for clear statements as to national standards. The Leadership project itself was seen to have greatly increased the rate and extent of uptake of the new tool, and so to have provided a fast return on the investment of the Association in the development of COMPASS™.

With specific reference to the aims and target outcomes of the Leadership project, this part of the evaluation provided confirmation of the national embedding of the new approach to assessment, and confirmation of the professional association's continued support for its development and implementation. The Association is not anticipating leading research with the tool in the immediate future but it does recognise that it may have a role as a partner in future research.

[1] At the time of preparation of this final report, the SPAA supported online version of COMPASS™ was configured to provide users with online scoring and basic record keeping, but further assistance from the Carrick Institute for Learning and Teaching and Higher Education was being sought to upgrade the online system's capacity for national benchmarking purposes (submitted by members of the project team along with three other participants in the present project).

3.2 Academic and clinical education leadership

3.2.1 Embedding in curricula and building leadership capacity

The academic leadership comprised two groups: Academic leaders of programs (Heads of speech pathology programs), and academic staff with the responsibility for the overall direction and coordination of the program's clinical education learning experiences (University clinical education coordinators). In many programs, such roles are partly shared, or distributed amongst academic and senior professional staff, and distributed variably across programs within Universities, and during the period of the project staff changes did occur in some programs. This meant that some Heads of programs were working very closely with the Leadership project, while for others this responsibility was delegated to the clinical education coordinator. Since there had been close and regular contact throughout the project with the clinical education coordinators, the project team had incorporated their formative feedback as it arose during the course of the project to influence process and outcomes in all areas. For example, this resulted in the collaborative creation of additional resources, as summarised previously in Tables 2 and 3 (Section 2.2.3).

All Heads of programs were invited to participate in a telephone interview (with interview questions sent to them in advance), and all clinical education coordinators were invited to provide feedback through either a questionnaire or an interview. All 9 institutions responded, through 5 Heads of program interviews and 4 clinical education coordinator questionnaires. An additional source of data was from an evaluation of the two national summits (previously described in Section 2.1). Firstly, the comparison of the content of group discussions (from field notes) enabled an evaluation of the extent to which questions and issues for discussion raised in the first summit were continuing to require attention in the second. Secondly, through a brief questionnaire, participants were invited to comment on the summit process, and to identify the need for further support requirements. The interview questions and questionnaires used in these evaluations are provided in **Appendix 6.3**.

Information provided by Heads and coordinators confirmed the integration of COMPASS™ within all 13 programs for the assessment of clinical competency at entry-level (program end), and within the relevant clinical process courses within each program. There was considerable diversity in the extent and ways in which the tool was being used, depending on the overall curriculum design and teaching philosophy of each program. For example alternative assessment processes were used initially by programs with an early focus on skill-building through micro-teaching and simulations in facilitating the development of fundamental clinical competencies. These programs moved to increasing use of COMPASS™ as the students' clinical experiential learning became more situated within the context of clinical practice outside the University. On the other hand, in some programs COMPASS™ was used from the first placement through to the final placement, even where that first placement occurred within the first 6 months of commencement of studies (e.g. as occurs in Masters level programs). As might be anticipated, programs associated with project team members had begun to map the Generic and Occupational competencies against their Universities' graduate attributes/outcomes. A pivotal factor in facilitating this further embedding appeared to be the extent to which members of academic staff were involved in the clinical program of the University. The major interest in the further use of the tool was in relation to its use in benchmarking activities, although some programs indicated both research activity and interest in collaborating in further research.

The feedback from academic and clinical leaders was strongly positive, with consistent comments in relation to the quality of support and assistance provided to University clinical education coordinators throughout the project. Several Heads of program reported that one of the major outcomes of the project for them had been development of the program's clinical education coordinator's leadership skills. The project actively supported these staff members as they took on the role and responsibility of rolling-out COMPASS™ in the program (both in training other staff, and in curriculum review and adaptation), and leading State-wide training for the speech pathology clinical educators.

An example of comments (from field notes during telephone interview) in relation to the outcomes of the project for one Head of program encapsulates much of the feedback generally:

Example 1

> *Got staff who were well trained and able to use it. A more reliable, valid assessment of students' competence. Because had to train people, reconnected with a lot of educators who hadn't come to CE workshops for a while. Continued positive relationship with SPAA. Anticipating accreditation might be easier. Re-established the connection with other University clinical educators. Learned how to use Elluminate. Modules fantastic, FAQs, resources fantastic saved time. Like showing COMPASS off with other University disciplines, and internationally.*

Feedback about the summits from attending University clinical education coordinators was very positive. Comparison of the topics of discussion and questions raised in the first and second national summits indicated a large shift in understanding of COMPASS™ and its potential applications in both student assessment and more broadly in curriculum review. At the first summit (September 2006), the focus of discussion rested with the tool itself and its use with individual students. In terms of wider program issues, the main concerns raised at the first summit were in regard to students at risk of failure. Discussion included problem-solving around, firstly, how these students might be identified by COMPASS™ assessments, and secondly how different Universities might approach the application of assessment results to procedures for managing such 'marginal' students. At the first summit, there were several frank debates regarding concerns about potential negative outcomes from the conformity that might potentially arise in the use of a national tool, and the consequences of this for the quality of professional education. In contrast, at the second summit (July 2007), there was very little discussion about the tool's procedures, with comments from participants clearly indicating a high level of detailed knowledge about the tool. Instead, the discussion topics at the second summit centred on what the data collected across student cohorts could be indicating about aspects of programs' teaching and learning outcomes, and about particular approaches to the delivery of learning experiences designed to promote the development of clinical competency. Points of difference between programs became a topic of shared interest amongst participants, both in terms of ways of using the new assessment process and in terms of diversity of curriculum design itself. Thus, by the second summit, rather than having promoted conformity, the roll-out of COMPASS™ appeared to be providing a common meeting point for the sharing of diverse ideas and approaches.

Qualitative comments from the University clinical educators when asked their opinion as to the major outcomes of this Leadership project were as follows:

Example 2

Good uptake of the tool due to the ease of implementation – provision of materials, advice and support on this.
Easy transition from our previous clinical assessment tool to this tool due in part to the resources provided by the project.
Implementing the COMPASS™ tool nationally and keeping people on board with the project
Successful introduction of a validated competency assessment tool into all University speech pathology programs.
Successful training of and support for University clinical coordinators in developing the skills of clinical educators in their assessment of students' competency in clinic.

The success of the project in building leadership capacity can also be seen in the fact that three of the University clinical education coordinators stepped forward to take on leadership roles in the follow-on project application to the Carrick Institute for Learning & Teaching in Higher Education to support the ongoing benchmarking and related activities, i.e. thereby effectively doubling the leadership capacity for the integration of COMPASS™ into speech pathology.

Thus, overall, there was strong evidence that the Leadership project had been successful in embedding the new assessment process within clinical curricula nationally, and had laid the groundwork required for others to lead its continued integration within curricula.

3.2.2 Research capacity building in academic and clinical leaders

During the project period, four research projects that involved COMPASS™ commenced and two were completed. These research projects are listed in **Table 6**.

In relation to the third aim of the project, COMPASS™ has moved from a new assessment tool to an accepted measurement process in the conduct of research. This can be attributed to the combined effects of both the sophisticated understanding of the tool and curriculum issues created through the Leadership project; and the foundational work of the Priority project in developing both an understanding and capacity to use the data generated through the tool.

