

**Competency Based Assessment of Speech
Pathology Students' Performance in the
Workplace**

Sue McAllister

Volume Two: Appendices

**A thesis submitted in fulfilment of the requirements for the degree of
Doctor of Philosophy**

School of Communication Sciences and Disorders

The University of Sydney

May 2005

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APPENDICES: ETHICS

Appendix 1. Background Information on Ethics

This research project involved focus groups of students from three universities and a national field trial of an assessment tool with students from eight university programs. The following ethics approvals were sought and granted, and copies of these letters are included in Appendices 2, 3 and 4:

1. Human Ethics Committee of The University of Sydney (Ref No. 01/02/21).
2. The Human Research Ethics Committee of The University of Newcastle (Approval No. H-254-0202).
3. Ethics Review Committee (Human Research) of Macquarie University (Ref. HE28FEB2003-EXO2120).

The Universities of Flinders, Curtin, Latrobe and Charles Sturt did not require a formal ethics application given that ethics approval had already been given by the University of Sydney who had primary responsibility for the research. Persons responsible for the speech pathology programs, at these universities were briefed verbally on research process. Dr L Bird, Academic Registrar, The University of Queensland, granted the required gatekeeper approval to approaching students to participate in the research.

Appendix 2. Ethics Approval Letter From The University of Sydney



HUMAN ETHICS COMMITTEE

The University of Sydney
Room K4.01 Main Quad A14
Sydney 2006

Tel: (02) 9351.4474 Fax: (02) 9351.4812 E-mail: human.ethics@reschois.usyd.edu.au

Dr M Lincoln
School of Communication Sciences and Disorders
C42

19 April 2001

Dear Dr Lincoln

Title: *A national, competency based assessment tool for speech pathology*

Ref No: *01/02/21*

Thank you for your correspondence dated 22 March 2001 addressing comments made to you by the Committee. After considering the additional information, the Committee approved your protocol on the above study.

The additional information will be filed with your application.

In order to comply with the National Health and Medical Research Council guidelines, and in line with the Human Ethics Committee requirements the Chief Investigator's responsibility is to ensure that:

- (1) The individual researcher's protocol complies with the final and Committee approved protocol.
- (2) Modifications to the protocol cannot proceed until such approval is obtained in writing.
- (3) The confidentiality and anonymity of all research subjects is maintained at all times, except as required by law.
- (4) All research subjects are provided with a Subject Information Sheet and Consent Form.
- (5) The Subject Information Sheet and Consent Form be on University of Sydney letterhead and include the full title of the research project and telephone contacts for the researchers.
- (6) The following statement appears on the Subject Information Sheet:
Any person with concerns or complaints about the conduct of a research study can contact the Manager of Ethics and Biosafety Administration, University of Sydney, on (02) 9351 4811.
- (7) The standard University policy concerning storage of data should be followed. While temporary storage of audio-tapes at the researcher's home or an off-campus site is acceptable during the active transcription phase of the project, permanent storage should be at a secure, University controlled site for a minimum of five years.
- (8) A progress report is provided by the end of each year. Failure to do so will lead to withdrawal of the approval of the research protocol and re-application to the Committee must occur before recommencing.
- (9) A report and a copy of the published material is provided at the end of the project.

Yours sincerely

Professor Jeff Sigafos
Chairman
Human Ethics Committee

Appendix 3. Ethics Approval Letter From The University of Newcastle

The University of Newcastle
HUMAN RESEARCH ETHICS COMMITTEE

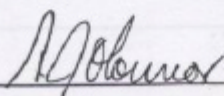
Form HE2:2/98

**Certificate of Approval
for a research project involving humans**

Applicant	
Chief Investigator/Project Supervisor: (First named in application)	<i>Dr Alison Ferguson</i>
Other Investigators:	<i>Dr Michelle Lincoln Dr Lindy McAllister Professor Paul Hagler Mr Rina Harber Ms Sue McAllister</i>
Project Title:	<i>A national, competency based assessment tool for speech pathology</i>

In approving this project, the Human Research Ethics Committee (HREC) is of the opinion that the project complies with the provisions contained in the *National Statement on Ethical Conduct in Research Involving Humans, 1999*, and the requirements within this University relating to human research.

Details of Approval	
HREC Approval No: <i>H-254-0202</i>	Date of Approval: <i>20 February 2002</i>
Approval valid for: <i>3 years</i>	Progress reports due: <i>Annually</i>
Comments or conditions:	
<p>Approved with comments.</p> <p>[a] Amendments to <i>Information Sheet</i> for students. Give an assurance to students that participation in the research project is quite separate to their university assessments. It must be very clear to all parties what is coursework and what is research.</p> <p>[b] Amendments to <i>Focus Group Information</i>.</p> <p>(i) Where it mentions that the session will be taped, add that participants will be able to request a copy of the transcript to review, edit or erase their contribution to the discussion.</p> <p>(ii) As the focus groups might explore personal or sensitive details, participants should be requested to maintain the confidentiality of the group discussion and not divulge the specific content of such discussion to outside parties. (This should also be included in the <i>Focus Group Guidelines</i>.)</p>	

Signed: 

**Ms Susan O'Connor
Secretary to the Committee**

Appendix 4. Ethics Approval Letter from Macquarie University

10 March, 2003



Ms Sue McAllister
37 Ormonde Ave
Millswood
5034 SA

Reference: HE28FEB2003-EXO2120
File No: 03/145

Dear Ms McAllister,

FINAL APPROVAL LETTER

Title of Project: *A national competency based assessment tool for speech pathology*

The full Ethics Review Committee (Human Research) at its meeting on 28 February 2003 ratified the interim approval of the above application.

Please note the following standard requirements of approval:

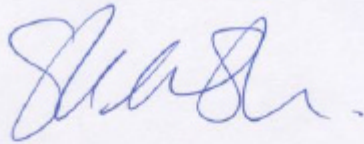
1. Approval will be for a period of twelve months. At the end of this period, if the project has been completed, abandoned, discontinued or not commenced for any reason, you are required to submit a Final Report on the project. If you complete the work earlier than you had planned you must submit a Final Report as soon as the work is completed. The Final Report is available at http://www.ro.mq.edu.au/eth_hum3.htm
2. However, at the end of the 12 month period if the project is still current you should instead submit an application for renewal of the approval if the project has run for less than three (3) years. This form is available at http://www.ro.mq.edu.au/eth_hum3.htm. If the project has run for more than three (3) years you cannot renew approval for the project. You will need to complete and submit a Final Report (see Point 1 above) and submit a new application for the project. (The three year limit on renewal of approvals allows the Committee to fully re-review research in an environment where legislation, guidelines and requirements are continually changing, for example, new child protection and privacy laws).
3. Please remember the Committee must be notified of any alteration to the project.
4. You must notify the Committee immediately in the event of any adverse effects on participants or of any unforeseen events that might affect continued ethical acceptability of the project.
5. At all times you are responsible for the ethical conduct of your research in accordance with the guidelines established by the University (http://www.ro.mq.edu.au/eth_hum2.htm)

ETHICS REVIEW COMMITTEE (HUMAN RESEARCH)
MACQUARIE UNIVERSITY (E11A)
SYDNEY, NSW, 2109 AUSTRALIA

Secretary: Ph: (02) 9850 7854 Fax: (02) 9850 8799 E-mail: kdesilva@vc.mq.edu.au
http://www.ro.mq.edu.au/eth_hum.htm

If you will be applying for or have applied for internal or external funding for the above project **it is your responsibility** to provide Macquarie University's Grants Officer with a copy of this letter as soon as possible. The Grants Officer will not inform external funding agencies that you have final approval for your project and funds will not be released until the Grants Officer has received a copy of this final approval letter.

Yours sincerely



Dr Catriona Mackenzie
Chair, Ethics Review Committee (Human Research)

ETHICS REVIEW COMMITTEE (HUMAN RESEARCH)
MACQUARIE UNIVERSITY (E11A)
SYDNEY, NSW, 2109 AUSTRALIA

Secretary: Ph: (02) 9850 7854 Fax: (02) 9850 8799 E-mail: kdesilva@vc.mq.edu.au
http://www.ro.mq.edu.au/eth_hum.htm

Tracy Upload f:Ethics:Human Ethics:2003:Meetings:February:Interim ratified.doc

APPENDICES: PHASE 1 TOOL DEVELOPMENT

Appendix 5. Description of focus group participants, method and moderators

Moderator	Method	Affiliation	No. of participants
Clinical Educators			
Ms McAllister (Researcher)	Teleconference	Field Clinical Educators working in regional centres across the Northern Territory	4
Ms McAllister	Teleconference	Field Clinical Educators in regional hospital services associated with Canberra Hospital, ACT.	5
Ms McAllister	Teleconference	Clinical Educators for La Trobe University	7
Ms McAllister	Face to face	Adelaide field Clinical Educators and Clinical Educators for Flinders University	5
Dr Lincoln	Face to face	Clinical Educators for University of Sydney	5
Dr Ferguson	Face to face	Clinical Educators for University of Newcastle	5
Students			
Ms McAllister	Face to face	Students from Flinders University	2
Ms McAllister	Face to face	Students from Flinders University	2
Dr Ferguson	Face to face	Student from Newcastle University	1

Appendix 6. Question guide for focus groups

Question 1(*Question modification for students indicated in italics*): If you had an opportunity to design the ideal assessment tool from scratch that clinical educators will use when assessing students/*assessing you* in their/*your* clinical placements, what would it be like?

Possible follow-up questions

- What do you think it is essential to include?
- What do you think it would look like?
- How would you record a student's performance?
- What aspects of a student's performance do you think are most critical to assess?
Eg degree of independence, complexity of caseload they can handle, their efficiency in handling a caseload and creativity/critical thinking in clinical practice?
- What ideas do you have about how this tool might be constructed?

Question 2: In our experience, clinical educators are often in agreement about a student's performance. What are the most important features of a student's performance that help you decide whether they are performing competently, well or poorly? *OR: What things do you think a clinical educator should look for to decide if you are performing competently, well or poorly?*

Possible follow up questions

- How would you design a tool to measure that?
- What should be included in a tool to give you confidence in your judgement? *OR*
What is needed in a tool to give you confidence in your clinical educator's judgement?
- What do you think is the most difficult aspect of a student's performance to assess? (Omitted from student question guide)

What would make an assessment tool really fair?

Question 3: What do you think are the strengths and weaknesses of assessment formats you have had experience in using/ *your university currently uses for assessing your performance in a clinical placement?*

Possible follow up questions

- What aspects of current assessments would you keep?
- What aspects of the current assessments would you change?
- What is missing from the current assessments?

Appendix 7. Moderator Instructions

FOCUS GROUP guidelines

If possible

- need 2 tape recorders for safety, or a videorecording and tape recorder (whatever suits)
- ensure tapes are changed eg set a time to remind you to swap them over when required (or ask someone to take this on)
- provide refreshments
- try and get a comfortable, reasonably pleasant room

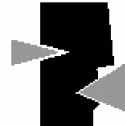
Suggested procedure

1. Provide handout for people to read
2. Introduce self (if necessary) and project as per suggested preamble
3. Before starting the questions, ask participants to fill out demographic data sheet
4. Conduct discussion (turn on the tape recorders!)

If the discussion starts to centre on the validity, reasonableness etc of the content of CBOS, you will need to mention that the skills assessed will be those outlined in the CBOS document. This doesn't mean that other aspects of a student's performance can't be assessed, however we don't want to waste time being drawn into a critique of CBOS itself. I have deliberately not mentioned CBOS much to ensure that it is not at the forefront of people's minds.

5. Close and thank people for participation. For clinical educators, invite them to fill out a contact information sheet if they would like further information/participation.

Appendix 8. Information Sheets for Students and Clinical Educators Associated with The
University of Newcastle.



FOCUS GROUP INFORMATION: Students

A national, competency based assessment tool for assessment of speech pathology students' performance in practica.

Thank you for agreeing to participate in this focus group discussion. This is an opportunity to contribute your valuable experience and perspective as a student to the development of a new and innovative assessment of student performance in clinical placements.

There are currently many different assessment formats used around Australia for assessing speech pathology students' competency in their clinical placements, none of which have been empirically validated. This focus group is the initial stage of research aiming to develop a reliable and valid tool for the assessment of speech pathology students' performance in clinic. The skills assessed by this tool will be based on those identified by the profession and described in the Competency Based Occupational Standards for Graduate Speech Pathologists (2001).

This research is a partnership between the University of Sydney and Speech Pathology Australia. The investigation team includes Dr Michelle Lincoln (University of Sydney), Dr Alison Ferguson (University of Newcastle), Dr Lindy McAllister (Charles Sturt University), and Sue McAllister (PhD candidate). The study will be conducted over a 3 year period and include the development, piloting and revision of a tool that will then be subjected to a reliability and validity study to determine its effectiveness as an assessment.

We are very interested in your ideas on how the tool might assess these skills, what it might look like and how it could be used. We would like to ensure that this assessment tool works well for both students and clinical educators, and captures the key issues involved in assessing your performance in a clinical placement.

Today's discussion will be taped, transcribed for analysis and confidentially documented as part of this research. No identifying information will be included in this process. You may request a copy of the transcript to review, edit or erase your contribution to the discussion.

As the focus group might explore personal or sensitive details, we ask that all participants maintain the confidentiality of the group discussion and not divulge the specific content of such discussion to outside parties.

Your participation in this focus group implies your consent for the proceedings of this focus group to be used in research.

If you have any further questions, please contact: **Sue McAllister: 08 8373 3828**

Michelle Lincoln: 02 9351 9430

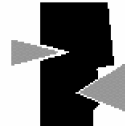
Lindy McAllister: 02 6051 6750

Alison Ferguson: 02 49 215 726

Signed: Alison Ferguson

(Project supervisor – University of Newcastle site)

This research has been approved by the Human Ethics Committee of The University of Sydney, reference number: 01/02/21; and the Human Research Ethics Committee of The University of Newcastle, reference number: H-254-0202. If you have any concerns or complaints about the conduct of this research study, you may contact the Manager of Ethics and Biosafety Administration, University of Sydney, on 02 9351 4811; or, Human Research Ethics Officer, The Chancellor, University of Newcastle, NSW 2308, phone 02 4921 6333.



FOCUS GROUP INFORMATION: Clinical Educators

A national, competency based assessment tool for assessment of speech pathology students' performance in practica.

Thank you for agreeing to participate in this focus group discussion. This is an opportunity to contribute your valuable experience and knowledge to generate new and innovative solutions to the assessment of student performance in clinical placements.

There are currently many different assessment formats used around Australia for assessing speech pathology students' competency in their clinical placements, none of which have been empirically validated. This focus group is the initial stage of research aiming to develop a reliable and valid tool for the assessment of speech pathology students' performance in clinic. The skills assessed by this tool will be based on those identified by the profession and described in the Competency Based Occupational Standards for Graduate Speech Pathologists (2001).

This research is a partnership between the University of Sydney and Speech Pathology Australia. The investigation team includes Dr Michelle Lincoln (University of Sydney), Dr Alison Ferguson (University of Newcastle), Dr Lindy McAllister (Charles Sturt University), and Sue McAllister (PhD candidate). The study will be conducted over a 3 year period and include the development, piloting and revision of a tool that will then be subjected to a reliability and validity study to determine its effectiveness as an assessment.

We are very interested in your ideas on how the tool might assess these skills, what it might look like and how it could be used. We would like to ensure that this assessment tool works well for both clinical educators and students, and captures the key issues involved in assessing a student's performance.

Please note:

Today's discussion will be taped, transcribed for analysis and confidentially documented as part of this research. No identifying information will be included in this process. You may request a copy of the transcript to review, edit or erase your contribution to the discussion.

As the focus group might explore personal or sensitive details, we ask that all participants maintain the confidentiality of the group discussion and not divulge the specific content of such discussion to outside parties.

Your participation in this focus group implies your consent for the proceedings of this focus group to be used in research.

If you have any further questions, please contact: **Sue McAllister: 08 8373 3828**

Michelle Lincoln: 02 9351 9430

Lindy McAllister: 02 6051 6750

Alison Ferguson: 02 49 215 726

Signed: Alison Ferguson

(Project supervisor – University of Newcastle site)

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Appendix 9: Information Sheets for Students and Clinical Educators NOT associated with

The University of Newcastle.



FOCUS GROUP INFORMATION: Clinical Educators

A national, competency based assessment tool for assessment of speech pathology students' performance in practica.

Thank you for agreeing to participate in this focus group discussion. This is an opportunity to contribute your valuable experience and knowledge to generate new and innovative solutions to the assessment of student performance in clinical placements.

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This research is a partnership between the University of Sydney and Speech Pathology Australia. The investigation team includes Dr Michelle Lincoln (University of Sydney), Dr Alison Ferguson (University of Newcastle), Dr Lindy McAllister (Charles Sturt University), and Sue McAllister (PhD candidate). The study will be conducted over a 3 year period and include the development, piloting and revision of a tool that will then be subjected to a reliability and validity study to determine its effectiveness as an assessment.

We are very interested in your ideas on how the tool might assess these skills, what it might look like and how it could be used. We would like to ensure that this assessment tool works well for both clinical educators and students, and captures the key issues involved in assessing a student's performance.

Please note:

This research has been approved by the Human Ethics Committee of The University of Sydney, reference number: 01/02/21.

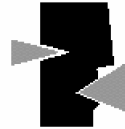
Today's discussion will be taped, transcribed for analysis and confidentially documented as part of this research. No identifying information will be included in this process.

Your participation in this focus group implies your consent for the proceedings of this focus group to be used in research.

If you have any further questions, please contact:

Sue McAllister:	08 8373 3828
Michelle Lincoln:	02 9351 9430
Lindy McAllister:	02 6051 6750
Alison Ferguson:	02 49 215 726

If you have any concerns or complaints about the conduct of this research study, you may contact the Manager of Ethics and Biosafety Administration, University of Sydney, on 02 9351 4811.



FOCUS GROUP INFORMATION: Students

A national, competency based assessment tool for assessment of speech pathology students' performance in practica.

Thank you for agreeing to participate in this focus group discussion. This is an opportunity to contribute your valuable experience and perspective as a student to the development of a new and innovative assessment of student performance in clinical placements.

There are currently many different assessment formats used around Australia for assessing speech pathology students' competency in their clinical placements, none of which have been empirically validated. This focus group is the initial stage of research aiming to develop a reliable and valid tool for the assessment of speech pathology students' performance in clinic. The skills assessed by this tool will be based on those identified by the profession and described in the Competency Based Occupational Standards for Graduate Speech Pathologists (2001).

This research is a partnership between the University of Sydney and Speech Pathology Australia. The investigation team includes Dr Michelle Lincoln (University of Sydney), Dr Alison Ferguson (University of Newcastle), Dr Lindy McAllister (Charles Sturt University), and Sue McAllister (PhD candidate). The study will be conducted over a 3 year period and include the development, piloting and revision of a tool that will then be subjected to a reliability and validity study to determine its effectiveness as an assessment.

We are very interested in your ideas on how the tool might assess these skills, what it might look like and how it could be used. We would like to ensure that this assessment tool works well for both students and clinical educators, and captures the key issues involved in assessing your performance in a clinical placement.

Please note:

This research has been approved by the Human Ethics Committee of The University of Sydney, reference number: 01/02/21.

Today's discussion will be taped, transcribed for analysis and confidentially documented as part of this research. No identifying information will be included in this process.

Your participation in this focus group implies your consent for the proceedings of this focus group to be used in research.

If you have any further questions, please contact:

Sue McAllister: 08 8373 3828

Michelle Lincoln: 02 9351 9430

Lindy McAllister: 02 6051 6750

Alison Ferguson: 02 49 215 726

If you have any concerns or complaints about the conduct of this research study, you may contact the Manager of Ethics and Biosafety Administration, University of Sydney, on 02 9351 4811.

Appendix 10. Materials Provided to SPAA Conference Consultation Participants



RESEARCH INFORMATION:

SPEECH PATHOLOGY AUSTRALIA 2002 CONFERENCE DELEGATES

A national, competency based assessment tool for assessment of speech pathology students' performance in practica.

There are currently many different assessment formats used around Australia for assessing speech pathology students' competency in their clinical placements, none of which have been empirically validated. This conference presentation is part of the initial stage of research aiming to develop a reliable and valid tool for the assessment of speech pathology students' performance in clinic. The skills assessed by this tool will be based on those identified by the profession and described in the Competency Based Occupational Standards for Entry Level Speech Pathologists (2001).

This research is a partnership between the 3 of the speech pathology programs in NSW. The investigation team includes Dr Michelle Lincoln (University of Sydney), Dr Alison Ferguson (University of Newcastle), Dr Lindy McAllister (Charles Sturt University), and Sue McAllister (PhD candidate). The study will be conducted over a 3 year period and include the development, piloting and revision of a tool that will then be subjected to a reliability and validity study to determine its effectiveness as an assessment.

We are very interested in your ideas on how speech pathology student's practical skills should be assessed. The discussion today is an opportunity to both critique the proposed tool and to further refine its content and format. We would like to ensure that this assessment tool works well for clinical educators, students, and future employers, and captures the key issues involved in assessing a student's performance.

Please note:

This research has been approved by the Human Ethics Committee of The University of Sydney, reference number: 01/02/21.

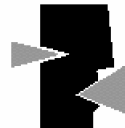
Field notes will be taken of today's discussion and confidentially documented as part of this research. No identifying information will be included in this process. The notes will be circulated to all participants who will have the right to further comment or advise changes to passages where their specific comments have not been reflected accurately or they could be inadvertently identified.

Your participation in this conference presentation implies your consent for the proceedings of this discussion to be used in research.

If you have any further questions, please contact:

Sue McAllister: 08 8373 3828
Michelle Lincoln: 02 9351 9430
Lindy McAllister: 02 6051 6750
Alison Ferguson: 02 49 215 726

If you have any concerns or complaints about the conduct of this research study, you may contact the Manager of Ethics and Biosafety Administration, University of Sydney, on 02 9351 4811.



DEMOGRAPHIC DATA

SPEECH PATHOLOGY AUSTRALIA CONFERENCE DELEGATE

A national, competency based assessment tool for speech pathology.

How many years is it since you graduated? _____

Where did you graduate from? _____

How many years have you worked as a speech pathologist? _____

Numbers of students you have supervised:

	less than 5	less than 10
	less than 20	more than 20

What year level(s) of students have you supervised? _____

What University(s) have these students been from? _____

How would you rate your level of experience as a clinical educator?

Inexperienced					Very experienced
1	2	3	4	5	5

Have you participated in a clinical educator’s workshop or other training on assessment?

Yes No

Do you have any other university qualifications? Yes No

If Yes, what in? _____

Who are you currently employed with?

- | | |
|--|-------------------------------------|
| Education Department | Hospital: Paediatric |
| Hospital: Adult | Hospital: Paediatric & adult |
| Rehabilitation setting | Private practice |
| Disability services | Community based service: Paediatric |
| Community based service: Adult | |
| Community based service: Paediatric and adult | |
| University / joint funded clinical educator / Student unit coordinator | |

Other _____

Have you been employed as a clinical educator/tutor by a University or as the clinical educator for your

workplace? Yes No

If yes, for how long? _____



CONTACT INFORMATION

SPEECH PATHOLOGY AUSTRALIA CONFERENCE DELEGATE

A national, competency based assessment tool for speech pathology.

Please provide the following contact information if you would like to

Receive a copy of the notes of today’s discussion

Receive further information about this research, or participate in piloting or testing the reliability and validity of the assessment tool under development.

This information will be collated separately from the demographic information you have provided, and the documentation of discussion you have participated in today. This information will not be used for any other purposes other than the research described today.

Thank you again for your support of this research.

Name: _____

Position _____

Number of students supervised per year: _____

Work Address:

_____ State: _____ Postcode: _____

Phone (Bus Hrs): _____

Fax (Bus Hrs): _____

E-mail (Bus Hrs): _____

Appendix 11. Full Listing of ‘Underpinning Competencies’ From SPAA Conference

Consultation Group on Assessment

Group 1

1. Judgement/decision-making/problem solving.
2. Self-evaluation, reflection, change and learning.
3. Professional: handling contextual issues.

Group 2

1. Interpersonal skills.
2. Theory to practise: Subsumes – clinical reasoning, attitude to learning and clinical reasoning.
3. Professionalism: Subsumes – organisational skills, ethics.

Group 3

1. Professionalism.
2. Communication.
3. Reflective practitioner: Includes lifelong learning, self-evaluation, self-praise.

Group 4

1. Clinical Reasoning including reflection and ethical reasoning.
2. Interaction/interpersonal skills.
3. Implementation skills.
4. Intercultural competence.
5. Personal/self management

Appendix 12. Scale Mock-Ups Presented for Critique by Students and Clinical Educators at

The University of Sydney

Consider all parameters of performance while marking the line/boxes.

CBOS UNIT 1 Assessment

Not Observed

Novice	Intermediate	Entry
--------	--------------	-------

Above Entry Level

CBOS UNIT 2 Analysis and Interpretation

Not Observed Level

1	2	3	4	5

Above Entry

CBOS UNIT 3 Planning of Speech Pathology Intervention

Not Observed Level

Novice	Intermediate	Entry Level
--------	--------------	-------------

Above Entry

CBOS UNIT 4 Speech Pathology Intervention

Not Observed

Novice	Intermediate	Entry Level
--------	--------------	-------------

Above Entry Level

CBOS UNIT 5 Planning, Maintaining and Delivering Speech Pathology Services

Not Observed

Novice		Entry Level Level
--------	--	-------------------

Above Entry

CBOS UNIT 6 Professional, Group and Community Education

Not Observed

Novice		Entry Level Level
--------	--	-------------------

Above Entry

CBOS UNIT 7 Professional Development

Not Observed

1	2	3	4	5
Novice				Level

Above Entry

Appendix 13. Full Listing of Generic Competencies Identified by SPAA Consultation CE

Session

Clinical Reasoning Competencies

- Judgement/decision-making/problem solving
- Moving from theory to practise
- Ethical reasoning
- Reflection
- Planning: short and long-term
- Professional judgement: iceberg perspective (Della Fish)
- Adaptability

Lifelong learning Competencies

- Self-evaluation, reflection, change and learning
- Reflective practitioner including: lifelong learning, self evaluation, self praise
- Self reflection, ability to apply theory to practice
- Attitude to learning
- Thinking “in” action: adaptability, flexibility, online monitoring
- Reflection (before, during and after) and clinical reasoning (case to case, pattern recognition)
- Self evaluation, problem solving (analysis of parameters, weighing up)
- Self-evaluation: reflection, change, learning, eg students not burning out

Professional Role Competencies

- Handling contextual issues
- Subsumes – organisational skills, ethics
- Personal/self management
- Ethics (values, beliefs), Ethical practice, Ethical behaviour
- Ethics from a developmental viewpoint: dilemma is that these do vary based on who the student is and what they know eg duty based vs. greatest good, feeds into self evaluation
- Professional role with ranges of stakeholders where power imbalance exists
- Personal organization: time management
- Self management i.e. stress, health, work/life balance
- Congruence: message matches what you are doing

- Documentation: focus on client not self, appropriate language
- Valuing skills of client, carer, other professionals
- Ambassador for profession, advocate for profession
- Would I let them treat my mother
- Not self focussed, making excuses, not attending or prioritising clinic
- Acknowledge professional 'genre' and how it changes in setting and keeping self identify
- Team element: citing others in the workplace, consideration of all eg cleaner, administrative staff
- RESPECT: difficult to teach
- Professional: handling contextual issues

Professional Communication Competencies

- Communication skills
- Interaction/interpersonal skills
- Ability to interact appropriately, interpersonal skills, be aware of things such as power imbalance
- Including other agencies/professionals, teamwork
- Communication
 - Code switching
 - Introducing self and knowing when to say what to whom
 - Interpersonal skills
 - Assertiveness, confidence
 - Pragmatics
 - Establishing boundaries

Appendix 14. CBOS Themes Classified According to Four Generic Competencies

Generic Competency	Key themes within CBOS	Key phrases and words within CBOS
Clinical Reasoning		<p style="text-align: center;">General Statements</p> <ul style="list-style-type: none"> ○ Able to demonstrate the clinical reasoning, justify decisions (with reference to variety of knowledge sources) ○ Able to give rationale ○ Critical evaluation/review of the literature and research Selection <p>Integration, consideration of various knowledge bases</p> <p style="text-align: center;">Common phrases or words</p> <ul style="list-style-type: none"> ○ Interpretation, analysis ○ Prioritisation ○ Analysis ○ Planning ○ Recognise gaps and seek further information ○ Project outcomes ○ Evaluation ○ Use scientific principles
Lifelong Learning		<p style="text-align: center;">General statement(s)</p> <ul style="list-style-type: none"> ○ Speech pathologist will continually refer to the research and clinical evidence base and consult with others to gather information for decision-making, action, keep up to date <p style="text-align: center;">Common phrases or words</p> <ul style="list-style-type: none"> ○ Commitment to professional development ○ Actively seek information ○ Willingness and ability to be involved in research ○ Knowledge of how and when to access and participate in professional support and development networks ○ Acknowledge need for continuing professional supervision/mentoring ○ Identify and acknowledge strengths and weaknesses
Professional Role	Attitudes	<p style="text-align: center;">Common phrases or words</p> <ul style="list-style-type: none"> ○ Recognises rights of individuals to have effective communication and swallowing skills ○ Recognition of client's abilities and limitations ○ Client centred, client involvement in decision making and planning,

collaborative decision making, clients motivations and goals are paramount, participation in planning and management of outcomes of intervention is essential

- Holistic eg awareness of total functioning of client, awareness and responding to other needs eg behaviour management, counselling
- Recognise and acknowledge knowledge limitations i.e. seek help appropriately

Ethics

Common phrases or words

- Know and apply code of ethics
- Consent
- Issues of access and equity
- Ensure client's safety and wellbeing
- Duty of care

Teamwork

Common phrases or words

- Negotiation eg roles and responsibilities
- Consultation, cooperation, consensus, coordination
- Convene meetings
- Integrate intervention with total team management of client
- Develop cross professional relationships and team based approaches to address issues with a broader impact
- Develop professional relationships
- Team networking skills

Professional behaviours

Common phrases or words

- Documentation at all stages
- Electronic record keeping
- Exact and professional manner
- According to guidelines
- Overall sense of being well organised, having all the details in hand
- Efficient and effective service provision
- Measurement of outcomes
- Knowledge of and following quality management processes
- Knowledge of relevant guidelines, policies, legislation
- Effective time management
- Participation in evaluation procedures

Holistic orientation

Common phrases or words

- Awareness and factoring in how client related and other issues impact on decision-making and service delivery eg legislation,

		resources, service delivery model/core business, availability of procedures, tools.
		<ul style="list-style-type: none"> ○ Awareness of role, duties and responsibilities within the service provider's organisation ○ Population based prevention, educational and promotion frameworks ○ Develop integrated models for professional practice ○ Understand relationship of speech pathology to community contexts
	Skill performance	<p style="text-align: center;">Common phrases or words</p> <ul style="list-style-type: none"> ○ Continuous monitoring ○ Flexible and adaptable in response to performance of client ○ Use of learning theories
	Promotion of profession	<ul style="list-style-type: none"> ○ Promotion of profession
	Research skills	<ul style="list-style-type: none"> ○ Research skills
	Management of stress	<ul style="list-style-type: none"> ○ Management of stress
Professional Communication	Communication	<p style="text-align: center;">Common phrases or words</p> <ul style="list-style-type: none"> ○ Communicate with client when interviewing, consulting with, explaining tasks ○ Communicate with client's significant others and team ○ Clear report writing, documentation ○ Interview skills ○ Communicate speech pathology issues to wider society ○ Range of interpersonal and communication skills
	Attitudes	<p style="text-align: center;">Common phrases or words</p> <ul style="list-style-type: none"> ○ Sensitivity, empathy ○ Cultural awareness, sensitivity ○ Respect of clients rights

Appendix 15. Hard Copy Version of Research Assessment Tool

The hard copy version of the assessment tool in this appendix is slightly different to the one sent to clinical educators. The original was a separate volume, comb bound in black, with a plastic front cover and black back cover. In addition, margins on the original have been slightly altered to allow for binding into this volume. In all other respects this assessment tool in this appendix is the same as that received by clinical educators in the research package.

COMPETENCY BASED ASSESSMENT OF STUDENTS IN SPEECH

ASSESSMENT & RESEARCH MATERIALS

DEMOGRAPHIC DATA SHEETS

ASSESSMENT TOOL



**The University of Sydney
Faculty of Health Sciences**

**SCHOOL OF COMMUNICATION
SCIENCES AND DISORDERS**

Speech Pathology Australia



Giving people a say in life

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¹ Page numbers refer to original version

DEMOGRAPHIC DATA SHEETS

CLINICAL EDUCATORS: DEMOGRAPHIC DATA

Name (Optional) _____

Research Number (see cover letter for this number) _____

How many students did you assess on this placement? _____

What year did you graduate? _____

How many calendar years have you worked as a speech pathologist? _____ (eg 3-09, do not adjust for part time)

Total number of students you have supervised including those who have just completed their placement with you:

fewer than 5 fewer than 10

fewer than 20 fewer than 20

What year level(s) were the students you supervised?

Undergraduate Year 1 Year 2 Year 3 Year 4

Post graduate Year 1 Year 2 Year 3

What University(s) were these students from?

Sydney Newcastle Charles Sturt Macquarie

La Trobe Flinders Curtin Queensland

Other _____

How would you rate your level of experience as a clinical educator?
(please circle)

	No Previous experience					Very Experienced	
	1	2	3	4	5	6	7

Have you participated in a clinical educators workshop or other training on assessment?

Yes No

How would you rate your familiarity with CBOS?
(please circle)

	Unfamiliar					Very Familiar	
	1	2	3	4	5	6	7

STUDENT: DEMOGRAPHIC DATA

Name (Optional) _____

Research Number (see cover letter for this number) _____

What Year Level are you? (Please tick one)

Undergraduate Year 1 Year 2 Year 3 Year 4

Post graduate Year 1 Year 2 Year 3

What University are you from? _____

How much clinical experience do you now have at the END of your placement?

Hours _____ AND/OR Days _____

	Unfamiliar					Very Familiar	
How would you rate your familiarity with CBOS? (please circle)	1	2	3	4	5	6	7

What type was your placement?

Education Department

Hospital: Paediatric

Hospital: Adult

Hospital: Paediatric & adult

Rehabilitation setting

Private practice

Disability services

University / joint funded clinical educator / Student unit coordinator

Community based service: Adult

Community based service: Paediatric and adult

Community based service: Paediatric

Other _____

What was the predominant client group in the placement? (You can select more than one)

Paediatric

Mixed

Adult

Developmental communication/swallowing disorders

Acquired communication/swallowing disorders

Private practice

Specialist et autism, mental health, ICU

General eg community, hospital outpatients, school

Other _____

ASSESSMENT TOOL

Background Information

Description of the Assessment Tool

The skills assessed by this tool are a combination of:

- Skills identified through a number of focus group processes with university educators, field educators and students. This information led to the development of a set of Generic Competencies. These skills were considered to be ‘generic’, and to underpin the ongoing competent performance of the practical skills identified in the CBOS. Please see the Assessment Resource Manual for a more detailed description of these skills.
- Skills identified by the profession and described in the Competency Based Occupational Standards (CBOS) for Speech Pathologists – Entry Level (Revised) (SPA, 2001).

The Assessment Tool is designed so that there is a more detailed assessment at Mid Placement and a much briefer, quicker assessment at End Placement. Despite the apparently large size of this assessment format, you will find that the total number of ratings required for the Mid Placement form is the same or fewer than most assessment forms currently in use. The number of ratings for the End Placement forms is considerably less than most other assessments.

The forms for Mid and End Placement assessments are interleaved in this Hard Copy version to make it easier to refer to and compare the student’s progress relative to their previous Mid Placement assessment. The Mid Placement forms are colour coded *white* and the End Placement forms colour coded *Yellow*.

Please see the Assessment Resource Manual for further information on the design and development of the research Assessment Tool and the Generic Competencies.

Using the Rating Scale

The scale selected for this research phase is a visual analogue scale. You are required to place a mark at a point on this scale that best represents your judgement of the student’s level of development.

Please note that the starting point of the scale is defined as ‘novice’ and is the point at which students enter their first clinical experience. The end point is defined as ‘entry-level’, or the point at which the student is competent enough to enter the profession. Thus the student is to be rated **with reference to entry level competency**, and not with reference to where you would expect a student to be performing on this particular placement given their level of experience.

If you believe that the student is performing on a particular competency **above** the level expected for a new graduate, please tick the ‘above-entry level’ box.

If you have **not observed** the student on **any** aspect of the competency being rated, please tick ‘not observed’. Please refer to all elements and performance criteria before making this decision.

Behavioural Descriptors

Each page facing the rating scale(s) has a set of behavioural descriptors describing in general terms the types of behaviours expected for a student performing at a novice, intermediate or entry-level (competent) levels.

Please see the Assessment Resource Manual for further information on how these were developed and examples of applications to specific Generic Competency and CBOS Units.

THE ASSESSMENT TOOL FOLLOWS

Behavioural Descriptors

Novice Student

- High degree of supervisory support.
- Can recall some aspects of relevant theory.
- Needs support to:
 - Draw conclusions about a client.
 - Develop a plan for action.
 - Understand the total clinical situation.
 - Apply problem solving strategies, principles and theory.
- Spends a high degree of time and effort in meeting clinical responsibilities.
- Highly focussed on own performance rather than the client.