Table 6. Research projects developed with support of Leadership and Priority projects

Researchers (Institution)	Project title	Current status
Ferguson, A. (UoN), McAllister, S. (UoN/USyd), Lincoln, M. (USyd),	Impact of student clinical assessment on goal-setting for learning and teaching	Data collection in process
Quaglio, T. (UoN), Meany, A. (HNEHealth), Ferguson, A. (UoN)	Emotional intelligence and clinical competence in speech pathology students	Completed, for presentation at SPAA/NZ conference, May 2008
Lincoln, M. (USyd), McAllister, S. (UoN/USyd), Ferguson, A. (UoN),	An investigation of the impact of placement type on competency development in speech pathology students	Data collection in process
Davidson, B. (UQ) Hill, A. (UQ) Sue McAllister, S. (UoN/USyd) Danielle Sloane, D. (UQ) Daniella Cain, D. (UQ)	Competency based assessment of speech pathology students within a simulated clinical environment	Completed, presented at Practice Makes Perfect conference, Vancouver, Canada, November 2007
Davidson, B. (UQ), Hill, A. (UQ) Sue McAllister, S. (UoN/USyd) Danielle Sloane, D. (UQ)	An investigation of COMPASS™ assessment concepts in a simulated clinical environment	Completed (stage 2 presented in November 2007), for presentation at SPAA/NZ conference, May 2008

3.3 Clinical education leadership

Speech pathologists who provide clinical education to students are the main users of COMPASS™. While some of these clinical educators are employed by Universities to provide clinical education as their major responsibility, many are employed by other agencies (e.g. Health, Education, and Community Services) and provide clinical education in the context of their main responsibilities for a clinical caseload. The Leadership project employed a 'train the trainer' model to enable the University clinical education coordinators to provide effective training and support in the use of the new tool to these speech pathologists providing clinical education. The evaluation of this level of leadership sought to establish the extent that the existing training resources were effective in achieving application of the main concepts associated with the tool[2], and in promoting clinical educators' confidence that they understood the new assessment process.

There were three components to this evaluation. First, the immediate feedback from clinical educators was sought following workshops (via questionnaire). Second, clinical educators were invited to participate in a written task of writing learning goals for a hypothetical student both before and after the workshop, and these data were qualitatively analysed to investigate the impact of the workshop. Third, at the end of the Leadership project period, speech pathologists who provide clinical education as a major part of their duties were invited to provide feedback about the project as a whole via questionnaire. A summary of the key results discussed below is presented in **Table 7,** and illustrated in **Figure 3**. The questionnaires and written task are provided in **Appendix 6.4**.

Close to 1,000 speech pathology clinical educators had received training from their local University by the end of the project period (estimated as a minimum of 965 based on available information). The first workshop held in each State with an educational program was evaluated (6 workshops in all, with 240 participants, of whom 214 responded to the evaluation questionnaire – 89% response rate). In terms of their ability to apply the content of the training, most respondents demonstrated full or partial understanding of the main concepts (across the 6 workshops, range 90-90%). It was apparent that there was a need for further support in recognising the need for direct observation in order to validly rate student performance for approximately 1 in 10 educators. Over 98% of respondents reported feeling that they could use the tool, with the use of the Visual Analogue Scale presenting a potential area needing some further support for some educators. Qualitative feedback suggested that clinical educators would welcome further training, particularly in providing interactive real-world applications and simulations.

For the pre/post written task of writing learning goals for a hypothetical student, 110 educators responded pre-workshop (55% response rate), and 144 responded post-workshop (71% response rate). Both before and after the workshop, clinical educators formulated learning goals that reflected both the Generic and Occupational competencies in COMPASS™, and goals tended to be focused on the student rather than clients (which may

[2] Note that the tool itself has been previously validated through a national field trial (McAllister, 2005), that showed that the tool could be administered validly and reliably with reference to the manual and resources, rather than requiring specific training. Thus, the evaluation of training in this project addressed the question as to the extent to which participants demonstrated the ability to apply the content of the training and reported perceived understanding and confidence with the assessment tool.

have reflected the nature of the task). Qualitatively, there was shift in the language used to describe learning goals, with many clinical educators using both direct quotation from the new tool, and using the tool's terms as a form of 'shorthand' for capturing particular aspects of student learning. For example, while in general the evaluation methodology did not provide for comparison of the pre and post training goals for individual attendees, there were specific examples available where respondents noted in their documentation their pre AND post goals. These can be presented for comparative purposes, with the post goals indicating the language of the COMPASS™ materials:

Example 3

Pre training three goals:

LG1: *Communicating/motivating clients*
LG2: *Matching theory with practice – rationale*
LG3: *Feeling confident in the hospital environment*

Post training:

LG1: *CBOS Unit 3 goal development – feedback*
LG2*: General competency: lifelong learning – integrates new information*
LG3*: Professional competency professionalism category*

The tool's emphasis on formative assessment appeared to have had an impact on the formulation of learning goals, since the proportion of goals that included this aspect doubled after familiarisation with the tool (pre 21/329 - 6%; 59/402 - 15%). Also, emergent themes from the qualitative analysis suggested a greater proportion of goals relating to aspects of communication (Generic Competency 2 - Communication), and reflection (Generic Competency 3 – Lifelong learning). This part of the evaluation suggested that there was some immediate impact of familiarisation with the tool on how clinical educators approached their teaching, and suggest that further research would be useful in the longer term when educators have had more direct experience with the tool (Ferguson et al, in preparation – b).

Thirty-three speech pathologists who provide clinical education as a major part of their duties responded to the questionnaire proving feedback about the project as a whole. There was a strong positive response for their perceptions of the extent to which they understood the main concepts associated with COMPASS™. Qualitative feedback highlighted that they were finding the new tool easy to use and helpful in promoting students' learning. Their suggestions for future directions for supporting their use of the tool included the suggestion for more training and practice, with the use of the Visual Analogue Scale again singled out as an area which clinical educators would welcome further support.

Example 4

Students have mentioned that supervisors still use the visual scale in different ways so that they can't really compare their progress against their friends in another similar placement. Maybe ensure that all supervisors are referring to the marking guide as they fill out the sheet so that it is more consistent across sites?? Continue to offer training sessions to clinicians who may have been unable to attend in the past. Also ensure that students are well trained in the use and that they completely understand that they do not have to achieve the top level from their first clinical experience.

Table 7. Summary of results from clinical educator (CE) and student (ST) questionnaire feedback re impact on understanding and confidence in use of COMPASS

	Respondents (n)	Strongly Disagree %	Disagree %	Neither agree/ disagree %	Agree %	Strongly Agree %	%
Understand behavioural descriptors	CE post-wshp (214)	0	1	2	59	38	100
	CE end project (33)	0	0	0	66.7	33.3	100
	ST post-lec (148)	0	4.7	10.1	76.4	8.8	100
	ST end project (76)	0	5.3	7.9	73.7	13.1	100
Understand how to use generic competencies	CE post-wshp (214)	0	1.4	3.3	65	30.3	100
	CE end project (33)	0	0	0	57.7	42.3	100
	ST post-lec (148)	0	8.8	17.6	66.2	7.4	100
	ST end project (76)	0	11.8	6.6	68.4	13.2	100
Able to represent performance on Visual Analogue Scale	CE post-wshp (214)	0	0.5	2.8	50.9	45.8	100
	CE end project (33)	0	3	18.2	54.6	24.2	100
	ST post-lec (147)	1	5.4	11.4	61.2	21	100
	ST end project (76)	2.6	7.9	14.5	52.6	22.4	100
Confident in use/how relates	CE post-wshp (214)	0	1.4	9.9	62.3	26.4	100
	CE end project (33)	0	0	0	54.5	45.5	100
	ST post-lec (148)	2	1.4	5.4	69.6	21.6	100
	ST end project (76)	0	1.3	6.6	60.5	31.6	100

3.4 Student feedback

Speech pathology students are the 'end-users' of COMPASS™, both in the sense of being assessed, and in their use of the tool for self-evaluation. At the same time, students are the clinical educators of the future, and indeed, the future professional, academic and clinical education leaders. Their understanding and acceptance of this assessment process is thus fundamental to the embedding of the assessment process for the long term. There were two components to this part of the evaluation. Students from the first two University programs to implement the student training resources (developed as part of this Leadership project) were asked for post-workshop feedback via questionnaire. Also, students from three University programs with experience of other assessment tools were asked for feedback at the end of the project period, via questionnaire. A summary of the key results discussed below is presented in **Table 7,** and illustrated in **Figure 3**. (See **Appendix 6.5** for the questionnaires used.)

Immediately post-lecture, 145 of 158 students (92%) provided feedback about their introduction to COMPASS™. The questionnaire mirrored that used with clinical educators (see Section 3.3), and looked at their ability to apply concepts about the tool, and self ratings of their perceived understanding in using aspects of the tool, as well as qualitative comments. A high proportion (83% to 99%) of respondents indicated full or partial understanding of the concepts and their application. A relatively low proportion (between 1% and 9%) of students indicated not being entirely sure about particular aspects of the tool. As was also found for the clinical educators, students' responses indicated the need for further education regarding the need for direct observation/experience in order to validly self evaluate or be rated in

relation to competency in performance. Qualitative comments indicated that students were aware that their clinical educators lacked familiarity/experience with the tool, and they suggested the need for further support of clinical educators in their use of the tool. Students also suggested that their own familiarity with the tool would be enhanced by further practice with interactive real-world learning activities.

At the end of the project period, 76 students provided feedback, using a questionnaire tapping similar areas to those explored with clinical educators. The results indicated that a high proportion (between 82% to 99%) felt that they understood the main concepts associated with COMPASS™. Areas in which students appeared to need further support were in the application of the Generic competencies and the Visual Analogue Scale in self-evaluation (with about 1 in 10 students indicating that these were areas which they did not understand). Qualitative comments were highly positive, with comments suggesting that they felt the tool was validly assessing their performance, and promoting their learning.

Example 5

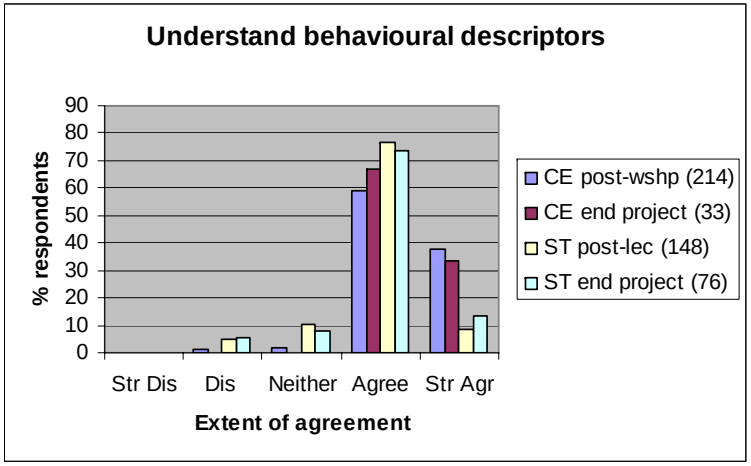
> *…I felt I wasn't competing for marks to prove myself as a clinician but rather it became more holistic. Rather than thinking about what I could do to get the next mark, I was thinking of how to improve myself overall on the scales. Also when a placement was over the COMPASS helped in seeing how far I still have to go and it reinforced the concept of lifelong learning.*

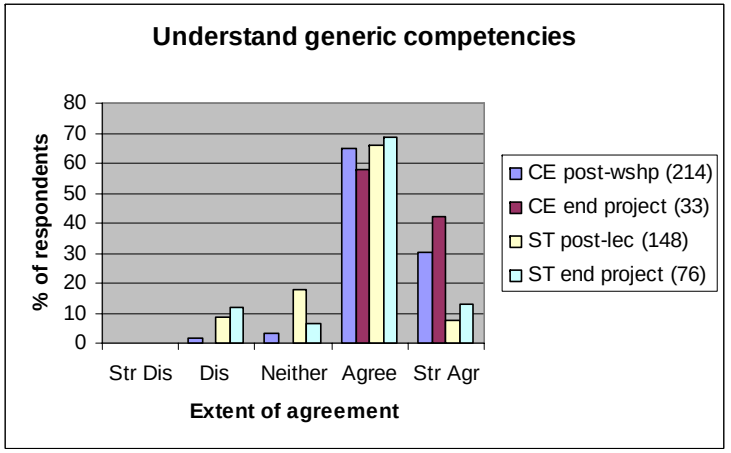
The largest number of comments was in relation to the need for further training of clinical educators in the new assessment process (45 comments).

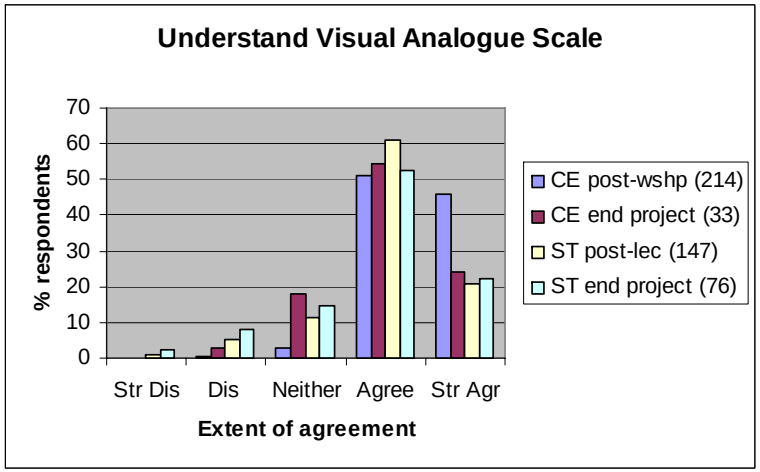
Example 6

> *My main concern was lack of experience/training in both myself and final 2 clinical educators had in using tool…*

One of the most striking findings in this evaluation was the close similarity between the perceptions of the speech pathology students and clinical educators. Students and educators were very similar in relation to their understandings about the tool, the areas in which they reported wanting more support/training, and the ways in which they would like to obtain further experience. From this finding, we suggest that an innovative way forward in providing further support for embedding COMPASS™ would be to provide such additional support as shared learning experiences. This would provide clinical educators with the 'real-world' responses and issues to consider, and it would provide students with an understanding of the way clinical educators use the tool and serve to build their future leadership in this area.







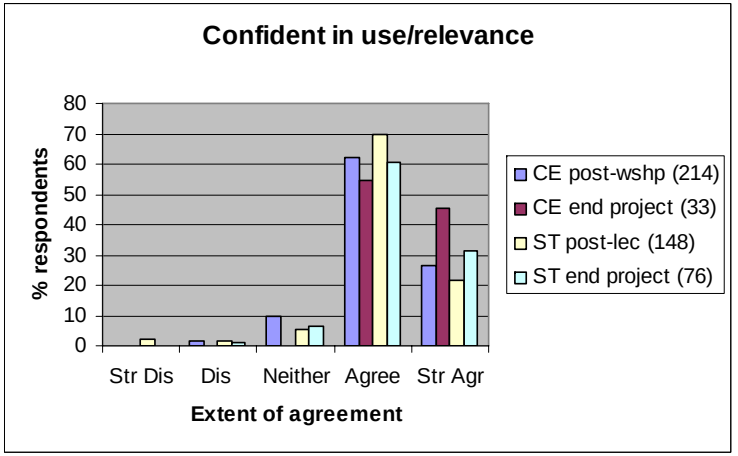


Figure 3. Key results from questionnaires re understanding of COMPASS™ concepts - speech pathology clinical educators and students