Intermediate Student

- The complexity of the client, the workplace environment and the student's previous experience determines:
 - Degree of supervision (moderate to low).
 - Ability to recognise the meaningful aspects of a situation.
- Recognises several aspects of a problem but not all, and relates these to the client's needs and is able to:
 - Draw some accurate conclusions about a client.
 - Develop some plans for action.
 - Recognise some important aspects of the total clinical situation.
- Requires support to:
 - Recognise and prioritise all aspects of a situation.
 - Flexibly apply problem solving strategies, principles and theory.
- Developing automaticity resulting in:
 - A moderate expenditure of time and effort.
 - Greater ability to focus on the situation than on own performance.
 - A developing ability to use observation to assist clinical reasoning.

Entry-level (Competent) Student

The student is able to

- Perform the majority of his/her work independently and competently.
- Seek support if the situation is new or a number of features about the client or workplace setting combine to create complexity.
- Identify the meaningful aspects of problems and integrate these to generate a number of logically possible conclusions. Conclusions/actions will be modified with new information.
- Prioritise appropriately.
- Be sufficiently automatic and maintains a focus on the client or situation.
- Carry out his/her work in an efficient and timely manner.

GENERIC COMPETENCY UNIT 1: CLINICAL REASONING

Mid Placement Assessment

Please rate the student on **all** of the following scales. Place your **OVERALL** rating for this Unit on the scale on the “End Placement Assessment” form that follows this page.

Element 1.1 Uses effective thinking skills to ensure quality speech pathology practice.

<input type="checkbox"/>	-----			<input type="checkbox"/>
Not Observed	*Novice	Intermediate	Entry Level	Above Entry Level

*See opposite for definitions of performance levels

Element 1.2 Integrates collaborative and holistic viewpoints into clinical reasoning.

<input type="checkbox"/>	-----			<input type="checkbox"/>
Not Observed	*Novice	Intermediate	Entry Level	Above Entry Level

Element 1.3 Uses sound clinical reasoning strategies to assist planning for all aspects of service management.

<input type="checkbox"/>	-----			<input type="checkbox"/>
Not Observed	*Novice	Intermediate	Entry Level	Above Entry Level

Does performance on this Unit places student at risk of failing this clinical experience? **YES** **NO**

Mid Placement Assessment comments:

Behavioural Descriptors

Novice Student

- High degree of supervisory support.
- Can recall some aspects of relevant theory.
- Needs support to:
 - Draw conclusions about a client.
 - Develop a plan for action.
 - Understand the total clinical situation.
 - Apply problem solving strategies, principles and theory.
- Spends a high degree of time and effort in meeting clinical responsibilities.
- Highly focussed on own performance rather than the client.

Intermediate Student

- The complexity of the client, the workplace environment and the student's previous experience determines:
 - Degree of supervision (moderate to low).
 - Ability to recognise the meaningful aspects of a situation.
- Recognises several aspects of a problem but not all, and relates these to the client's needs and is able to:
 - Draw some accurate conclusions about a client.
 - Develop some plans for action.
 - Recognise some important aspects of the total clinical situation.
- Requires support to:
 - Recognise and prioritise all aspects of a situation.
 - Flexibly apply problem solving strategies, principles and theory.
- Developing automaticity resulting in:
 - A moderate expenditure of time and effort.
 - Greater ability to focus on the situation than on own performance.
 - A developing ability to use observation to assist clinical reasoning.

Entry-level (Competent) Student

The student is able to

- Perform the majority of his/her work independently and competently.
- Seek support if the situation is new or a number of features about the client or workplace setting combine to create complexity.
- Identify the meaningful aspects of problems and integrate these to generate a number of logically possible conclusions. Conclusions/actions will be modified with new information.
- Prioritise appropriately.
- Be sufficiently automatic and maintains a focus on the client or situation.
- Carry out his/her work in an efficient and timely manner.

GENERIC COMPETENCY UNIT 1: CLINICAL REASONING

End Placement Assessment

Please rate the student on the scale below. Ensure that your mark on the scale is clearly labelled "Mid" for the Mid Placement overall rating on this Unit and "End" for the End Placement overall rating on this Unit.

<input type="checkbox"/>	<input type="checkbox"/>	_____			<input type="checkbox"/>	<input type="checkbox"/>
Mid	End				Mid	End
Not Observed		*Novice	Intermediate	Entry Level	Above Entry Level	

*See opposite for definitions of performance levels

<p>Elements</p> <p>1.1 Uses effective thinking skills to ensure quality speech pathology practice.</p> <p>1.2 Integrates collaborative and holistic viewpoints into clinical reasoning.</p> <p>1.3 Uses sound clinical reasoning strategies to assist planning.</p>
--

Does performance on this Unit places student at risk of failing this clinical experience? YES NO

End Placement Assessment comments:

Behavioural Descriptors

Novice Student

- High degree of supervisory support.
- Can recall some aspects of relevant theory.
- Needs support to:
 - Draw conclusions about a client.
 - Develop a plan for action.
 - Understand the total clinical situation.
 - Apply problem solving strategies, principles and theory.
- Spends a high degree of time and effort in meeting clinical responsibilities.
- Highly focussed on own performance rather than the client.

Intermediate Student

- The complexity of the client, the workplace environment and the student's previous experience determines:
 - Degree of supervision (moderate to low).
 - Ability to recognise the meaningful aspects of a situation.
- Recognises several aspects of a problem but not all, and relates these to the client's needs and is able to:
 - Draw some accurate conclusions about a client.
 - Develop some plans for action.
 - Recognise some important aspects of the total clinical situation.
- Requires support to:
 - Recognise and prioritise all aspects of a situation.
 - Flexibly apply problem solving strategies, principles and theory.
- Developing automaticity resulting in:
 - A moderate expenditure of time and effort.
 - Greater ability to focus on the situation than on own performance.
 - A developing ability to use observation to assist clinical reasoning.

Entry-level (Competent) Student

The student is able to

- Perform the majority of his/her work independently and competently.
- Seek support if the situation is new or a number of features about the client or workplace setting combine to create complexity.
- Identify the meaningful aspects of problems and integrate these to generate a number of logically possible conclusions. Conclusions/actions will be modified with new information.
- Prioritise appropriately.
- Be sufficiently automatic and maintains a focus on the client or situation.
- Carry out his/her work in an efficient and timely manner.

GENERIC COMPETENCY UNIT 2: PROFESSIONAL COMMUNICATION

Mid Placement Assessment

Please rate the student on **all** of the following scales. Place your **OVERALL** rating for this Unit on the scale on the “End Placement Assessment” form that follows this page.

Element 2.1 Uses interpersonal communication skills to facilitate the effective practice of speech pathology.

<input type="checkbox"/>	_____			<input type="checkbox"/>
Not Observed	*Novice	Intermediate	Entry Level	Above Entry Level

*See opposite for definitions of performance levels

Element 2.2 Uses oral and written reporting and presentation skills to successfully meet speech pathology objectives.

<input type="checkbox"/>	_____			<input type="checkbox"/>
Not Observed	*Novice	Intermediate	Entry Level	Above Entry Level

Element 2.3 Communicates effectively with work teams.

<input type="checkbox"/>	_____			<input type="checkbox"/>
Not Observed	*Novice	Intermediate	Entry Level	Above Entry Level

Does performance on this Unit places student at risk of failing this clinical experience?

YES

NO

Mid Placement Assessment comments:

Behavioural Descriptors

Novice Student

- High degree of supervisory support.
- Can recall some aspects of relevant theory.
- Needs support to:
 - Draw conclusions about a client.
 - Develop a plan for action.
 - Understand the total clinical situation.
 - Apply problem solving strategies, principles and theory.
- Spends a high degree of time and effort in meeting clinical responsibilities.
- Highly focussed on own performance rather than the client.

Intermediate Student

- The complexity of the client, the workplace environment and the student's previous experience determines:
 - Degree of supervision (moderate to low).
 - Ability to recognise the meaningful aspects of a situation.
- Recognises several aspects of a problem but not all, and relates these to the client's needs and is able to:
 - Draw some accurate conclusions about a client.
 - Develop some plans for action.
 - Recognise some important aspects of the total clinical situation.
- Requires support to:
 - Recognise and prioritise all aspects of a situation.
 - Flexibly apply problem solving strategies, principles and theory.
- Developing automaticity resulting in:
 - A moderate expenditure of time and effort.
 - Greater ability to focus on the situation than on own performance.
 - A developing ability to use observation to assist clinical reasoning.

Entry-level (Competent) Student

The student is able to

- Perform the majority of his/her work independently and competently.
- Seek support if the situation is new or a number of features about the client or workplace setting combine to create complexity.
- Identify the meaningful aspects of problems and integrate these to generate a number of logically possible conclusions. Conclusions/actions will be modified with new information.
- Prioritise appropriately.
- Be sufficiently automatic and maintains a focus on the client or situation.
- Carry out his/her work in an efficient and timely manner.

GENERIC COMPETENCY UNIT 2: PROFESSIONAL COMMUNICATION

End Placement Assessment

Please rate the student on the scale below. Ensure that your mark on the scale is clearly labelled "Mid" for the Mid Placement overall rating on this Unit and "End" for the End Placement overall rating on this Unit.

<input type="checkbox"/>	<input type="checkbox"/>	-----			<input type="checkbox"/>	<input type="checkbox"/>
Mid	End		Intermediate	Entry Level	Mid	End
Not Observed		*Novice			Above Entry Level	

*See opposite for definitions of performance levels

Elements

- 2.1 Uses interpersonal communication skills to facilitate the effective practice of speech pathology.
- 2.2 Uses oral and written reporting and presentation skills to successfully meet speech pathology objectives.
- 2.3 Communicates effectively with work teams.

Does performance on this Unit places student at risk of failing this clinical experience? YES NO

End Assessment comments:

Behavioural Descriptors

Novice Student

- High degree of supervisory support.
- Can recall some aspects of relevant theory.
- Needs support to:
 - Draw conclusions about a client.
 - Develop a plan for action.
 - Understand the total clinical situation.
 - Apply problem solving strategies, principles and theory.
- Spends a high degree of time and effort in meeting clinical responsibilities.
- Highly focussed on own performance rather than the client.

Intermediate Student

- The complexity of the client, the workplace environment and the student's previous experience determines:
 - Degree of supervision (moderate to low).
 - Ability to recognise the meaningful aspects of a situation.
- Recognises several aspects of a problem but not all, and relates these to the client's needs and is able to:
 - Draw some accurate conclusions about a client.
 - Develop some plans for action.
 - Recognise some important aspects of the total clinical situation.
- Requires support to:
 - Recognise and prioritise all aspects of a situation.
 - Flexibly apply problem solving strategies, principles and theory.
- Developing automaticity resulting in:
 - A moderate expenditure of time and effort.
 - Greater ability to focus on the situation than on own performance.
 - A developing ability to use observation to assist clinical reasoning.

Entry-level (Competent) Student

The student is able to

- Perform the majority of his/her work independently and competently.
- Seek support if the situation is new or a number of features about the client or workplace setting combine to create complexity.
- Identify the meaningful aspects of problems and integrate these to generate a number of logically possible conclusions. Conclusions/actions will be modified with new information.
- Prioritise appropriately.
- Be sufficiently automatic and maintains a focus on the client or situation.
- Carry out his/her work in an efficient and timely manner.

GENERIC COMPETENCY UNIT 3: LIFLONG LEARNING

Mid Placement Assessment

Please rate the student on **all** of the following scales. Place your **OVERALL** rating for this Unit on the scale on the “End Placement Assessment” form that follows this page.

Element 3.1: Reflects on performance.

<input type="checkbox"/>	_____			<input type="checkbox"/>
Not Observed	*Novice	Intermediate	Entry Level	Above Entry Level

*See opposite for definitions of performance levels

Element 3.2: Structures own learning/professional development.

<input type="checkbox"/>	_____			<input type="checkbox"/>
Not Observed	*Novice	Intermediate	Entry Level	Above Entry Level

Element 3.3: Demonstrates an appropriate attitude to learning.

<input type="checkbox"/>	_____			<input type="checkbox"/>
Not Observed	*Novice	Intermediate	Entry Level	Above Entry Level

Element 3.4: Able to change performance.

<input type="checkbox"/>	_____			<input type="checkbox"/>
Not Observed	*Novice	Intermediate	Entry Level	Above Entry Level

Does performance on this Unit places student at risk of failing this clinical experience? YES NO

Mid Placement Assessment comments:

Behavioural Descriptors

Novice Student

- High degree of supervisory support.
- Can recall some aspects of relevant theory.
- Needs support to:
 - Draw conclusions about a client.
 - Develop a plan for action.
 - Understand the total clinical situation.
 - Apply problem solving strategies, principles and theory.
- Spends a high degree of time and effort in meeting clinical responsibilities.
- Highly focussed on own performance rather than the client.

Intermediate Student

- The complexity of the client, the workplace environment and the student's previous experience determines:
 - Degree of supervision (moderate to low).
 - Ability to recognise the meaningful aspects of a situation.
- Recognises several aspects of a problem but not all, and relates these to the client's needs and is able to:
 - Draw some accurate conclusions about a client.
 - Develop some plans for action.
 - Recognise some important aspects of the total clinical situation.
- Requires support to:
 - Recognise and prioritise all aspects of a situation.
 - Flexibly apply problem solving strategies, principles and theory.
- Developing automaticity resulting in:
 - A moderate expenditure of time and effort.
 - Greater ability to focus on the situation than on own performance.
 - A developing ability to use observation to assist clinical reasoning.

Entry-level (Competent) Student

The student is able to

- Perform the majority of his/her work independently and competently.
- Seek support if the situation is new or a number of features about the client or workplace setting combine to create complexity.
- Identify the meaningful aspects of problems and integrate these to generate a number of logically possible conclusions. Conclusions/actions will be modified with new information.
- Prioritise appropriately.
- Be sufficiently automatic and maintains a focus on the client or situation.
- Carry out his/her work in an efficient and timely manner.

GENERIC COMPETENCY UNIT 3: LIFLONG LEARNING

End Placement Assessment

Please rate the student on the scale below. Ensure that your mark on the scale is clearly labelled "Mid" for the Mid Placement overall rating on this Unit and "End" for the End Placement overall rating on this Unit.

<input type="checkbox"/>	<input type="checkbox"/>	-----			<input type="checkbox"/>	<input type="checkbox"/>
Mid	End	*Novice	Intermediate	Entry Level	Mid	End
Not Observed					Above Entry Level	

*See opposite for definitions of performance levels

<p>Elements 3.1 Reflects on performance 3.2 Structures own learning/professional development 3.3 Demonstrates an appropriate attitude to learning 3.4 Able to change performance</p>

Does performance on this Unit places student at risk of failing this clinical experience? YES NO

End Placement Assessment comments:

Behavioural Descriptors

Novice Student

- High degree of supervisory support.
- Can recall some aspects of relevant theory.
- Needs support to:
 - Draw conclusions about a client.
 - Develop a plan for action.
 - Understand the total clinical situation.
 - Apply problem solving strategies, principles and theory.
- Spends a high degree of time and effort in meeting clinical responsibilities.
- Highly focussed on own performance rather than the client.

Intermediate Student

- The complexity of the client, the workplace environment and the student's previous experience determines:
 - Degree of supervision (moderate to low).
 - Ability to recognise the meaningful aspects of a situation.
- Recognises several aspects of a problem but not all, and relates these to the client's needs and is able to:
 - Draw some accurate conclusions about a client.
 - Develop some plans for action.
 - Recognise some important aspects of the total clinical situation.
- Requires support to:
 - Recognise and prioritise all aspects of a situation.
 - Flexibly apply problem solving strategies, principles and theory.
- Developing automaticity resulting in:
 - A moderate expenditure of time and effort.
 - Greater ability to focus on the situation than on own performance.
 - A developing ability to use observation to assist clinical reasoning.

Entry-level (Competent) Student

The student is able to

- Perform the majority of his/her work independently and competently.
- Seek support if the situation is new or a number of features about the client or workplace setting combine to create complexity.
- Identify the meaningful aspects of problems and integrate these to generate a number of logically possible conclusions. Conclusions/actions will be modified with new information.
- Prioritise appropriately.
- Be sufficiently automatic and maintains a focus on the client or situation.
- Carry out his/her work in an efficient and timely manner.

GENERIC COMPETENCY UNIT 4: PROFESSIONAL ROLE

Mid Placement Assessment

Please rate the student on **all** of the following scales. Place your **OVERALL** rating for this Unit on the scale on the “End Placement Assessment” form that follows this page.

Element 4.1: Displays effective organisational skills.

<input type="checkbox"/>	_____			<input type="checkbox"/>
Not Observed	*Novice	Intermediate	Entry Level	Above Entry Level

*See opposite for definitions of performance levels

Element 4.2: Conducts self in a professional manner.

<input type="checkbox"/>	_____			<input type="checkbox"/>
Not Observed	*Novice	Intermediate	Entry Level	Above Entry Level

Element 4.3: Discharges administrative responsibilities effectively.

<input type="checkbox"/>	_____			<input type="checkbox"/>
Not Observed	*Novice	Intermediate	Entry Level	Above Entry Level

Element 4.4: Possesses a professional attitude/orientation.

<input type="checkbox"/>	_____			<input type="checkbox"/>
Not Observed	*Novice	Intermediate	Entry Level	Above Entry Level

Element 4.5 Demonstrates ethical behaviour.

<input type="checkbox"/>	_____			<input type="checkbox"/>
Not Observed	*Novice	Intermediate	Entry Level	Above Entry Level

Does performance on this Unit places student at risk of failing this clinical experience? YES NO

Mid Placement Assessment comments:

Behavioural Descriptors

Novice Student

- High degree of supervisory support.
- Can recall some aspects of relevant theory.
- Needs support to:
 - Draw conclusions about a client.
 - Develop a plan for action.
 - Understand the total clinical situation.
 - Apply problem solving strategies, principles and theory.
- Spends a high degree of time and effort in meeting clinical responsibilities.
- Highly focussed on own performance rather than the client.

Intermediate Student

- The complexity of the client, the workplace environment and the student's previous experience determines:
 - Degree of supervision (moderate to low).
 - Ability to recognise the meaningful aspects of a situation.
- Recognises several aspects of a problem but not all, and relates these to the client's needs and is able to:
 - Draw some accurate conclusions about a client.
 - Develop some plans for action.
 - Recognise some important aspects of the total clinical situation.
- Requires support to:
 - Recognise and prioritise all aspects of a situation.
 - Flexibly apply problem solving strategies, principles and theory.
- Developing automaticity resulting in:
 - A moderate expenditure of time and effort.
 - Greater ability to focus on the situation than on own performance.
 - A developing ability to use observation to assist clinical reasoning.

Entry-level (Competent) Student

The student is able to

- Perform the majority of his/her work independently and competently.
- Seek support if the situation is new or a number of features about the client or workplace setting combine to create complexity.
- Identify the meaningful aspects of problems and integrate these to generate a number of logically possible conclusions. Conclusions/actions will be modified with new information.
- Prioritise appropriately.
- Be sufficiently automatic and maintains a focus on the client or situation.
- Carry out his/her work in an efficient and timely manner.

GENERIC COMPETENCY UNIT 4: PROFESSIONAL ROLE

End Placement Assessment

Please rate the student on the scale below. Ensure that your mark on the scale is clearly labelled "Mid" for the Mid Placement overall rating on this Unit and "End" for the End Placement overall rating on this Unit.

<input type="checkbox"/>	<input type="checkbox"/>	-----			<input type="checkbox"/>	<input type="checkbox"/>
Mid	End				Mid	End
Not Observed		*Novice	Intermediate	Entry Level	Above Entry Level	

*See opposite for definitions of performance levels

Elements

- 4.1 Displays effective organisational skills
- 4.2 Conducts self in a professional manner
- 4.3 Discharges administrative responsibilities appropriately
- 4.4 Possesses a professional attitude/orientation
- 4.5 Demonstrates ethical behaviour

Does performance on this Unit places student at risk of failing this clinical experience?

YES

NO

End Placement Assessment comments:

Behavioural Descriptors

Novice Student

- High degree of supervisory support.
- Can recall some aspects of relevant theory.
- Needs support to:
 - Draw conclusions about a client.
 - Develop a plan for action.
 - Understand the total clinical situation.
 - Apply problem solving strategies, principles and theory.
- Spends a high degree of time and effort in meeting clinical responsibilities.
- Highly focussed on own performance rather than the client.

Intermediate Student

- The complexity of the client, the workplace environment and the student's previous experience determines:
 - Degree of supervision (moderate to low).
 - Ability to recognise the meaningful aspects of a situation.
- Recognises several aspects of a problem but not all, and relates these to the client's needs and is able to:
 - Draw some accurate conclusions about a client.
 - Develop some plans for action.
 - Recognise some important aspects of the total clinical situation.
- Requires support to:
 - Recognise and prioritise all aspects of a situation.
 - Flexibly apply problem solving strategies, principles and theory.
- Developing automaticity resulting in:
 - A moderate expenditure of time and effort.
 - Greater ability to focus on the situation than on own performance.
 - A developing ability to use observation to assist clinical reasoning.

Entry-level (Competent) Student

The student is able to

- Perform the majority of his/her work independently and competently.
- Seek support if the situation is new or a number of features about the client or workplace setting combine to create complexity.
- Identify the meaningful aspects of problems and integrate these to generate a number of logically possible conclusions. Conclusions/actions will be modified with new information.
- Prioritise appropriately.
- Be sufficiently automatic and maintains a focus on the client or situation.
- Carry out his/her work in an efficient and timely manner.

CBOS COMPETENCY UNIT 1: ASSESSMENT

CBOS pp 4-6 (SPAA, 2001)

Mid Placement Assessment

Please rate the student on **all** of the following scales. Place your **OVERALL** rating for this Unit on the scale on the "End Placement Assessment" form that follows this page.

Element 1.1 Establishes and documents the presenting communication and/or swallowing condition and issues; identifies the significant other people in the client's life and collates information on the client.

<input type="checkbox"/>	_____			<input type="checkbox"/>
Not Observed	*Novice	Intermediate	Entry Level	Above Entry Level

*See opposite for definitions of performance levels

Element 1.2 Identifies the communication and/or swallowing conditions requiring investigation and the most suitable manner in which to do this.

<input type="checkbox"/>	_____			<input type="checkbox"/>
Not Observed	*Novice	Intermediate	Entry Level	Above Entry Level

Element 1.3 Administers speech pathology assessment relevant to the communication and/or swallowing information required.

<input type="checkbox"/>	_____			<input type="checkbox"/>
Not Observed	*Novice	Intermediate	Entry Level	Above Entry Level

Element 1.4 Undertakes assessment within the ethical guidelines of the professional and all relevant legislation and legal constraints, including medico-legal responsibilities.

<input type="checkbox"/>	_____			<input type="checkbox"/>
Not Observed	*Novice	Intermediate	Entry Level	Above Entry Level

Does performance on this Unit places student at risk of failing this clinical experience? YES NO

Mid Placement Assessment comments:

Behavioural Descriptors

Novice Student

- High degree of supervisory support.
- Can recall some aspects of relevant theory.
- Needs support to:
 - Draw conclusions about a client.
 - Develop a plan for action.
 - Understand the total clinical situation.
 - Apply problem solving strategies, principles and theory.
- Spends a high degree of time and effort in meeting clinical responsibilities.
- Highly focussed on own performance rather than the client.

Intermediate Student

- The complexity of the client, the workplace environment and the student's previous experience determines:
 - Degree of supervision (moderate to low).
 - Ability to recognise the meaningful aspects of a situation.
- Recognises several aspects of a problem but not all, and relates these to the client's needs and is able to:
 - Draw some accurate conclusions about a client.
 - Develop some plans for action.
 - Recognise some important aspects of the total clinical situation.
- Requires support to:
 - Recognise and prioritise all aspects of a situation.
 - Flexibly apply problem solving strategies, principles and theory.
- Developing automaticity resulting in:
 - A moderate expenditure of time and effort.
 - Greater ability to focus on the situation than on own performance.
 - A developing ability to use observation to assist clinical reasoning.

Entry-level (Competent) Student

The student is able to

- Perform the majority of his/her work independently and competently.
- Seek support if the situation is new or a number of features about the client or workplace setting combine to create complexity.
- Identify the meaningful aspects of problems and integrate these to generate a number of logically possible conclusions. Conclusions/actions will be modified with new information.
- Prioritise appropriately.
- Be sufficiently automatic and maintains a focus on the client or situation.
- Carry out his/her work in an efficient and timely manner.

CBOS COMPETENCY UNIT 1: ASSESSMENT

End Placement Assessment

Please rate the student on the scale below. Ensure that your mark on the scale is clearly labelled “Mid” for the Mid Placement overall rating on this Unit and “End” for the End Placement overall rating on this Unit.

<input type="checkbox"/>	<input type="checkbox"/>	-----			<input type="checkbox"/>	<input type="checkbox"/>
Mid	End		Intermediate	Entry Level	Mid	End
Not Observed		*Novice			Above Entry Level	

*See opposite for definitions of performance levels

Elements

- 1.1 Establishes and documents the presenting communication and/or swallowing condition and issues; identifies the significant other people in the client’s life and collates information on the client.
- 1.2 Identifies the communication and/or swallowing conditions requiring investigation and the most suitable manner in which to do this.
- 1.3 Administers speech pathology assessment relevant to the communication and/or swallowing information required.
- 1.4 Undertakes assessment within the ethical guidelines of the professional and all relevant legislation and legal constraints, including medico-legal responsibilities.

CBOS pp 4-6 (SPAA, 2001)

Does performance on this Unit places student at risk of failing this clinical experience? YES NO

End Placement Assessment comments:

Behavioural Descriptors

Novice Student

- High degree of supervisory support.
- Can recall some aspects of relevant theory.
- Needs support to:
 - Draw conclusions about a client.
 - Develop a plan for action.
 - Understand the total clinical situation.
 - Apply problem solving strategies, principles and theory.
- Spends a high degree of time and effort in meeting clinical responsibilities.
- Highly focussed on own performance rather than the client.

Intermediate Student

- The complexity of the client, the workplace environment and the student's previous experience determines:
 - Degree of supervision (moderate to low).
 - Ability to recognise the meaningful aspects of a situation.
- Recognises several aspects of a problem but not all, and relates these to the client's needs and is able to:
 - Draw some accurate conclusions about a client.
 - Develop some plans for action.
 - Recognise some important aspects of the total clinical situation.
- Requires support to:
 - Recognise and prioritise all aspects of a situation.
 - Flexibly apply problem solving strategies, principles and theory.
- Developing automaticity resulting in:
 - A moderate expenditure of time and effort.
 - Greater ability to focus on the situation than on own performance.
 - A developing ability to use observation to assist clinical reasoning.

Entry-level (Competent) Student

The student is able to

- Perform the majority of his/her work independently and competently.
- Seek support if the situation is new or a number of features about the client or workplace setting combine to create complexity.
- Identify the meaningful aspects of problems and integrate these to generate a number of logically possible conclusions. Conclusions/actions will be modified with new information.
- Prioritise appropriately.
- Be sufficiently automatic and maintains a focus on the client or situation.
- Carry out his/her work in an efficient and timely manner.

CBOS COMPETENCY UNIT 2: ANALYSIS AND INTERPRETATION

CBOS pp 7-8 (SPAA, 2001)

Mid Placement Assessment

Please rate the student on **all** of the following scales. Place your **OVERALL** rating for this Unit on the scale on the "End Placement Assessment" form that follows this page.

Element 2.1 Analyses and interprets speech pathology assessment data.

<input type="checkbox"/>	-----			<input type="checkbox"/>
Not Observed	*Novice	Intermediate	Entry Level	Above Entry Level

*See opposite for definitions of performance levels

Element 2.2 Identifies gaps in information required to understand the client's communication and swallowing issues and seeks information to fill those gaps.

<input type="checkbox"/>	-----			<input type="checkbox"/>
Not Observed	*Novice	Intermediate	Entry Level	Above Entry Level

Element 2.3 Determines the basis or diagnosis of the communication and/or swallowing issues or condition and projects the possible outcomes.

<input type="checkbox"/>	-----			<input type="checkbox"/>
Not Observed	*Novice	Intermediate	Entry Level	Above Entry Level

Does performance on this Unit places student at risk of failing this clinical experience? YES NO

Mid Placement Assessment comments:

Behavioural Descriptors

Novice Student

- High degree of supervisory support.
- Can recall some aspects of relevant theory.
- Needs support to:
 - Draw conclusions about a client.
 - Develop a plan for action.
 - Understand the total clinical situation.
 - Apply problem solving strategies, principles and theory.
- Spends a high degree of time and effort in meeting clinical responsibilities.
- Highly focussed on own performance rather than the client.

Intermediate Student

- The complexity of the client, the workplace environment and the student's previous experience determines:
 - Degree of supervision (moderate to low).
 - Ability to recognise the meaningful aspects of a situation.
- Recognises several aspects of a problem but not all, and relates these to the client's needs and is able to:
 - Draw some accurate conclusions about a client.
 - Develop some plans for action.
 - Recognise some important aspects of the total clinical situation.
- Requires support to:
 - Recognise and prioritise all aspects of a situation.
 - Flexibly apply problem solving strategies, principles and theory.
- Developing automaticity resulting in:
 - A moderate expenditure of time and effort.
 - Greater ability to focus on the situation than on own performance.
 - A developing ability to use observation to assist clinical reasoning.

Entry-level (Competent) Student

The student is able to

- Perform the majority of his/her work independently and competently.
- Seek support if the situation is new or a number of features about the client or workplace setting combine to create complexity.
- Identify the meaningful aspects of problems and integrate these to generate a number of logically possible conclusions. Conclusions/actions will be modified with new information.
- Prioritise appropriately.
- Be sufficiently automatic and maintains a focus on the client or situation.
- Carry out his/her work in an efficient and timely manner.

CBOS COMPETENCY UNIT 2: ANALYSIS AND INTERPRETATION

End Placement Assessment

Please rate the student on **all** of the following scales. Place your **OVERALL** rating for this Unit on the scale on the “End Placement Assessment” form that follows this page.

<input type="checkbox"/>	<input type="checkbox"/>	_____			<input type="checkbox"/>	<input type="checkbox"/>
Mid	End				Mid	End
Not Observed		*Novice	Intermediate	Entry Level	Above Entry Level	

*See opposite for definitions of performance levels

<p>Elements</p> <ul style="list-style-type: none">2.1 Analyses and interprets speech pathology assessment data.2.2 Identifies gaps in information required to understand the client’s communication and swallowing issues and seeks information to fill those gaps.2.3 Determines the basis or diagnosis of the communication and/or swallowing issues or condition and projects the possible outcomes.2.4 Reports on analysis and interpretation.2.5 Provides feedback on results of interpreted speech pathology assessments to the client and/or significant others and referral sources, and discusses management. <p style="text-align: right;">CBOS pp 7-8 (SPAA, 2001)</p>
--

Does performance on this Unit places student at risk of failing this clinical experience? YES NO

End Placement Assessment comments:

Behavioural Descriptors

Novice Student

- High degree of supervisory support.
- Can recall some aspects of relevant theory.
- Needs support to:
 - Draw conclusions about a client.
 - Develop a plan for action.
 - Understand the total clinical situation.
 - Apply problem solving strategies, principles and theory.
- Spends a high degree of time and effort in meeting clinical responsibilities.
- Highly focussed on own performance rather than the client.

Intermediate Student

- The complexity of the client, the workplace environment and the student's previous experience determines:
 - Degree of supervision (moderate to low).
 - Ability to recognise the meaningful aspects of a situation.
- Recognises several aspects of a problem but not all, and relates these to the client's needs and is able to:
 - Draw some accurate conclusions about a client.
 - Develop some plans for action.
 - Recognise some important aspects of the total clinical situation.
- Requires support to:
 - Recognise and prioritise all aspects of a situation.
 - Flexibly apply problem solving strategies, principles and theory.
- Developing automaticity resulting in:
 - A moderate expenditure of time and effort.
 - Greater ability to focus on the situation than on own performance.
 - A developing ability to use observation to assist clinical reasoning.

Entry-level (Competent) Student

The student is able to

- Perform the majority of his/her work independently and competently.
- Seek support if the situation is new or a number of features about the client or workplace setting combine to create complexity.
- Identify the meaningful aspects of problems and integrate these to generate a number of logically possible conclusions. Conclusions/actions will be modified with new information.
- Prioritise appropriately.
- Be sufficiently automatic and maintains a focus on the client or situation.
- Carry out his/her work in an efficient and timely manner.

CBOS COMPETENCY UNIT 3: PLANNING OF SPEECH PATHOLOGY INTERVENTION

CBOS pp 9-12 (SPAA, 2001)

Mid Placement Assessment

Please rate the student on *all* of the following scales. Place your **OVERALL** rating for this Unit on the scale on the "End Placement Assessment" form that follows this page.

Element 3.1 Uses integrated and interpreted information (outlined in Unit 2) relevant to the communication and/or swallowing issues, and/or the service provider's goals to plan speech pathology intervention.

<input type="checkbox"/>	-----			<input type="checkbox"/>
Not Observed	*Novice	Intermediate	Entry Level	Above Entry Level

*See opposite for definitions of performance levels

Element 3.2 Seeks additional information required to plan speech pathology intervention.

<input type="checkbox"/>	-----			<input type="checkbox"/>
Not Observed	*Novice	Intermediate	Entry Level	Above Entry Level

Element 3.3 Discusses long-term outcomes and decides, in consultation with client, whether or not speech pathology strategies are appropriate and/or required.

<input type="checkbox"/>	-----			<input type="checkbox"/>
Not Observed	*Novice	Intermediate	Entry Level	Above Entry Level

Element 3.4 Selects speech pathology program or intervention in conjunction with the client and significant others.

<input type="checkbox"/>	-----			<input type="checkbox"/>
Not Observed	*Novice	Intermediate	Entry Level	Above Entry Level

Element 3.5 Establishes goals for intervention.

<input type="checkbox"/>	-----			<input type="checkbox"/>
Not Observed	*Novice	Intermediate	Entry Level	Above Entry Level

Element 3.6 Defines roles and responsibilities for the management of the client's swallowing and/or communication condition and issues.

<input type="checkbox"/>	-----			<input type="checkbox"/>
Not Observed	*Novice	Intermediate	Entry Level	Above Entry Level

Element 3.7 Documents speech pathology intervention plans, goals, outcomes, decisions and discharge.

<input type="checkbox"/>	-----			<input type="checkbox"/>
Not Observed	*Novice	Intermediate	Entry Level	Above Entry Level

Mid Assessment CBOS Unit 3 cont. Mid Assessment CBOS Unit 3 cont.

Does performance on this Unit places student at risk of failing this clinical experience?

YES

NO

Mid Placement Assessment comments:

Behavioural Descriptors

Novice Student

- High degree of supervisory support.
- Can recall some aspects of relevant theory.
- Needs support to:
 - Draw conclusions about a client.
 - Develop a plan for action.
 - Understand the total clinical situation.
 - Apply problem solving strategies, principles and theory.
- Spends a high degree of time and effort in meeting clinical responsibilities.
- Highly focussed on own performance rather than the client.

Intermediate Student

- The complexity of the client, the workplace environment and the student's previous experience determines:
 - Degree of supervision (moderate to low).
 - Ability to recognise the meaningful aspects of a situation.
- Recognises several aspects of a problem but not all, and relates these to the client's needs and is able to:
 - Draw some accurate conclusions about a client.
 - Develop some plans for action.
 - Recognise some important aspects of the total clinical situation.
- Requires support to:
 - Recognise and prioritise all aspects of a situation.
 - Flexibly apply problem solving strategies, principles and theory.
- Developing automaticity resulting in:
 - A moderate expenditure of time and effort.
 - Greater ability to focus on the situation than on own performance.
 - A developing ability to use observation to assist clinical reasoning.

Entry-level (Competent) Student

The student is able to

- Perform the majority of his/her work independently and competently.
- Seek support if the situation is new or a number of features about the client or workplace setting combine to create complexity.
- Identify the meaningful aspects of problems and integrate these to generate a number of logically possible conclusions. Conclusions/actions will be modified with new information.
- Prioritise appropriately.
- Be sufficiently automatic and maintains a focus on the client or situation.
- Carry out his/her work in an efficient and timely manner.

CBOS COMPETENCY UNIT 3: PLANNING OF SPEECH PATHOLOGY INTERVENTION

End Placement Assessment

Please rate the student on the scale below. Ensure that your mark on the scale is clearly labelled "Mid" for the Mid Placement overall rating on this Unit and "End" for the End Placement overall rating on this Unit.

<input type="checkbox"/>	<input type="checkbox"/>	_____			<input type="checkbox"/>	<input type="checkbox"/>
Mid	End				Mid	End
Not Observed		*Novice	Intermediate	Entry Level	Above Entry Level	

*See opposite for definitions of performance levels

<p>Elements</p> <p>3.1 Uses integrated and interpreted information (outlined in Unit 2) relevant to the communication and/or swallowing issues, and/or the service provider's goals to plan speech pathology intervention.</p> <p>3.2 Seeks additional information required to plan speech pathology intervention.</p> <p>3.3 Discusses long-term outcomes and decides, in consultation with client, whether or not speech pathology strategies are appropriate and/or required.</p> <p>3.4 Selects speech pathology program or intervention in conjunction with the client and significant others.</p> <p>3.5 Defines roles and responsibilities for the management of the client's swallowing and/or communication condition and issues.</p> <p>3.6 Documents speech pathology intervention, plans, goals, outcomes, decisions and discharge.</p> <p style="text-align: right;">CBOS pp 9-12 (SPAA, 2001)</p>
--

Does performance on this Unit places student at risk of failing this clinical experience? YES NO

End Placement Assessment comments:

Behavioural Descriptors

Novice Student

- High degree of supervisory support.
- Can recall some aspects of relevant theory.
- Needs support to:
 - Draw conclusions about a client.
 - Develop a plan for action.
 - Understand the total clinical situation.
 - Apply problem solving strategies, principles and theory.
- Spends a high degree of time and effort in meeting clinical responsibilities.
- Highly focussed on own performance rather than the client.