3.5Summary of evaluation and dissemination

3.5.1 Summary of evaluation

In summary, the results of the evaluation were that there was evidence at all levels of leadership (professional, academic, clinical, and student) that the Leadership project had achieved its aim of integrating the newly developed tool, COMPASS™, within learning, teaching and assessment practices (Ferguson et al, in preparation – a,c). The professional association, Speech Pathology Australia, was continuing its strong support for the tool through continued funding support for an online version of the tool. These professional leaders reported that the project had resulted in rapid dissemination and embedding of the tool nationally, and that this national uptake was proving to be highly beneficial in the ongoing development of mutual recognition of professional qualification agreements being pursued internationally. The academic leaders (both Heads of programs and clinical education coordinators) reported that all 9 Universities were using COMPASS™ in their 13 programs for the assessment of the major practica contributing to the determination of professional entry-level competence. All programs had integrated the tool and its associated concepts within curricula related to clinical processes, and some programs were beginning to cross-map the tool's Generic and Occupational competencies against University graduate attributes/outcomes more generally across their curricula. Speech pathologists providing clinical education were found to be strongly positive in their response to the introduction of the new tool, with a high proportion readily acquiring the main concepts immediately after familiarisation. Speech pathology students were also strongly positive in their response to the roll-out of the new tool, again with a high proportion understanding the main concepts immediately after an introduction to COMPASS™.

A number of directions for the future embedding of COMPASS™ were evident from the findings of the evaluation. Further integration of the main concepts of the tool into wider academic curricula would appear to require greater involvement of Heads of program than was achieved in this project. Ongoing support for University clinical education coordinators in their use of the tool for benchmarking and research purposes is planned through the further development of the website support developed through this project. It is also being sought through a follow-up project to the related Priority project on benchmarking. Further training and support for both clinical educators and students is suggested to trial the innovation of shared workshops to meet these groups shared and synergistic learning needs.

3.5.1 Dissemination

This Leadership project has, at its core, the dissemination of a new assessment process within speech pathology education, and so the activities and evaluation previously presented are themselves an account of the dissemination associated with the project (as previously mentioned in Section 2.1). Additionally, reports on the Leadership project itself and related material have been presented during the period of the project, as well as being planned for the future. These activities are listed below. It should be noted that most of these additional dissemination activities have been in multidisciplinary fora. As previously mentioned in the description of the site visits associated with the project (Section 2.2.2), these occasions and the participation in Carrick Institute fora provided many opportunities for informal multidisciplinary networking and dissemination about the project. Informal links developed between the project manager and those working in related areas in law, pharmacy,

physiotherapy and nursing. The Leadership project achieved international impact beyond its original scope, through the participation of the 3 speech pathology education programs in New Zealand. Also, information about the new assessment tool and associated projects was discussed between members of the project team and academic and clinical leaders in United States of America, United Kingdom, Malaysia and Singapore.

The following seminars and conference presentations have included information on learning that has occurred through the project, and which have been/or will be shared across the higher education and professional sectors. The project team also intends to develop and publish papers on the project outcomes, and these are also listed.

Conference Presentations (listed in reverse chronological order)

Ferguson, A., McAllister, S., Lincoln, M., McAllister, L., (in preparation). *Embedding a new student clinical assessment tool: An evaluation*. Paper to be submitted to ATN Assessment conference, University of South Australia, Adelaide, November 20-21

McAllister, S., Ferguson, A., Lincoln, M., & McAllister, L. (accepted for presentation 2008) *COMPASS™: Directions on the road to competency.* Paper to be presented at Reflecting connections: A joint conference between New Zealand Speech-Language Therapists' Association and Speech Pathology Australia, Auckland, New Zealand, May 25-29.

Quaglio, T., Meany, A., & Ferguson, A. (2008). *Emotional intelligence and clinical competence in speech pathology students.* Paper to be presented at the Reflecting connections: A joint conference between New Zealand Speech-Language Therapists' Association and Speech Pathology Australia, Auckland, New Zealand, May 25-29.

Davidson, B., Hill, A., McAllister, S., & Sloane, D. (2008) *An investigation of COMPASS™ assessment concepts in a simulated clinical environment*. . Paper to be presented at Reflecting connections: A joint conference between New Zealand Speech-Language Therapists' Association and Speech Pathology Australia, Auckland, New Zealand, May 25-29.

Davidson, B., Hill A., McAllister, S., Cain, D. (2007) *Competency based assessment of speech pathology students within a simulated clinical environment*. Paper presented at British Columbia Allied Health Council, Practice Makes Perfect Conference, Vancouver, November 4-7.

Ferguson, A., McAllister, S., Lincoln, M., & McAllister, L. (2007). *Impact of familiarising clinical educators with the assessment principles of COMPASS™*. Paper presented at the 5th Asia Pacific Conference on Speech, Language and Hearing, Brisbane, July 9-13.

McAllister, S., Lincoln, M., Ferguson, A., & McAllister, L. (2007). *Nature of workplace competency for university educated professionals.* Paper presented at the Higher Education Research and Development Society of Australasia (HERDSA), Adelaide, July 8-11.

McAllister, S., & Ferguson, A. (2007). *Workshop: Introduction to COMPASS™*. Paper presented at the Speech Pathology Australian National Conference, Sydney, May 27-30.

McAllister, S. (2006) *Facilitating and assessing learning in the workplace*. Invited Keynote Paper presented at National Conference for the National Association for Field Experience Administrators, Adelaide.

Seminars (listed in reverse chronological order)

McAllister, S., McAllister, L., Ferguson, A., & Lincoln, M. (2008). *The COMPASS™ Project*. Carrick Institute for Learning and Teaching in Higher Education – Leadership Forum, Sydney, February.

McAllister, S. (2007). *Facilitating and assessing student learning in the workplace: The speech pathology experience*. Invited Keynote, Benchmarking Student Learning in the Workplace Colloquium, The University of Newcastle, June.

McAllister, S. (2007). *Best practice in facilitating and assessing student learning in the workplace: The speech pathology experience*. Presentation at the Re-energise Forum for Staff Development and Training Unit, Flinders University, Adelaide.

McAllister, S., & Ferguson, A. (2007). *Leadership for teaching and learning in the professional practice context.* Workshop, Carrick Institute for Learning and Teaching in Higher Education – Assessment Forum, Sydney, February.

McAllister, S. (2006). *Assessment in the clinical context: Facilitating and assessing student learning in the workplace*. Invited seminar for clinical education planning day, Faculty of Health Sciences, The University of South Australia, Adelaide.

McAllister, S. (2006). *Assessing work integrated learning: Facilitating and assessing student learning in the workplace*. Seminar for the SA branch of Australian Collaborative Education Network, Adelaide, September.

Journal articles in preparation (for submission to international refereed journals)

Ferguson, A., McAllister, S., Owen, S., Lincoln, M., & McAllister, L. (in preparation). The effect of familiarisation with new assessment tool on clinical educators' setting of learning goals for students. (Target journal) *Advances in Health Science Education.*

Ferguson, A., McAllister, S., Lincoln, M., McAllister, L., (in preparation). The national integration of a new student clinical assessment tool into speech pathology curriculum: An evaluation. (Target journal) *International Journal of Language & Communication Disorders.*

4 Discussion of outcomes

In this section (Section 4), the findings above (from Section 3) are integrated in order to summarise the outcomes of the project in relation to its specific aims. **Table 8** provides an overview.

Table 8. Overview of outcomes achieved in relation to project aims

Project Aim	Project Target Outcomes	Outcomes Achieved
To enhance learning and teaching by leading and supporting the integration of COMPASS™ within the curricula of speech pathology professional education programs nationally	Embedding of key COMPASS™ concepts in curriculum documents (as evidenced through course outlines, academic & clinical student handbooks). Embedding of key COMPASS™ concepts in teaching practices (as evidenced through course teaching guides and materials, and evaluation of familiarisation workshops). Dissemination of the knowledge and skills required to continue the integration of COMPASS™ within the curricula of speech pathology professional education programs nationally (as evidenced through evaluation feedback from key academic leaders).	Fully into clinical curriculum, some emerging impact on academic curriculum Fully into clinical teaching practices Fully achieved
To build the capacity of speech pathology leaders to use COMPASS™ to enhance learning and teaching for the development of clinical competence in the discipline	Establishment of a national network of speech pathology leaders in education (consortium, web-based resource sharing network) Embedding of COMPASS™ within the structures and processes of Speech Pathology Australia (as evidenced through evaluation feedback from key Association leaders) Dissemination of knowledge and skills required to promote the familiarity of other speech pathologists with COMPASS™ (as evidenced through extent of 'train the trainer'activities, and evaluation of familiarisation workshops, and resources developed).	Yes, though requires ongoing support as transfer of leadership roles still in process Previously well in place, and support continues Fully achieved
To build the leadership capacity of academic and clinical speech pathology educators to develop the research base for future enhancement of learning and teaching.	Dissemination of the knowledge and skills required to develop research using COMPASS™ (as evidenced through evaluation of summits, and by research activities developed to-date)	Achieved in relationship to leadership, though ongoing support required to facilitate data-gathering infrastructure

4.1 Review of project outcomes

4.1.1 Factors that were critical to the success of the approach

There are four factors that can be identified as critical to the success of this project: the receptive context for the project, the congruence between the leadership model and processes adopted in conducting the project, the disciplinary skill set, and the practical achievement of efficiencies.

This project took place within a strongly receptive context. One reason for the strong support and interest in participation in the project from the programs across Australia was the close and transparent relationship between the COMPASS™ assessment approach and the accreditation approach of the professional association. Historically, there has been a national approach to accreditation which has established an acceptance of national standards and approaches. Since 1994, Speech Pathology Australia has taken a competency based assessment approach to accreditation (Ferguson, 2006). In other disciplines and in speech pathology in other countries, many professional accreditation processes adopt an 'input' based approach, in which issues such as the number of academic and clinical hours given to students on particular topics or skill domains are emphasised. In contrast, Speech Pathology Australia requires speech pathology education programs to demonstrate the adequacy of their assessment of student competencies in relation to the competency based occupational standards of the profession (*Competency Based Occupational Standards for Speech Pathologists - entry level*, 1994; *Competency Based Occupational Standards for Speech Pathologists - entry level (revised)*, 2001). This approach has allowed the development of diversity in curriculum and teaching practices, while 'standardising' the end-goals of that educational process. This shared goal provided the environment in which there was a high acceptance of the approach taken to assessment in the new tool (McAllister, Lincoln, Ferguson, & McAllister, 2004), and this in turn resulted in a high degree of participation in the Leadership project (13 of 13 programs, in 9 of 9 institutions).

There was congruence between the leadership model and processes adopted in conducting the project. This project adopted a distributed leadership model, in view of the strongly collaborative context in the speech pathology community of practice. The project leaders are themselves 'insiders' to this community across all levels of leadership, in being experienced speech pathologists with considerable experience in the provision of both direct clinical education to students, and the development and provision of academic curricula across a range of university contexts nationally. The project leaders are also active members of the professional association, with experience and service at all levels of the Association, including its accreditation role. It was striking in the feedback from Heads of programs that all respondents commented on the collaborative approach taken by the project, and their appreciation of the direct support provided by the project, and the project manager in particular, for the integration of COMPASS™ into their curricula. The introduction of a new assessment tool of this 'high stakes' nature (i.e. determining achievement of professional entry-level competence) could hold the potential to be seen as an imposition, and might result in adverse outcomes such as a 'one size fits all' approach or resistance to adoption. From the results of the evaluation, it appeared that neither of these adverse outcomes had eventuated. In line with the philosophy of both the tool and the project team, it was evident that different programs were adopting the tool in diverse ways and to differing extents, to suit the individual

educational philosophies and demands of their program and institution. Also, the complete achievement of national adoption of the tool was achieved rapidly, within the first three months of the commencement of the project.

The discipline of speech pathology is 'client-focused' in the sense of seeking to address the goals that are of interest and relevance to clients. The discipline is also centrally concerned with effective communication and has highly developed frameworks and experience in managing needs for communication accommodation and negotiation. Also strategic approaches to engage motivation for client change are core competencies in the discipline. This skill set makes a major contribution to the competencies required for effective leadership in any setting. In this project, this skill set served the team well, and was also very evident in the pick-up of leadership roles amongst the participants in the project.

Practical efficiencies were gained through the appointment of Dr Sue McAllister as project manager (for both the Leadership and the related Priority program project). This contributed greatly to the successful outcome of the project, since COMPASS™, the assessment tool central to this project, was based on her original PhD research, and so her employment enabled University academic and clinical education leaders to work directly with the tool designer. The appointment across both the Leadership and Priority programs maximised the effectiveness of project funding by capitalising on the synergies arising between these closely related projects. For example, complementary objectives from both projects could be achieved at the two summits.

4.1.2 Factors that impeded the success of the approach

There were three factors that impeded the success of the approach: level of leadership engaged, availability of IT infrastructure, and availability of support for ongoing networking beyond the period of the project.

The two national summits involved in both this Leadership project and the related Priority project proved to be turning points in the development of ownership of both the tool and its uses amongst participants. The project had invited 2 representatives (Head of program and University clinical education coordinator) from each University to attend, with one being supported through funding from this project, and one requiring University funding. This meant in practice, that in most cases only one representative was sent from Universities which were not represented on the project team, and due to the clear relevance of the summit to clinical education, this representative was the University clinical education coordinator in all cases. Without this opportunity for engagement with the tool and the project, Heads of program received 'second-hand' information, or brief summary reports in the context of consultation. Site visits were often designed to maximise the support for the University clinical education coordinator, and so again support for the Heads of program to start developing ideas in relation to curriculum was restricted. As discussed above, there were many advantages in the team taking a 'client-focused' approach and responding to the perceived priority of attending to the University clinical educators' needs. However, this meant that when Heads of program did not recognise a role for the team in relation to their needs, that this remained an unmet need. Despite this, Heads of programs provided a remarkable level of support for the project (as indicated by their evaluation), and so a direction for the future would be to identify support for this group.

Developing a shared understanding of uses of COMPASS™ would have been assisted if the online version under development by Speech Pathology Australia incorporating benchmarking capability had been completed by the end of the project as originally anticipated. However, logistical and cost demands delayed this process, and additional financial support needs to be sought to develop a database to enable benchmarking data collected by COMPASS™ Online (currently being sought from Carrick Institute). Fortunately, the project officer for the Association's online developments (Leah Hanley) was able to attend the second summit, and this input greatly contributed to the understanding of the University clinical education leadership regarding the potential uses of the tool into the future.

The Leadership project was able to successfully build a number of networking resources for the University clinical education leadership (see Section 2.2.3, Tables 2 & 3). However, this network is at-risk of not continuing, due to lack of an available infrastructure and higher level leadership to support it. In order for there to be continuity past the period of the project, additional support for ongoing development of this group has been sought from Heads of programs. This is subject to further discussion at a meeting of Australian and New Zealand participants in late May, 2008 (Asia-Pacific Speech Pathology Education Forum scheduled for the end of May, Auckland, New Zealand).