Intermediate Student

- The complexity of the client, the workplace environment and the student's previous experience determines:
 - Degree of supervision (moderate to low).
 - Ability to recognise the meaningful aspects of a situation.
- Recognises several aspects of a problem but not all, and relates these to the client's needs and is able to:
 - Draw some accurate conclusions about a client.
 - Develop some plans for action.
 - Recognise some important aspects of the total clinical situation.
- Requires support to:
 - Recognise and prioritise all aspects of a situation.
 - Flexibly apply problem solving strategies, principles and theory.
- Developing automaticity resulting in:
 - A moderate expenditure of time and effort.
 - Greater ability to focus on the situation than on own performance.
 - A developing ability to use observation to assist clinical reasoning.

Entry-level (Competent) Student

The student is able to

- Perform the majority of his/her work independently and competently.
- Seek support if the situation is new or a number of features about the client or workplace setting combine to create complexity.
- Identify the meaningful aspects of problems and integrate these to generate a number of logically possible conclusions. Conclusions/actions will be modified with new information.
- Prioritise appropriately.
- Be sufficiently automatic and maintains a focus on the client or situation.
- Carry out his/her work in an efficient and timely manner.

CBOS COMPETENCY UNIT 4: SPEECH PATHOLOGY INTERVENTION

CBOS pp 13-14 (SPAA, 2001)

Mid Placement Assessment

Please rate the student on **all** of the following scales. Place your **OVERALL** rating for this Unit on the scale on the "End Placement Assessment" form that follows this page.

Element 4.1 Establishes rapport and facilitates participation in the speech pathology intervention program.

<input type="checkbox"/>	_____			<input type="checkbox"/>
Not Observed	*Novice	Intermediate	Entry Level	Above Entry Level

*See opposite for definitions of performance levels

Element 4.2 Implements speech pathology intervention program based on speech pathology assessment, interpretation and planning.

<input type="checkbox"/>	_____			<input type="checkbox"/>
Not Observed	*Novice	Intermediate	Entry Level	Above Entry Level

Element 4.3 Undertakes continuing evaluation of speech pathology intervention and modifies intervention program as necessary.

<input type="checkbox"/>	_____			<input type="checkbox"/>
Not Observed	*Novice	Intermediate	Entry Level	Above Entry Level

Element 4.4 Documents progress and changes in speech pathology intervention.

<input type="checkbox"/>	_____			<input type="checkbox"/>
Not Observed	*Novice	Intermediate	Entry Level	Above Entry Level

Element 4.5 Undertakes management and implementation within the ethical guidelines of the profession and all relevant legislation and legal constraints, including medico-legal responsibilities.

<input type="checkbox"/>	_____			<input type="checkbox"/>
Not Observed	*Novice	Intermediate	Entry Level	Above Entry Level

Does performance on this Unit places student at risk of failing this clinical experience? YES NO

Mid Placement Assessment comments:

Behavioural Descriptors

Novice Student

- High degree of supervisory support.
- Can recall some aspects of relevant theory.
- Needs support to:
 - Draw conclusions about a client.
 - Develop a plan for action.
 - Understand the total clinical situation.
 - Apply problem solving strategies, principles and theory.
- Spends a high degree of time and effort in meeting clinical responsibilities.
- Highly focussed on own performance rather than the client.

Intermediate Student

- The complexity of the client, the workplace environment and the student's previous experience determines:
 - Degree of supervision (moderate to low).
 - Ability to recognise the meaningful aspects of a situation.
- Recognises several aspects of a problem but not all, and relates these to the client's needs and is able to:
 - Draw some accurate conclusions about a client.
 - Develop some plans for action.
 - Recognise some important aspects of the total clinical situation.
- Requires support to:
 - Recognise and prioritise all aspects of a situation.
 - Flexibly apply problem solving strategies, principles and theory.
- Developing automaticity resulting in:
 - A moderate expenditure of time and effort.
 - Greater ability to focus on the situation than on own performance.
 - A developing ability to use observation to assist clinical reasoning.

Entry-level (Competent) Student

The student is able to

- Perform the majority of his/her work independently and competently.
- Seek support if the situation is new or a number of features about the client or workplace setting combine to create complexity.
- Identify the meaningful aspects of problems and integrate these to generate a number of logically possible conclusions. Conclusions/actions will be modified with new information.
- Prioritise appropriately.
- Be sufficiently automatic and maintains a focus on the client or situation.
- Carry out his/her work in an efficient and timely manner.

CBOS COMPETENCY UNIT 4: SPEECH PATHOLOGY INTERVENTION

End Placement Assessment

Please rate the student on the scale below. Ensure that your mark on the scale is clearly labelled "Mid" for the Mid Placement overall rating on this Unit and "End" for the End Placement overall rating on this Unit.

<input type="checkbox"/>	<input type="checkbox"/>	-----			<input type="checkbox"/>	<input type="checkbox"/>
Mid	End		Intermediate	Entry Level	Mid	End
Not Observed		*Novice			Above Entry Level	

*See opposite for definitions of performance levels

<p>Elements</p> <ul style="list-style-type: none">4.1 Establishes rapport and facilitates participation in the speech pathology intervention program.4.2 Implements speech pathology intervention program based on speech pathology assessment, interpretation and planning.4.3 Undertakes continuing evaluation of speech pathology intervention and modifies intervention program as necessary.4.4 Documents progress and changes in speech pathology intervention.4.5 Undertakes management and implementation within the ethical guidelines of the profession and all relevant legislation and legal constraints, including medico-legal responsibilities. <p style="text-align: right;">CBOS pp 13-14 (SPAA, 2001)</p>
--

Does performance on this Unit places student at risk of failing this clinical experience? YES NO

End Placement Assessment comments:

Behavioural Descriptors

Novice Student

- High degree of supervisory support.
- Can recall some aspects of relevant theory.
- Needs support to:
 - Draw conclusions about a client.
 - Develop a plan for action.
 - Understand the total clinical situation.
 - Apply problem solving strategies, principles and theory.
- Spends a high degree of time and effort in meeting clinical responsibilities.
- Highly focussed on own performance rather than the client.

Intermediate Student

- The complexity of the client, the workplace environment and the student's previous experience determines:
 - Degree of supervision (moderate to low).
 - Ability to recognise the meaningful aspects of a situation.
- Recognises several aspects of a problem but not all, and relates these to the client's needs and is able to:
 - Draw some accurate conclusions about a client.
 - Develop some plans for action.
 - Recognise some important aspects of the total clinical situation.
- Requires support to:
 - Recognise and prioritise all aspects of a situation.
 - Flexibly apply problem solving strategies, principles and theory.
- Developing automaticity resulting in:
 - A moderate expenditure of time and effort.
 - Greater ability to focus on the situation than on own performance.
 - A developing ability to use observation to assist clinical reasoning.

Entry-level (Competent) Student

The student is able to

- Perform the majority of his/her work independently and competently.
- Seek support if the situation is new or a number of features about the client or workplace setting combine to create complexity.
- Identify the meaningful aspects of problems and integrate these to generate a number of logically possible conclusions. Conclusions/actions will be modified with new information.
- Prioritise appropriately.
- Be sufficiently automatic and maintains a focus on the client or situation.
- Carry out his/her work in an efficient and timely manner.

**CBOS COMPETENCY UNIT 5: PLANNING, MAINTAINING AND DELIVERING SPEECH
PATHOLOGY SERVICES**
CBOS pp 15-17 (SPAA, 2001)

Mid Placement Assessment

*Please rate the student on **all** of the following scales. Place your **OVERALL** rating for this Unit on the scale on the “End Placement Assessment” form that follows this page.*

Element 5.1 Responds to service provider’s policies.

<input type="checkbox"/>	_____			<input type="checkbox"/>
Not Observed	*Novice	Intermediate	Entry Level	Above Entry Level

*See opposite for definitions of performance levels

Element 5.2 Uses and maintains and efficient information management system.

<input type="checkbox"/>	_____			<input type="checkbox"/>
Not Observed	*Novice	Intermediate	Entry Level	Above Entry Level

Element 5.3 Uses service provider’s electronic systems.

<input type="checkbox"/>	_____			<input type="checkbox"/>
Not Observed	*Novice	Intermediate	Entry Level	Above Entry Level

Element 5.4 Manages workload.

<input type="checkbox"/>	_____			<input type="checkbox"/>
Not Observed	*Novice	Intermediate	Entry Level	Above Entry Level

Element 5.5 Updates, acquires and/or develops resources.

<input type="checkbox"/>	_____			<input type="checkbox"/>
Not Observed	*Novice	Intermediate	Entry Level	Above Entry Level

Element 5.6 Consults and coordinates with professional groups and services.

<input type="checkbox"/>	_____			<input type="checkbox"/>
Not Observed	*Novice	Intermediate	Entry Level	Above Entry Level

Element 5.7 Demonstrates adherence to professionally accepted scientific principles in work practices.

<input type="checkbox"/>	_____			<input type="checkbox"/>
Not Observed	*Novice	Intermediate	Entry Level	Above Entry Level

Element 5.8 Collaborates in research initiated and/or supported by others.

<input type="checkbox"/>	_____			<input type="checkbox"/>
Not Observed	*Novice	Intermediate	Entry Level	Above Entry Level

Mid Assessment CBOS Unit 5 cont.

Element 5.9 Participates in evaluation of speech pathology services.

Not Observed *Novice Intermediate Entry Level Above Entry Level

Does performance on this Unit places student at risk of failing this clinical experience? **YES** **NO**

Mid Placement Assessment comments:

Behavioural Descriptors

Novice Student

- High degree of supervisory support.
- Can recall some aspects of relevant theory.
- Needs support to:
 - Draw conclusions about a client.
 - Develop a plan for action.
 - Understand the total clinical situation.
 - Apply problem solving strategies, principles and theory.
- Spends a high degree of time and effort in meeting clinical responsibilities.
- Highly focussed on own performance rather than the client.

Intermediate Student

- The complexity of the client, the workplace environment and the student's previous experience determines:
 - Degree of supervision (moderate to low).
 - Ability to recognise the meaningful aspects of a situation.
- Recognises several aspects of a problem but not all, and relates these to the client's needs and is able to:
 - Draw some accurate conclusions about a client.
 - Develop some plans for action.
 - Recognise some important aspects of the total clinical situation.
- Requires support to:
 - Recognise and prioritise all aspects of a situation.
 - Flexibly apply problem solving strategies, principles and theory.
- Developing automaticity resulting in:
 - A moderate expenditure of time and effort.
 - Greater ability to focus on the situation than on own performance.
 - A developing ability to use observation to assist clinical reasoning.

Entry-level (Competent) Student

The student is able to

- Perform the majority of his/her work independently and competently.
- Seek support if the situation is new or a number of features about the client or workplace setting combine to create complexity.
- Identify the meaningful aspects of problems and integrate these to generate a number of logically possible conclusions. Conclusions/actions will be modified with new information.
- Prioritise appropriately.
- Be sufficiently automatic and maintains a focus on the client or situation.
- Carry out his/her work in an efficient and timely manner.

CBOS COMPETENCY UNIT 5: PLANNING, MAINTAINING AND DELIVERING SPEECH PATHOLOGY SERVICES

End Placement Assessment

Please rate the student on **all** of the following scales. Place your **OVERALL** rating for this Unit on the scale on the “End Placement Assessment” form that follows this page.

<input type="checkbox"/>	<input type="checkbox"/>	_____			<input type="checkbox"/>	<input type="checkbox"/>
Mid	End	*Novice	Intermediate	Entry Level	Mid	End
Not Observed					Above Entry Level	

*See opposite for definitions of performance levels

<p>Elements</p> <ul style="list-style-type: none">5.1 Responds to service provider’s policies.5.2 Uses and maintains an efficient information management system.5.3 Uses service provider’s electronic systems.5.4 Manages workload.5.5 Updates, acquires and/or develops resources.5.6 Consults and coordinates with professional groups and services.5.7 Demonstrates adherence to professionally accepted scientific principles in work practices.5.8 Collaborates in research initiated and/or supported by others.5.9 Participates in evaluation of speech pathology services. <p style="text-align: right;">CBOS pp 15-17 (SPAA, 2001)</p>

Does performance on this Unit places student at risk of failing this clinical experience? **YES** **NO**

End Placement Assessment comments:

Behavioural Descriptors

Novice Student

- High degree of supervisory support.
- Can recall some aspects of relevant theory.
- Needs support to:
 - Draw conclusions about a client.
 - Develop a plan for action.
 - Understand the total clinical situation.
 - Apply problem solving strategies, principles and theory.
- Spends a high degree of time and effort in meeting clinical responsibilities.
- Highly focussed on own performance rather than the client.

Intermediate Student

- The complexity of the client, the workplace environment and the student's previous experience determines:
 - Degree of supervision (moderate to low).
 - Ability to recognise the meaningful aspects of a situation.
- Recognises several aspects of a problem but not all, and relates these to the client's needs and is able to:
 - Draw some accurate conclusions about a client.
 - Develop some plans for action.
 - Recognise some important aspects of the total clinical situation.
- Requires support to:
 - Recognise and prioritise all aspects of a situation.
 - Flexibly apply problem solving strategies, principles and theory.
- Developing automaticity resulting in:
 - A moderate expenditure of time and effort.
 - Greater ability to focus on the situation than on own performance.
 - A developing ability to use observation to assist clinical reasoning.

Entry-level (Competent) Student

The student is able to

- Perform the majority of his/her work independently and competently.
- Seek support if the situation is new or a number of features about the client or workplace setting combine to create complexity.
- Identify the meaningful aspects of problems and integrate these to generate a number of logically possible conclusions. Conclusions/actions will be modified with new information.
- Prioritise appropriately.
- Be sufficiently automatic and maintains a focus on the client or situation.
- Carry out his/her work in an efficient and timely manner.

CBOS COMPETENCY UNIT 6: PROFESSIONAL, GROUP AND COMMUNITY EDUCATION

CBOS pp 18-19 (SPAA, 2001)

Mid Placement Assessment

Please rate the student on **all** of the following scales. Place your **OVERALL** rating for this Unit on the scale on the "End Placement Assessment" form that follows this page.

Element 6.1 Identifies the practice of speech pathology in a range of community contexts.

<input type="checkbox"/>	-----			<input type="checkbox"/>
Not Observed	*Novice	Intermediate	Entry Level	Above Entry Level

*See opposite for definitions of performance levels

Element 6.2 Develops, contributes to, and maintains professional and team based relationships in practice contexts.

<input type="checkbox"/>	-----			<input type="checkbox"/>
Not Observed	*Novice	Intermediate	Entry Level	Above Entry Level

Element 6.3 Undertakes preventative, educational and or promotional projects or programs on speech pathology and other related topics as part of a team with other professionals.

<input type="checkbox"/>	-----			<input type="checkbox"/>
Not Observed	*Novice	Intermediate	Entry Level	Above Entry Level

Element 6.4 Demonstrates and understanding of principles and practices of clinical education.

<input type="checkbox"/>	-----			<input type="checkbox"/>
Not Observed	*Novice	Intermediate	Entry Level	Above Entry Level

Does performance on this Unit places student at risk of failing this clinical experience? **YES** **NO**

Mid Placement Assessment comments:

Behavioural Descriptors

Novice Student

- High degree of supervisory support.
- Can recall some aspects of relevant theory.
- Needs support to:
 - Draw conclusions about a client.
 - Develop a plan for action.
 - Understand the total clinical situation.
 - Apply problem solving strategies, principles and theory.
- Spends a high degree of time and effort in meeting clinical responsibilities.
- Highly focussed on own performance rather than the client.

Intermediate Student

- The complexity of the client, the workplace environment and the student's previous experience determines:
 - Degree of supervision (moderate to low).
 - Ability to recognise the meaningful aspects of a situation.
- Recognises several aspects of a problem but not all, and relates these to the client's needs and is able to:
 - Draw some accurate conclusions about a client.
 - Develop some plans for action.
 - Recognise some important aspects of the total clinical situation.
- Requires support to:
 - Recognise and prioritise all aspects of a situation.
 - Flexibly apply problem solving strategies, principles and theory.
- Developing automaticity resulting in:
 - A moderate expenditure of time and effort.
 - Greater ability to focus on the situation than on own performance.
 - A developing ability to use observation to assist clinical reasoning.

Entry-level (Competent) Student

The student is able to

- Perform the majority of his/her work independently and competently.
- Seek support if the situation is new or a number of features about the client or workplace setting combine to create complexity.
- Identify the meaningful aspects of problems and integrate these to generate a number of logically possible conclusions. Conclusions/actions will be modified with new information.
- Prioritise appropriately.
- Be sufficiently automatic and maintains a focus on the client or situation.
- Carry out his/her work in an efficient and timely manner.

CBOS COMPETENCY UNIT 6: PROFESSIONAL, GROUP AND COMMUNITY EDUCATION

End Placement Assessment

Please rate the student on the scale below. Ensure that your mark on the scale is clearly labelled “Mid” for the Mid Placement overall rating on this Unit and “End” for the End Placement overall rating on this Unit.

Mid End _____ Mid End
Not Observed *Novice Intermediate Entry Level Above Entry Level

*See opposite for definitions of performance levels

<p>Elements</p> <ul style="list-style-type: none">6.1 Identifies the practice of speech pathology in a range of community contexts.6.2 Develops, contributes to, and maintains professional and team based relationships in practice contexts.6.3 Undertakes preventative, educational and or promotional projects or programs on speech pathology and other related topics as part of a team with other professionals.6.4 Demonstrates an understanding of principles and practices of clinical education. <p style="text-align: right;">CBOS pp 18-19 (SPAA, 2001)</p>
--

Does performance on this Unit places student at risk of failing this clinical experience? YES NO

End Placement Assessment comments:

Behavioural Descriptors

Novice Student

- High degree of supervisory support.
- Can recall some aspects of relevant theory.
- Needs support to:
 - Draw conclusions about a client.
 - Develop a plan for action.
 - Understand the total clinical situation.
 - Apply problem solving strategies, principles and theory.
- Spends a high degree of time and effort in meeting clinical responsibilities.
- Highly focussed on own performance rather than the client.

Intermediate Student

- The complexity of the client, the workplace environment and the student's previous experience determines:
 - Degree of supervision (moderate to low).
 - Ability to recognise the meaningful aspects of a situation.
- Recognises several aspects of a problem but not all, and relates these to the client's needs and is able to:
 - Draw some accurate conclusions about a client.
 - Develop some plans for action.
 - Recognise some important aspects of the total clinical situation.
- Requires support to:
 - Recognise and prioritise all aspects of a situation.
 - Flexibly apply problem solving strategies, principles and theory.
- Developing automaticity resulting in:
 - A moderate expenditure of time and effort.
 - Greater ability to focus on the situation than on own performance.
 - A developing ability to use observation to assist clinical reasoning.

Entry-level (Competent) Student

The student is able to

- Perform the majority of his/her work independently and competently.
- Seek support if the situation is new or a number of features about the client or workplace setting combine to create complexity.
- Identify the meaningful aspects of problems and integrate these to generate a number of logically possible conclusions. Conclusions/actions will be modified with new information.
- Prioritise appropriately.
- Be sufficiently automatic and maintains a focus on the client or situation.
- Carry out his/her work in an efficient and timely manner.

CBOS COMPETENCY UNIT 7: PROFESSIONAL DEVELOPMENT

CBOS pp 20 (SPAA, 2001)

Mid Placement Assessment

Please rate the student on **all** of the following scales. Place your **OVERALL** rating for this Unit on the scale on the "End Placement Assessment" form that follows this page.

Element 7.1 Upholds the Speech Pathology Australia Code of Ethics.

<input type="checkbox"/>	_____			<input type="checkbox"/>
Not Observed	*Novice	Intermediate	Entry Level	Above Entry Level

*See opposite for definitions of performance levels

Element 7.2 Continues professional development.

<input type="checkbox"/>	_____			<input type="checkbox"/>
Not Observed	*Novice	Intermediate	Entry Level	Above Entry Level

Element 7.3 Demonstrates an awareness of formal and informal networks for professional development and support and a capacity to develop them.

<input type="checkbox"/>	_____			<input type="checkbox"/>
Not Observed	*Novice	Intermediate	Entry Level	Above Entry Level

Element 7.4 Develops personal growth and professional identify as a speech pathologist.

<input type="checkbox"/>	_____			<input type="checkbox"/>
Not Observed	*Novice	Intermediate	Entry Level	Above Entry Level

Does performance on this Unit places student at risk of failing this clinical experience?

YES

NO

Mid Placement Assessment comments:

Behavioural Descriptors

Novice Student

- High degree of supervisory support.
- Can recall some aspects of relevant theory.
- Needs support to:
 - Draw conclusions about a client.
 - Develop a plan for action.
 - Understand the total clinical situation.
 - Apply problem solving strategies, principles and theory.
- Spends a high degree of time and effort in meeting clinical responsibilities.
- Highly focussed on own performance rather than the client.

Intermediate Student

- The complexity of the client, the workplace environment and the student's previous experience determines:
 - Degree of supervision (moderate to low).
 - Ability to recognise the meaningful aspects of a situation.
- Recognises several aspects of a problem but not all, and relates these to the client's needs and is able to:
 - Draw some accurate conclusions about a client.
 - Develop some plans for action.
 - Recognise some important aspects of the total clinical situation.
- Requires support to:
 - Recognise and prioritise all aspects of a situation.
 - Flexibly apply problem solving strategies, principles and theory.
- Developing automaticity resulting in:
 - A moderate expenditure of time and effort.
 - Greater ability to focus on the situation than on own performance.
 - A developing ability to use observation to assist clinical reasoning.

Entry-level (Competent) Student

The student is able to

- Perform the majority of his/her work independently and competently.
- Seek support if the situation is new or a number of features about the client or workplace setting combine to create complexity.
- Identify the meaningful aspects of problems and integrate these to generate a number of logically possible conclusions. Conclusions/actions will be modified with new information.
- Prioritise appropriately.
- Be sufficiently automatic and maintains a focus on the client or situation.
- Carry out his/her work in an efficient and timely manner.

CBOS COMPETENCY UNIT 7: PROFESSIONAL DEVELOPMENT

End Placement Assessment

Please rate the student on **all** of the following scales. Place your **OVERALL** rating for this Unit on the scale on the "End Placement Assessment" form that follows this page.

<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
Mid	End				Mid	End
Not Observed		*Novice	Intermediate	Entry Level	Above Entry Level	

*See opposite for definitions of performance levels

<p>Elements</p> <p>7.1 Upholds the Speech Pathology Australia <i>Code of Ethics</i>.</p> <p>7.2 Continues professional development.</p> <p>7.3 Demonstrates an awareness of formal and informal networks for professional development and support and a capacity to develop them.</p> <p>7.4 Develops personal growth and professional identity as a speech pathologist.</p> <p style="text-align: right;">CBOS pp 20 (SPAA, 2001)</p>

Does performance on this Unit places student at risk of failing this clinical experience? YES NO

End Placement Assessment comments:

How long did it take you to fill in the assessment sheets for the MID SEMESTER Assessment?
_____ (to the nearest 5 minutes)

How long did it take you to fill in the assessment sheets for the END SEMESTER Assessment?
_____ (to the nearest 5 minutes)

Behavioural Descriptors

Novice Student

- High degree of supervisory support.
- Can recall some aspects of relevant theory.
- Needs support to:
 - Draw conclusions about a client.
 - Develop a plan for action.
 - Understand the total clinical situation.
 - Apply problem solving strategies, principles and theory.
- Spends a high degree of time and effort in meeting clinical responsibilities.
- Highly focussed on own performance rather than the client.

Intermediate Student

- The complexity of the client, the workplace environment and the student's previous experience determines:
 - Degree of supervision (moderate to low).
 - Ability to recognise the meaningful aspects of a situation.
- Recognises several aspects of a problem but not all, and relates these to the client's needs and is able to:
 - Draw some accurate conclusions about a client.
 - Develop some plans for action.
 - Recognise some important aspects of the total clinical situation.
- Requires support to:
 - Recognise and prioritise all aspects of a situation.
 - Flexibly apply problem solving strategies, principles and theory.
- Developing automaticity resulting in:
 - A moderate expenditure of time and effort.
 - Greater ability to focus on the situation than on own performance.
 - A developing ability to use observation to assist clinical reasoning.

Entry-level (Competent) Student

The student is able to

- Perform the majority of his/her work independently and competently.
- Seek support if the situation is new or a number of features about the client or workplace setting combine to create complexity.
- Identify the meaningful aspects of problems and integrate these to generate a number of logically possible conclusions. Conclusions/actions will be modified with new information.
- Prioritise appropriately.
- Be sufficiently automatic and maintains a focus on the client or situation.
- Carry out his/her work in an efficient and timely manner.

OVERALL RATING OF COMPETENCY

Mid Placement Assessment

AND

End Placement Assessment

Please indicate your assessment of the student's OVERALL level of competency at Mid and End Placement on the scale below.

Label the Mid Assessment mark as 'mid' unless ticking the Above Entry Level box.

Label the End Placement mark as 'end' unless ticking the Above Entry Level box.

	_____	<input type="checkbox"/>	<input type="checkbox"/>
		Mid	End
Level	*Novice	Intermediate	Entry Level Above Entry

*See opposite for definitions of performance levels

Overall the student's performance on this placement was **satisfactory** / **unsatisfactory** (Please circle the one that does apply).

STUDENT INVOLVEMENT

The student **was** / **was not** involved in this assessment (Please circle the one that DOES apply).

If the student **was** involved in this assessment, please indicate how he/she was involved below:

We completed the Assessment Tool independently and then **negotiated** the final ratings on the Assessment Tool.

Mid Placement End Placement

We completed the Assessment Tool independently and then **discussed** the final ratings on the Assessment Tool.

Mid Placement End Placement

I completed the Assessment Tool and then **negotiated** my final ratings with the student.

Mid Placement End Placement

I completed the Assessment Tool and then **discussed** my final ratings with the student.

Mid Placement End Placement

Other _____

Appendix 16. Hard Copy Version of Assessment Resource Manual

The hard copy version of the Assessment Resource Manual tool was provided comb bound in black, with a plastic front cover and black back cover. Margins have been altered to allow for binding into this volume.

**COMPETENCY BASED ASSESSMENT OF STUDENTS IN SPEECH
PATHOLOGY CLINICAL PLACEMENTS**

ASSESSMENT RESOURCE MANUAL

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² Page numbers refer to page numbers on the original document

1. Introduction

This Assessment Resource Manual is intended to provide you with resources and information to assist you in making a judgement about your student's clinical competence. The materials in it are simply guides and should not be seen as definitive. They have been developed in response to feedback provided through a series of focus groups with students, university and field educators regarding what they would find helpful in the teaching and learning processes involved in clinical education.

Please note that a copy of the CBOS has been included in this research package for your reference.

The following sections are included:

- 1. Introduction**
- 2. General information**
 - 2.1 Research Project.
Background information on the development of the research project, and purposes of this phase of the research.
 - 2.2 Assessment Tool and Assessment Resource Manual.
Information on the research assessment tool itself, this resource manual and its development.
- 3. Resource material**
 - 3.1 Behavioural descriptors
A more detailed version of the general descriptors outlined on each facing page of the Assessment Tool.
 - 3.2 Examples of applying the behavioural descriptors.
Detailed examples of what a novice, intermediate and entry-level student's performance might 'look' like on each of the CBOS and Generic Competency Units.
 - 3.3 Generic Competencies
A full outline of the Generic Competencies covered in the Assessment Tool, including Units, Elements, Performance Criteria and Cues.
 - 3.4 Glossary
Description of terms used within the Assessment Tool and Assessment Resource Manual.
 - 3.5 Bibliography/references

If you have any questions at all, please contact Sue McAllister on 08 8373 3828 or watsmac@ozemail.com.au

2. GENERAL INFORMATION

2.1 Research Project

Sue McAllister is conducting this research as part of her PhD studies at The Sydney University. It is supported by a combination of financial and in-kind contributions from Sydney University, Speech Pathology Australia and the Australian Research Council (Strategic Partnerships with Industry - Research & Training Scheme).

This support is provided solely as a disinterested contribution to the body of knowledge in clinical education. The project is a wholly **independent** research endeavour.

The research is supervised by:

- Dr Michelle Lincoln (Supervisor), University of Sydney.
- Dr Alison Ferguson (Co-Supervisor), University of Newcastle.
- Dr Lindy McAllister (Co-Supervisor), Charles Sturt University.
- Dr Paul Hagler (Co-Supervisor), University of Alberta.

This research aims to develop a reliable and valid tool for the assessment of speech pathology students' clinical performance. The research program was initiated and driven by feedback from the profession and students regarding their concerns and needs when collaborating in the assessment of the student speech pathologist's competency in their clinical placements.

There are a number of advantages to having an assessment tool that is reliable and valid, including reassuring both students and clinical educators that a fair assessment can be conducted, and ensuring that the profession's standards are upheld by quality clinical education and assessment.

It is important to note that this is the **first stage** only of a series of investigations into the development of a reliable and valid assessment tool. This stage of the research is a large-scale national investigation that has been designed to provide detailed information on the validity and reliability of assessment of clinical performance. It is anticipated that sufficient data will be collected to enable a 'second generation' tool to be developed for further use and refinement. Your feedback will be critical in ensuring that a functional assessment tool is developed.

The research tool has been designed in consultation with clinical educators and students and seeks to be as relevant and as user friendly as possible. Three factors have influenced the current design

- Feedback from clinical educators indicating that they need an assessment tool to be brief but also detailed in the amount of information it provides to assist their judgment of the student's competence. Thus a 'multi-layered' approach of an Assessment Tool and Assessment Resource Manual has been developed for trialing.
- Current literature on competency, assessment and judgment.
- Data that needs to be collected to provide a valid base for future decisions on the tool format and content.

It is anticipated that the initial lack of familiarity with the format may mean that the research tool will take longer to complete compared to future versions. However, it is anticipated going through the Assessment Tool with your student will assist you in carrying out the usual University Assessment Schedule more quickly. In addition, please note that the end of placement assessment is quite brief.

Your participation and feedback will be essential for the streamlining of future versions of the assessment tool.

2.2 Description of the Assessment Tool.

2.2.1 Content

The skills assessed by this tool are a combination of

- Skills identified by the profession and described in the Competency Based Occupational Standards (CBOS) for Speech Pathologists – Entry Level (Revised) (SPA, 2001).
- Skills identified through a number of focus groups with university educators, field educators and students. This information led to the development of a set of Generic Competencies. These skills were considered to be ‘generic’, and to underpin the ongoing competent performance of the practical skills identified in the CBOS.

2.2.2 Format

The research assessment materials are multi-layered in an attempt to meet the need expressed by clinical educators for both brevity and sufficient detail to assist making a judgement of the student’s competence.

- Assessment Tool – this is essentially the “top layer” of the assessment and is the part of the assessment tool the clinical educator fills out while making his/her assessment of the student. This may be the only level of the assessment tool that needs to be referred to, depending on the situation. It includes rating scales and a brief explanation of how to use them and listings of the Units and Elements to rate. It has two sections:
 - Mid-placement assessment form: this is a more detailed formative assessment of the student’s competency to be completed half way through the placement to track their progress and guide your teaching.
 - End-placement assessment form: this is a briefer summative assessment of the student’s competency at the end of their placement and will summarise the student’s level of competency.
- Assessment Resource Manual – this can be referred to if further information is required to assist judgement of the competency. It includes the following:
 - Behavioural descriptors: more detail on the general descriptors to guide your judgement of where to place the student on the .
 - Examples of applying the behavioural descriptors to the CBOS and Generic Competency Units: detailed examples of what a novice, intermediate and entry-level student’s performance might ‘look’ like on the Units.
 - Generic Competencies Units, Elements, Performance Indicators and Cues.
 - Glossary of terminology.
 - Bibliography/references.

2.2.3 Visual Analogue Scale

A visual analogue scale has been selected for use on this Assessment Tool. This type of scale format may be familiar to those who have used subjective ratings as an adjunct to assessment and therapy, however it has not previously been used in the assessment of student competency by speech pathology programs in Australia. It was selected for this research phase on the basis of an extensive literature review and feedback from focus groups. The effectiveness of this type of scale for measuring competency will be examined by the research and provide the basis for future decisions regarding the scale format to be used.

Please note that the start point of the scale is defined as ‘novice’ and is the point at which students enter their first clinical experience. The end point is defined as ‘entry-level’, or the point at which the student is competent to enter the profession. Thus the student is to be rated **with reference to entry level competency**, regardless of their experience, place in the course or length of the placement. Do not rate the student with reference to where you would expect a student to be performing given their level of experience.

3. RESOURCE MATERIAL

3.1 Behavioural Descriptors

The Assessment Tool has a brief description of three performance levels, Novice, Intermediate and Entry-Level (Competent) on each of the pages facing the rating scales.

These have been developed with reference to developmental hierarchies where they have been mapped, either through expert consensus or as part of a theoretical model. They are intended to describe, in general terms, what types of behaviours will be observed at the various developmental levels. They incorporate the following concepts

- Developing the ability to move from managing simple to complex tasks, that include knowledge, skills and attitudinal aspects of Bloom's taxonomy (Clark, 1999) and are mapped out using the SOLO (Biggs & Collis, 1982) taxonomy as a framework.
- Integrating an understanding of how the development of expertise also involves the development of knowledge through experience and transformation in how this knowledge is used in clinical situations. This notion is mapped over a progression from novice to expert performance by authors such as (Benner, 1984; Benner, Tanner, & Chesla, 1996; Dreyfus & Dreyfus, 1996).
- Attending to the degree of support/guidance the student requires to perform a skill competently (for example: Anderson, 1988 and Brasseur, 1989)

Please note that **“entry-level” or competent is set as the level at which the student is ready to enter the profession.** The CBOS (SPAA, 2001) indicates that it is appropriate and expected that an entry-level speech pathologist will have professional supervision or mentoring, and in line managerial supervision. There will also be some areas of practice where the entry-level student/speech pathologist will need direct access to more senior speech pathology input eg with complex or unfamiliar client groups. The entry-level student speech pathologist cannot be expected to be competent in all areas without access to supervision, guidance and support from a senior.

3.1.1 Behavioural Descriptors: Detailed Version

The following is a more detailed version of the behavioural descriptors than in the research assessment tool.

Novice Student

- The student is able to perform competently with the support of a high degree of supervision, collaborative participation and/or monitoring and feedback on their performance.
- The student can recall some aspects of relevant theory and how it relates to some features of the problem he/she is addressing in the clinical situation but will need support to draw conclusions about a client or develop a plan for action.
- The clinical educator will need to promote the student's understanding of the total clinical situation and ensure a holistic approach through assisting them to identify aspects of the situation that they have not recognised. This may include theory and principles, how they interrelate and can be applied to the particular clinical situation.
- The student's problem solving strategies and endeavours to apply the principles and theories they have learned will rely heavily on rules and they will need support to apply them flexibly within the specific situation to hand.
- The student may have little previous relevant experience to draw upon and so will spend a high degree of time and conscious effort in meeting their clinical responsibilities.
- The student is highly focussed on their own performance rather than the client.

Intermediate Student

- The complexity of the client, the workplace environment and the student's previous experience with a particular situation will determine:
 - Whether they require a moderate or low degree of supervision, monitoring and feedback to perform competently.
 - Their ability to recognise the meaningful aspects of a situation.
- The student is able to recognise several aspects of a problem and relate these to relevant theory, to their conclusions about a client and plan for action. He/she will require support to identify all relevant aspects of a problem to ensure a holistic, accurate and appropriate conclusion/plan for action.
- The student will need some support to be able to prioritise tasks appropriately.
- The student is developing automaticity in managing routine aspects of their work and is less driven by abstract principles, this results in:
 - A moderate expenditure of time and effort in carrying out their tasks.
 - A developing ability to focus more on the client or situation in hand than on his/her own performance, except when undertaking new or complex procedures.
 - A developing ability to use what is actually observable in the particular situation to draw conclusions and assist clinical reasoning.

Entry-level (Competent) Student

- The student is able to perform the majority of their work independently and competently . Consultation, collaboration or supervision is required for situations or clients that the student has not previously experienced or where a number of features about the client or workplace setting combine to create complexity.
- The student is able to identify relevant information and meaningful aspects of problems encountered. He/she can integrate the different aspects of the problem and generate a number of logically possible conclusions that need to be kept in mind during assessments and interventions. The student will establish a perspective that is based on conscious, abstract, analytic consideration of the problem and will be modified with new information.
- The student is able to prioritise appropriately, and attend to the most relevant issues at hand. His/her responses may be consciously monitored, but he/she has developed sufficient automaticity such that a focus on the client or situation is maintained.
- The student's responses to familiar and uncomplicated situations are efficient, being economical in time and effort, and timely.

3.2 Examples of applying the Behavioural Descriptors to the CBOS and Generic Competency Units

The following section outlines some examples of the types of behaviours that you **may** observe at the 3 stages of development described by the behavioural descriptors. They have been developed by applying the behavioural descriptors to each of the CBOS and Generic Competency Units. They are by no means an exhaustive list of the types of behaviours that illustrate various levels of development, **and are intended as a guide only.**

3.2.1 Generic Competency Units

Generic Competency Unit 1 Clinical Reasoning

Elements

- 1.1: Uses effective thinking skills to ensure quality speech pathology practice.
- 1.2: Integrates collaborative and holistic viewpoints into clinical reasoning.
- 1.3: Uses sound clinical reasoning strategies to assist planning for all aspects of service management.