4.1.3 Generalisation of approach/outcomes

As previously discussed, this project involved the participation of all 9 Australian Universities offering speech pathology education, as well as being taken up during the period of the project by the 3 Universities in New Zealand offering speech pathology education. Additionally, the activities planned to provide on-going support look well-placed to include the National University of Malaysia, and National University of Singapore, with interest also expressed by the University of Hong Kong. Clearly, the approach to assessment itself is generalisable across a variety of institutions and locations, both nationally and internationally. The approach to the roll-out process that was taken in this project was seen to be successful in being very much a 'grass-roots' process within a receptive context of a clearly defined community of practice (as discussed in Section 4.1.1). The model of leadership that emerged over the project (as discussed below in Section 4.2) may have relevance to other discipline based communities of practice.

As described previously (Section 3.5.1), the outcomes of this project have been shared in a number of fora nationally, and in one international forum to-date. The project team plans to submit an account of the project for international scholarly publication within the next six months.

4.2 Significance of project for future developments

This project was about disciplinary leadership, utilising national networks, and was conducted within a shared learning and teaching community. The project provides an exemplar of how a distributed model of leadership can facilitate rapid change within such a context. The outcomes of the project have practical significance in guiding the further embedding of this new assessment process in the community of practice, as well as more theoretical significance in relation to the recognition of the understanding of the relationship between assessment, teaching and learning in speech pathology.

4.2.1 What is leadership?

This project has prompted the project team to reflect on models of leadership and their 'fit' for capturing the processes and outcomes of the present project. Effecting change in a community is typically described in terms of barriers and facilitators, problems and solutions. Models of leadership suggest that one of the primary functions of leaders is to initiate and manage change (e.g. Kotter, 1996). Such models of leadership can be seen as being at odds with models of teamwork. The notion of 'leading a team' carries inherent contradictions in relation to the peer relationship and how this is the fundamental force within the team, and is strongly contrastive with the power relationship and its role in leadership. It became increasingly apparent as this Leadership project progressed, that the driving force behind the change in this project was an emergent property of the peer relationship between the project team members, leaders in the professional association, and the University academic and clinical education coordinators. For this reason, we asked them what they understood by 'leadership'. The most common metaphor used in describing leadership was that of a '*journey*': Leaders were seen as '*guides along a path*', '*providing direction*', '*knowing what the directions are and allowing others to jump on the same train*', '*showing the way*'. Alongside these comments were a set in relation to *enabling, facilitating*. The following comment underscores the model of leadership in this project:

Example 7

> (Leadership is...) *Building a framework that engages stakeholders and fosters growth and development. In the context of COMPASS™, the collaborative and nurturing approach appears to have been key factors in the success of integrating COMPASS™ across 13 speech pathology programs.* R280308)

Most speech pathology academic and clinical leaders come to the process of curriculum development well informed by their professional education and experience regarding cognitive theories and practices in relation to learning and behavioural change. They bring with them an understanding of the assessment of learning from a clinical perspective, and their approach meets many of the criteria highlighted by Boud and Falchikov (2007). This includes approaches required for the promotion of learning in students with a view to their development of lifelong learning, i.e. clarity and consensus regarding the relevance and importance of the educational goals, congruence between assessment and learning objectives, and the role of self evaluation in sustaining the development of learning. However, speech pathology academic or clinical education leaders rarely have the opportunity to review their curriculum and assessment processes with the assistance of a person providing academic development support – this may well account for the high value placed on the support provided by the project. Also, prior to the Leadership project, the exchange of curriculum and clinical assessment information was restricted to formal presentations at discipline conferences, occasional published papers, and chance discussions in the conduct of other matters. Thus, this project and its related Priority project have provided the 'pathway' (to use the same metaphor as these leaders), while the emergent model of leadership through this project has been that of a shared journey.

4.2.2 Practical directions of significance

The project evaluation (previously presented in Section 3) provided four main directions for the future:

1. Development of an ongoing network to support the use of COMPASS™, initially for the Asia-Pacific region. Commitment to participation has already been indicated by all Australian speech pathology programs, the three New Zealand programs, and the National University of Malaysia. University of Hong Kong and the National University of Singapore have requested to be kept informed as to developments.
2. Infrastructure support for the use of COMPASS™, for benchmarking purposes to support quality improvement of curriculum and identify potential areas for research (as reported by the related Priority project)
3. Continued development of research using the tool to develop and evaluate curriculum change and development.
4. Continued support and training of speech pathology clinical educators and students in their use and understanding of the potential of COMPASS™, to enhance the teaching and learning process.

4.2.3 Relationship between assessment, teaching and learning in speech pathology

In general terms, there is widespread recognition that there is a strong reciprocal set of effects between what is taught and how, and what is assessed and how. However, for many disciplines this situation is particularly difficult because of the lack of a clear reference point against which to evaluate the assessment itself. For example, in the discipline of linguistics there is a wide range of views in the community of linguists regarding what a linguist needs to know. Thus, while certain content of teaching may be selected, and students' knowledge and application of that material can be assessed, it is not clear what the standards are against which content, delivery or outcomes can be evaluated. However, speech pathology has much in common with other professional disciplines such as physiotherapy (___, nd) and psychology (Lipp et al, 2006). There is a vocal community with relative consensus as to what should be taught, and considerable consensus as to how it should be taught, for example, the importance of practicum experience. Assessments in such disciplines are closely mapped against the requirements of professional accreditation and/or registration, and this necessity promotes the development of assessments with high validity. However, perhaps because of this close relationship between professional values and educational goals, there is strikingly little research that provides substantive evidence regarding assessment and curriculum development across the professions generally, and in speech pathology in particular. Most descriptions of speech pathology curricula are descriptive and non-evaluative in nature (see the special issue of *Folia Phoniatrica et Logopaedica, volume 58* for examples).

The development and empirical field testing of COMPASS™ thus represents a major step forward in the evidence base for speech pathology education. The achievement of this Leadership project in the embedding of this tool across all programs in Australia and New Zealand has considerable significance in enabling the use of an empirically validated form of assessment, which will, in turn, enable the development of empirically guided curriculum development.

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6 Appendices

6.1 Details of the project team

6.2 Interview questionnaire- professional leadership

6.3 Evaluation tools - academic leadership

6.4 Evaluation tools - clinical educators

6.5 Evaluation tools - students

Appendix 6.1 Details of the project team

The project team members have been working together since 1999 in the process of developing a competency based tool design for the assessment of the clinical performance of speech pathology students. Prior to the commencement of the Leadership project, the COMPASS™ project had generated the production of an assessment booklet, resource manual, technical manual and training modules. Additionally the team had published one research paper and had presented seven conference papers about the development and testing of COMPASS™.

Project leader

Associate Professor Alison Ferguson, BA, BAppSc(Cumb), PhD(Macq)

Associate Professor Alison Ferguson has over 25 years experience as a qualified speech pathologist working in hospital, community, and University education settings. In 1993 she took up the inaugural position in the Speech Pathology Discipline at the University of Newcastle. Her team leadership in the development of Speech Pathology teaching curriculum led to the University of Newcastle Award for Excellence in Teaching for 2000. She has been a Chief Investigator on competitive research grants, the majority of which have been obtained from external agencies. Her research into education in speech pathology has been presented and published in a range of national and international peer-reviewed conferences and journals. She recently published a book on the topic of expert practice in speech pathology[3], and is preparing another book under contract with Palgrave Macmillan publishers.

Key members of project team

Associate Professor Michelle Lincoln, BAppSc(Cumb), PhD (Sydney)

For the past ten years Dr Michelle Lincoln was the Director of Clinical Education in a large speech pathology program at The University of Sydney, and in 2006 she took on the role as Discipline convenor in Speech Pathology. She is an active researcher in the area of learning and teaching, in particular workplace based learning experiences. In the past five years she has averaged four peer reviewed publications per year, authored one book and four book chapters. In addition she has received external and internal research funding, including two ARC Linkage grants. Her capacity for excellence in teaching at the tertiary level is best demonstrated by the 2005 University of Sydney's Vice Chancellor's Award for Outstanding Teaching. Her expertise and scholarly approach to facilitating student learning is further demonstrated by the publication of two books that specifically address student learning in clinical settings[4]. Together with Associate Professor Lindy McAllister, she was invited to write the second text book in recognition of their international reputation as clinical educators and academics.