Novice Student

The following are examples of the types of behaviours that **may** be shown by novice level students.

- Can make some connections between different knowledge bases, and recognise some aspects of relevant information but may not identify the most pertinent. Will need significant help to develop an accurate or logical conclusion about a situation.
- Relies on the clinical educator to direct his/her reflection on the situation, to develop a critique of the information available and reasoning processes used.
- Relies on the clinical educator to help them to see the situation from the client/caregiver's viewpoint and ensure the client is involved in the clinical decision making process
- Relies on the clinical educator to suggest where the student's own attitudes, beliefs and life experiences are contributing to his/her interpretation of information or events, and is willing to examine these critically.
- Participates in a holistic and individualised approach with the support of close collaboration with the clinical educator who will identify aspects of the situation that the student has not recognised.
- Needs the clinical educator to map out, monitor and/or carry out most aspects of the clinical reasoning process
- Uses large amounts of time and conscious effort to participate in activities requiring clinical reasoning.

Intermediate Student

The following are examples of the types of behaviours that **may** be shown by intermediate level students.

- Partially develops a critical evaluation and interpretation of information, and make a number of relevant connections between different knowledge bases. Uses this information to suggest some conclusions about a situation.
- Reflects on relevant aspects of a situation and develop a partial critique of the reasoning process in terms of logic, scope and relevance to the client.
- Explains decisions to the client/caregiver and asks their opinion.

- Generates and implement individually tailored plans for familiar clients. Will need assistance to adapt plans to unfamiliar clients.
- Identifies some of the constraints and possibilities in relation to the client's situation, the service environment and related cultural and ethical issues. Will need support from the clinical educator to develop a full appreciation of these factors.
- Recognises key issues for a client but will need assistance to prioritise these issues and to ensure that a comprehensive plan is developed and carried out.
- Is beginning to identify how his/her own attitudes, beliefs and life experiences are contributing to his/her interpretation of information and raise these issues for discussion.
- Is beginning to move from a theoretical only approach to developing the ability to also use what they are observing in a particular situation to draw conclusions and assist clinical reasoning.
- Requires moderate amounts of time and conscious effort to participate in activities requiring clinical reasoning.

Entry-level (Competent) Student

The following are examples of the types of behaviours that **may** be shown by entry-level students.

- Critically evaluates, interprets and synthesises information from a variety of knowledge bases.
- Ensures best practice by integrating evidence-based practice with the wishes and needs of individual clients and the constraints of the organisation.
- Monitors his/her reasoning strategies through reflection on the accuracy, reliability and validity of his/her observations and conclusions. Can critique the reasoning process in terms of logic, scope and relevance to the client.
- Recognises how his/her own attitudes, beliefs and life experiences are contributing to his/her interpretation of information.
- Consults with supervisor and colleagues to seek feedback on his/her reasoning process, to ensure a holistic perspective and to assess the appropriateness of his/her conclusions and plan for actions.
- Shares decision making with the client and/or caregiver and acknowledges the validity of their perspective.
- Takes into account resources, constraints and opportunities present in the client's family and community environment and the service provider's organisation, and factors in cultural and ethical considerations. Will seek support where a number of features about the client's or the workplace setting combine to create complexity.
- Generates and implements individually tailored plans for all clients.
- Prioritise the key issues for a client and develop and carry out a comprehensive plan to address them.

Generic Competency Unit 2 Professional Communication

Elements

- 2.1 Uses interpersonal communication skills to facilitate the effective practice of speech pathology.
- 2.2 Uses oral and written reporting and presentation skills to successfully meet speech pathology objectives.
- 2.3 Communicates effectively with work teams.

Novice Student

The following are examples of the types of behaviours that **may** be shown by novice level students.

- Has some effective communication skills but requires a high degree of supervision, collaborative participation, monitoring and feedback to assist him/her expand and apply his/her repertoire.
- Needs a high level of support to promote his/her recognition and understanding of the impact of nonverbal, cultural and situational components of communication.
- Interactions will be affected by the tendency to be highly focussed on their own performance rather than what the communication partner is communicating eg misses opportunities for follow up questions during a case history.
- Maintains objective, legible, accurate and up to date documentation with a high degree of direction and feedback from the clinical educator and provision of sufficient time.
- Will need several cycles of discussion, reflection and feedback to identify appropriate information to be included in reports and to present this in a clear, concise, meaningful and logical manner.
- Provides simple oral reports eg what a client has done in a session, and will observe clinical educator providing more detailed oral reports and presentations.
- Communicates with colleagues and peers in a respectful manner and attempts to develop an understanding of and appropriate response to their needs.
- Communicates ethically in ensuring that confidentiality is not breached and consent is gained before releasing information. Will require guidance as to how to apply policies, procedures and guidelines adopted by the organisation regarding reporting and presentation of information.

Intermediate Student

The following are examples of the types of behaviours that **may** be shown by intermediate level students.

- Has established a basic but effective repertoire of communication skills that he/she can apply in simple or familiar situations including clients/caregivers and people in the workplace. Beginning to apply communication skills in a wider variety of contexts eg with other agencies, members of the community.
- Anticipates and plans to address the nonverbal, cultural or situational components of a situation to facilitate effective communication. Will need support through guided reflection or feedback to refine these plans.

- Focuses on what the communication partner is saying in familiar or simple situations and at times is able to respond immediately in an appropriate manner.
- Documentation is up to date and legible and completed within negotiated time frames. Will need occasional feedback from the clinical educator to ensure information is objective and accurate.
- Identifies the majority of information that is appropriate to be included in oral or written reports to/on clients or in presentations to a wider audience. Will need assistance to ensure information is presented in a clear, concise, meaningful and logical manner and in a style appropriate to the target audience.
- Collaborates in presenting information to an audience eg case presentation, educative talk to parents.
- Participates in negotiation, consultation or collaboration with colleagues and peers.
- Participates in team based initiatives to address issues in the workplace with significant support and preparation by the clinical educator eg presents assessment information at a consultative meeting to develop a joint report.

Entry-level (Competent) Student

The following are examples of the types of behaviours that **may** be shown by entry-level students.

- Has an established repertoire of effective communication skills with clients/caregivers, staff in the workplace or other agencies and members of the community. Will be aware of his/her strengths and weaknesses and actively seek to refine these skills.
- Manages some complex communication situations eg responding appropriately to client's distress, but seeks support and/or training to assist him/her to manage difficult communication situations eg conflict with colleagues.
- Monitors the impact of his/her communication skills upon the client eg therapeutic use of communication, and modifies immediately in familiar interactions according to the client's responses.
- Recognises when ineffective communication has occurred in less familiar or more complex communication exchanges and acts to clarify these eg recognise and follow up with a colleague to address a breakdown in communication. When necessary, will seek support to develop a strategy to address the situation in hand and/or prevent further communication breakdowns.
- Plans for and responds to commonly occurring nonverbal, cultural or situational components of communication. Can recognise when he/she needs to seek support to deal with these aspects.
- Maintains a focus on the communication partner.
- Documentation is up to date, legible, objective and accurate and completed in a timely manner.
- Identifies and presents suitable information in a clear, concise, meaningful and logical manner and in a style appropriate to the purpose of the report or presentation. Will seek feedback when developing a new presentation or writing a report on a complex client to ensure clarity and appropriateness.

- Presents information in a range of familiar contexts and media. Will seek support/training to assist with unfamiliar contexts eg conference presentation, and media eg learning a new type of presentation software.
- Effectively communicates when negotiating, consulting or collaborating with colleagues and peers on routine matters. Will identify the need for and seek support to deal with more complex situations eg resolving differences of opinion.
- Recognises issues in the workplace which have broad implications and participates in addressing these.

Generic Competency Unit 3 Lifelong Learning

Elements

- 3.1: Reflects on performance
- 3.2: Structures own learning/professional development
- 3.3: Demonstrates an appropriate attitude to learning
- 3.4: Able to change performance

Novice Student

The following are examples of the types of behaviours that **may** be shown by novice level students.

- Needs high degree of structure, guidance and support to identify meaningful aspects of his/her performance in a situation, reflect on and evaluate this performance and to identify possible responses to these insights.
- Is strongly focussed on his/her own viewpoint and performance, and will need assistance to develop an understanding of the client/caregiver, peers or clinical educator's point of view. Will need support to distinguish that feedback on performance is not a reflection on them personally.
- Participates in the identification of his/her strengths, weaknesses and learning needs with the assistance of a large amount of specific feedback and discussion.
- Participates in developing goals and a plan to meet these goals. Will need assistance to identify opportunities to learn and prioritise learning goals.
- Actively follows up resources directed to by the clinical educator.
- Asks questions.
- Shares information they have found with peers, may need prompting to do this.
- Changes performance in response to specific, direct feedback.
- Needs assistance from the clinical educator to identify all the situations where a newly acquired understanding can be applied and to identify patterns in the clinical situation that may represent core principles in clinical work.
- Is resilient ie with support is able to manage the stress and anxiety involved in addressing a situation that he/she has had difficulty managing and to maintain/re-establish client confidence at the same time.

Intermediate Student

The following are examples of the types of behaviours that **may** be shown by intermediate level students.

- Identifies and reports accurately on most aspects of his/her performance in familiar or simple situations, reflects on and evaluates this against personal goals or appropriate standards of performance. Identifies some possible responses to these insights.
- Appreciates the client/caregiver's, peer's or clinical educator's point of view with some guidance from the clinical educator.
- Understands that feedback on performance is given with the intent to improve the quality of the service he/she is offering and is able to accept feedback in a non defensive manner.
- Initiates the identification of his/her strengths, weaknesses and learning needs and suggests personal learning goals, discusses his/her relative priority

and develops a plan to meet these learning needs. Will need assistance from the clinical educator to identify all aspects of his/her learning needs.

- Actively seeks opportunities to develop his/her knowledge or skills eg asks to observe clinical educator or a colleague.
- Actively follows up on learning suggestions made by the clinical educator and seeks evidence to support the clinical process.
- Uses questions appropriately to gather information, recognises some but not all opportunities to apply it and recalls the knowledge learnt from the process of inquiry.
- Initiates sharing information with peers and colleagues.
- Changes aspects of performance in response to feedback and self-evaluation. Moderate to low amounts of feedback from the clinical educator will be required to promote development, depending on the familiarity and complexity of the situation.
- Integrates new information with existing knowledge base with some guidance, and identifies some but not all opportunities to apply new knowledge to new contexts.
- Identifies some but not all patterns in the clinical situation that represent core principles eg the importance of positioning for mealtimes for all clients regardless of age, aetiology etc.

Entry-level (Competent) Student

The following are examples of the types of behaviours that **may** be shown by entry-level students.

- Accurately and objectively assesses or reports on own performance, but seeks supervision in less familiar and/or complex situations eg when working with a new client group.
- Identifies and acknowledges strengths, weaknesses and learning needs, identifies personal and professional goals based on this appraisal and a plan to achieve them in consultation with the clinical educator.
- Actively pursues this plan, seeks and participates in a review of his/her progress.
- Shows a positive orientation to learning situations including initiative, perseverance, active extension of knowledge base, appropriate risk taking and willingness to ask questions.
- Seeks to share learning and insights with peers, colleagues, clinical educator and clients.
- Changes performance in response to new information or learning experiences.
- Integrates and applies new knowledge across a variety of subsequent contexts, asks questions to promote this process.
- Recognises core/generic principles and applies them to other contexts. Will develop this recognition through discussions with the clinical educator, colleagues or peers.

Generic Competency Unit 4 Professional Role

Elements

- 4.1: Displays appropriate organisational skills
- 4.2: Conducts self in a professional manner
- 4.3: Discharges administrative responsibilities appropriately
- 4.4: Possesses a professional attitude/orientation
- 4.5: Demonstrates ethical behaviour

Novice Student

The following are examples of the types of behaviours that **may** be shown by novice level students.

- Is appropriately organised and meets client care and professional responsibilities with the assistance of clear guidelines, expectations and structures provided by and/or negotiated with the clinical educator. For example, is on time for sessions, has materials ready and is prepared for clinical tutorials.
- Meets a limited number of negotiated deadlines that take into account the amount of time a novice may need to meet his/her clinical responsibilities.
- Discharges limited/simple responsibilities reliably eg rings clinic to cancel sessions if ill, follows through on agreed commitments.
- Respects facilities, materials and staff of the organisation eg leaves clinic rooms clean and tidy, follows rules for managing materials, is polite to all staff.
- Requires direction and feedback to assist him/her to consistently adopt professional dress, language and behaviour as appropriate to the service.
- Follows organisational policies, procedures and guidelines as directed by the clinical educator.
- Demonstrates ethical behaviour in a rule-based fashion. Able to participate in discussions regarding the application of ethical principles and values to the practice of speech pathology.

Intermediate Student

The following are examples of the types of behaviours that **may** be shown by intermediate level students.

- Manages time and meets deadlines responsibly within clinical sessions with familiar clients and across a routine clinical day eg activities are paced effectively and responsively within a session, manages his/her appointments effectively across the day.
- Estimates longer time frames reasonably accurately, plans to complete tasks and meet long term goals with the assistance of the clinical educator.
- Identifies when the competing demands of work and study are affecting his/her ability to effectively manage client care and his/her professional responsibilities. Participates in problem solving these issues and benefits from monitoring and feedback from the clinical educator. Actively attempts to address any issues that may arise.
- Is reliable in discharging agreed duties and meeting agreed deadlines.

- Acknowledges and participates in developing a plan to address any problem areas.
- Adopts professional dress appropriate to the service with little or no feedback. May need assistance to recognise aspects of his/her language and behaviour that need modification to more closely meet the needs of the service eg using different language styles with an adolescent client than an elderly client.
- Applies organisational policies, procedures and guidelines with monitoring and feedback from the clinical educator.
- Has an understanding of the role, duties and responsibilities of speech pathologists within the service provider's organisation in relation to direct client care and understands the need to be accountable for these responsibilities.
- Participates in planning and delivering a service using different service delivery models with a high degree of support from the clinical educator.
- Demonstrates an understanding of how core ethical principles guide aspects of daily practise eg addresses the principle of fairness and justice when participating in discussions regarding caseload management, able to identify issues related to beneficence and non-maleficence when discussing intervention alternatives with the clinical educator such as non-oral feeding.
- Is developing an awareness, with monitoring and feedback from the clinical educator, of how to embody ethical values in his/her daily practise eg how to preserve the client's dignity during mealtimes.

Entry-level (Competent) Student

The following are examples of the types of behaviours that **may** be shown by entry-level students.

- Manages time competently across the clinical week and the placement and has a longer-term perspective on caseload and workload management. Able to focus on priorities and has developed strategies to manage time and workload eg effective use of a personal diary, breaking large tasks into smaller ones and setting timeframes for completion. Will seek support and advice when time management strategies are not successful.
- Is well organised across all aspects of practice and manages his/her competing demands successfully and responsibly to ensure effective practice and asks for help if required.
- Conducts self in a professional manner and is an ambassador for the profession.
- Follows administrative policies, procedures and guidelines of the organisation and will ask questions of the clinical educator to clarify their application.
- Manages caseload responsibilities effectively and responsibly with minimal support and monitoring from the clinical educator. Seeks support in new or complex situations, and requests feedback on general performance.
- Participates in and can deliver a quality service using different service delivery models.
- Participates in quality management processes.
- Understands the role, duties and responsibilities of speech pathologists within the service provider's organisation additional to those related to direct

client care. Participates in these roles etc with the guidance and support of the clinical educator.

- Acts in a manner that demonstrates that he/she values the skills of the client, carer, peers and other colleagues eg asking for ideas and feedback from colleagues on aspects of service delivery.
- Is client centred eg can focus on the client's needs and seeks his/her point of view regarding their needs and priorities.
- Is holistic in service provision eg participates in prevention programs, collaborates with colleagues to create longer-term change of benefit to clients.
- Applies core ethical principles to daily practise and seeks guidance and support to apply them to unfamiliar or complex situations.
- Behaves in a manner that demonstrates ethical values of dignity, respect for client rights, non-discrimination, objectivity and the need for professional interest to take precedence over personal interests. Responds constructively to feedback on his/her application of these values.

3.2.2 CBOS Competencies

CBOS Unit 1 Assessment

Elements

Establishes and documents the presenting communication and/or swallowing condition and issues; identifies the significant other people in the client's life and collates information on the client.

Identifies the communication and/or swallowing conditions requiring investigation and the most suitable manner in which to do this.

Administers speech pathology assessment relevant to the communication and/or swallowing information required.

Undertakes assessment within the ethical guidelines of the professional and all relevant legislation and legal constraints, including medico-legal responsibilities.

CBOS pp 4-6 (SPAA, 2001)

Novice

The following are examples of the types of behaviours that **may** be shown by novice students.

- Identifies the presenting condition, related issues and the significant people in the client's life with a high level of input from the clinical educator.
- Develops an adequate assessment plan with a high level of support from the clinical educator including discussion, reference to theory and direct feedback from the clinical educator.
- Can make some suggestions regarding assessment tools and procedures based on his/her recall and understanding of relevant theory. Focussed on formal rather than informal assessment.
- Performs informal assessment only in collaboration with his/her clinical educator eg records the information gathered in a case history taken by the clinical educator.
- Inconsistent in his/her ability to correctly perform formal assessments, may need to perform these collaboratively.
- Is strongly focussed on the process of administering the assessment and may not recognise qualitative information that can be gained through observation of the client's response to the assessment situation.
- Needs to be directed as to the ethical and legal guidelines involved in assessment.

Intermediate

The following are examples of the types of behaviours that **may** be shown by intermediate students.

- Partially establishes the nature of the presenting communication and/or swallowing condition and issues. Identifies most of the significant other people in the client's life. Will need support from the clinical educator to ensure a comprehensive picture is developed, and direction to ensure that all relevant information is accessed and collated.
- Needs time to develop an assessment plan, with opportunity for discussion, reference to theory and reflection on feedback from the clinical educator.
- Identifies most of the key components of an appropriate assessment procedure for simple or previously experienced cases, but may neglect some aspects.

- Generates suggestions for more complex cases based on his/her prior experience with assessment and with reference to his/her understanding of relevant theory. Needs a high level of assistance to finalise an appropriate and comprehensive assessment plan for more complex cases.
- Recognises the role of informal assessment, and needs significant support to develop and implement appropriate informal assessment procedures.
- Consistently performs formal assessments but is still focussed on the process and neglects qualitative information that can be gained
- Needs to be guided as to the ethical and legal guidelines involved in assessment

Entry-level clinician

The following are examples of the types of behaviours that **may** be shown by entry-level students.

- Independently establishes and documents the presenting condition and issues, identifies the significant people in the client's life and collates information on the client for familiar conditions.
- Seeks and requires support through consultation, collaboration or supervision for situations they have not previously experienced, or where a number of features of the client and/or context combine to create complexity.
- Develops a comprehensive and appropriate assessment plan, and seeks and requires input to finalise the plan for more complex clients and/or situations.
- Identifies formal assessment tools that are appropriate for use and conducts formal assessments in a way that ensures the validity and reliability of the test results.
- Develops and carry out informal assessments
- Is focussed on the client and/or significant others and able to identify relevant qualitative information arising from assessment procedures and from naturally occurring situations
- Aware of the ethical and legal guidelines involved in assessment. Will need guidance in complex situations eg medico legal assessment

CBOS Unit 2 Analysis and Interpretation

Elements

- 2.6 Analyses and interprets speech pathology assessment data.
- 2.7 Identifies gaps in information required to understand the client's communication and swallowing issues and seeks information to fill those gaps.
- 2.8 Determines the basis or diagnosis of the communication and/or swallowing issues or condition and projects the possible outcomes.
- 2.9 Reports on analysis and interpretation
- 2.10 Provides feedback on results of interpreted speech pathology assessments to the client and/or significant others and referral sources, and discusses management.

CBOS pp 7-8 (SPAA, 2001)

Novice

The following are examples of the types of behaviours that **may** be shown by novice students.

- Collaboratively collates and records results from assessment procedures.
- Identifies some aspects of theory relevant for the interpretation of assessment but requires direction to identify all relevant theory.
- Participates in interpretation of assessment data.
- Relies on the clinical educator to promote his/her understanding of the total assessment picture including collaboratively determining what further information needs to be sought and developing a plan to do this.
- Makes some connections between case history and/or assessment data and the client's presenting communication and/or swallowing disorder. The clinical educator will need to assist the student to integrate assessment data from various sources and establish a diagnosis.
- Unable to project the possible outcomes of the communication and/or swallowing disorder.
- Requires a high level of direction and feedback, generous timeframes and redrafts to develop a coherent, readable assessment report and direction regarding obtaining consent, organisational requirements and appropriate recipients of the report.
- Participates in providing feedback to the client and significant others, with the clinical educator ensuring that the feedback is understood and other referrals made as necessary
- Participates in discussion and consideration of appropriate management options, and rely on the clinical educator to finalise the management plan.

Intermediate

The following are examples of the types of behaviours that **may** be shown by intermediate students

- Collates and records results accurately from formal assessment and collaborate on collating and recording from informal assessment procedures.
- Analyses formal assessment data according to the test or tool protocol correctly.
- Needs time to interpret assessment data, with opportunity for discussion, reference to theory and reflection on feedback from the clinical educator.
- Identifies a number of significant aspects of assessment data and relate these to relevant theory, to his/her conclusions about a client and his/her plan for

action. This may be sufficient for very simple cases, but for most cases the student will require a moderate degree of support to integrate information from all sources of data to ensure a holistic, accurate and appropriate interpretation, diagnosis and plan for further assessment or intervention.

- Generates suggestions as to the possible outcomes of the communication and/or swallowing disorder based on his/her previous experience and to identify possible consequences of the communication and/or swallowing disorder across different environments.
- Will require a low to moderate level of support to develop a coherent, readable assessment report, depending on the complexity of the client and the context. Will be aware of the need for gaining consent and may require some input regarding organisational requirements and appropriate recipients of the report.
- Provides feedback on the assessment to the client and significant others, with monitoring by the clinical educator to ensure that the feedback is understood.
- Will collaborate with the clinical educator in determining the appropriate management option.

Entry-level clinician

The following are examples of the types of behaviours that **may** be shown by entry-level students.

- Seeks and requires support through consultation, collaboration or supervision for situations they have not previously experienced, or where a number of features of the client and/or context combine to create complexity.
- Records, collates, analyses and interprets assessment data with reference to normative or criterion referenced information or other research based data and/or test or analysis guidelines.
- Can integrate information from all sources of data to ensure a holistic, accurate and appropriate interpretation, diagnosis and plan for further assessment or intervention.
- Projects the possible outcomes of the communication and/or swallowing disorder based on his/her previous experience, but will seek support to do this with new or complex cases. Able to predict possible consequences of the communication and/or swallowing disorder for the client in a variety of everyday contexts e.g. school, work, social.
- Writes a coherent and readable assessment report relevant to the needs of the client and their context. Consents will be obtained; the report will meet the requirements of the organisation and be distributed to the appropriate personnel involved with the client.
- Analysis, interpretation and reporting will occur in a timely fashion.
- Provides appropriate and understandable feedback on the assessment to the client and significant others.
- Critiques the assessment process and is aware of its limitations.
- Can determine the appropriate management option in most cases, but will seek support where the decision is not straightforward.

CBOS Unit 3 Planning of Speech Pathology Intervention

Elements

- 3.7 Uses integrated and interpreted information (outlined in Unit 2) relevant to the communication and/or swallowing issues, and/or the service provider's goals to plan speech pathology intervention.
- 3.8 Seeks additional information required to plan speech pathology intervention.
- 3.9 Discusses long-term outcomes and decides, in consultation with client, whether or not speech pathology strategies are appropriate and/or required.
- 3.10 Selects speech pathology program or intervention in conjunction with the client and significant others.
- 3.11 Defines roles and responsibilities for the management of the client's swallowing and/or communication condition and issues.
- 3.12 Documents speech pathology intervention, plans, goals, outcomes, decisions and discharge.

CBOS pp 9-12 (SPAA, 2001)

Novice Student

The following are examples of the types of behaviours that **may** be shown by novice level students.

- Requires direction from the clinical educator to identify what gaps in the current information exist and what strategies are required to supplement this information including further assessment, reference to the literature, information or assessment by other relevant fields or specialist areas of speech pathology.
- Collaborates with the clinical educator in providing feedback on the speech pathology interpretation of the communication and/or swallowing disorder and intervention options with the client and other significant people. The nature and degree of this collaboration will depend on the complexity of the client and the context eg describes the speech errors evident in a child's speech to their parent, assists the clinical educator to prepare the information to be presented at a case conference
- Observes the clinical educator involving the client in making a collaborative decision regarding their need for intervention, the level and type of support required and available.
- Suggests at least one intervention strategy but may neglect other possibilities and not necessarily link them to what may be relevant for the particular client's situation and organisational constraints.
- Can identify some intervention goals with reference to his/her understanding and recall of theory but will require a high level of support to identify and prioritise all goals with reference to the specifics of the client and their context.
- Participates in discussion and consideration of roles and responsibilities regarding client management and relies on the clinical educator to finalise these.
- Documents intervention plans, goals, outcomes, decisions and discharge as directed. The student will require a significant amount of time and feedback from the clinical educator to carry this task out competently.

Intermediate Student

The following are examples of the types of behaviours that **may** be shown by intermediate level students.

- Identifies some of the gaps in the current information on the client and what strategies are required to supplement this. Will require discussion, reference to theory and reflection on feedback from the clinical educator to ensure a comprehensive plan to seek further information is developed.
- Provides feedback on the speech pathology interpretation of the communication and/or swallowing disorder and intervention options with the client and other significant people where the client and the context are not complex. Will collaborate with the clinical educator in more complex situations eg present the assessment findings on a client at a case conference with the clinical educator discussing the intervention options.
- Identifies the need for speech pathology intervention and the needs of the client and/or caregivers and relevant others. The clinical educator provides support through assisting the student to develop a holistic understanding of the client's communication and/or swallowing disorder and its context.
- Identifies at least one appropriate intervention strategy and links it to the particular client's needs, situation and organisational constraints. The clinical educator assists the student to consider all relevant possibilities and their pros and cons.
- Develops a number of relevant intervention goals that are related to appropriate theory, interpretation of assessment data, client needs and chosen intervention strategy. The clinical educator will need to ensure that all relevant goals have been considered and will assist the student to prioritise these appropriately.
- Suggests client management roles and responsibilities, finalises and negotiates these with the assistance of the clinical educator.
- Documents intervention plans, goals, outcomes, decisions and discharge as per organisational guidelines and with some feedback from the clinical educator.

Entry-level (Competent) Student

The following are examples of the types of behaviours that **may** be shown by entry-level students.

- Seeks and requires support through consultation, collaboration or supervision for situations they have not previously experienced, or where a number of features of the client and/or context combine to create complexity.
- Can identify the gaps in the current information on the client and what strategies are required to supplement these. Will recognise when more complex situations should be discussed with or referred to a more experienced clinician.
- Provides feedback on the speech pathology interpretation of the communication and/or swallowing disorder and intervention options to the client and other significant people. Will seek support if the situation is likely to be complex, for example, if the client had been seeking a second opinion.
- Establishes the need for speech pathology intervention and develops a holistic understanding of the needs of the client and/or caregivers and relevant others.
- Identifies several intervention strategies that may be appropriate with reference to the client's total needs and determines the best strategy in

consultation with the client, caregiver and relevant others, and in the context of available resources. Is able to support clinical decision making with evidence from the literature. More complex cases or contexts are discussed with or referred to more experienced speech pathologists eg for advice on choosing an appropriate alternative and/or augmentative communication system.

- Develops and prioritises appropriate intervention goals that are linked to theory, interpretation of assessment data, client needs and chosen intervention strategy.
- Is committed to implementing evidence-based practice.
- Identifies and negotiates roles and responsibilities in relation to client management
- Documents intervention plans, goals, outcomes, decisions and discharge as per organisational guidelines.
- Manages planning processes in a timely fashion.

CBOS Unit 4 Speech Pathology Intervention

Elements

- 4.6 Establishes rapport and facilitates participation in the speech pathology intervention program.
- 4.7 Implements speech pathology intervention program based on speech pathology assessment, interpretation and planning.
- 4.8 Undertakes continuing evaluation of speech pathology intervention and modifies intervention program as necessary.
- 4.9 Documents progress and changes in speech pathology intervention.
- 4.10 Undertakes management and implementation within the ethical guidelines of the profession and all relevant legislation and legal constraints, including medico-legal responsibilities.

CBOS pp 13-14 (SPAA, 2001)

Novice

The following are examples of the types of behaviours that **may** be shown by novice level students.

- Will need support from the clinical educator to manage his/her anxiety about/during interactions with the client to facilitate establishment and maintenance of a respectful working relationship.
- Competently implements parts of speech pathology intervention in a collaborative or highly structured context where the 'rules' are clear. Will require a high degree of supervision, collaborative participation and/or monitoring and feedback on his/her performance to apply these 'rules' more flexibly.
- Highly focussed on his/her performance during interactions and will need a high level of direction, discussion and/or reflection on feedback from the clinical educator to ensure the client's total functioning is recognised and his/her performance is monitored and intervention adapted accordingly.
- Participates in monitoring and reviewing the speech pathology intervention program, and in discussion of modifications that may be required. Collects and uses data to support clinical decision-making.
- Documents the client's progress and writes progress reports as directed. The student will require a significant amount of time and feedback from the clinical educator to carry this task out competently.
- Needs to be directed as to the ethical and legal guidelines involved in intervention.

Intermediate Student

The following are examples of the types of behaviours that **may** be shown by intermediate level students.

- May need initial support from the clinical educator to manage his/her anxiety when interacting with new clients, and can maintain a respectful working relationship.
- Focuses more on the client than themselves, but this may lapse in more difficult situations eg when trialing a new therapy technique.
- Has a number of effective therapy skills that he/she can apply in familiar and/or simple situations with a low degree of supervision. Monitoring, reflection and feedback is required to ensure the ongoing development of a full range of therapy skills.

- Will require moderate levels of supervision/collaboration to manage unfamiliar or complex problems/situations.
- Identifies client's responses in familiar and/or simple situations, recognises most aspects of the client's total functioning and adapts intervention accordingly. The student will sometimes be able to do this immediately within an interaction, particularly if contingencies are prepared for in advance. Will need time to reflect on his/her evaluation of the session and clinical educator's feedback to develop this recognition and response.
- Is beginning to adapt own interactional styles to the needs of the clients.
- Keeps data to assist in monitoring progress, and can identify a number of aspects that require review and modification. He/she will require support to identify all relevant aspects to ensure a holistic, accurate and appropriate conclusion/plan for action.
- Documents the client's progress and writes review reports as per organisational guidelines and with some feedback from the clinical educator.
 - Is aware of the ethical and legal guidelines involved in intervention, and may require some support in implementing these.

Entry-level (Competent) Student

The following are examples of the types of behaviours that **may** be shown by entry-level students.

- Demonstrates effective therapy skills and techniques in the majority of situations. Continues to consciously monitor his/her implementation of therapy strategies but has developed sufficient automaticity such that a focus on the client or situation is usually maintained.
- Recognises the need for and seeks support through consultation, collaboration or supervision when concerned about client's responses to intervention or where a number of features of the client and/or context combine to create complexity eg managing difficult behaviours.
- Develops a respectful working relationship with the client, is aware of the total functioning of the client and adapts activities according to the client's needs, availability of resources and service providers' policies.
- Adopts a holistic approach including integrating his/her intervention as part of a total team management of the client, consulting with others involved in the speech pathology program, and seeking additional information, feedback and support from other professionals and community support groups.
- Keeps accurate and valid data to assist in monitoring progress, and can identify and prioritise those aspects that require review and modification.
- Documents the client's progress and writes review reports as per organisational guidelines.
 - Is aware of the ethical and legal guidelines involved in intervention, and may require some support in implementing these in complex situations eg notification of child abuse.

CBOS Unit 5 Planning, Maintaining and Delivering Speech Pathology Services.

Elements

- 5.10 Responds to service provider's policies.
- 5.11 Uses and maintains an efficient information management system.
- 5.12 Uses service provider's electronic systems.
- 5.13 Manages workload.
- 5.14 Updates, acquires and/or develops resources.
- 5.15 Consults and coordinates with professional groups and services.
- 5.16 Demonstrates adherence to professionally accepted scientific principles in work practices.
- 5.17 Collaborates in research initiated and/or supported by others.
- 5.18 Participates in evaluation of speech pathology services.

CBOS pp 15-17 (SPAA, 2001)

Novice Student

The following are examples of the types of behaviours that **may** be shown by novice level students.

- Relies on direction from the clinical educator as to relevant service provider's policies and how they are to be interpreted and applied to the areas of service delivery the student is involved in.
- Maintains information management systems directly related to providing a service to the client, including electronic processes, with ongoing direction and support from the clinical educator, administrative staff and/or peers.
- Manages minor aspects of his/her caseload within a clear and manageable structure developed through discussion with their clinical educator. These aspects will centre on meeting his/her responsibility to competently carry out therapy tasks directly with the client eg managing his/her workload to ensure that the session is well prepared and on time, making further appointments. The clinical educator will take responsibility for meeting broader caseload responsibilities.
- Will require considerable amounts of time outside of client contact to enable him/her to meet his/her administrative and client-related tasks.
- Once oriented to available resources, takes responsibility for developing his/her knowledge of these resources and is able to identify some that will be appropriate for his/her client(s). Ensures that resources are used responsibly and maintained in good working order eg observes copyright, returns equipment clean, working and complete, reports problems with equipment.
- Relies on the clinical educator to manage the broader aspects of managing the speech pathology service

Intermediate Student

The following are examples of the types of behaviours that **may** be shown by intermediate level students.

- Actively participates in understanding and applying the service provider's policies under the direction of the clinical educator.
- Maintains some of the information management systems in the workplace, in addition to those related to direct client service, with initial and decreasing direction and support from the clinical educator, administrative staff and/or

peers. For example, enters information into client information databases and speech pathology service statistics, but is not expected to independently participate in collecting and auditing quality management information.

- Plans for and manages most client-related tasks, including administrative requirements, and developing an ability to manage the structure of his/her working day. Will need support from the clinical educator to prioritise tasks appropriately.
- Routine aspects of his/her work will be managed efficiently, with moderate amounts of time required to complete more complex tasks eg reporting.
- Participates in coordinating speech pathology services and those of other professionals and in using professional networks to support service delivery.
- Assists clinical educator to participate in workplace research and evaluation of speech pathology services

Entry-level (Competent) Student

The following are examples of the types of behaviours that **may** be shown by entry-level students.

- Is aware that government legislation and workplace policies have implications for the way in which he/she provides the service, and consults the clinical educator on how to interpret and apply these, and how to resolve ethical issues that may arise
- Appropriately assumes the role, duties and responsibilities of the speech pathologist in the service provider's organization
- Maintains efficient records as required by the service.
- Can use the service provider's electronic systems
- Manages all aspects of his/her workload in a timely and efficient manner. Can balance client needs with the objectives and context of the speech pathology service and prioritise work tasks appropriately. Can recognise and seek support when a number of features about the client or workplace combine to create complexity.
- Is aware of, reviews and evaluates different service models in consultation with the clinical educator.
- Identifies what resources are available on site and how to access them.
- Understands the administrative structure of the organization and is able to coordinate speech pathology services with other professionals. Seeks support to resolve any problems.
- Identifies and uses professional networks for support in addition to the clinical educator eg participates in on site journal club.
- Participates in service evaluation procedures.

CBOS Unit 6 Professional, Group and Community Education

Elements

- 6.5 Identifies the practice of speech pathology in a range of community contexts.
- 6.6 Develops, contributes to, and maintains professional and team based relationships in practice contexts.
- 6.7 Undertakes preventative, educational and or promotional projects or programs on speech pathology and other related topics as part of a team with other professionals.
- 6.8 Demonstrates an understanding of principles and practices of clinical education.

CBOS pp 18-19 (SPAA, 2001)

Novice Student

The following are examples of the types of behaviours that **may** be shown by novice level students.

- Requires direction from the clinical educator as to how speech pathology relates to the particular community context of the workplace.
- Communicates with peers, colleagues, supervisors and support staff in a respectful and appropriate manner.
- Observes or assists to a minor degree, as directed by the clinical educator, in the provision of preventative, educational and/or promotional projects/programs eg ensuring sufficient handouts are available.
- Discusses client observations and intervention with peers. Actively seeks support from the clinical educator to ensure competency in carrying out particular tasks e.g. requesting to role play.

Intermediate Student

The following are examples of the types of behaviours that **may** be shown by intermediate level students.

- Identifies some aspects of previously experienced community contexts that affect the practice of speech pathology and how this can be interpreted and applied. The clinical educator will ensure all relevant aspects of the context are recognised, particularly in new or complex situations, to ensure a holistic, accurate and appropriate response.
- Develops professional working relationships and networks with others with some support and feedback eg speaks to a cultural adviser to understand how his/her practice needs to be modified to take into account the cultural context of the community. Will need support from the clinical educator to manage initial anxiety that may arise during establishment of working relationships and to manage power imbalances and conflict if required.
- Collaborates with the clinical educator and other members of the team in development and provision of preventative, educational and/or promotional projects/programs. The student will be able to identify a number of issues that need to be addressed or strategies that could be appropriate and relate these to the goal(s) of the project/program. The student will demonstrate initiative and organisational skills when participating in projects.
- Works collaboratively with a range of peers, colleagues and staff members.
- Seeks collaboration with his/her Clinical Educator when they are uncertain or uncomfortable about any aspect of clinical work

Entry-level (Competent) Student

The following are examples of the types of behaviours that **may** be shown by entry-level students.

- Speech pathology practice is adapted to the context in which it is occurring. Consultation, collaboration or supervision is sought in new or complex situations.
- Maintains a professional relationship with all those present in the workplace and is able to seek out and develop networks to develop his/her understanding of the broader contextual issues in relationship to speech pathology practice. Will identify when working relationships are not effective and seek out support to develop and implement strategies to manage this.
- Can identify and carry out consultation regarding preventative or educative issues that need investigation. The student can participate in a team to develop goals, priorities and evaluation methods; and to design and carry out a project or program. His/her level of independence will depend on the degree and kind of previous experience with these types of projects/programs.
- Provides an appropriate role model to students and can confidentially discuss client related, theoretical and broader speech pathology issues with them and guide them in his/her search for further knowledge.
- Seeks collaboration or consultation with Clinical Educator when they are uncertain or uncomfortable about any aspect of clinical work.

CBOS Unit 7 Professional Development.

Elements

7.5 Upholds the Speech Pathology Australia *Code of Ethics*.

7.6 Continues professional development.

7.7 Demonstrates an awareness of formal and informal networks for professional development and support and a capacity to develop them.

7.8 Develops personal growth and professional identity as a speech pathologist.

CBOS pp 20 (SPAA, 2001)

Novice Student

The following are examples of the types of behaviours that **may** be shown by novice level students.

- Acts ethically in a rule based manner once advised of expectations by the clinical educator eg obtaining informed consent, maintaining confidentiality.
- Recalls some aspects of relevant theory and how it relates to some features of the client's communication and/or swallowing disorder, and actively follows up clinical educator's suggested resources for current research trends, concepts and theories.
- Takes responsibility for revising relevant theory and seeking new information that may assist his/her understanding of the client's needs.
- Will initiate seeking support and information from the clinical educator.
- Identifies some of his/her strengths and weaknesses he/she brings to the clinical placement
- Has some relevant interpersonal and communicative skills but will need to develop a broader repertoire, and will have difficulty using them consistently in the workplace. Will need a high level of support to recognise and apply these skills including the clinical educator facilitating self-evaluation and providing direct feedback.

Intermediate Student

The following are examples of the types of behaviours that **may** be shown by intermediate level students.

- Identifies some aspects of ethical dilemmas encountered in clinical practice but will need the clinical educator to assist in identifying all aspects of the problem and the range of possible strategies to resolve the situation.
- Relates relevant theory to a clinical problem, his/her conclusions about a client and plan for action. He/she will require support to ensure that all relevant aspects of the current speech pathology knowledge base have been identified.
- Will initiate searching the literature and identifying other opportunities to learn about research trends, concepts and theories relevant to the clinical problem he/she is addressing eg attending grand rounds, bringing a relevant article to a clinical education meeting. May need assistance to interpret and apply this knowledge to the specifics of the clinical problem.
- Clearly identifies his/her strengths and weaknesses, and works towards addressing these.
- Is aware of the range of interpersonal and communicative skills required in the workplace and is able to use some of these consistently in familiar or less complex situations.

Entry-level (Competent) Student

The following are examples of the types of behaviours that **may** be shown by entry-level students.

- Identifies all relevant aspects of familiar or simple ethical dilemmas and strategies for managing these, and is aware of the ethical guidelines for action. Will seek consultation, collaboration or supervision to problem solve unfamiliar or complex situations.
- Ensures that he/she is aware of current research trends, concepts and theories in speech pathology through actively seeking this information eg literature searches for unfamiliar clients, identifying learning opportunities available in the workplace.
- Interprets and applies theoretical information to his/her work.
- Seeks out and participates in professional support and development networks and engages in peer learning in a manner that is facilitative of his/her own and their peers development
- Clearly identifies his/her strengths and weaknesses, and works towards addressing these.
- Can identify when professional and personal stress is negatively affecting his/her work performance and seeks assistance to manage this.
- Has established an effective repertoire of interpersonal and communicative skills and uses them consistently in familiar or straightforward situations. Seeks support to manage unfamiliar or complex situations eg organisational liaison and planning. Seeks professional development to promote these skills where required.
- Acts as a mentor to novice level students.

3.3 Generic Competencies

3.3.1 Introduction

The Generic Competencies component of the assessment were developed from information gathered through focus groups around Australia with university educators, field educators and students. These groups identified very similar types of skills, knowledge and attitudes that they considered to be critical to competent performance in clinical placements. These competencies were considered to be 'generic', and to underpin the ongoing competent performance of the practical skills identified by the profession and itemised in the CBOS (SPAA, 2001).

The following is a more detailed outline of the Generic Competencies than in the Assessment Tool, which follows the CBOS (SPAA, 2001) format for consistency.

3.3.2 Detailed Description of the Generic Competencies

Generic Competency Unit 1: Clinical Reasoning

Element 1.1

Uses effective thinking skills to ensure quality speech pathology practice.

Performance Criteria

- a) Critically evaluates, interprets and synthesises information from a variety of knowledge bases including theoretical, personal and professional craft knowledge, clients, peers and colleagues.

Cues

Speech pathology student is able to

- *Conduct and explain their assessment, intervention and discharge decisions in a manner that demonstrates that they have considered information from a wide range of knowledge bases and sources.*
 - *Identify and justify the various weightings they have applied to different sources of knowledge when making clinical decisions.*
 - *Apply new insights and knowledge to clinical situations.*
 - *Recognise when assumptions are being made that have not been critically examined.*
 - *Identify links between various sources of knowledge and how they contribute to a better understanding of the clinical situation.*
- b) Uses metacognitive thinking skills to monitor reasoning strategies including reflecting on the reasoning process to identify gaps and further information that may be required; reflecting on, analysing and critiquing the reasoning process in terms of its accuracy, reliability and validity; and critiquing the reasoning process in terms of logic, scope and relevance to client.

Cues

The Speech pathology student is able to identify

- *When observations or conclusions may not be accurate or valid.*
- *Explain their reasoning process logically and in a manner that demonstrates that they have considered the client's priorities and the broader context of their communication and/or swallowing disorder eg their functioning in their family, community/school, cultural and religious life.*
- *When further information is required to make reliable and valid decisions about assessment, intervention or discharge.*
- *When sufficient information has been gathered to generate an action plan.*

Element 1.2

Integrates collaborative and holistic viewpoints into clinical reasoning.

Performance Criteria

- a) Shares decision making with the client and/or caregiver.
- b) Understands and responds appropriately to the client/caregiver's experience of care and factors this into decisions.
- c) Generates and implements plans that are specifically tailored to the individual client.
- d) Takes into account the constraints and possibilities implicit in the broader context.

Cues

The student:

- *Takes into account cultural issues.*
 - *Identifies ethical considerations that affect possible courses of action.*
 - *Identifies resources, constraints and opportunities existing in the service environment, including those represented by the client, their familial and social network, the community and the, service provider.*
- e) Seeks and incorporates information from relevant others into the clinical reasoning process.

Element 1.3

Uses sound clinical reasoning strategies to assist planning for all aspects of service management.

Performance Criteria

- a) Identifies priorities, generates and executes a plan to gather information at each stage of the clinical reasoning cycle.

Cues

Examples may include:

- *Noting short and long term plans for intervention and/or ongoing assessment in client file.*
 - *Recording data from intervention sessions to track client's response to intervention.*
 - *Observing client responses within sessions and immediately adapting the intervention plan.*
- b) Uses new information to modify plans including within sessions, short and longterm plans.
 - c) Projects outcomes.
- #### *Cues*
- #### *The speech pathology student is able to comment on her/his expectations of*
- *The client's responses to the planned intervention session and contingency plans to respond to these possibilities.*
 - *The type of progress that can be expected and approximate time frames for this progress.*
- d) Applies clinical reasoning skills continuously throughout client management to plan, evaluate/monitor and modify each phase of service to the client.

Generic Competency Unit 2: Professional Communication

Element 2.1

Uses interpersonal communication skills to facilitate the effective practice of speech pathology.

Performance Criteria

- a) Uses an effective repertoire of communication skills with all communication partners including clients/caregivers, staff in their workplace or other agencies and members of the community.

Cues

- *Develops and maintains a positive interaction.*
- *Prevents, identifies and repairs communication breakdowns.*
- *Uses communication therapeutically (feedback, cuing, reinforcement, reframing, maintaining direction of session).*
- *Switches communicative codes when required.*
- *Maintains appropriate communication boundaries.*
- *Is positively assertive.*
- *Actively listens.*
- *Recognises, interprets and responds to nonverbal communication signals.*
- *Effectively questions.*

- b) Communicates from a position of respect and empathy.

- c) Understands impact of nonverbal, cultural and situational components of communication.

Cues

These components may include:

- *Eye contact.*
- *Body position.*
- *Environment.*
- *Presence of other people.*
- *Power imbalances.*

- d) Uses communication skills to develop an understanding of and appropriate response to the needs of others.

Element 2.2

Uses oral and written reporting and presentation skills to successfully meet speech pathology objectives.

Performance Criteria

- a) Keeps documentation objective, legible, accurate and up to date.
- b) Identifies useful and necessary information to be included according to the context and purpose of the report or presentation.
- c) Communicates information in an ethical manner.
- d) Presents written and verbal information in a clear, concise, meaningful and logical manner across all media and contexts

Cues

Examples of reporting and presentation media are:

- *Verbal*
 - *Electronic communication including e-mail and pages on the Internet*
 - *Electronic presentation software eg "PowerPoint"*
 - *Presentation technology such as slide an, overhead projection transparencies*
- e) Uses style and content that is appropriate to the target audience.
 - f) Follows appropriate policies, procedures and guidelines adopted by the organisation related to reporting and/or presentation of information.

Element 2.3

Communicates effectively with work teams.

Performance Criteria

- a) Applies communication skills effectively when negotiating, consulting and collaborating with colleagues and peers.
- b) Recognises issues in the workplace that have broad implications and participates in the development of cross professional relationships and team based approaches to address these.

Generic Competency Unit 3: Lifelong Learning

Element 3.1

Reflects on performance

Performance Criteria

- a) Accurately and objectively reports on own performance.
- b) Reflects on and evaluates performance against own goals, or relevant standards of performance.

Cues

Examples may include:

- *Engages regularly in verbal or written self- evaluation.*
 - *Shares clinical journal with clinical educator.*
- c) Demonstrates appreciation of different perspectives.
 - d) Critically analyses information gathered from variety of sources.
 - e) Identifies a range of possible responses to insights developed through reflection.

Element 3.2

Structures own learning/professional development

Performance Criteria

- a) Familiar with criteria for clinical performance assessment.
- b) Identifies and acknowledges strengths, weaknesses and learning needs.
- c) Develops personal and professional goals based on this appraisal.
- d) Develops and implements a plan to achieve personal and professional goals.

Cues

Identifies sources of information and how to access them.

Prioritises learning.

Participates in the clinical performance assessment and development of a learning plan.

Element 3.3

Demonstrates an appropriate attitude to learning

Performance Criteria

- a) Shows positive orientation to learning situations.

Cues

The following behaviours may be observed:

- *Initiative.*
 - *Perseverance.*
 - *Actively extends knowledge base.*
 - *Carefully considered risk taking*
 - *Willingness to ask questions.*
- b) Constructively responds to evaluative feedback.
 - c) Takes responsibility for own learning.
 - d) Acknowledges own limitations and errors and seeks support when necessary.
 - e) Shares learning.

Element 3.4

Able to change performance

Performance Criteria

- a) Identifies strategies for change.
- b) Changes performance in response to new information or learning experiences.
- c) Integrates and applies new knowledge across a variety of subsequent contexts where this knowledge is relevant.
- d) Able to recognise core/generic principles and apply them to other contexts.

Generic Competency Unit 4: Professional Role

Element 4.1

Displays effective organisational skills

Performance Criteria

- a) Effective time management across short and long time frames.

Cues

Time frames to be considered include managing activities within intervention sessions, across the day, the week and over the clinical placement.

The speech pathology student will demonstrate effective time management through:

Demonstrating a sense of purpose including the ability to set goals and work towards achieving them for themselves and the client.

Meeting deadlines.

Using time management strategies such as effectively using and maintaining a diary, 'to do' lists and schedules.

Coping with temporal flow so that changes in workload can be responded to effectively.

The ability to take a longer term perspective including planning for and meeting long term goals without being distracted by short term priorities

Effective organisation of workspace.

- b) Personal organisation across all aspects of practice.

Cues

The speech pathology student demonstrates behaviours such as:

Having assessment or intervention materials organised and available as required.

Being prepared for clinical tutorials

Attending meetings on time.

- c) Self management to enable effective practice.

Cues

The speech pathology student is able to

- *Recognise stress and its impact upon their performance.*
- *Identifying, managing and renegotiating the competing demands of work and study to ensure that client care and professional responsibilities are not neglected.*

Element 4.2

Conducts self in a professional manner

Performance Criteria

- a) Respects facilities, materials and staff of the organisation.
- b) Is reliable, responsible and accountable.
- c) Acts as an ambassador for the profession.
- d) Adopts professional dress, language, and behaviour according to the requirements of the service being provided.

Element 4.3

Discharges administrative responsibilities effectively

Performance Criteria

- a) Follows administrative policies, procedures and guidelines adopted by the organisation.
Cues
These may include:
 - *Workplace health and safety policies.*
 - *Medico-legal and ethical guidelines.*
 - *Clinic procedures and protocols.*
- b) Understands role, duties and responsibilities within the service provider's organisation.
- c) Manages caseload responsibilities effectively and responsibly.
- d) Participates in planning and can deliver a quality service using different service delivery models.
- e) Maintains documentation in an exact and professional manner and according to service guidelines.
- f) Participates in quality management processes.

Element 4.4: Possesses a professional attitude/orientation

Performance Criteria

- a) Takes responsibility for quality service provision.
- b) Considers the wellbeing of all clients, staff and peers in the clinic.
- c) Values the skills of the client, carer, peers and other colleagues.
- d) All aspects of care are client centred.
Cues
The speech pathology student behaves in a manner that demonstrates that
 - *They are able to focus on the client's needs rather than their own.*
 - *They seek the client's point of view regarding their needs and priorities.*
- e) Takes a holistic approach to all aspects of the service that he/she provides.
Cues
The speech pathology student can identify and address the wider impact of the individual client's communication and/or swallowing disorder upon their quality of life and ability to function as a member of their family and the broader community.
The speech pathology student can identify the broader issues underpinning communication and swallowing dysfunction and values strategies to address these, such as
 - *Participating in prevention programs.*
 - *Collaborating with colleagues to create change in the longer term that will promote better outcomes for clients or potential clients.*
- f) Acts collaboratively in the provision of services.

Element 4.5: Demonstrates ethical behaviour

Performance Criteria

- a) Applies the core principles underpinning ethical behaviour to all aspects of client care.

Cues

The speech pathology student behaves in a manner that upholds the principles embodied in the Speech Pathology Australia Code of Ethics in their interactions with clients and community, employer, profession and colleagues. This includes all aspects of the speech pathology student's practise including clinical reasoning and decision making processes involved in caseload management, interpretation of assessment results, intervention and discharge planning.

These principles include

- *Beneficence and non-maleficence.*
- *Truth.*
- *Fairness and justice.*
- *Autonomy.*
- *Professional integrity.*

These principles will be demonstrated in attitudes such as honesty, integrity and trustworthiness, empathy and compassion, respect and responsibility, critical self-appraisal and commitment to lifelong learning.

- b) Displays ethical values in practice.

Cues

The speech pathology student behaves in a manner that demonstrates the values described in the Speech Pathology Australia Code of Ethics, including

- *Dignity.*
- *Respect for client rights.*
- *Non-discrimination.*
- *Professional interests take precedence over personal interests.*
- *Objectivity.*

- c) Generic competencies involved in reflection, critical thinking, clinical reasoning, communication and collaborative problem solving are applied to the ethical reasoning required in the daily course of speech pathology practice.

- d) The speech pathology student understands the standards of practice required in relation to clients and the community, employers, profession and colleagues.

Cues

The standards of practice described in the Speech Pathology Australia Code of Ethics are understood and used in daily practice.

3.4 Glossary

Please refer to the CBOS document (page 2) for definitions of the following

Client
Communication
Current literature and research
Diagnosis
Goals
Negotiation
Rationale
Service Provider
Significant Others
Swallowing

Please refer to the CBOS document (page 1) for definitions of the following

Units
Elements
Performance Criteria
Cues

Terms unique to this assessment tool include the following:

Behavioural descriptors: descriptions of the types of behaviours expected to be observed at various stages in the development of competency.

Generic Competencies: competencies that were considered to underpin the ongoing competent performance of the practical skills identified by the profession and itemised in the CBOS (SPAA, 2001).

CBOS Competencies: Competencies outlined in the CBOS (SPAA, 2001)

Visual Analog Scale: A scale comprised of a continuous line that represents the continuum of points between the lowest and highest amount of a particular characteristic (Force, 2002; Johnson, 1997), in this case the continuum from novice to entry-level competency.

3.5 References

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APPENDICES PHASE 2: FIELD TRIAL

Appendix 17. Procedures for Seeking Student Consent to Participate in the Research



**COMPETENCY BASED ASSESSMENT OF STUDENTS IN SPEECH PATHOLOGY
PLACEMENTS**

Procedure for consenting students

The following is the procedure to be used for inviting students to consent to participate in the research project. This is the procedure approved by the Human Ethics Committee of The University of Sydney (reference number: 01/02/21) and the Human Research Ethics Committee of The University of Newcastle (reference number: H-254-0202).

1. Please ensure you have sufficient copies of the Information and Consent Forms to be handed out to the students, photocopy more if I have not provided you with enough forms.
2. Please find an opportunity to meet with the students when you expect them to all be present eg compulsory tutorial or lecture.
3. Provide a brief explanation of the research and your University's support of this research.
4. Distribute the Information and Consent Forms and ask students to read them and fill out the consent form, including a witnessed signature, if they are happy for their clinical educators to do the assessment with them.
5. Collect the signed Consent Forms at the end of the tutorial/lecture, place them in the self-addressed envelope and return them **ASAP**.

NB I need the consent forms to be returned as quickly as possible to enable clinical educators to receive the package before Mid Placement assessments.

What happens next?

I will compile a list of the students who have consented and I will then ask you to provide me with the placement details for these students from your database. You will not need to be further involved from this point. I will be mailing out the research packages to the clinical educators and inviting them to participate. If any enquiries arise from this process, please ask them to contact me.

Contact Information

Sue McAllister
37 Ormonde Ave
Millswood, SA, 5034

08 8373 3828

watsmac@ozemail.com.au

Appendix 18. Description of Research Package Mailed to Clinical Educators and

Examples of Materials

The following materials were included in the research package mailed out to Clinical Educators whose student(s) had consented to being assessed with the research assessment tool.

1. A flyer printed on blue paper, designed to capture the CE's attention and promote their interest in participating in the research (copy follows).
2. A letter from the researcher detailing the nature and context of the research (copy follows).
3. Research instructions consisting of consent information and instructions as to how to participate in the research (copy follows).
4. A research code for the student and the CE and a password each and instructions to enable them to access the respective sections of the website, should they wish to. Printed on green paper to make it easier to identify and locate (example follows).
5. One assessment booklet, which included a demographic data collection section for student and clinical educator and some summary information regarding student participation in the assessment and time taken to complete the mid and end assessment. If the CE had multiple students and did not wish to use the online assessment tool, they were invited to contact the researcher or make further copies of the assessment booklet (see Appendix 16).
6. One resource manual (see Appendix 17)
7. Feedback questionnaire with a section each for the CE and the student to complete (see Appendix 30).
8. Envelope to return hard copies of materials, with instructions as to how to use the reply paid facility

CALLING ALL CLINICAL EDUCATORS!

Ever had concerns about assessing students on their clinical placements? Ever wished that the assessment protocol was:

- Easier to use?
- More effective in promoting student learning?
- More time efficient?
- The same for all students regardless of what university they attend?

AND gave you more confidence in your judgement?

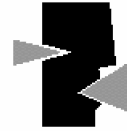
Would you like to have more confidence that the assessment protocol you are using is:

- Valid?
- Reliable?
- Educationally sound?

Well, time to do something about it!

Join us in developing a new tool for all of us!

READ ON & FIND OUT HOW!



Dear

Re: Competency Based Assessment of Students in Speech Pathology placements

I am a PhD student with The University of Sydney. The focus of my research is the development and trialing of an Assessment Tool that aims to reliably and validly assess the competency of speech pathology students in their clinical placements. The speech pathology student that you are supervising or will be supervising soon has given his/her consent to participate in this national research project. Please refer to the green “Research Numbers and accessing the Assessment Tool online” sheet clipped to the Research Instructions for their name(s). I would now like to invite you to participate in the research project also.

This research is of practical relevance to clinical educators and speech pathology students. The research program has been initiated and driven by feedback from the profession and students regarding their concerns and needs when collaborating in the assessment of the student speech pathologist’s competence in their clinical placements. Feedback from clinical educators and students has highlighted that ensuring the student receives a fair assessment is of considerable concern to both. It is anticipated that this research will be a significant contribution to this goal.

In addition, the research will further our understanding of the nature of competence in speech pathology students and its development. It is expected that the research will highlight any competencies that pose a greater challenge to students so that resources and teaching time can be directed to these. There is also strong support from university speech pathology programs around Australia for this research that may lead to national adoption of a reliable and valid tool. This would have significant benefits for clinical educators who accept students from a variety of programs, such that only one Assessment Tool would need to be used with all students. Students have also commented that they see benefits in this approach.

Please note that this is the **first stage** only of a series of investigations into the development of a reliable and valid assessment tool. This phase of the research is a large-scale national investigation to gather data on the validity and reliability of assessment of clinical performance and as such the enclosed tool does not represent the final content and format of the assessment. Your participation and feedback will be critical in ensuring that a functional assessment tool is developed.

It is anticipated that the initial lack of familiarity with the research Assessment Tool format may mean that it will take longer to complete compared to future versions. However, it is likely that using the research Assessment Tool with your student will facilitate assessment on the usual University Assessment Schedule. Despite the apparently large size of this assessment format, you will find that the total number of ratings required for the Mid Placement form is the same or fewer than most assessment forms currently in use. The number of ratings for the End Placement forms is considerably less than most other assessments.

Please see the enclosed “Research Instructions” for further information on this project and what is involved, and return the consent form at your earliest convenience. If you have any questions, please feel welcome to contact me on 08 8373 3828 or watsmac@ozemail.com.au

Yours sincerely

Sue McAllister
PhD Student
University of Sydney

RESEARCH INSTRUCTIONS

DEAR CLINICAL EDUCATOR

The speech pathology student that you are currently supervising or will be supervising soon on clinical placement has given his/her consent to participate in a national research project on competency based assessment of students in speech pathology placements. We now invite you to participate in the research project also. Please read the following information and then:

- Fill out the Consent Form (following this page) to indicate whether you are willing to participate.
- Place the consent form in the attached envelope and post it as soon as possible.

If you willing to participate in this project, please read the remainder of this research package and give it to your student to read as well. Please contact Sue McAllister (08 8373 3828, watsmac@ozemail.com.au) if you have any questions.

Project Participation Information

Dear Clinical Educator

Your student(s) has voluntarily agreed to participate in a research project being conducted by Sue McAllister, as part of her PhD research at the University of Sydney. This research is being carried out under the supervision of Michelle Lincoln (The University of Sydney), Lindy McAllister (Charles Sturt University) and Alison Ferguson (The University of Newcastle), and in collaboration with The Speech Pathology Association of Australia. Below is some information about the project. Please be assured that your participation in the project is entirely voluntary and you are free to withdraw from the study at any time, as is your student. All information collected will be kept confidential by the researchers.

This is a large national research project involving speech pathology students from all programs and their clinical educators with whom they are placed for clinical education. This study aims to develop a valid and reliable tool for assessing the competency of speech pathology students while on clinical placement. Your student(s) has consented to participate in this study and to do this we need you as his/her clinical educator to field test the new tool with him/her and to give us feedback regarding its usefulness. We anticipate that the assessment tool will take no more than one hour to complete at mid placement and a half hour at the end of the placement. The usual University assessment will also apply. The feedback sheet is also expected to take a half hour to fill out.

What about confidentiality?

We will initially need your name but once the research materials are returned to us, we will de-identify all data relating to you and the student(s) and assign your data a research code number instead. You will be asked to send the results of the assessment and feedback sheets either by mail or through password protected on-line data entry to a secure web site, depending on the preference of you and of your student(s). While industry standard security measures are in place on this website an absolute guarantee of security of information transmitted over the internet is never able to be given. The assessment data will not be known by the student's University or Speech Pathology Australia, only to Sue McAllister. For the purposes of data retrieval, only Sue McAllister will have access to the on-line data entry site. All data from the project will be stored in a locked cupboard in the researcher's office.

Any questions?

If you would like any further information about this research project or have specific questions relating to it then please phone Sue McAllister 08 8373 3828, Michelle Lincoln 02 9351 9430, Lindy McAllister 02 6051 6750, or Alison Ferguson 02 4921 5716. This research has been approved by the Human Ethics Committee of The University of Sydney, reference number: 01/02/21; and the Human Research Ethics Committee of The University of Newcastle, reference number: H-254-0202. If you have any concerns or complaints about the conduct of this research study, you may contact the Manager of Ethics and Biosafety Administration, University of Sydney, on 02 9351 4811; or, Human Research Ethics Officer, The Chancellery, University of Newcastle, phone 02 4921 6333.

PLEASE RETURN THIS FORM IN THE SELF ADDRESSED ENVELOPE AS SOON AS POSSIBLE

THANKYOU!!!

Consent form: Clinical Educator

I, _____ DO / DO NOT consent (please cross out the one that does not apply) to participate in the research project called, “Competency Based Assessment of Students in Speech Pathology Practica” which is being conducted by Sue McAllister, as part of her PhD studies at the University of Sydney, under the supervision of Drs Michelle Lincoln, Lindy McAllister, and Alison Ferguson. I have read and understood the contents of the subject information sheet provided by the researchers. I understand that I am free to withdraw from the study at any time without penalty.

Participant’s signature: _____

Printed name: _____

Workplace: _____

Witnesses’ signature: _____

Printed name: _____

Date: _____

PLEASE RETURN THIS FORM IN THE SELF ADDRESSED ENVELOPE AS SOON AS POSSIBLE

If you do not have the pre-paid envelope, please post this form to:

Sue McAllister
37 Ormonde Ave
Millswood, SA, 5034

1. RESEARCH PROCEDURE

STUDENTS: Please read the instructions below for your information.

SOLE SUPERVISORS: Please follow the instructions below (Sections 1.1 to 1.3.2 below)

JOINT SUPERVISORS:

If you are sharing the supervision of your student(s) with another clinical educator we would really value input from **both** clinical educators. This is a critical component of the research that will enable us to evaluate the tool more thoroughly. For the purposes of this research each clinical educator should rate the student independently as follows:

Do not consult with the student's other clinical educator regarding your ratings on the research Assessment Tool. Any consultation on your student rating will affect usefulness of this data.

You may of course consult with your colleague as you normally would do at any other stage of the student's clinical education process to ensure his/her learning needs are met. This includes when assessing the student with the usual University assessment form.

In all other respects, please follow the instructions below.

1.1 Online Assessment

There are two options for recording your assessment of the student on the research Assessment Tool, and responding to demographic and feedback questions: **Online** or in **Hard Copy**. The research procedure for both the Hard-copy or Online version of the research assessment tool is essentially the same.

However, the **Online** version has the following advantages:

- Resource information provided to assist your assessment judgements is linked directly with the assessment sheets, so it is directly available when you need it. You will be able to easily move between the resource information and the assessment sheets – no paper shuffling. This makes the tool much easier to use!
- You can save an unfinished version of the tool and come back to it when you are ready.
- When you are satisfied with your assessment ratings and comments, you can submit the form immediately.
- Saves trees.
- Supports the research project by keeping costs down.

If you would like to view or use the online version, please do the following:

1. Type the web address in the green sheet accompanying this research package into the address line of your web browser (Internet Explorer or Netscape Navigator, depending on your workplace).
2. You will then enter the website for the research that will describe your options. When you or the student select 'supervisor/student log in here' you will be asked for your Log on Name and Research Number (please note that this is a nonsense word), ensuring secure access. This information is also on the green sheet.
3. Please read all instructions carefully and make sure you scroll down the screen to check that you have seen everything.

Call Sue McAllister 08 8373 3828 or email her on watsmac@ozemail.com.au if you need any help.

1.2 Hard Copy Assessment

This research package has provided you with ONE copy only of the research Assessment Tool (including the Demographic Form), Feedback Sheets (clinical educator and student) and Assessment Resource Manual. Please contact Sue McAllister if:

- You have more than one student and do not wish to use the Online versions of the materials, for further copies or you are welcome to make additional copies yourself.
- You require a copy of the CBOS

1.3 Procedure for hard copy and on-line versions

1.3.1 General Guidelines

1. Always assess the student **first** using the research tool before filling out the usual university assessment.
2. It is recommended that you involve the student in the assessment process according to your normal practice. If you do involve the student, please do the following:
 - 2.1. Indicate this on the research Assessment Tool in the space provided
 - 2.2. Ask the student fill out a Student Feedback Form. One hard copy is included in the package and further copies can be requested or you may make copies yourself.
3. If you are a co-supervisor of a student, **please do not** consult with the other clinical educator regarding your ratings on the research Assessment Tool. All other consultation is, of course, appropriate.
4. **Do not change** your ratings or comments on the research tool after using the usual university assessment.
5. If you wish, use the resource material available to you in the “Assessment Resource Manual” to assist your judgment.
6. If you have indicated that the student is at risk of failing this placement, at either the mid or end-placement assessment you **must also** contact the university co-ordinator to indicate this.
7. Further information on the research and how to use the assessment tool is in the “Assessment Resource Manual”.
8. Please contact Sue McAllister on 08 8373 3828 or watsmac@ozemail.com.au if you have any questions at all.

Please note that the assessment and demographic forms and resource information are available in the On Line version, and can be submitted on line.

1.3.2 Procedure

A. Mid Placement

Assess the student at mid-placement (half way through the placement) on the Mid Placement sheets before filling out the usual University assessment, as follows. Please note that the Mid Placement sheets are white in the Hard Copy version and the End Placement sheets are yellow.

- On the hard copy version, please use pen and place a mark on the scale to rate the student(s) on all the elements for each Unit as per these sheets, or tick the appropriate box (‘Not Observed’ or ‘Above entry-level’). For the online version, you will be asked to click on the scale to mark the position that best represents the student’s current level of performance, or click the appropriate box.
- Fill out the comments section if you wish.
- On the Hard Copy version, when you have finished rating all elements for each unit of competency on the Mid Placement Assessment form, place an overall rating on the scale for the unit level competencies on End Placement rating sheet (colour coded yellow). Label this mark ‘Mid’ (*See Appendix A for an examples of a completed version of a hard copy version of the Mid and End Placement sheets*). This will serve as a reference point for you when judging progress at the end of semester. The online version allows you to do the final rating on the mid-placement form and will place it on the end-placement form automatically.
- Please note how long it took to fill in the forms for the Mid Placement assessment, to the nearest 5 minutes.
- Once you are satisfied with your assessment on the research tool, fill out the usual mid-placement University assessment, if one is normally required. Do **not** go back and change your ratings on the research tool.
- If you are a co-supervisor of a student, **do not** consult with the other clinical educator regarding your ratings on the research Assessment Tool. All other consultation is, of course, appropriate.
- If you have used the Hard Copy version, place it in a safe and confidential place as you will use this same paperwork for the final assessment. For the Online version you can submit your mid placement assessment at this point.

If you have indicated that the student is at risk of failing this placement, you must also contact the University co-ordinator to indicate this.

B. End Placement

Rate the student at the end of placement on the yellow End Placement sheets (Hard Copy version) or Online and adhere to the following guidelines:

- Note that these sheets assess at the overall unit level only, and do not include ratings on the elements of competency. You may of course work through the more detailed ratings available on the Mid Placement sheets if this would assist you in your decision making.
- On the Hard Copy version, please use pen and either tick the appropriate box or place a mark on the scale to rate the student(s) on the rating scale for each Unit and label it clearly 'end' to distinguish it from the mark you have already placed on the rating scale at the mid placement assessment. (See Appendix A for an examples of a completed version of a hard copy version of the Mid and End Placement sheets). For the online version, you will be asked to click a box or click on the scale to the position that best represents the student's current level of performance.
- Do **not** change your previous Mid Placement mark on the research Assessment Tool.
- Fill out the comments section if you wish.
- Please note how long it took to fill in the End Semester assessment forms, to the nearest 5 minutes.
- Once you are satisfied with your assessment on the research tool, fill out the usual end of placement University assessment form.
- Do **not** go back and change your ratings on the research tool after completing the usual University assessment form.

If you have indicated that the student is at risk of failing this placement, you must also contact the University co-ordinator to indicate this.

C. Demographic sheets.

It is critical for the analysis of the research that *one copy each* of the Demographic Data sheets (front of the Assessment package or Online) are filled in by the Clinical Educator AND the Student(s). **Please ensure** that the student(s) fills in the Student Demographic Information as well.

D. Feedback sheets

Your feedback on the Assessment Tool will be used to shape revisions of the tool. If the student was involved in the assessment, please invite him/her to provide feedback in the student section of the enclosed feedback form. Each person need only fill out one feedback form per placement.

E. Returning Forms

If you have used the Hard Copy version of the tool, please return the Assessment and Research Materials booklet, and the Feedback Form. If you have completed the assessment Online, please return the Feedback Sheets only. A self-addressed envelope is enclosed.

If you no longer have the envelope, please post this package to:

Sue McAllister
37 Ormonde Ave
Millswood, SA, 5034

F. Return the University assessment(s) to the University as per their usual procedure.

??QUESTIONS ??

If you have any questions **at all**, please contact Sue McAllister on 08 8373 3828 or watsmac@ozemail.com.au

APPENDIX A: Examples of Ratings on the Hard Copy version

GENERIC COMPETENCY UNIT 1: CLINICAL REASONING

Mid Placement Assessment

Please rate the student on all of the following scales. Place your overall rating for this Unit on the scale on the "End Placement Assessment" form that follows this page.

Element 1.1 Uses effective thinking skills to ensure quality speech pathology practice.

Not Observed Above Entry Level

*Novice Intermediate Entry Level

*See opposite for definitions of performance levels

Element 1.2 Integrates collaborative and holistic viewpoints into clinical reasoning.

Not Observed Above Entry Level

*Novice Intermediate Entry Level

Element 1.3 Uses sound clinical reasoning strategies to assist planning for all aspects of service management.

Not Observed Above Entry Level

*Novice Intermediate Entry Level

Does performance on this Unit places student at risk of failing this clinical experience?

YES

NO

MID PLACEMENT ASSESSMENT COMMENTS:

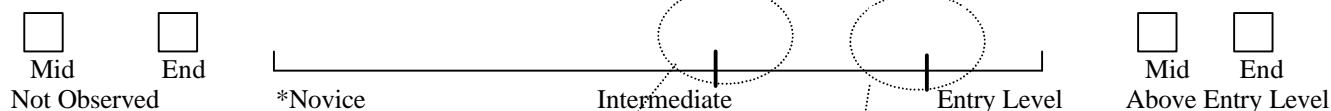
The student's competency is judged to be between 'intermediate' and 'entry-level' on this particular element of competency.

APPENDIX A cont: Examples of Ratings on the Hard Copy version

GENERIC COMPETENCY UNIT 1: CLINICAL REASONING

End Placement Assessment

Please rate the student on the scale below. Ensure that your mark on the scale is clearly labelled "Mid" for the Mid Placement overall rating on this Unit and "End" for the End Placement overall rating on this Unit.



*See opposite for definitions of performance levels

Elements
1.1 Uses effective thinking skills to ensure quality speech pathology practice.
1.2 Integrates collaborative and holistic viewpoints into clinical reasoning.
1.3 Uses sound clinical reasoning strategies to assist planning.

Does performance on this Unit places student at risk of failing this clinical experience?

YES

NO

End Placement Assessment comments:

After completing the Mid Placement assessment sheet for this Unit, the clinical educator has judged this student's overall competency on this Unit at Mid Placement to be at this point of the rating scale.

After reviewing the student's progress over the placement, the clinical educator has judged that, at the end of the placement, the student's overall competency is now at this point of the rating scale.

NB Do not change the Mid Placement mark when rating the student at the End

Research Numbers and Accessing the Assessment Tool Online³

Website address: <http://assessmentresearch.portal.com.au/Home%20page.htm>

Clinical Educator:

Jane Smith

Log on Name: JS

Research Number: choapi

Student(s):

Sue McAllister

Log on Name: SM3

Research Number: trepho

Instructions

1. Please enter the website address in the address line of your browser and press return. This will take you to the Assessment Research Home Page. Please note that there is no 'www' in the website address.
2. If the Assessment Research web page is not displayed, please recheck the address that you have typed in.
3. Select any of the links you wish to explore. The system will prompt you for your Log in Name and Research Number where required.
PLEASE NOTE: Log in Names and Research Numbers are case sensitive. This means that you must use capital and lower case letters exactly as written above or the system will not accept your Log in Name or Research Number.
4. Remember to scroll down all screens to ensure you have read everything.
5. If the assessment tool does not appear correctly on your screen, please check that your computer has the most recent version of your internet browser (Netscape 7 or Internet Explorer 6).