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Associate Professor Lindy McAllister, BSpThy(Qld), MA(SpPath), PhD(Sydney)

In over 30 years of practice as a speech pathologist, Associate Professor Lindy McAllister has worked as a clinical educator in three states of Australia and has been Director of Clinical Education in three different university speech pathology degree programs at Queensland and Sydney Universities and at Charles Sturt University. As a result she understands the imperative of implementing a nationwide, field tested valid and reliable tool for the assessment of clinical competence in students. She was leader of the speech pathology teaching team which won the CSU Vice-Chancellor's Award for Teaching Excellence in 2002. She has a strong profile of scholarship in clinical education, having two internationally published books on this area with Dr Michelle Lincoln and over 30 other peer reviewed publications in teaching and learning.

Dr Sue McAllister, BAppSci(Flinders), MDisStud(Flinders), PhD(Sydney)

Since graduation as a speech pathologist in 1982 Dr Sue McAllister has accrued a wide range of experience as a clinician, clinical educator, project manager, and academic. This experience has included coordinating and supporting clinical education at the Flinders University and providing training and support to University and field educators in their roles as teachers and assessors. She participated in the development and delivery of new curriculum in the Department of Speech Pathology & Audiology, and in University-wide initiatives at Flinders University. Her doctoral research (McAllister, 2005) coupled with her employment by Speech Pathology Australia as project manager, was pivotal to the development of COMPASS™ and related training and support materials. Sue took the role as project manager for this Leadership project and its associated Carrick-funded Priority project exploring the benchmarking potential of COMPASS™ data.

Appendix 6.2 Interview questionnaire – professional leadership

Speech Pathology Australia Leadership – Questions for Project Evaluation

Interview Questions

- To what extent do you think the speech pathology professional association and its members are aware of COMPASS™?

- How many programs have been accredited during the project period? Do you have any comments on any effect of COMPASS™ on this process? Do you think COMPASS™ may have any effect on the accreditation process in the future?

- What (if any) plans has the Association got for any future research or program evaluation which might involve COMPASS™?

- Do you have any comments about how the Leadership project contributed to your understanding of how COMPASS™ can be used in your role in the Association? If yes, how?

- This project has been funded under a Leadership grant. What do you think 'leadership' is?

- Do you have any comments about this project's impact with reference to the three aims of the project?

- What do you think it would have been like for the work of the Association this year if programs had been trying to implement COMPASS™ without the support made available through the Leadership project?

- What do you feel that you, in your role with the Association, got out of the project?

- Is there anything else you would have liked/would like in the future to assist the integration of COMPASS™ within the professional community?

Appendix 6.3 Evaluation tools – academic leadership

Heads of Programs – Questions for Project Evaluation

Interview Questions

- When did your program introduce COMPASS™, and to what extent has it been used across the program?
- When and how does your program inform students about COMPASS™?
- How familiar do you think academic staff are with COMPASS? Was any particular support available for academic staff to become familiar with COMPASS™?
- How did your program educate clinical educators about the use of COMPASS™?
- Is COMPASS™ or concepts related to it (e.g. generic professional competencies) being used elsewhere in the program other than in practicum based topics?
- Has your program been accredited during the project period? If so, do you have any comments on any effect of COMPASS™ on this process? Do you think COMPASS™ may have any effect on the accreditation process in the future?
- What (if any) plans have your program got for any future research or program evaluation which might involve COMPASS™?
- Do you have any comments about how the Leadership project contributed to your understanding of how COMPASS™ can be used in your curriculum? If yes, how?
- This project has been funded under a Leadership grant. What do you think 'leadership' is?
- Do you have any comments about this project's impact with reference to the three aims of the project listed above?
- What do you think it would have been like for your program this year if you had been trying to implement COMPASS™ within your program without the support made available through the Leadership project?
- What do you feel that you, as a Head of Program, got out of the project?
- Is there anything else you would have liked/would like in the future to assist the integration of COMPASS™ within your program?

Evaluation Questionnaire: University Staff involved in Clinical Education coordination or curriculum

Questions

1. When did your program introduce COMPASS™, and to what extent has it been used across the program?

2. When and how does your program inform students about COMPASS™?

3. How familiar do you think members of academic staff are with COMPASS™?

4. Is COMPASS™ or concepts related to COMPASS™ now being used elsewhere in your speech pathology program(s)/curriculum other than to directly assess performance in practicum?

5. Did the Leadership project contribute to your understanding of how COMPASS™ can be used in your clinical education program?
   If YES, in what way?

   If NO, what were you hoping to learn by participation in the project?

6. From your perspective, what do you think have been the major outcomes of this Leadership project?

7. Do you feel that the project has been successful in providing leadership in the implementation of COMPASS™?
   If YES, what factors do you think have contributed to this success?

   If NO, what approach (es) do you think would have been more successful?

8. This project was funded under a 'Leadership' grant. What do you think 'leadership' is?

9. What do you see as having been the major challenges to the success of this project?

10. What (if any) plans have you or your colleagues have for any future research or program evaluation which might involve COMPASS™?

11. Compared to **before** this project started, how would you rate your confidence **now** in using COMPASS™ in your speech pathology program as a learning, teaching, and assessment tool? Indicate which one applies.
    Much higher Higher No Difference Lower Much Lower

12. How well do you think the following proposed outcomes were met by the project?

	Very Well	Well	Okay	Not well	Poorly
Familiarising Heads of Programs with COMPASS™					
Familiarising you with COMPASS™					
Integration of COMPASS™ concepts into curriculum documents					
Development of effective training resources for clinical educators					
Development of effective training resources for students					
Identification of directions for further training of clinical educators					

13. Is there anything else that you would have liked/would like in the future to assist the integration of COMPASS™ within your program?

14. Do you have any other comments about this project's impact?

Summit Meeting, 30 and 31 July 2007, Sydney
PARTICIPANT EVALUATION

Instructions: To select a YES/No box, click on the box. To type in the text boxes, insert your cursor to the immediate right of the last ° symbol and being typing. The text boxes will expand automatically. Please save your response and email to Sue McAllister, smcallister@usyd.edu.au

1. Did the presentations and discussions at the summit help you develop a better understanding of
   a. Benchmarking. ☐ YES ☐ NO
   b. Research as compared to benchmarking. ☐ YES ☐ NO

2. Did participation in the summit address and resolve any concerns you may have had about the collaborative use of COMPASS™ data for benchmarking and research?
   ☐ YES ☐ NO
   If NO, please describe your questions and/or concerns.

3. Do you feel that programs had selected the best representatives given the nature of the topic, the discussion, and issues raised? ☐ YES ☐ NO
   If YES, was there any other person(s) you would have liked to attend?
   If NO, who would have been more appropriate?

4. Were there any issues that should have been raised but were not OR issues that you have thought of upon reflection on the summit?

5. Were you satisfied with the practical aspects of the summit?
   a. Arrangements for travel and accommodation. ☐ YES ☐ NO
   b. Venue ☐ YES ☐ NO
   c. Catering ☐ YES ☐ NO
   If NO, please let us know of any problems.

6. Please comment on the quality of the summit
   a. Content
   b. Process.
   c. Facilitators/Presenters

7. Have you any other comments or suggestions for The COMPASS™ Team regarding the summit, the project as a whole, or strategies to support your program's participation in external benchmarking?