Assessment Tool Instructions

1. To find the Assessment Tool you will need to click on "Supervisors log in here". You will find your students listed by their Log in Name. Click on the student you wish to look at first.
2. Once you have logged on, always read the box on the right hand side of the screen for help and hints. If you choose to look at the assessment resource materials during the assessment, you can return to the assessment page you were on by clicking the cross on the top right corner of the web page.
3. The system allows for you to save your assessments and return to them, enter and leave whenever you need to. The assessment will not be sent until you have selected "True" when asked on the form if this assessment is completed. If you exit without saving, any changes you have made will not be kept.
4. Your log in will time out after 20 minutes if nothing is entered.
5. Once the Mid Placement ratings are submitted, you will still be able to view your ratings at Mid Placement if you need this information at the End Placement assessment.

Please contact Sue McAllister, 08 8373 3828 or watsmac@ozemail.com.au if you have any questions.

³ Example only

COMPETENCY BASED ASSESSMENT OF STUDENTS IN SPEECH PATHOLOGY CLINICAL PLACEMENTS

Welcome to the Online resources for this research. All the information to enable you to participate in the research project is accessible from this website.

If you have any questions or need any assistance, please contact:

Sue McAllister

37 Ormonde Ave
Millswood, SA, 5034

08 8373 3828

watsmac@ozemail.com.au

**Please click on the links below to proceed to the resource you
require:**

1. [RESEARCH INSTRUCTIONS](#)

2. ONLINE TOOLS

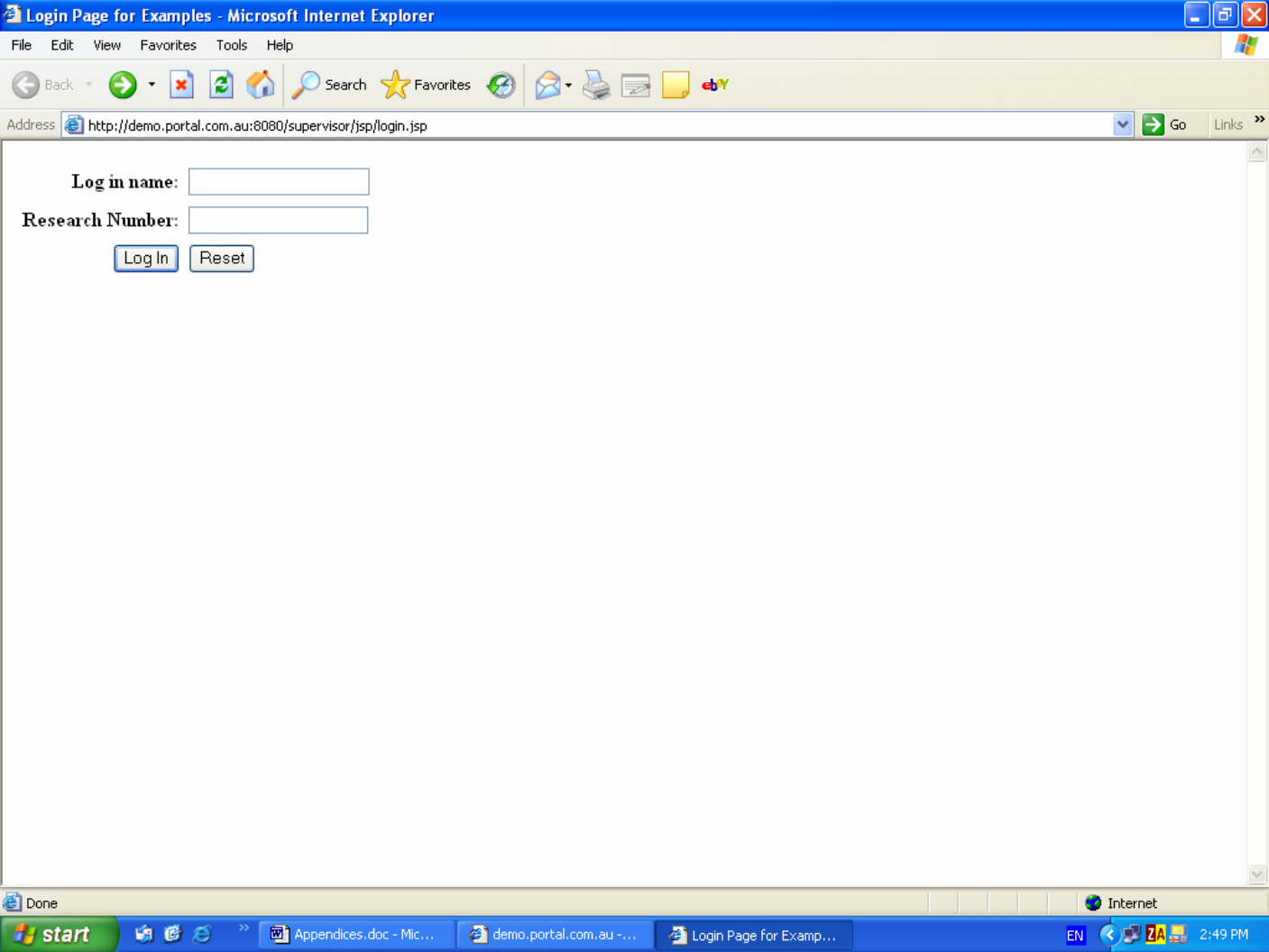
- [Students login here](#)
- [Supervisors login here](#)
- [Administrator login here](#)

3. [RESOURCE INFORMATION](#)

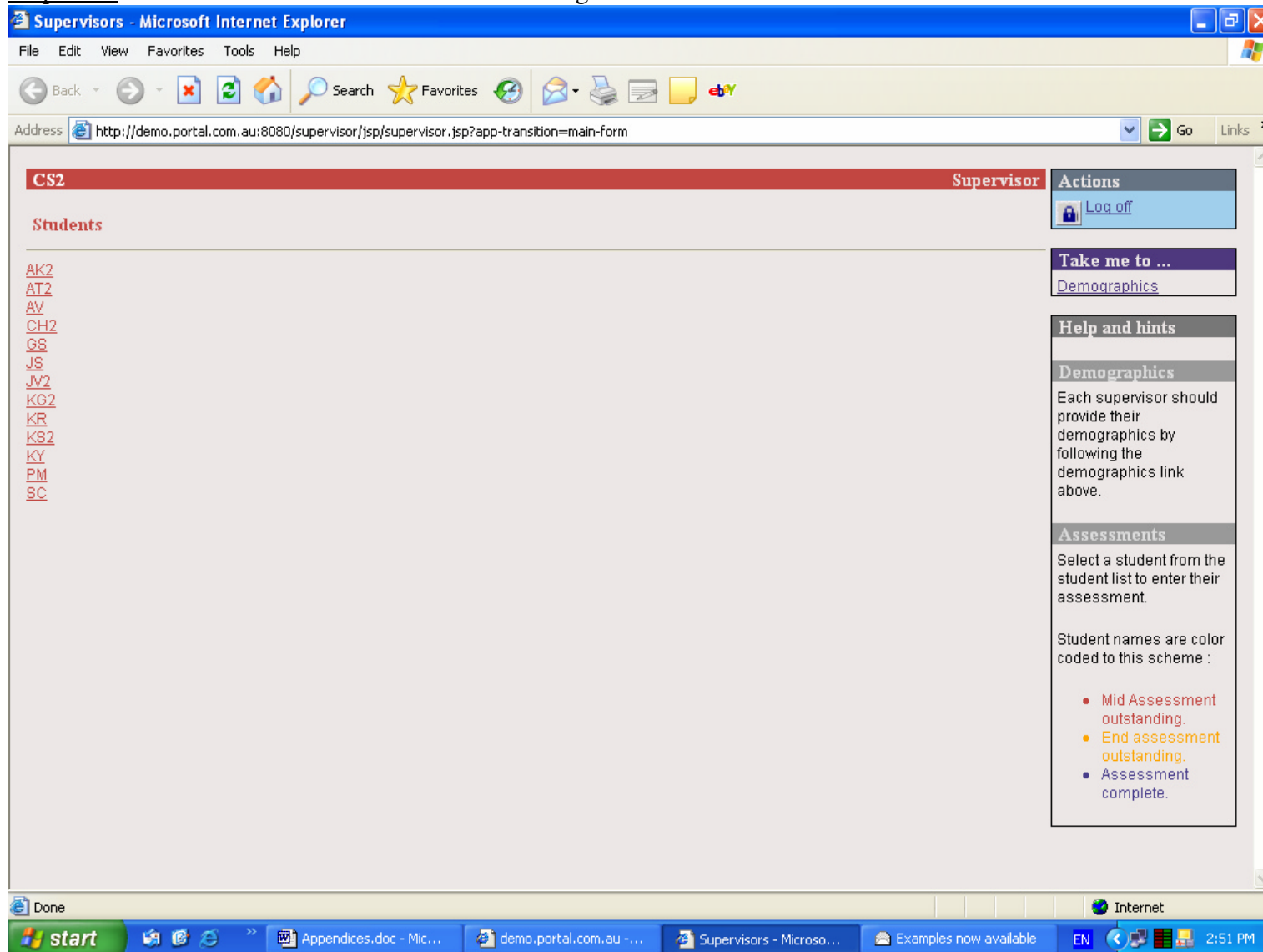
Appendix 20. Examples of Online Assessment Tool for Clinical Educators

The following pages are ‘screen shots’ from the online assessment tool that illustrate the process of using the online assessment tool to assess the student. In this case clinical educator CS2 is using the online system to submit an assessment for student AK2. The process is illustrated from the point of selecting ‘supervisor log in here’ link on the webpage (see Appendix 21 prior). The mid assessment process is illustrated first, then the end assessment process. However, the assessment screens in the examples show two extra boxes to the right of the VAS, a blank white box and a grey box labelled ‘set value’ that were not visible to the clinical educator during the assessment phase. These boxes, plus the first box displayed under the “*Please rate...etc.*” statement, were added to enable the hard copies to be entered into the online data bases once all field trial data was collected. All ratings represent mock data.

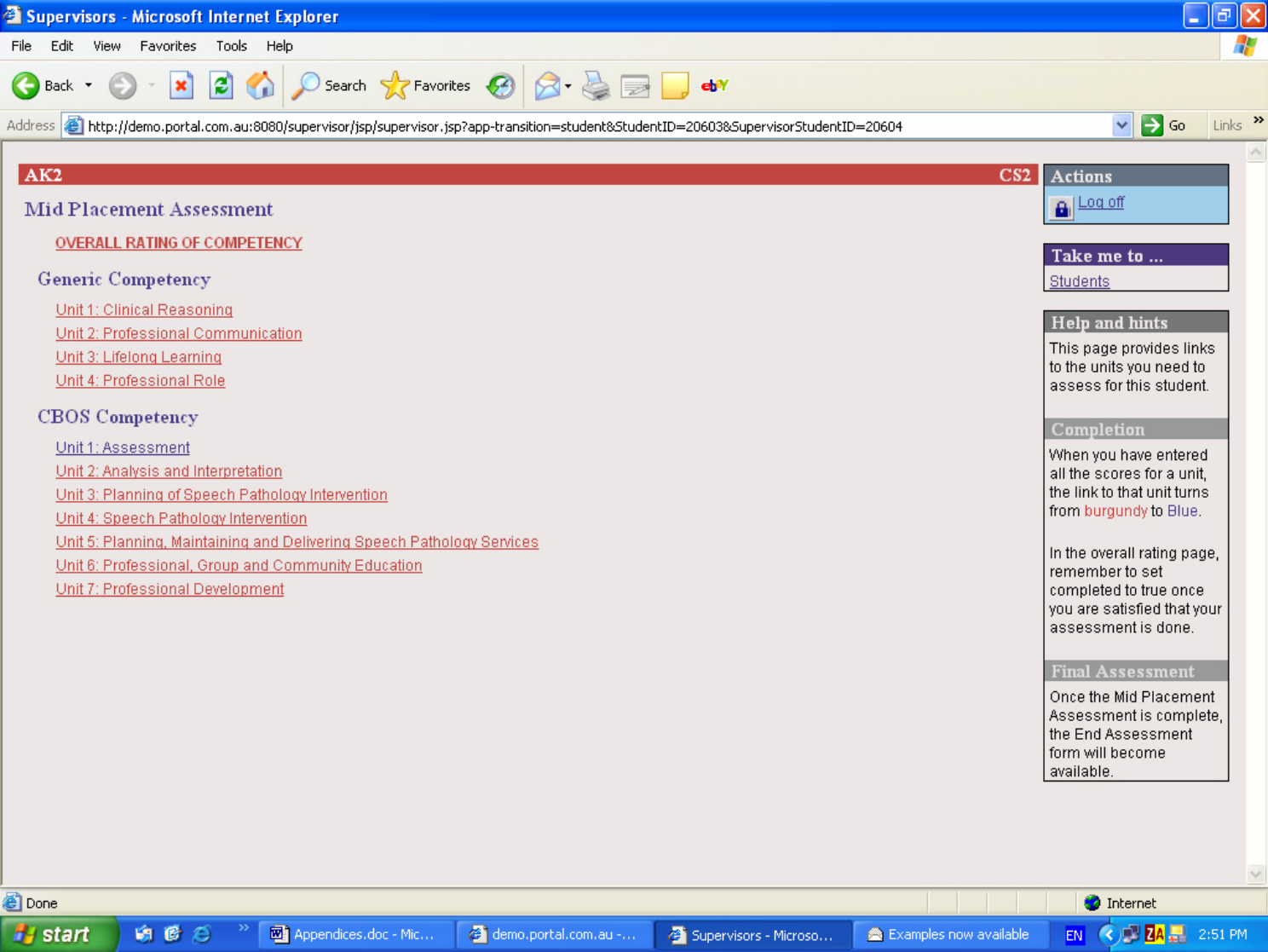
Step One. Log in screen for clinical educator.



Step Two. Index screen for Clinical Educator showing students to be assessed.



Step Three. Index screen to enter online assessment for Student AK2.



Step Four. Example of rating a competency at Mid Placement Assessment. All competencies were rated at a unit and element level using the same format. Ratings made by sliding vertical bar on VAS scale with computer mouse.

Supervisors - Microsoft Internet Explorer

Address: <http://demo.portal.com.au:8080/supervisor/jsp/supervisor.jsp?app-transition=mid-unit&SupervisorStudentID=20604&UnitID=218&StudentID=20603>

AK2 **CS2**

Mid Placement Assessment: Generic Competencies

Generic Unit 1: Clinical Reasoning

Please rate the student on all the following scales. Then complete the **OVERALL** unit rating and comment at the bottom of the form.

102 mm

Element 1.1 Uses effective thinking skills to ensure quality speech pathology practice.

Not Observed Novice..... IntermediateEntry Level Above Entry Level

Element 1.2 Integrates collaborative and holistic viewpoints into clinical reasoning.

Not Observed Novice..... IntermediateEntry Level Above Entry Level

Element 1.3 Uses sound clinical reasoning strategies to assist planning for all aspects of service management.

Not Observed Novice..... IntermediateEntry Level Above Entry Level

No **Does performance on this Unit place the student at risk of failing this clinical experience?**

Overall Unit Rating.

Actions

Take me to ...

Help and hints

Assessment help

[Explanation of Terms on the Rating Scale](#)

[Examples of Behaviours](#)

[Assessment Resources](#)

Elements

Enter a rating for each element by clicking a point in the bar, or select one of the check boxes at either end of the bar.

Unit

Enter unit score and comments at the bottom of the form.

Save

Remember to click the save button at the bottom of the form. If you wish to exit without saving, click the link in the action bar

Done Internet

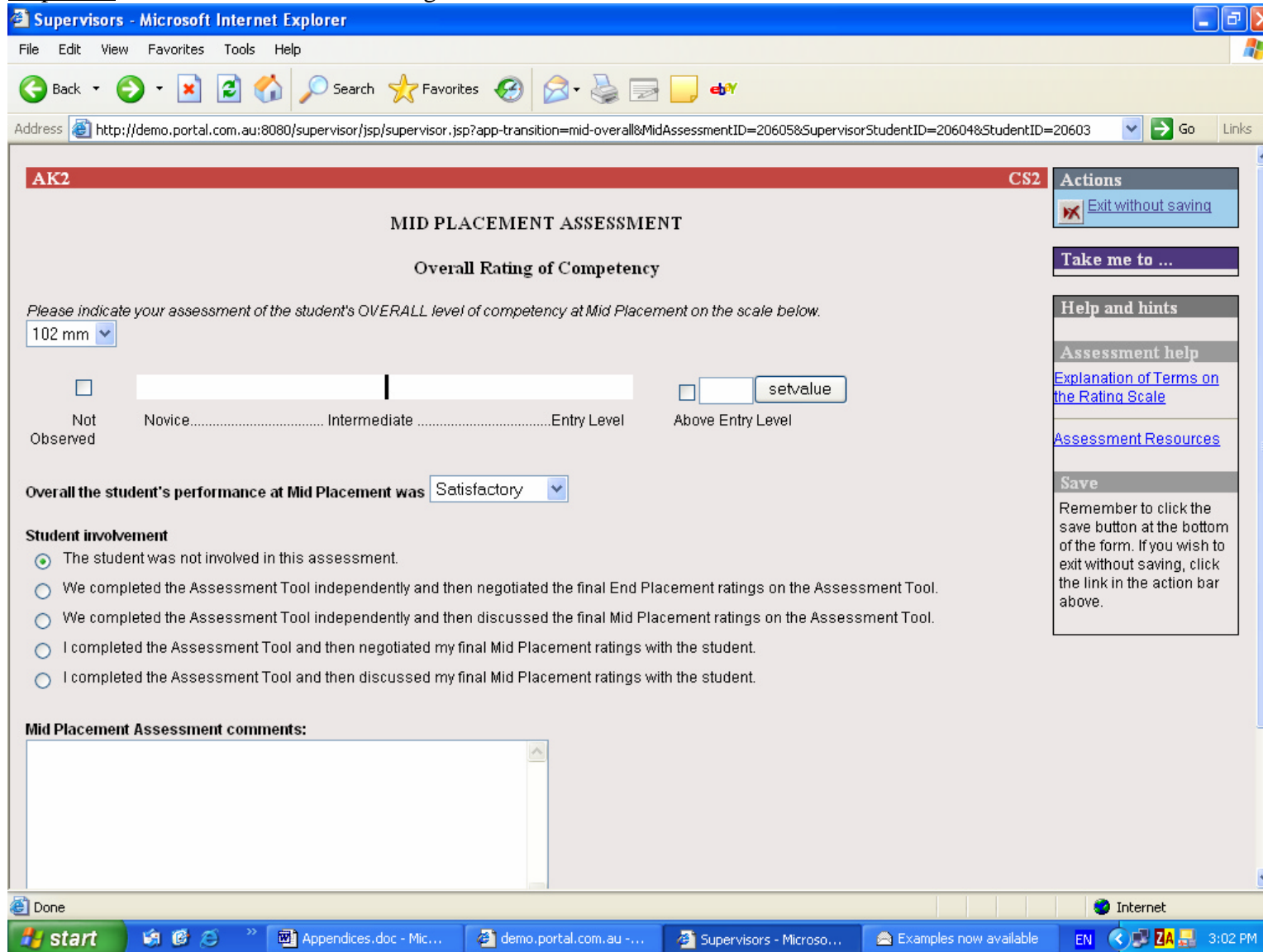
start | Appendices.doc - Mic... | demo.portal.com.au - ... | Supervisors - Microso... | Examples now available | EN | 2:52 PM

Step Four cont. Bottom half of screen for Mid Placement rating of competency unit and elements.

The screenshot displays a Microsoft Internet Explorer browser window with the following content:

- Address Bar:** `http://demo.portal.com.au:8080/supervisor/jsp/supervisor.jsp?app-transition=mid-unit&SupervisorStudentID=20604&UnitID=218&StudentID=20603`
- Form Elements:**
 - Element 1.2:** Integrates collaborative and holistic viewpoints into clinical reasoning. Includes a rating scale from Not Observed to Above Entry Level and a 'setvalue' button.
 - Element 1.3:** Uses sound clinical reasoning strategies to assist planning for all aspects of service management. Includes a similar rating scale and 'setvalue' button.
 - Overall Unit Rating:** A dropdown menu currently set to 'No' and the question 'Does performance on this Unit place the student at risk of failing this clinical experience?'. Below it is another rating scale and 'setvalue' button.
 - Mid Placement Assessment comments:** A text area with the placeholder 'Enter comment'.
- Right Sidebar:**
 - Elements:** Enter a rating for each element by clicking a point in the bar, or select one of the check boxes at either end of the bar.
 - Unit:** Enter unit score and comments at the bottom of the form.
 - Save:** Remember to click the save button at the bottom of the form. If you wish to exit without saving, click the link in the action bar above.
- Bottom Bar:** Includes a 'SAVE THIS PAGE' icon and text: 'Click to save this form, You'll then return to the students main index.'

Step Five. Overall Mid Placement rating screen.



Supervisors - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address http://demo.portal.com.au:8080/supervisor/jsp/supervisor.jsp?app-transition=mid-overall&MidAssessmentID=20605&SupervisorStudentID=20604&StudentID=20603

AK2 **CS2**

MID PLACEMENT ASSESSMENT

Overall Rating of Competency

Please indicate your assessment of the student's **OVERALL** level of competency at Mid Placement on the scale below.

102 mm

Not Observed Novice..... Intermediate Entry Level Above Entry Level

Overall the student's performance at Mid Placement was Satisfactory

Student involvement

- The student was not involved in this assessment.
- We completed the Assessment Tool independently and then negotiated the final End Placement ratings on the Assessment Tool.
- We completed the Assessment Tool independently and then discussed the final Mid Placement ratings on the Assessment Tool.
- I completed the Assessment Tool and then negotiated my final Mid Placement ratings with the student.
- I completed the Assessment Tool and then discussed my final Mid Placement ratings with the student.

Mid Placement Assessment comments:

Done Internet

start Appendices.doc - Mic... demo.portal.com.au - ... Supervisors - Microso... Examples now available EN 3:02 PM

Actions
Exit without saving

Take me to ...

Help and hints
Assessment help
[Explanation of Terms on the Rating Scale](#)
Assessment Resources

Save
Remember to click the save button at the bottom of the form. If you wish to exit without saving, click the link in the action bar above.

Step Five cont. Bottom half of screen for Mid Placement Rating.

Supervisors - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Refresh Print Mail eBay

Address <http://demo.portal.com.au:8080/supervisor/jsp/supervisor.jsp?app-transition=mid-overall&MidAssessmentID=20605&SupervisorStudentID=20604&StudentID=20603> Go Links >>

102 mm

Not Observed Novice..... Intermediate Entry Level Above Entry Level

Overall the student's performance at Mid Placement was

Student involvement

- The student was not involved in this assessment.
- We completed the Assessment Tool independently and then negotiated the final End Placement ratings on the Assessment Tool.
- We completed the Assessment Tool independently and then discussed the final Mid Placement ratings on the Assessment Tool.
- I completed the Assessment Tool and then negotiated my final Mid Placement ratings with the student.
- I completed the Assessment Tool and then discussed my final Mid Placement ratings with the student.

Mid Placement Assessment comments:

This Mid Placement Assessment has been completed.

SAVE THIS PAGE
Click to save this form, You'll then return to the students main index.

Assessment help
[Explanation of Terms on the Rating Scale](#)

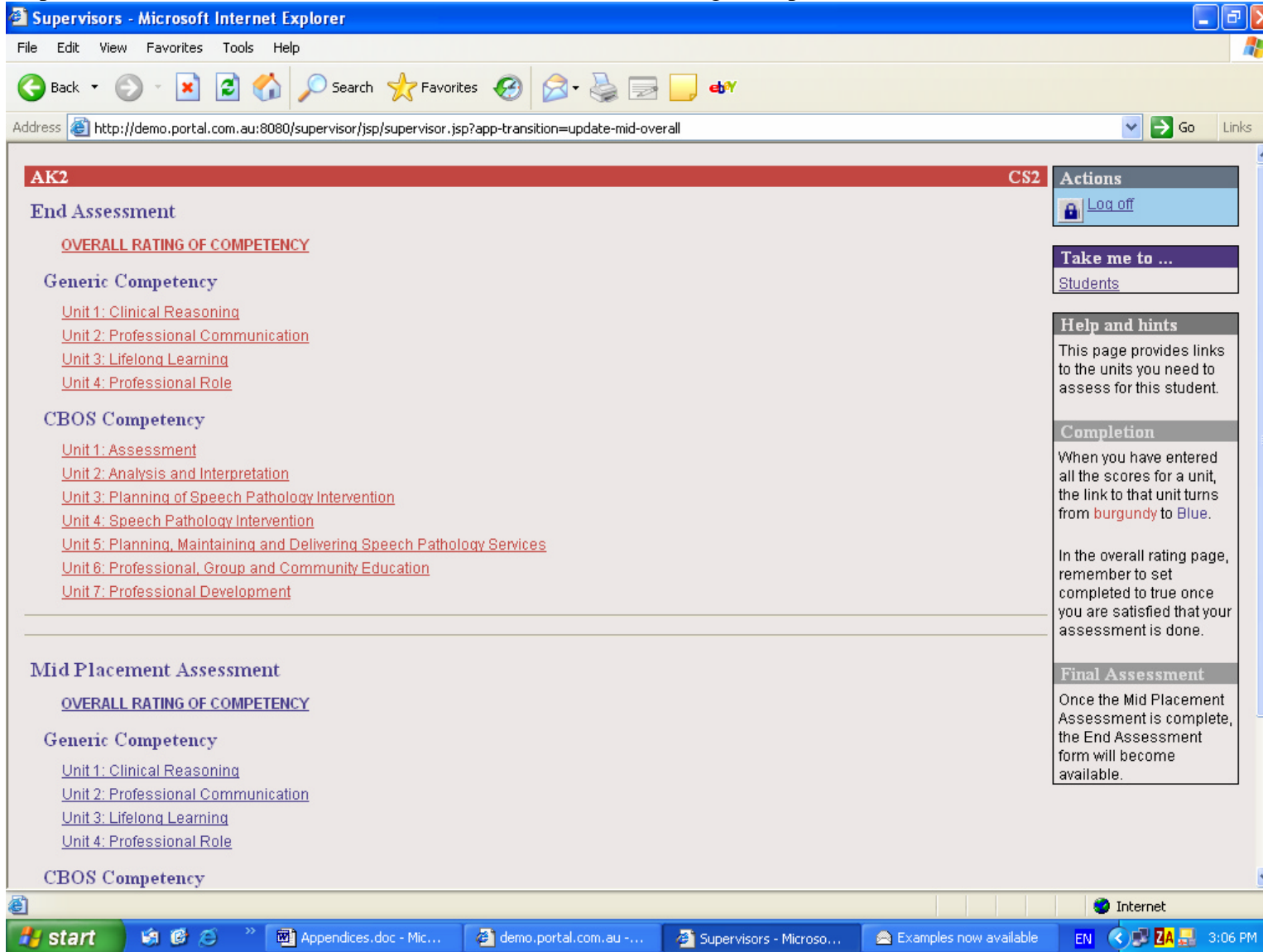
Assessment Resources

Save
Remember to click the save button at the bottom of the form. If you wish to exit without saving, click the link in the action bar above.

Done Internet

start Appendices.doc - Mic... demo.portal.com.au - ... Supervisors - Microso... Examples now available EN 3:05 PM

Step Six. End Assessment links now visible and available for rating. Completed Mid Placement Assessment shifts to bottom half of screen.



Step Seven cont. Bottom half of screen.

Supervisors - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Refresh Print Mail eBAY

Address http://demo.portal.com.au:8080/supervisor/jsp/supervisor.jsp?app-transition=final-unit&SupervisorStudentID=20604&UnitID=218&StudentID=20603 Go Links

Elements

102 mm

- 1.1 Uses effective thinking skills to ensure quality speech pathology practice.
- 1.2 Integrates collaborative and holistic viewpoints into clinical reasoning.
- 1.3 Uses sound clinical reasoning strategies to assist planning for all aspects of service management.

No Does performance on this Unit place the student at risk of failing this clinical experience?

Overall Unit Rating.
Your Mid Placement rating is shown as a blue line, please select the End Assessment rating.

Not Observed Novice..... Intermediate Entry Level Above Entry Level

setvalue

End Placement Assessment comments:

Enter comment

SAVE THIS PAGE
Click to save this form, You'll then return to the students main index.

Explanation of Terms on the Rating Scale

Examples of Behaviours

Assessment Resources

Unit
The rating scale shows the Mid Placement rating, please provide the End Assessment value.

Save
Remember to click the save button at the bottom of the form. If you wish to exit without saving, click the link in the action bar above.

Done Internet

start Appendices.doc - Mic... demo.portal.com.au - ... Supervisors - Microso... Examples now available EN 3:15 PM

Step Eight. Overall rating of competency for end assessment.

Supervisors - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address <http://demo.portal.com.au:8080/supervisor/jsp/supervisor.jsp?app-transition=final-overall&FinalAssessmentID=20606&MidAssessmentID=20605&SupervisorStudentID=21> Go Links >>

AK2 **CS2** **Actions**

End Placement Assessment

Overall Rating of Competency

Please indicate your assessment of the student's **OVERALL** level of competency at End Placement on the scale below.

102 mm

Your Mid Placement rating is shown as a blue line.

Not Observed

Novice..... IntermediateEntry Level

Above Entry Level

setvalue

Overall the student's performance at End Placement was Satisfactory

Student involvement

- The student was not involved in this assessment.
- We completed the Assessment Tool independently and then negotiated the final End Placement ratings on the Assessment Tool.
- We completed the Assessment Tool independently and then discussed the final Mid Placement ratings on the Assessment Tool.
- I completed the Assessment Tool and then negotiated my final Mid Placement ratings with the student.
- I completed the Assessment Tool and then discussed my final Mid Placement ratings with the student.

Mid Placement Assessment comments:

Done

Internet

start Appendices.doc - Mic... demo.portal.com.au -... Supervisors - Microso... Examples now available EN 3:18 PM

Actions

- Exit without saving

Take me to ...

Help and hints

Assessment help

- [Explanation of Terms on the Rating Scale](#)

Assessment Resources

Save

Remember to click the save button at the bottom of the form. If you wish to exit without saving, click the link in the action bar above.

Step Eight cont. Bottom half of screen.

The screenshot shows a Microsoft Internet Explorer browser window titled "Supervisors - Microsoft Internet Explorer". The address bar displays the URL: <http://demo.portal.com.au:8080/supervisor/jsp/supervisor.jsp?app-transition=final-overall&FinalAssessmentID=20606&MidAssessmentID=20605&SupervisorStudentID=21>. The main content area contains a form with several sections:

- Not Observed:** A checkbox labeled "Not Observed" is checked.
- Novice..... Intermediate Entry Level:** A horizontal scale with a vertical line indicating the current level.
- Above Entry Level:** A checkbox labeled "Above Entry Level" is unchecked, with a "setvalue" button next to it.
- Overall the student's performance at End Placement was:** A dropdown menu set to "Satisfactory".
- Student involvement:** A section with five radio button options:
 - The student was not involved in this assessment.
 - We completed the Assessment Tool independently and then negotiated the final End Placement ratings on the Assessment Tool.
 - We completed the Assessment Tool independently and then discussed the final Mid Placement ratings on the Assessment Tool.
 - I completed the Assessment Tool and then negotiated my final Mid Placement ratings with the student.
 - I completed the Assessment Tool and then discussed my final Mid Placement ratings with the student.
- Mid Placement Assessment comments:** A large empty text area for comments.
- This End Assessment has been completed.** A dropdown menu set to "True".
- SAVE THIS PAGE:** A button with a floppy disk icon and the text "Click to save this form, You'll then return to the students main index."

On the right side of the browser window, there is a sidebar with the following links and a "Save" box:

- [Explanation of Terms on the Rating Scale](#)
- [Assessment Resources](#)
- Save**
Remember to click the save button at the bottom of the form. If you wish to exit without saving, click the link in the action bar above.

The Windows taskbar at the bottom shows the Start button, several open applications (Appendices.doc, demo.portal.com.au, Supervisors - Microso...), and the system tray with the time 3:19 PM.

Step Nine. Clinical Educator's index page indicates that the first student's assessment is complete (AK2) as the link is now blue.

Supervisors - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Refresh Print Mail eBay

Address <http://demo.portal.com.au:8080/supervisor/jsp/supervisor.jsp?app-transition=students> Go Links

CS2 Supervisor

Students

[AK2](#)
[AT2](#)
[AV](#)
[CH2](#)
[GS](#)
[JS](#)
[JV2](#)
[KG2](#)
[KR](#)
[KS2](#)
[KY](#)
[PM](#)
[SC](#)

Actions

[Log off](#)

Take me to ...

[Demographics](#)

Help and hints

Demographics

Each supervisor should provide their demographics by following the demographics link above.

Assessments

Select a student from the student list to enter their assessment.

Student names are color coded to this scheme :

- Mid Assessment outstanding.
- End assessment outstanding.
- Assessment complete.

Done Internet

start Appendices.doc - Mic... demo.portal.com.au ... Supervisors - Microso... Examples now available EN 3:20 PM

Appendix 21. Online Demographic Form for Clinical Educator

Supervisors - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Refresh Print Mail Stop eBay

Address <http://demo.portal.com.au:8080/supervisor/jsp/supervisor.jsp?app-transition=supervisor-demographics> Go Links >>

CS2 Demographics

CLINICAL EDUCATORS: DEMOGRAPHIC DATA

Research Number

How many students did you assess on this placement?

What year did you graduate?
Please enter a four digit year, e.g. 1974

How many years have you worked as a speech pathologist?
Please enter full years only, e.g. 6

Less than 5 Total number of students you have supervised including those who have just completed their placement with you.

What year level(s) of under graduate students have you supervised?
Hold down the control key on your keyboard to select more than one level.

Year 1
Year 2
Year 3
Year 4

What year level(s) of post graduate students have you supervised?
Hold down the control key on your keyboard to select more than one level.

Year 1
Year 2
Year 3

Actions
[Exit without saving](#)

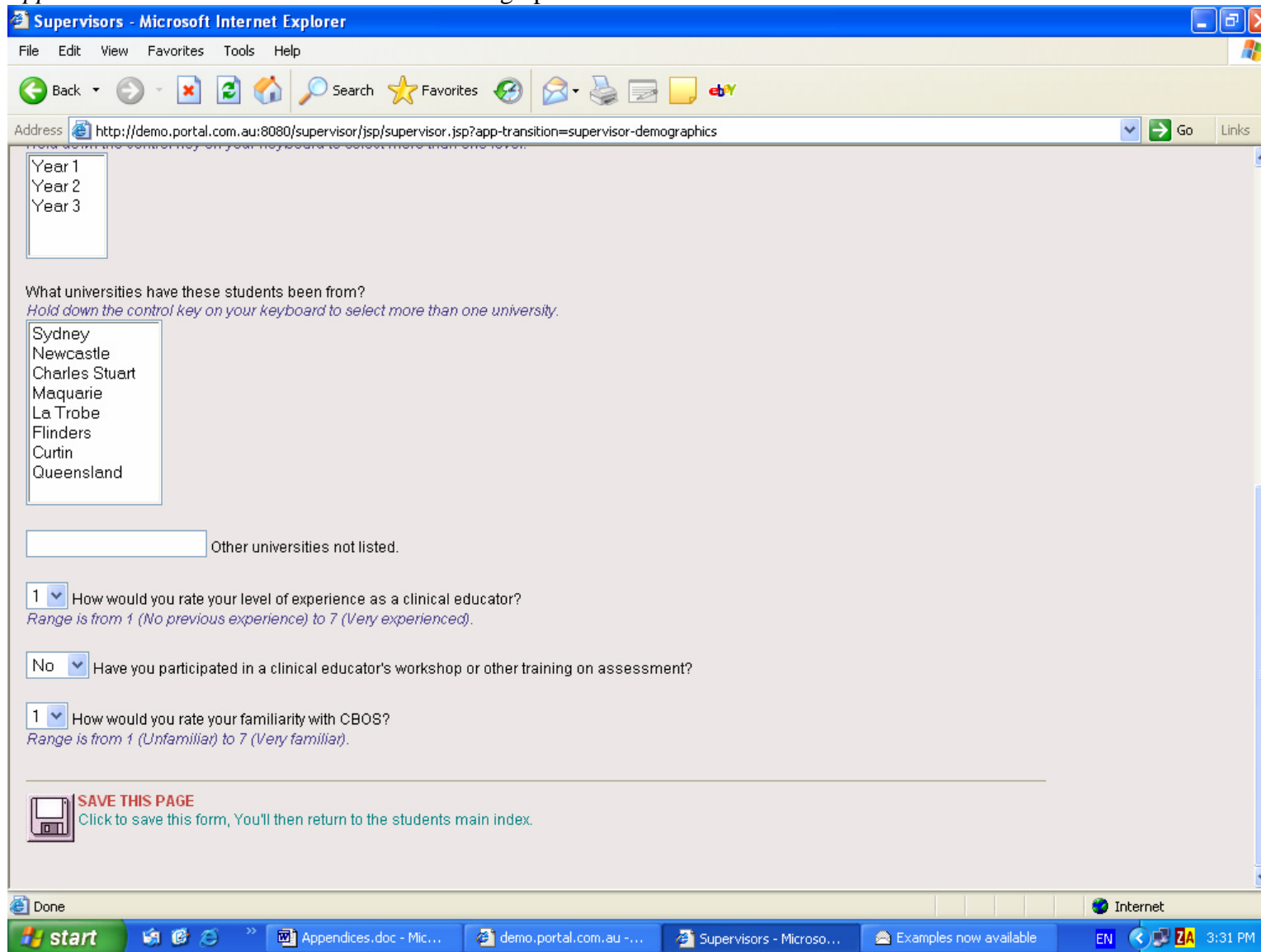
Take me to ...

Help and hints
Please enter your demographic details and then click the save button. You can later edit these fields and click save to submit your changes.

Done Internet

start Appendices.doc - Mic... demo.portal.com.au - ... Supervisors - Microso... Examples now available EN 3:29 PM

Appendix 21 cont. Bottom half of online demographic form for clinical educator.



Appendix 22. Example of Online Demographic Form for Student

The screenshot shows a Microsoft Internet Explorer browser window titled "Supervisors - Microsoft Internet Explorer". The address bar displays the URL: `http://demo.portal.com.au:8080/student/jsp/student.jsp?app-transition=main-form`. The page content is organized into a header and a main form area.

Header: A red bar contains the text "AK2" on the left and "Demographics" on the right.

Form Content:

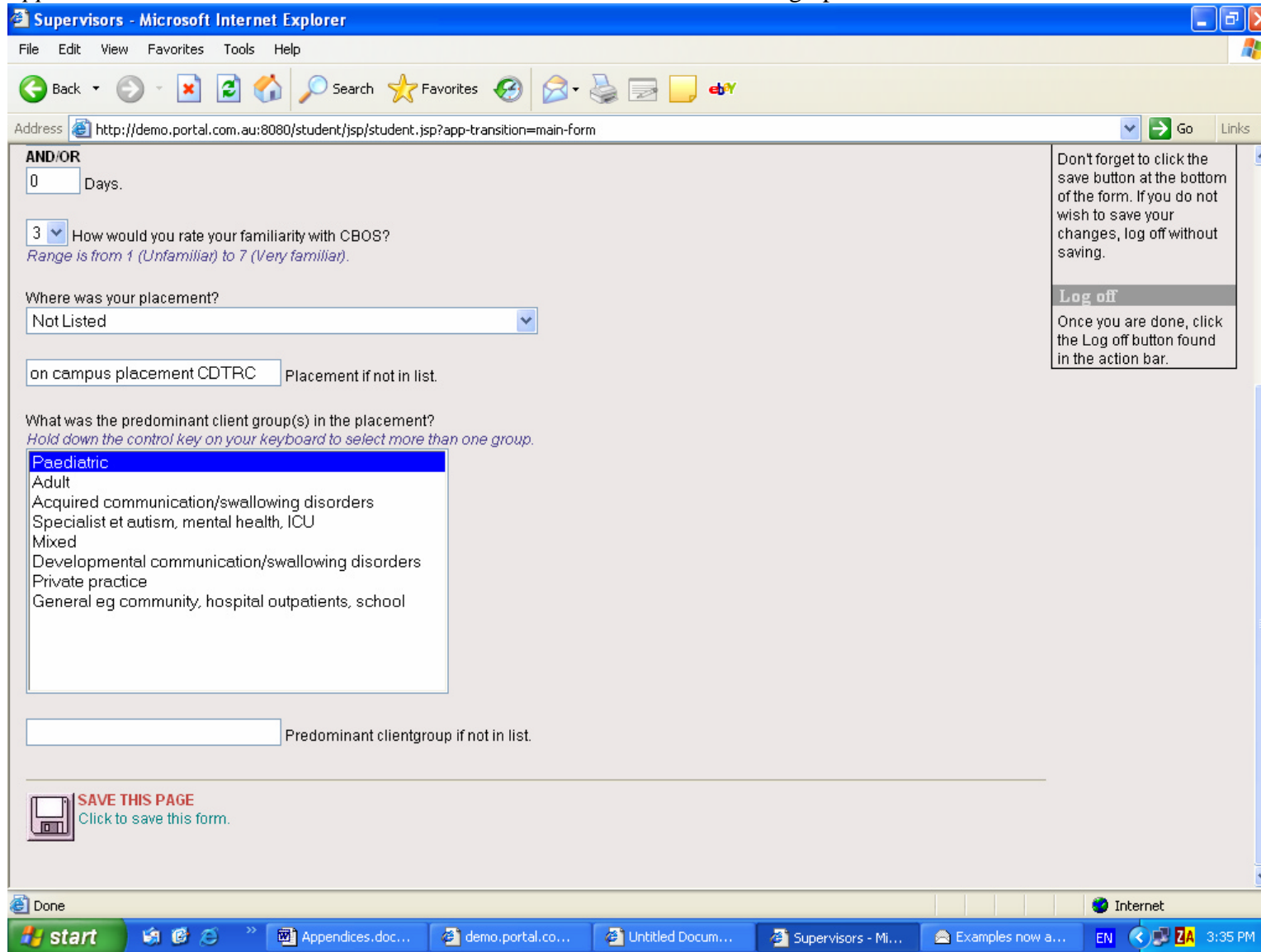
- STUDENTS: DEMOGRAPHIC DATA**
- Text input: "stoefo" with label "Research Number".
- Text input: "3" with label "What year are you in?". Below it, a note: "Please enter a single year number e.g. from 1 to 4."
- Text input: "Sydney" with label "What university are you from?".
- How much clinical experience do you have?**
- Text input: "47" with label "Hours".
- Text input: "0" with label "Days".
- Text input: "3" with label "How would you rate your familiarity with CBOS?". Below it, a note: "Range is from 1 (Unfamiliar) to 7 (Very familiar)".
- Dropdown menu: "Where was your placement?" with "Not Listed" selected.
- Text input: "on campus placement CDTRC" with label "Placement if not in list".
- Text input: "What was the predominant client group(s) in the placement?". Below it, a note: "Hold down the control key on your keyboard to select more than one group." A dropdown menu is open showing the following options: "Paediatric" (highlighted), "Adult", "Acquired communication/swallowing disorders", "Specialist et autism, mental health, ICU", and "Mixed".

Right-hand sidebar:

- Actions:** A button labeled "Log off" with a lock icon.
- Take me to ...** (Section header)
- Help and hints:** A text box containing instructions: "Please enter your demographic details and then click the save button. You can later edit these fields and click save to submit your changes."
- Save your changes:** A text box containing instructions: "Don't forget to click the save button at the bottom of the form. If you do not wish to save your changes, log off without saving."
- Log off:** A text box containing instructions: "Once you are done, click the Log off button found in the action bar."

Taskbar: Shows the Windows start button, several open applications (Appendices.doc..., demo.portal.co..., Untitled Docum..., Supervisors - Mi..., Examples now a...), and the system clock showing 3:33 PM.

Appendix 22 cont. Bottom half of screen for online form for student demographics.



Appendix 23. Online System to Enable the Researcher to Administrate the Online Assessment Process

Screen One. Index page for research to administer online assessment system

Sue Mac Administration Main form

Hi Sue,

With this administration tool you will perform the following tasks :

1. Create the assessment forms using the form builder.
2. Test the forms with a test supervisor and student.
3. Go live with the system, at this point users can log on and start filling in forms.
4. Add supervisors to the system.
5. Add students to the system and assign one or more supervisors to them.

To help you complete these tasks, this administration tool will guide you each phase. Below is a list of all phases, the current phase (System live) being in bold. The remainder of this page provides instructions, links and actions required to complete the phase.

[Define forms](#)
[Test forms](#)
[System live](#)
[Period end](#)

What you need to do ...

The system is now live. You need to add supervisors and students and assign supervisors to the students. These users can immediately log on and start using the system.

If you wish to modify the assessment forms, you need to first unassign supervisors from all students. You can find assigned students by checking the [Students](#) list. Remember though that un-assigning a supervisor deletes the assessment form they have filled in for that student.

Once supervisors have completed all their assessment forms, Portal Australia will download the data for you.

Take me to ...

- [Supervisors](#)
- [Students](#)
- [Outstanding forms](#)

Help and hints

Each form in this application will have one of these help boxes at the right hand side.

To get started on configuring the assessment tool, please follow the instructions provided on the body of this page.

Screen Two. Index page to monitor clinical educators entered on database with link to enter new clinical educator/student pairs.

The screenshot shows a web browser window titled "Sue Mac Administration - Microsoft Internet Explorer". The address bar shows the URL: <http://demo.portal.com.au:8080/sue-mac/jsp/admin.jsp?app-transition=supervisors>. The main content area is titled "Supervisors" and contains a grid of supervisor names and their associated counts. The grid is organized into five columns:

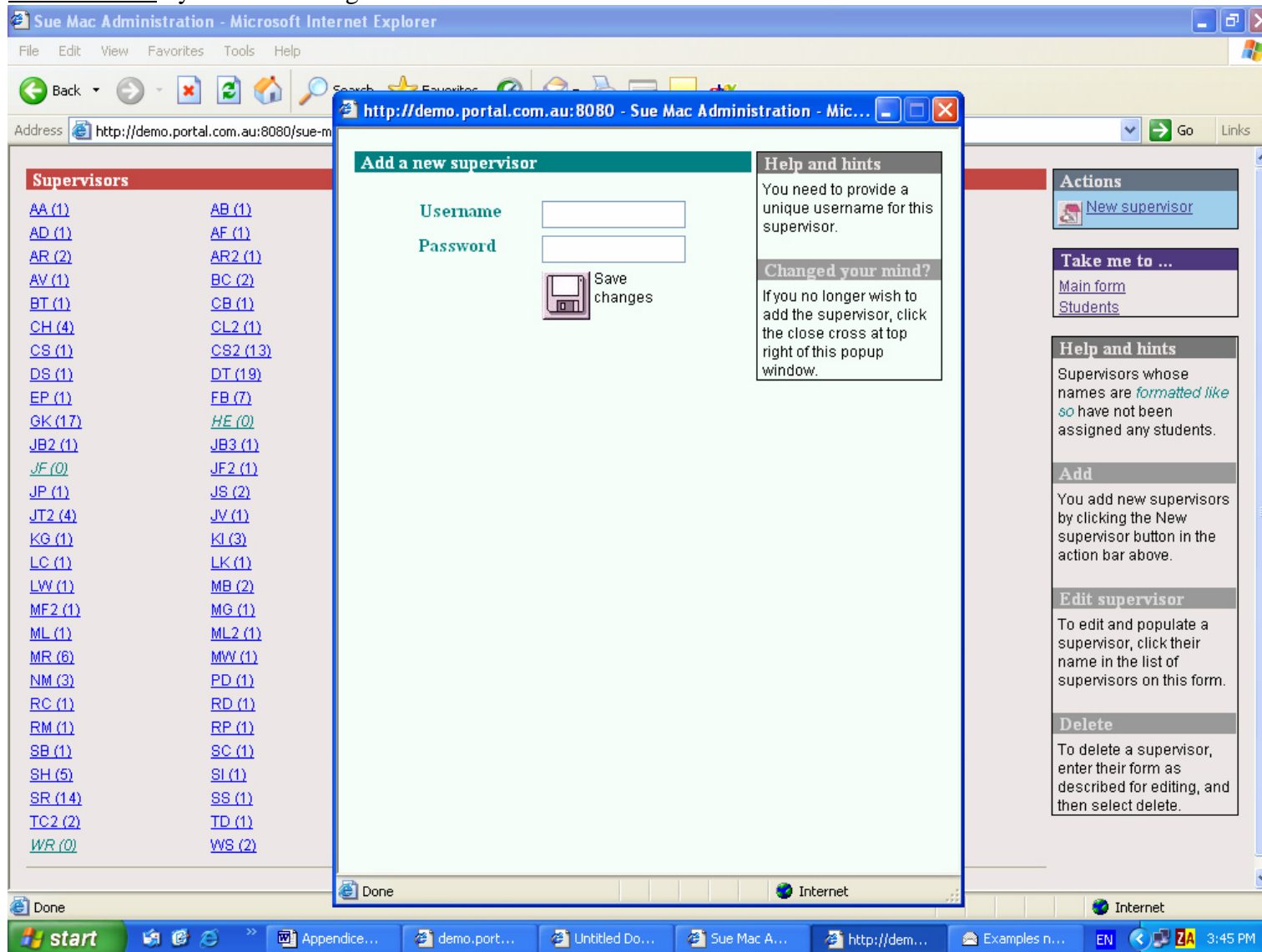
AA (1)	AB (1)	AB2 (1)	AC (0)	AC3 (10)
AD (1)	AF (1)	AH (1)	AL (2)	AL2 (6)
AR (2)	AR2 (1)	AS (1)	AS2 (2)	AT (5)
AV (1)	BC (2)	BH (1)	BK (4)	BN (1)
BT (1)	CB (1)	CB2 (1)	CD (16)	CD2 (4)
CH (4)	CL2 (1)	CM (2)	CP (5)	CR (1)
CS (1)	CS2 (13)	CT (1)	DG (2)	DP (1)
DS (1)	DT (19)	David (1)	ED (1)	EN (2)
EP (1)	FB (7)	FD (1)	FR (7)	GD (3)
GK (17)	HE (0)	HL (1)	HW (1)	JB (1)
JB2 (1)	JF (0)	JC (1)	JD (1)	JE (3)
JF (0)	JF2 (1)	JG (3)	JJ (1)	JM (1)
JP (1)	JS (2)	JS2 (17)	JS3 (1)	JT (3)
JT2 (4)	JV (1)	JW (6)	JW3 (2)	KE (4)
KG (1)	KL (3)	KL (0)	KM (2)	KT (2)
LC (1)	LK (1)	LM (2)	LM2 (21)	LS (1)
LW (1)	MB (2)	MB2 (1)	MC (1)	MF (1)
MF2 (1)	MG (1)	MG2 (1)	MH (1)	MK (2)
ML (1)	ML2 (1)	MM (1)	MM2 (1)	MP (1)
MR (6)	MV (1)	NB (4)	NC (2)	NJ (3)
NM (3)	PD (1)	PH (1)	PG (0)	Paul (1)
RC (1)	RD (1)	RD2 (1)	RF (4)	RF2 (1)
RM (1)	RP (1)	RS (1)	RS2 (2)	RW (1)
SB (1)	SC (1)	SC2 (1)	SG (1)	SG2 (1)
SH (5)	SL (1)	SL (7)	SL2 (3)	SM (1)
SR (14)	SS (1)	Sue (1)	TB (1)	TC (12)
TC2 (2)	TD (1)	TM (14)	TP (1)	TW (7)
WR (0)	WS (2)	james (1)		

On the right side of the page, there are three sidebar sections:

- Actions:** Contains a button labeled "New supervisor".
- Take me to ...:** Contains links for "Main form" and "Students".
- Help and hints:** Contains text explaining supervisor naming conventions and instructions for adding, editing, and deleting supervisors.

The bottom of the browser window shows the Windows taskbar with the Start button, several open applications (Appendices.doc..., demo.portal.co..., Untitled Docum..., Sue Mac Admini..., Examples now a...), and the system tray showing the time as 3:44 PM.

Screen Three. System for adding new clinical educator.



Screen Four. Index page to monitor students entered on database with link to enter new clinical educator/student pairs.

Students

AA (1)	AB (1)	AB2 (1)	AB3 (1)	AC3 (1)
AC4 (1)	AC5 (2)	AD (1)	AE (1)	AF (2)
AH (1)	AI (1)	AJ (1)	AJ2 (1)	AK (1)
AK2 (1)	AL (1)	AL2 (2)	AM (1)	AM2 (1)
AM3 (1)	AM4 (1)	AP (1)	AP2 (2)	AT (1)
AT2 (2)	AV (2)	AW (1)	AW2 (1)	AW3 (1)
AZ (1)	BA (1)	BC (1)	BF (1)	BG (1)
BL (1)	BL2 (1)	BM (1)	BM2 (1)	BM3 (2)
BM4 (2)	BP (2)	BS (1)	BW (2)	CB (2)
CB2 (2)	CB3 (1)	CC (1)	CC3 (1)	CD (1)
CD2 (1)	CH2 (2)	CH3 (1)	CM (1)	CM2 (1)
CM3 (1)	CM4 (1)	CP (1)	CS (1)	CS2 (3)
CT (1)	CW (1)	CW2 (2)	DB (1)	DB2 (2)
DC (1)	DH (2)	DH2 (1)	DK (1)	DR (1)
DW (2)	EA (1)	EB (1)	EB2 (1)	EB3 (1)
EB4 (1)	EB5 (2)	EC (2)	EG (1)	EG2 (1)
EH (1)	EH2 (2)	EI (1)	EM (1)	EM2 (1)
EM3 (2)	EM4 (1)	EP (1)	ES (1)	ES2 (1)
ET (1)	EW (1)	EW2 (2)	EW3 (1)	EY (2)
FB (1)	FM (1)	FR (1)	FR2 (2)	FT (1)
GD (1)	GH (1)	GH2 (1)	GJ (2)	GL (2)
GP (1)	GS (1)	HD (1)	HG (1)	HL (2)
HM (1)	HS (2)	HT (2)	JA (1)	JB (1)
JB2 (1)	JC (1)	JD (1)	JD2 (1)	JD3 (1)
JD4 (1)	JE (1)	JF (1)	JG (1)	JG2 (2)
JK (1)	JL (1)	JL2 (2)	JM (2)	JM2 (1)
JM3 (2)	JM4 (1)	JM5 (1)	JR (1)	JS (2)
JV (1)	JV2 (1)	JW (1)	JW2 (2)	KB (1)
KB2 (1)	KC2 (1)	KC3 (1)	KD (1)	KG (1)

Actions

[New student](#)

Take me to ...

[Main form](#)
[Supervisors](#)

Help and hints

Students whose names are *formatted like so* have not been assigned any students.

Add

You add new students by clicking the New student button in the action bar above.

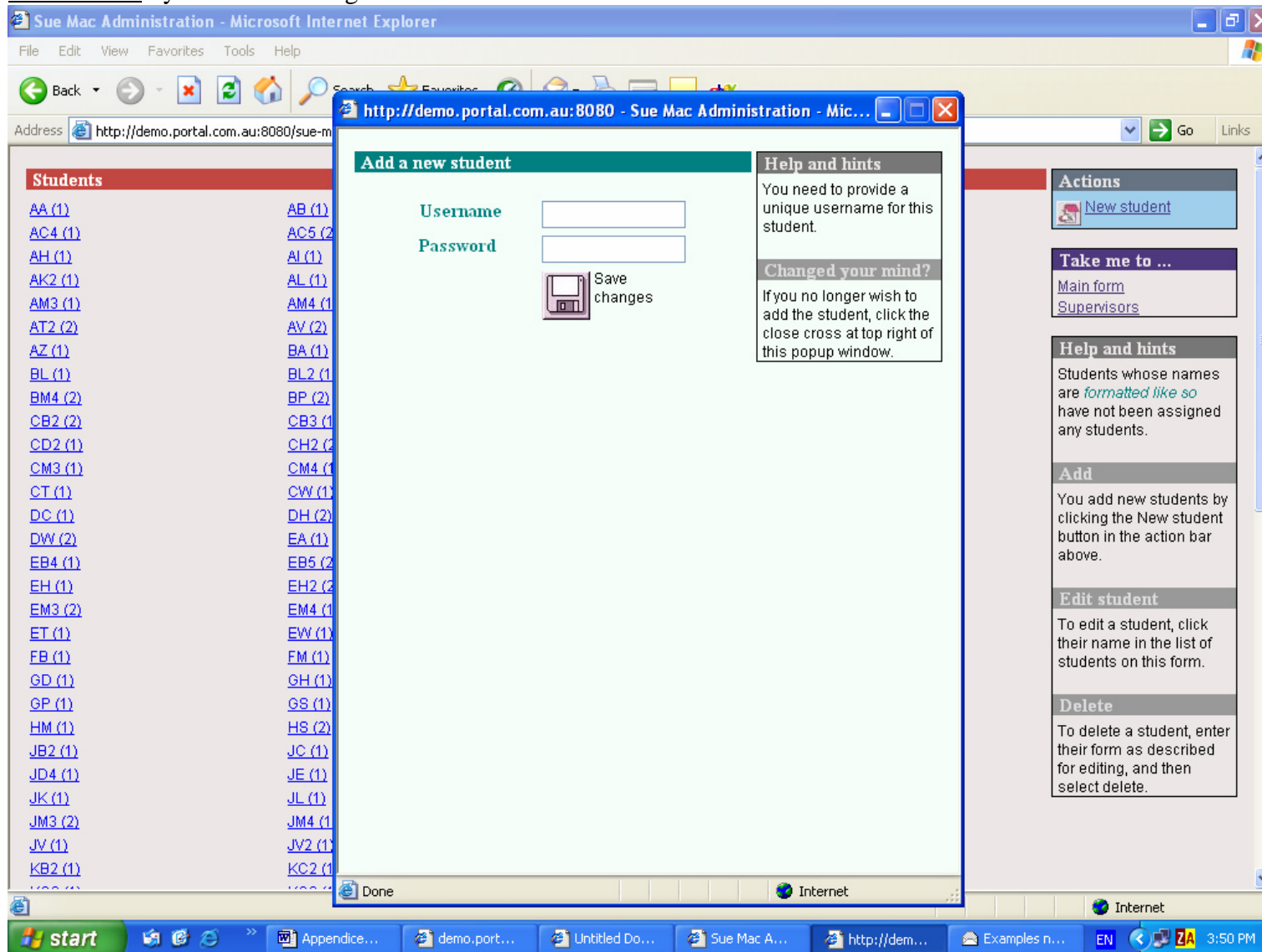
Edit student

To edit a student, click their name in the list of students on this form.

Delete

To delete a student, enter their form as described for editing, and then select delete.

Screen Five. System for entering new students.



Appendix 24. Tables for Rasch Analysis of Segmenting the Visual Analogue Scale Into 33

Groups

Table 1. Summary of Analysis of Persons

SUMMARY OF 277 MEASURED (NON-EXTREME) PERSONS								
	RAW SCORE	COUNT	MEASURE	MODEL ERROR	INFIT		OUTFIT	
					MNSQ	ZSTD	MNSQ	ZSTD
MEAN	249.1	10.4	1.17	.19	.92	-.7	.92	-.7
S.D.	87.3	1.0	1.68	.16	1.03	1.9	1.03	1.9
MAX.	373.0	11.0	5.52	1.00	8.06	6.1	8.07	6.1
MIN.	24.0	7.0	-2.83	.09	.05	-4.5	.05	-4.4
REAL RMSE	.27	ADJ. SD	1.66	SEPARATION	6.18	PERSON RELIABILITY		.97
MODEL RMSE	.25	ADJ. SD	1.66	SEPARATION	6.61	PERSON RELIABILITY		.98
S.E. OF PERSON MEAN .10								
WITH 24 EXTREME PERSONS = 301 PERSONS MEAN 1.57 S.D. 2.11								
REAL RMSE	.48	ADJ. SD	2.06	SEPARATION	4.32	PERSON RELIABILITY		.95
MODEL RMSE	.47	ADJ. SD	2.06	SEPARATION	4.41	PERSON RELIABILITY		.95
MAXIMUM EXTREME SCORE: 24 PERSONS								
LACKING RESPONSES: 20 PERSONS								
VALID RESPONSES: 94.8%								

Table 2. Summary of Analysis of Items

SUMMARY OF 11 MEASURED ITEMS								
	RAW SCORE	COUNT	MEASURE	MODEL ERROR	INFIT		OUTFIT	
					MNSQ	ZSTD	MNSQ	ZSTD
MEAN	6272.9	262.7	.00	.03	.98	-.4	.94	-.6
S.D.	412.4	15.2	.16	.00	.22	2.2	.19	1.8
MAX.	6834.0	275.0	.27	.03	1.46	4.0	1.36	3.4
MIN.	5512.0	227.0	-.26	.03	.69	-3.4	.72	-3.2
REAL RMSE	.03	ADJ. SD	.15	SEPARATION	5.33	ITEM RELIABILITY		.97
MODEL RMSE	.03	ADJ. SD	.15	SEPARATION	5.56	ITEM RELIABILITY		.97
S.E. OF ITEM MEAN .05								

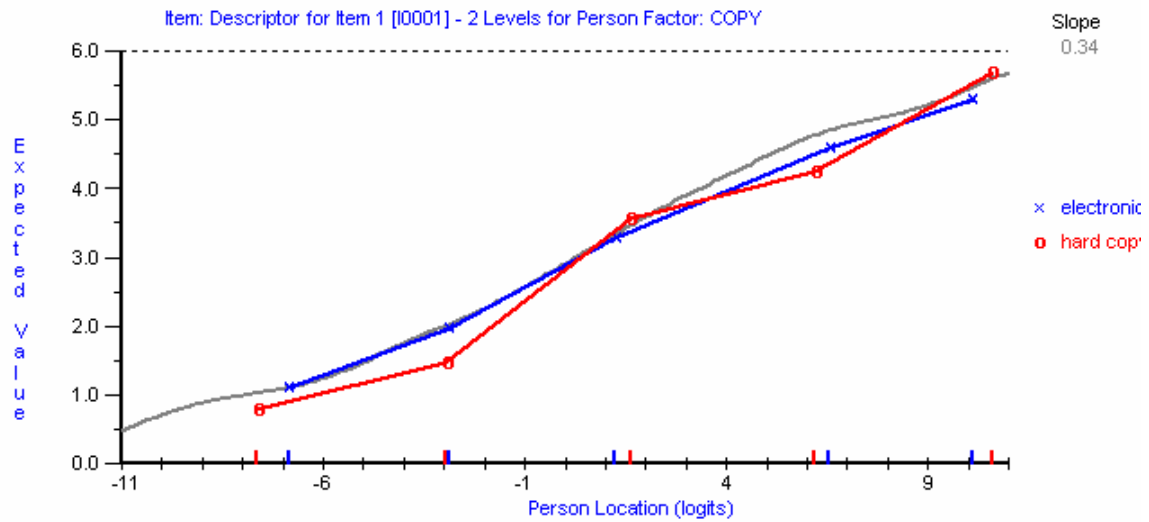
Table 3. Rasch Analysis Information on Segmenting the VAS Into 34 Categories

CATEGORY LABEL	OBSERVED COUNT	AVERAGE MEASURE	EXP. MEASURE	COHERENCE EXP% OBS%	INFIT MNSQ	OUTFIT MNSQ	STEP CALIBRATN
1	10	-2.00	NONE	0% 0%	9.90	2.94	NONE
2	13	-2.29*	-2.33	36% 53%	5.61	4.68	-2.71
3	27	-2.10	-2.02	61% 40%	1.91	2.11	-2.90*
4	13	-1.87	-1.71	33% 23%	.26	.43	-1.12
5	9	-1.55	-1.48	22% 44%	.35	.27	-1.21*
6	30	-1.24	-1.32	43% 23%	1.51	1.64	-2.59*
7	19	-1.24*	-1.19	16% 21%	.73	.87	-.79
8	19	-1.05	-1.07	20% 15%	1.00	1.02	-1.12*
9	21	-.96	-.96	9% 9%	.88	.89	-1.11
10	19	-.89	-.86	11% 10%	.65	.62	-.80
11	33	-.74	-.76	23% 18%	.98	.99	-1.35*
12	24	-.68	-.66	4% 4%	.85	.79	-.38
13	58	-.61	-.56	23% 17%	1.01	1.01	-1.49*
14	64	-.48	-.47	19% 15%	.81	.83	-.61
15	59	-.40	-.38	5% 8%	1.09	1.05	-.34
16	140	-.27	-.28	23% 19%	.84	.89	-1.19*
17	124	-.21	-.19	23% 26%	.88	.90	-.11
18	123	-.09	-.08	15% 19%	1.08	1.09	-.13*
19	142	.02	.03	24% 26%	.94	.92	-.17*
20	100	.13	.15	19% 25%	.87	.96	.44
21	96	.26	.27	19% 21%	.70	.71	.25*
22	107	.41	.41	24% 20%	.64	.63	.24*
23	97	.59	.56	21% 22%	.89	.83	.59
24	103	.84	.73	27% 26%	.76	.89	.59*
25	102	.90	.91	28% 21%	1.31	1.29	.83
26	66	1.12	1.13	22% 18%	.70	.69	1.46
27	59	1.26	1.37	16% 15%	1.43	1.22	1.36*
28	93	1.60	1.61	32% 25%	.81	.90	1.04*
29	115	1.78	1.85	27% 23%	.74	.61	1.52
30	136	2.12	2.07	21% 27%	.72	.71	1.79
31	166	2.28	2.31	26% 32%	.77	.60	1.99
32	133	2.63	2.61	21% 29%	.83	.91	2.67
33	235	3.17	3.11	38% 45%	.85	.88	2.26*
34	335	3.90	3.93	77% 50%	1.55	1.16	3.12

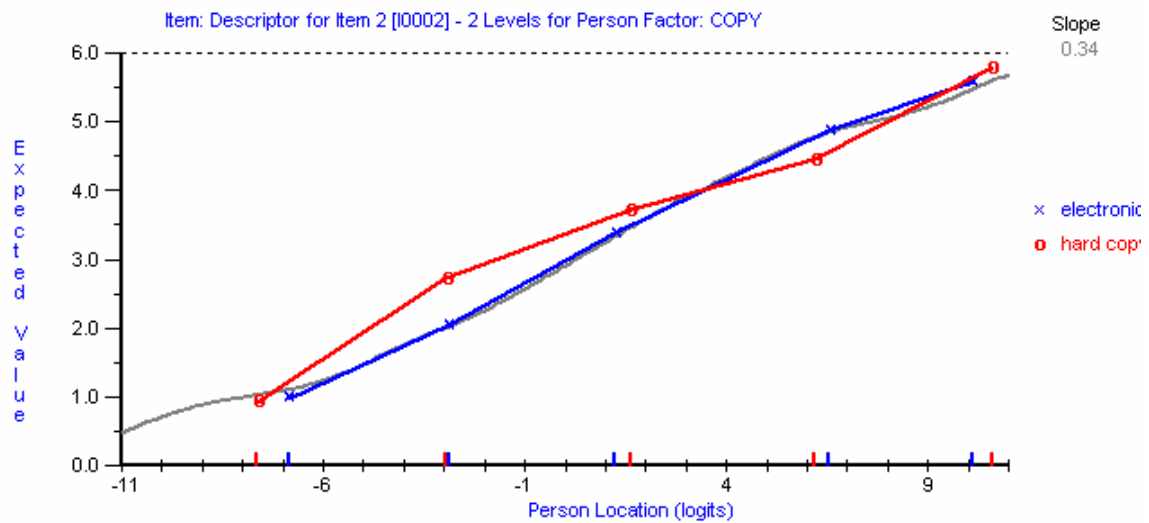
AVERAGE MEASURE is mean of (Bn-Di), EXP. is expected value.
 EXP% = (expected & observed)/(all expected) [MEASURE->RATING?]
 OBS% = (expected & observed)/(all observed) [RATING->MEASURE?]

Appendix 25. Differential Item Functioning Graphs for Hard and Electronic Copies

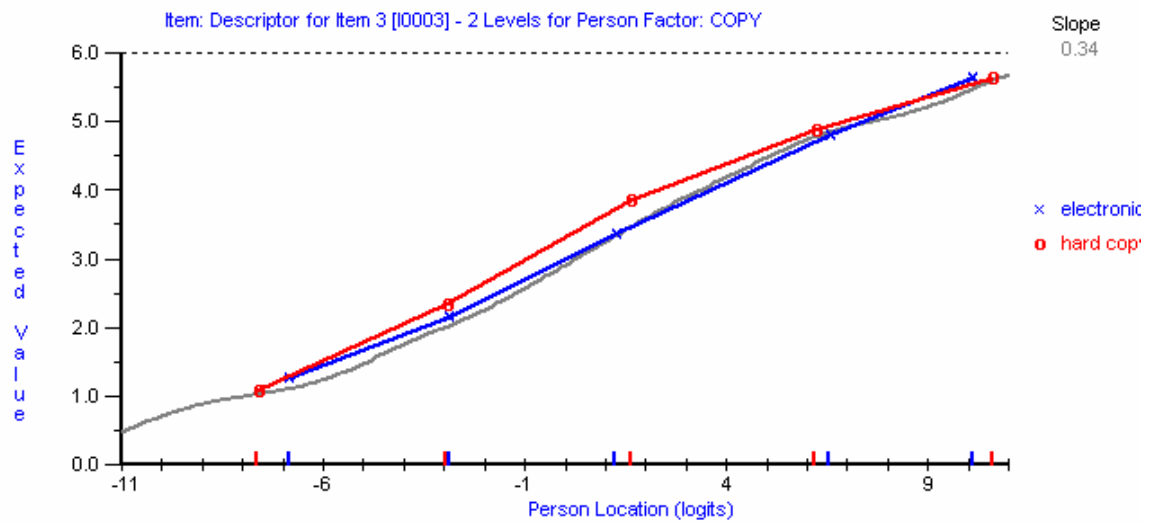
Item 1 Generic Competency Unit 1 Clinical Reasoning



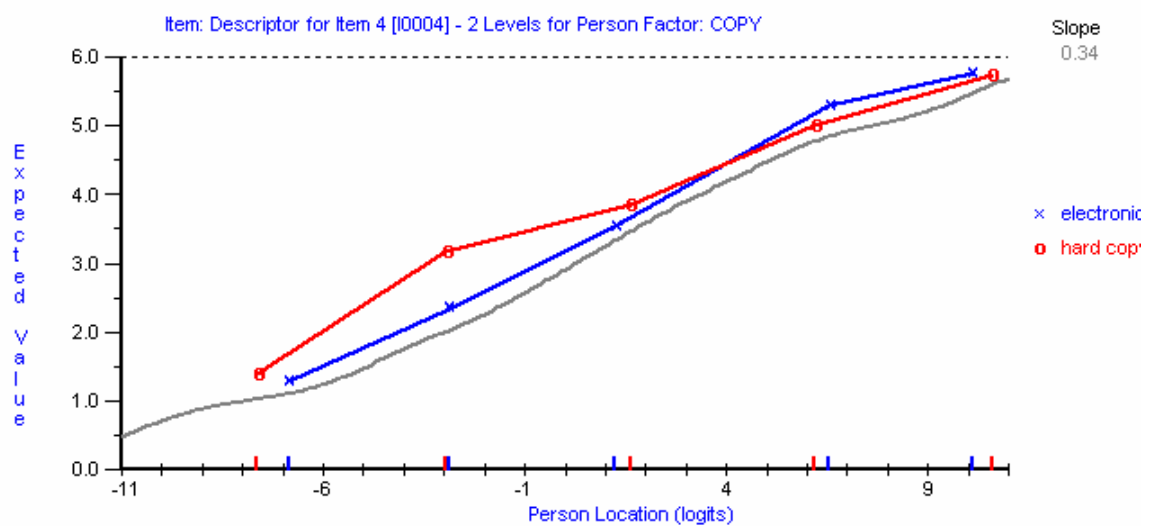
Item 2 Generic Competency Unit 2 Professional Communication



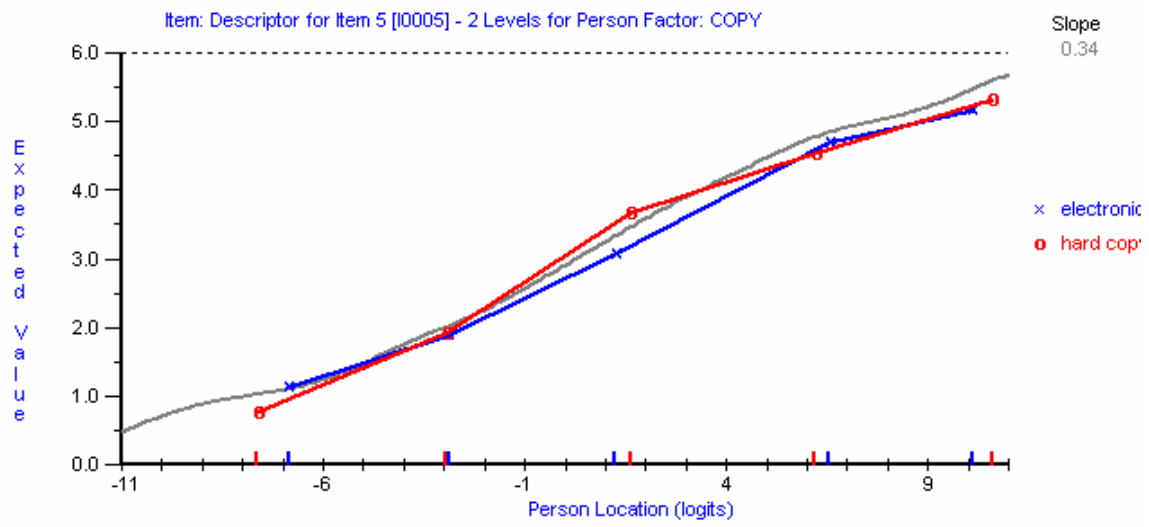
Item 3 Generic Competency Unit 3 Lifelong Learning