Appendix 6.4 Evaluation tools – clinical educators

Post - Evaluation of COMPASS™ training
Core Questionnaire
(Speech pathologists providing clinical education)

Thank you for your participation in the Clinical Education workshop in which COMPASS™ training has been provided. We are keen to have feedback on the training you have just received. Please do not identify yourself when completing this survey. All individual responses will remain anonymous.

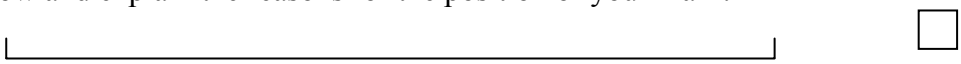
1. A quick quiz

a. Your placement has not been able to provide the student with the experience of administering an assessment to a client. However, the student has had a significant amount of experience providing therapy and you have also observed the student practising the administration of a case history and a standardised test. Would you be prepared to rate Unit 1, Element 3 (Administers assessment) at mid placement? Why?

b. You are having some difficulty deciding where to rate the student on some of the competencies at End Placement. What would you do to help you with this judgement?

c. What strategies will you use to facilitate the development of students' lifelong learning skills? How might the COMPASS™ assist you with this?

d. Your student is finishing the placement with you. While you are aware of areas that will continue to develop with experience, the student has achieved everything that you would expect of someone whom you might employ. The student has another placement to follow at another location. Please rate the student's performance on the COMPASS™ line below and explain the reasons for the position of your mark.



Novice Intermediate Entry Level Above Entry Level

2 Your thoughts: Please place a tick in the box that represents your level agreement to the statement in the following table:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
In relation to using the COMPASS™ with a student, you feel that you:					
(a) Understand how to use the behavioural descriptors.					
(b) Can use the generic competencies to judge behaviour.					
(c) Are able to represent your judgement on the Visual Analogue rating scale.					
(d) Are confident that you know how to use the COMPASS™ with a student.					

3. In considering today's training on COMPASS:

a. Did the learning materials and activities meet your goals in learning to use COMPASS? Why?

b. What aspects are you feeling most confident about?

c. What aspects would you like more training on?

4. Any other comments that will assist in developing further training on COMPASS?

Evaluation Scenario – Pre/Post Workshop
(Speech pathology clinical educators)

Please respond to the following scenario in light of your current approach to assessment and learning in placements. (POST-WORKSHOP -again in the light of what you have learnt about COMPASS™ and approaches to assessment and learning in placements).

Scenario
Jane is mid-way through her first adult clinical placement (she has previously successfully completed her child clinical placement). Jane reports that she was confident in child clinical work, but is anxious about her ability to work with adults with communication difficulty. Below are some examples of written feedback that Jane received this week from her clinical educator in the two weeks prior to them completing the mid-placement evaluation using COMPASS™.

Good attempt at engaging Mr Jones in conversation at the start of the session. What do you think his main priorities are for his work with you in therapy?
Your feedback through the session with Mr Jones stayed fairly general, e.g. 'good try'. Do you think you are clear about what it is that you want him to achieve? How could you communicate that more clearly to him (given his auditory comprehension problems)?
Thinking back over today as a whole I didn't get much of a chance to hear what you have been reading and thinking about the cases we have been seeing – I think you tend to 'sit back' a bit and let the other students 'go first' – this makes it hard for me to know what's going on in your thinking.
You have mentioned a few times that you dread going to the wards on your own – and certainly Ward 4 is very busy and staff tend to be a bit rushed – we need to set aside a time to talk about ways you could manage this situation.
Your report on Mrs Green was very succinct and you did a good job at providing detailed results of assessment under each heading on the template.

Task
Write down three learning goals that you would discuss with this student if you were her clinical educator.

1.

2.

3.

Clinical Educator Evaluation of COMPASS™ roll-out during 2007

We are keen to find out your thoughts about the introduction of COMPASS™ based on your experience with the tool during 2007. Please do not identify yourself when completing this survey. All individual responses will remain anonymous.

2. Please rate the following statements:

Statement	Strongly agree	Agree	Neither agree/ disagree	Disagree	Strongly disagree
In relation to having been assessed with COMPASS™, you feel that you:					
(a) Understood how to use the behavioural descriptors.					
(b) Understood how to use the generic competencies to judge students' performance.					
(c) Were able to represent students' performance on the Visual Analogue rating scale.					
(d) Understood how the assessment relates to students' development as a speech pathologist.					

3. Had you previously assessed a student using a different tool (i.e. on a placement in 2006)? Yes/No

If 'Yes', proceed to Q3

If 'No, proceed to Q4

4. Do you feel that COMPASS™ changed the way you approached promoting students' learning on placement, compared to when you used the previous tool? Please explain.

5. Are there any aspects of COMPASS™ that you think will help you facilitate the way students continue to grow and develop as speech pathology professionals? Please explain.

6. Have you any suggestions to improve how COMPASS™ is used to assess practicum?

7. Any other comments that will assist in the further roll-out of COMPASS™?

Appendix 6.5 Evaluation tools – students

(Module 1 – Students)
Core Questionnaire

We are keen to evaluate the part of your training today which has focussed on the background and use of COMPASS™ so that we can develop further training in the use of COMPASS™ nationally and internationally. Please do not identify yourself when completing this survey. All individual responses will remain anonymous.

8. Please rate the following statements:

Statement	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
In relation being assessed with COMPASS™, you feel that you:					
(a) Understand how to use the behavioural descriptors.					
(b) Understand how to use the generic competencies to judge your performance.					
(c) Are able to represent your performance on the Visual Analogue rating scale.					
(d) Understand how the assessment relates to your development as a speech pathologist.					

9. A quick quiz

a) Your placement has not been able to provide you with the experience of administering an assessment to a client. However, you have had a significant amount of experience providing therapy and you have also practiced the administration of a case history and a standardised test with a fellow student. In rating yourself using COMPASS™, would you be prepared to rate Unit 1, Element 3 (Administers assessment)? Why?

b) You completed the COMPASS™ prior to your arranged meeting with your clinical educator for end-placement feedback, but you observe that the clinical educator's ratings are substantially lower than yours. What would you do in this situation? What COMPASS™ resources might be useful in this situation?

10. In considering today's training on COMPASS™:

d. What aspects were most useful in learning about COMPASS™? Why?
e. What aspects were LEAST useful in learning about COMPASS™? Why?
f. What aspects of COMPASS™ are you feeling most confident about?
g. What aspects of COMPASS™ would you like more training on?

5. Any other comments that will assist in developing further training on COMPASS™?

Student Evaluation of COMPASS™ roll-out during 2007

We are keen to find out your thoughts about the introduction of COMPASS™, based on your experience with the tool during 2007. Please do not identify yourself when completing this survey. All individual responses will remain anonymous.

11. Please rate the following statements:

Statement	Strongly agree	Agree	Neither agree/ disagree	Disagree	Strongly disagree
In relation to having been assessed with COMPASS™, you feel that you:					
(a) Understood how to use the behavioural descriptors.					
(b) Understood how to use the generic competencies to judge your performance.					
(c) Were able to represent your performance on the Visual Analogue rating scale.					
(d) Understood how the assessment relates to your development as a speech pathologist.					

12. Had you previously been assessed using the previous tool (i.e. on a placement in 2006)? Yes/No

If 'Yes', proceed to Q3
If 'No, proceed to Q4

13. Do you feel that COMPASS™ changed the way you approached learning on placement, compared to when you used the previous tool? Please explain.

14. Are there any aspects of COMPASS™ that you think will help you continue to grow and develop as a speech pathology professional? Please explain.

15. Have you any suggestions to improve how COMPASS™ is used to assess practicum?

16. Any other comments that will assist in the further roll-out of COMPASS™?