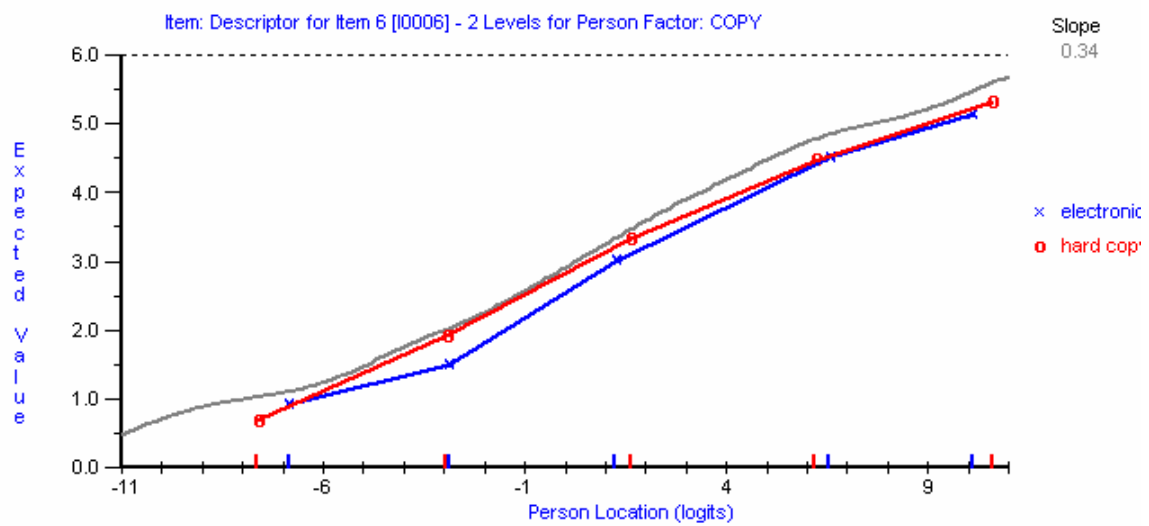
Item 4 Generic Competency Unit 4 Professional Role



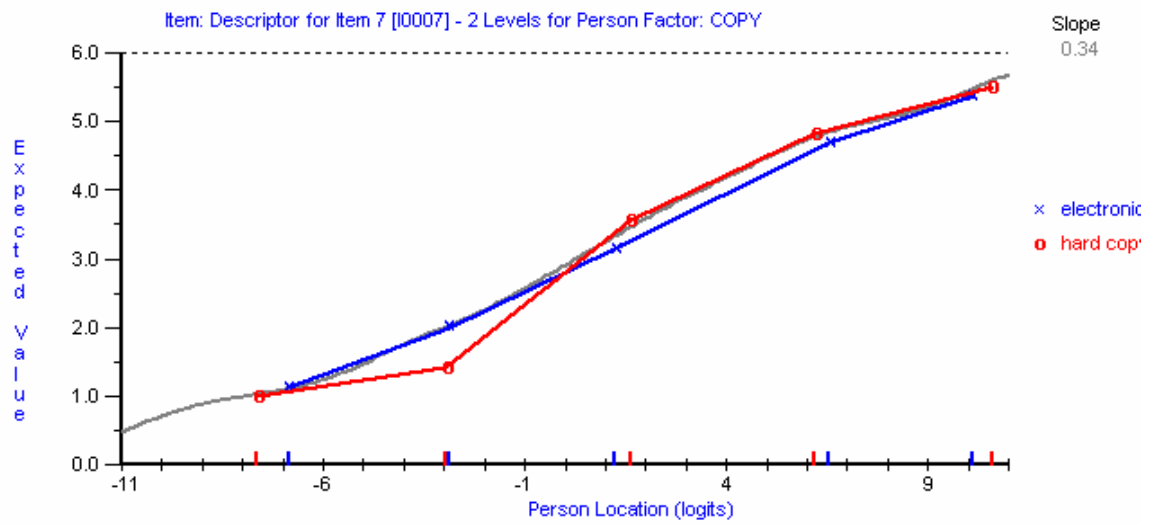
Item 5 CBOS Unit 1 Assessment



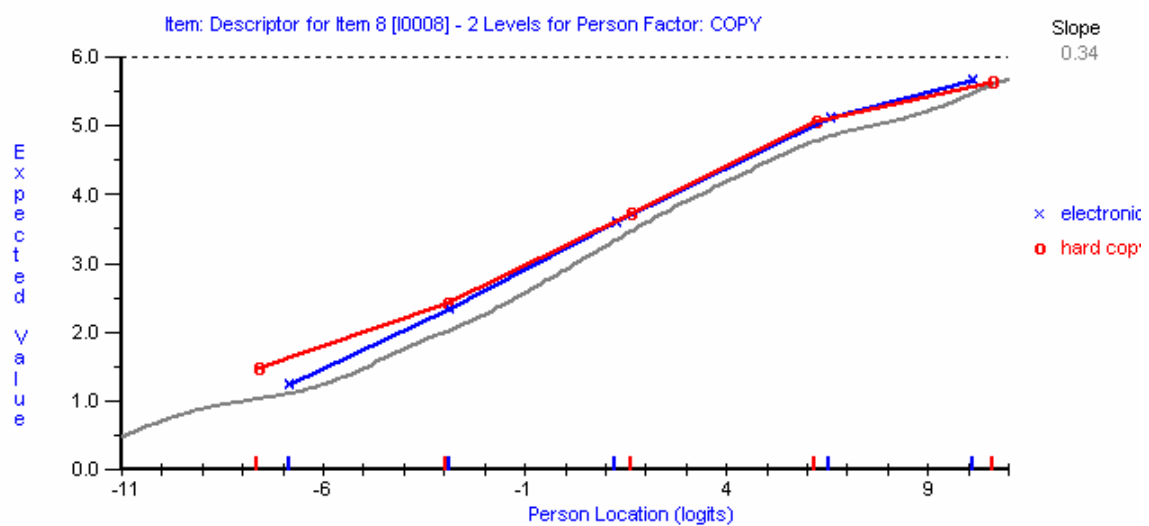
Item 6 CBOS Unit 2 Analysis and Interpretation



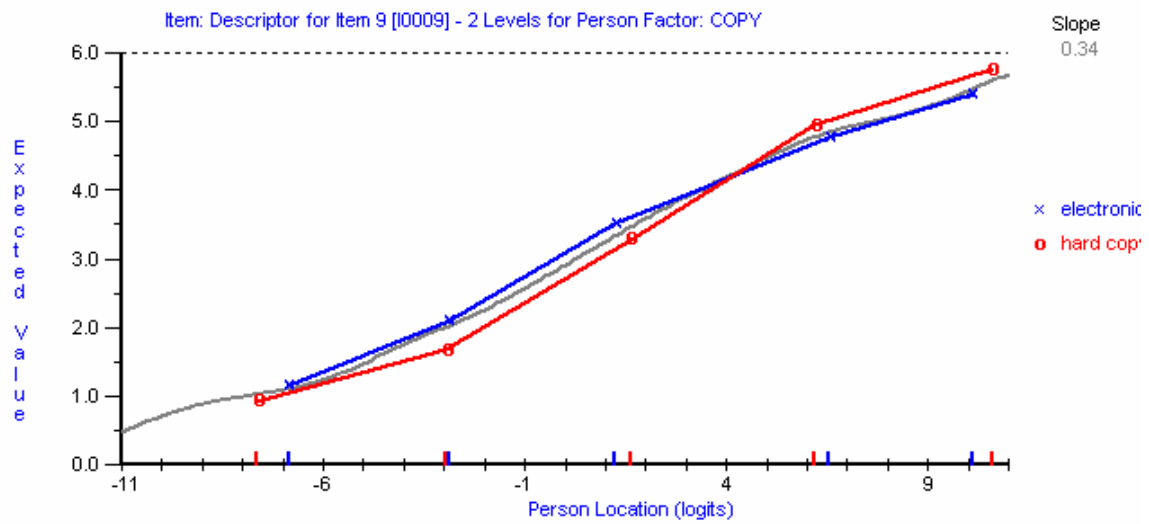
Item 7 CBOS Unit 3 Planning of Speech Pathology Intervention



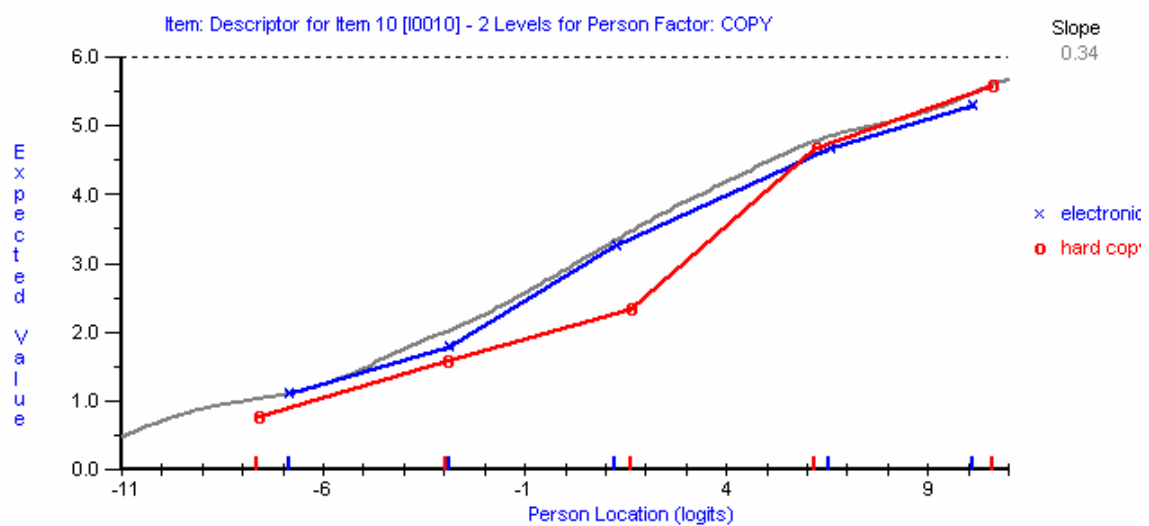
Item 8 CBOS Unit 4 Speech Pathology Intervention



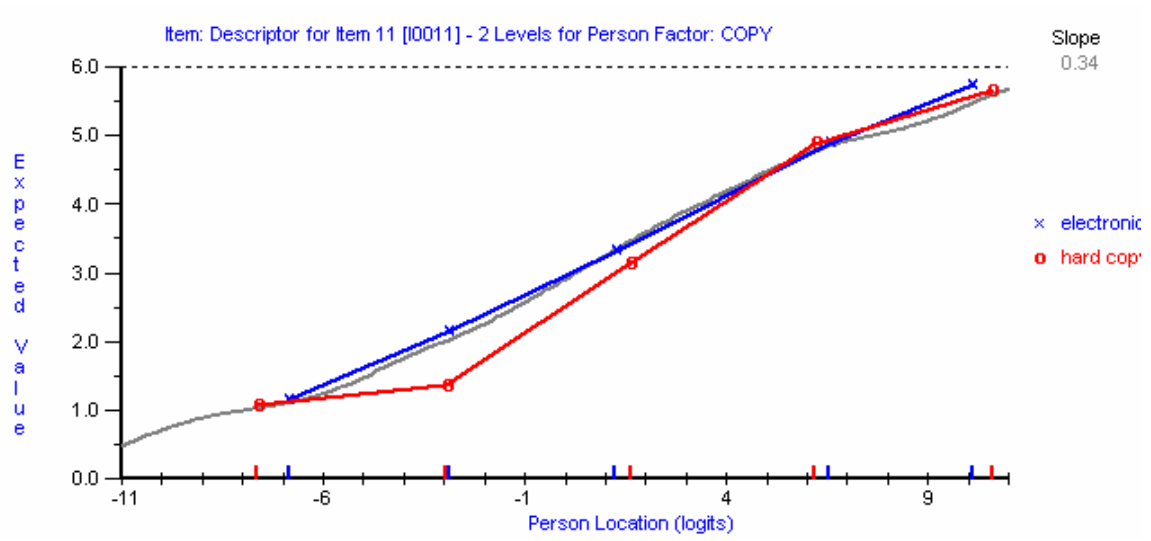
Item 9 CBOS Unit 5 Planning, Maintaining and Delivering Speech Pathology Services



Item 10 CBOS Unit 6 Professional, Group and Community Education



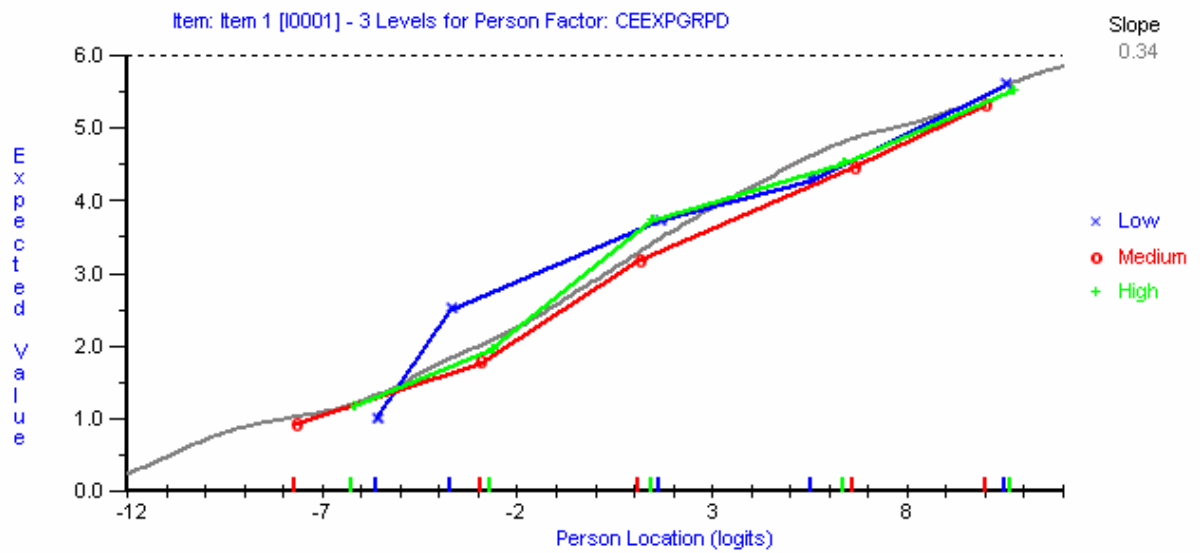
Item 11 CBOS Unit 7 Professional Development



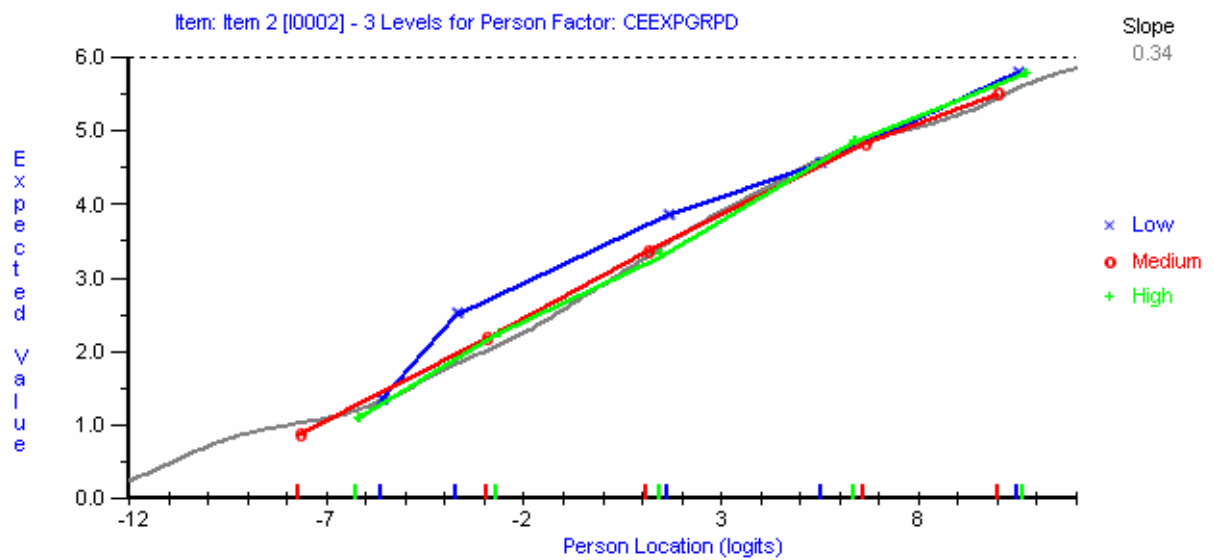
Appendix 26. Differential Item Functioning Graphs for Levels of Clinical Educator

Experience

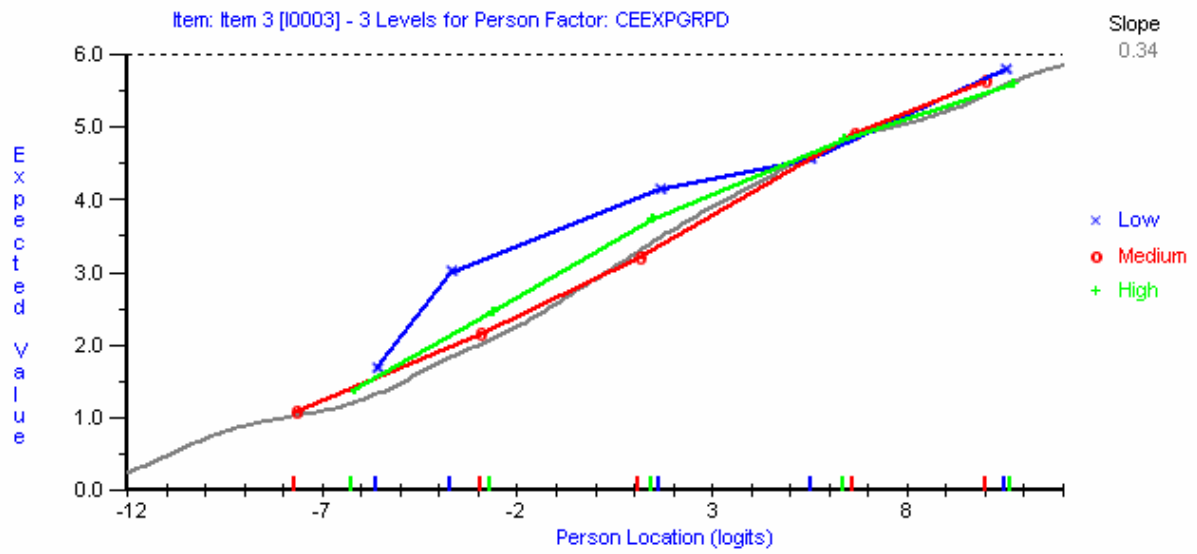
Item 1 Generic Competency Unit 1 Clinical Reasoning



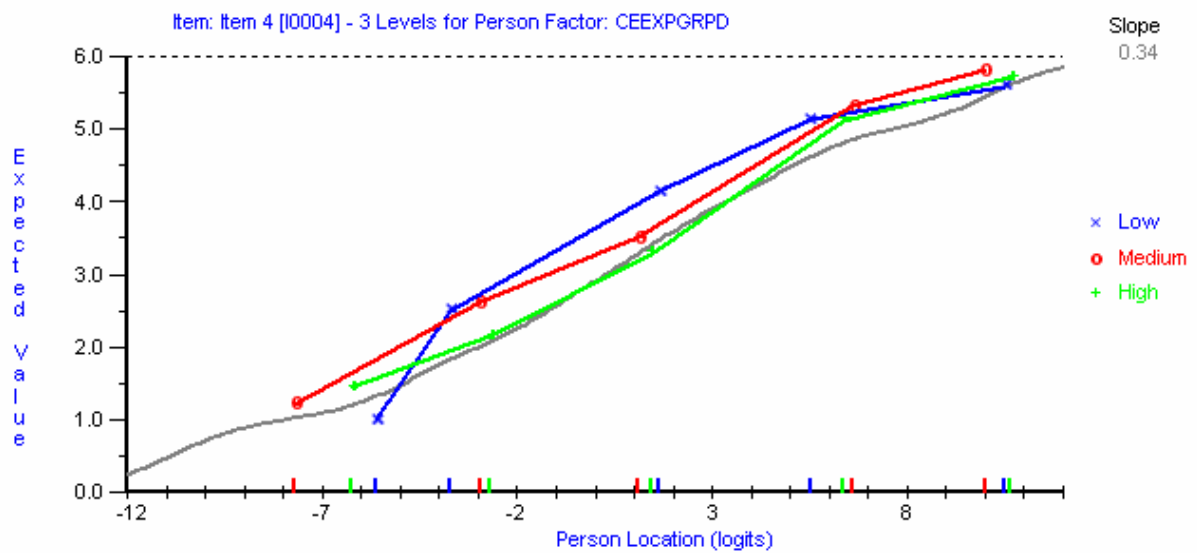
Item 2 Generic Competency Unit 2 Professional Communication



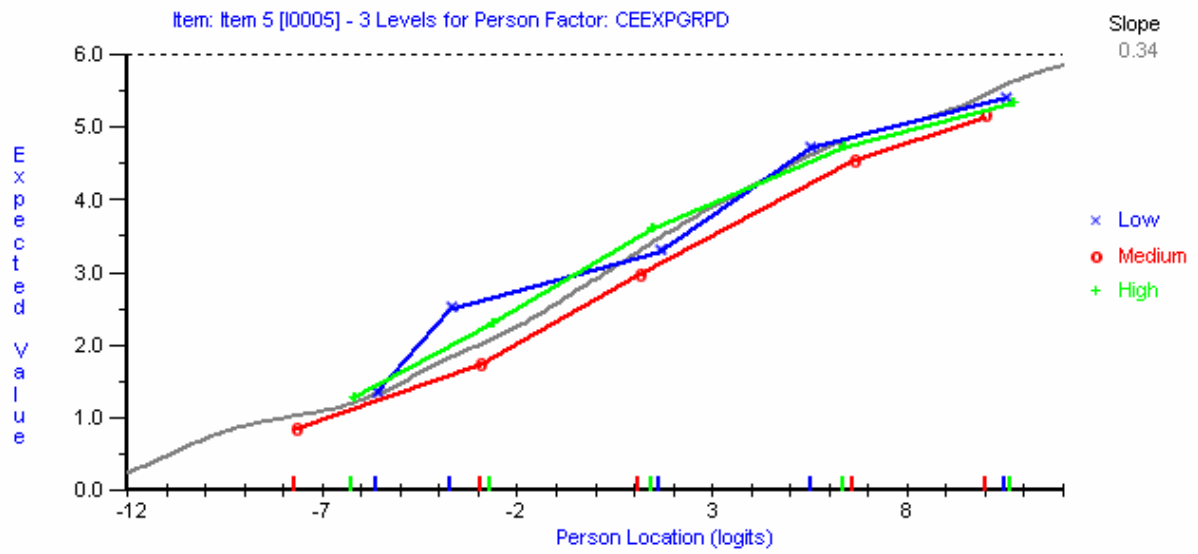
Item 3 Generic Competency Unit 3 Lifelong Learning



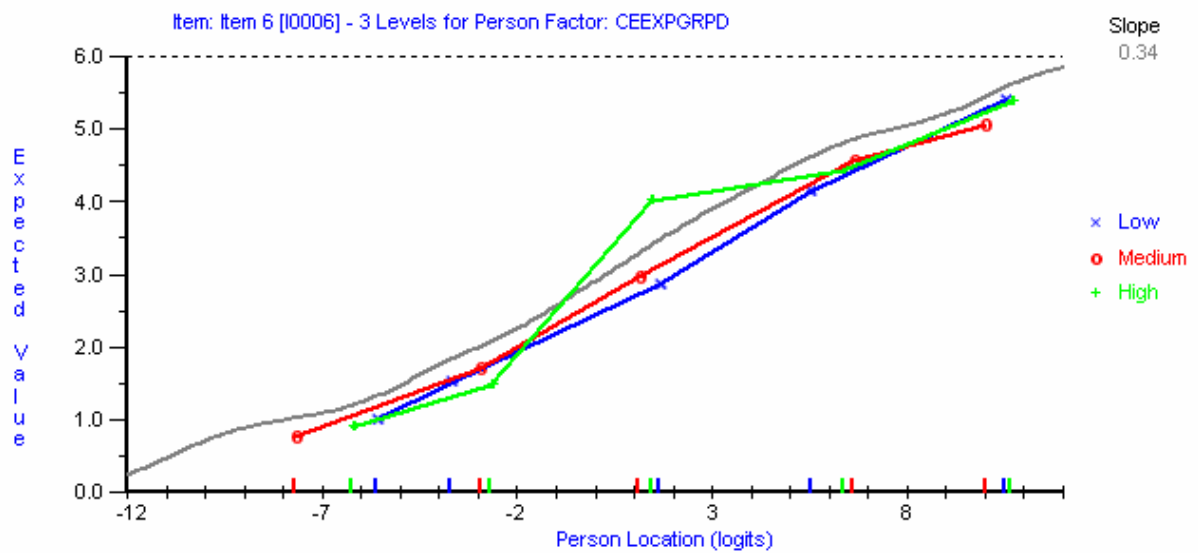
Item 4 Generic Competency Unit 4 Professional Role



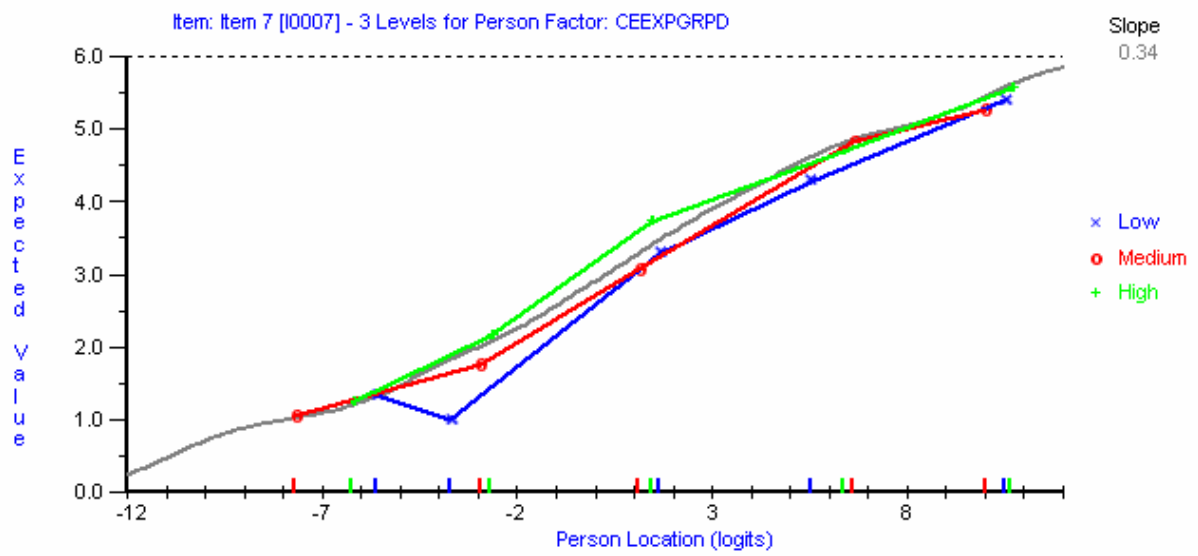
Item 5 CBOS Unit 1 Assessment



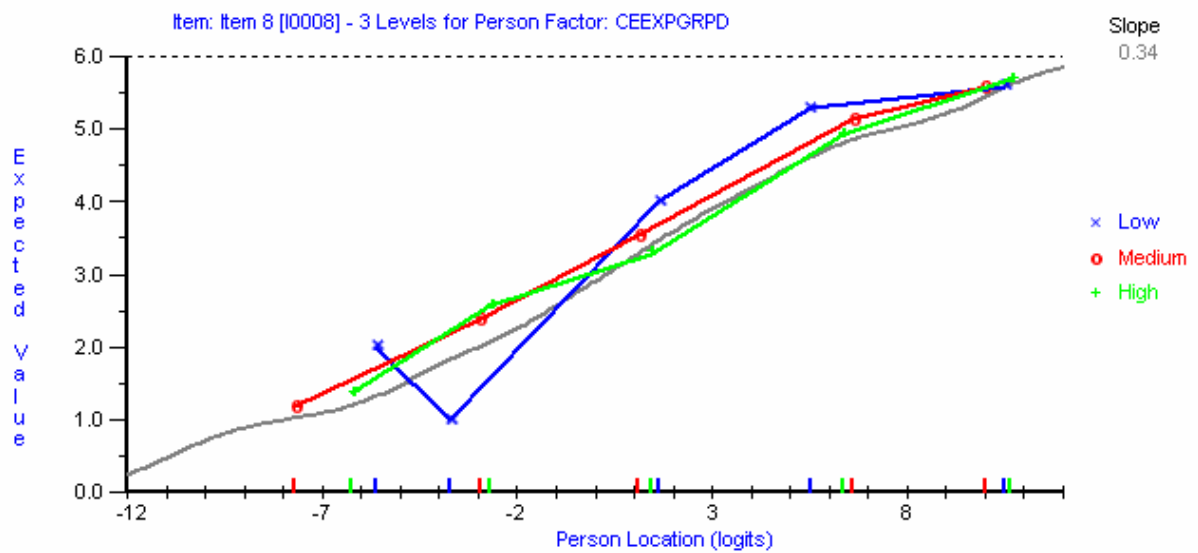
Item 6 CBOS Unit 2 Analysis and Interpretation



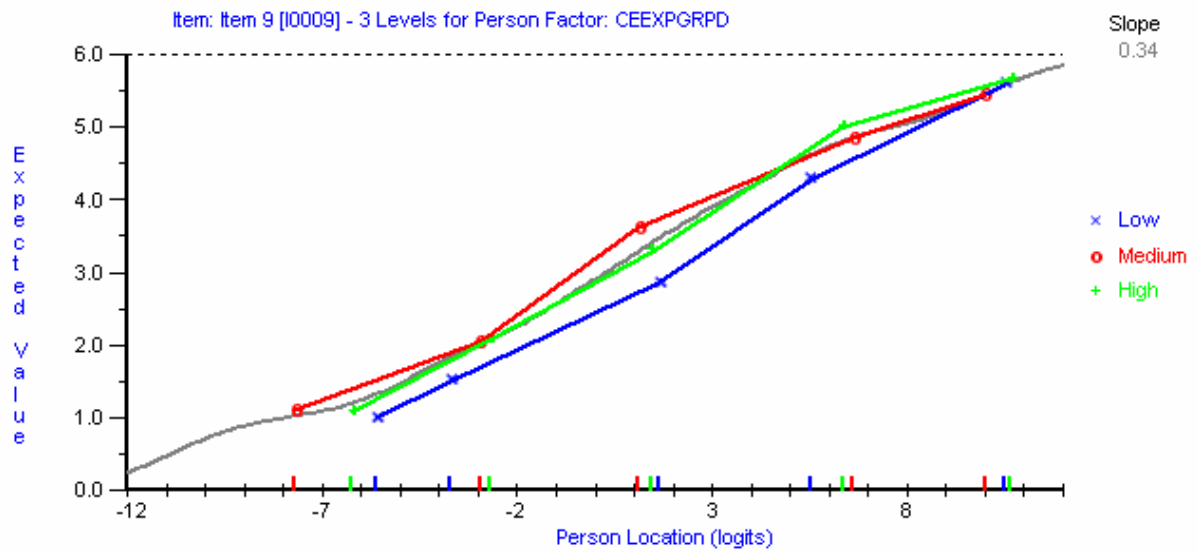
Item 7 CBOS Unit 3 Planning of Speech Pathology Intervention



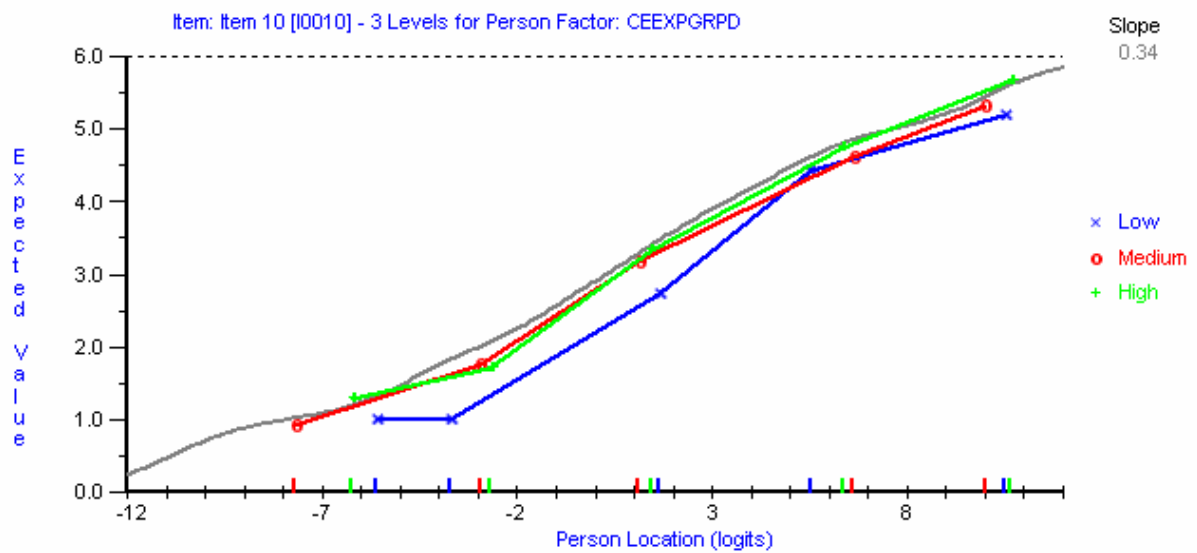
Item 8 CBOS Unit 4 Speech Pathology Intervention



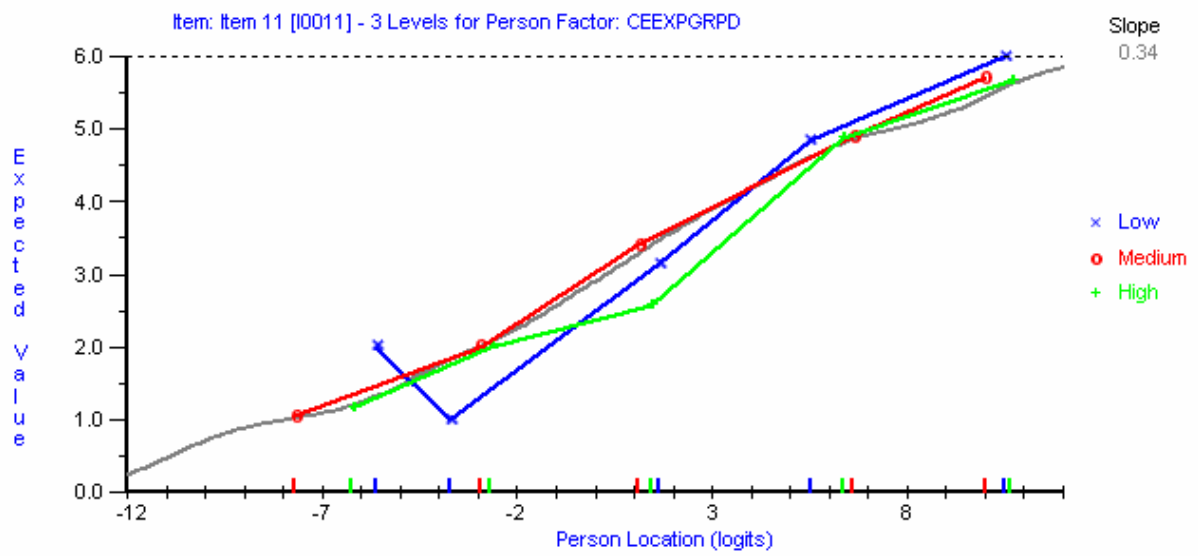
Item 9 CBOS Unit 5 Planning, Maintaining and Delivering Speech Pathology Services



Item 10 CBOS Unit 6 Professional, Group and Community Education

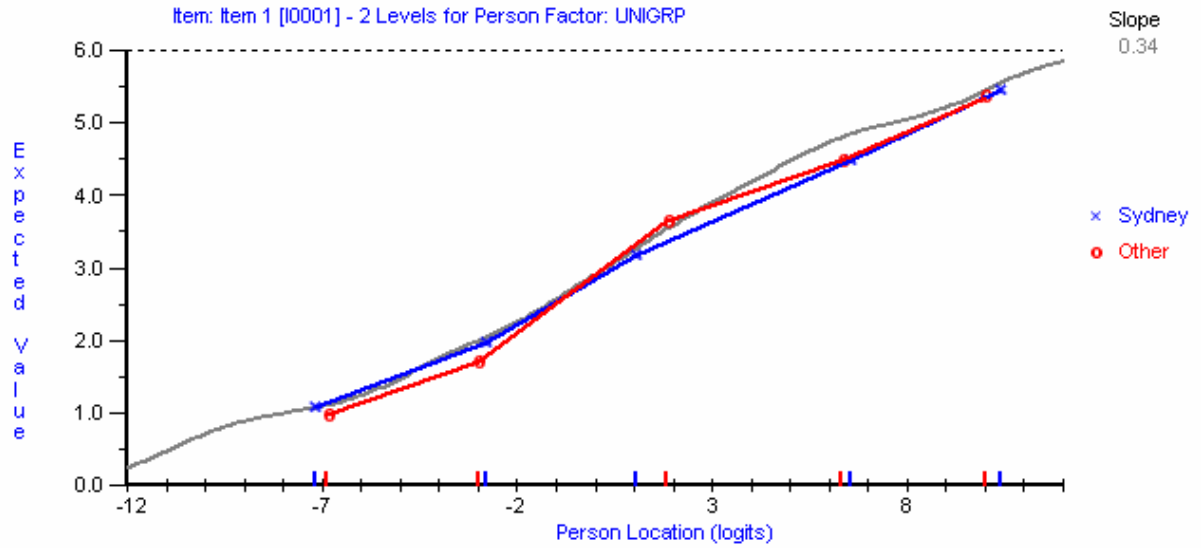


Item 11 CBOS Unit 7 Professional Development

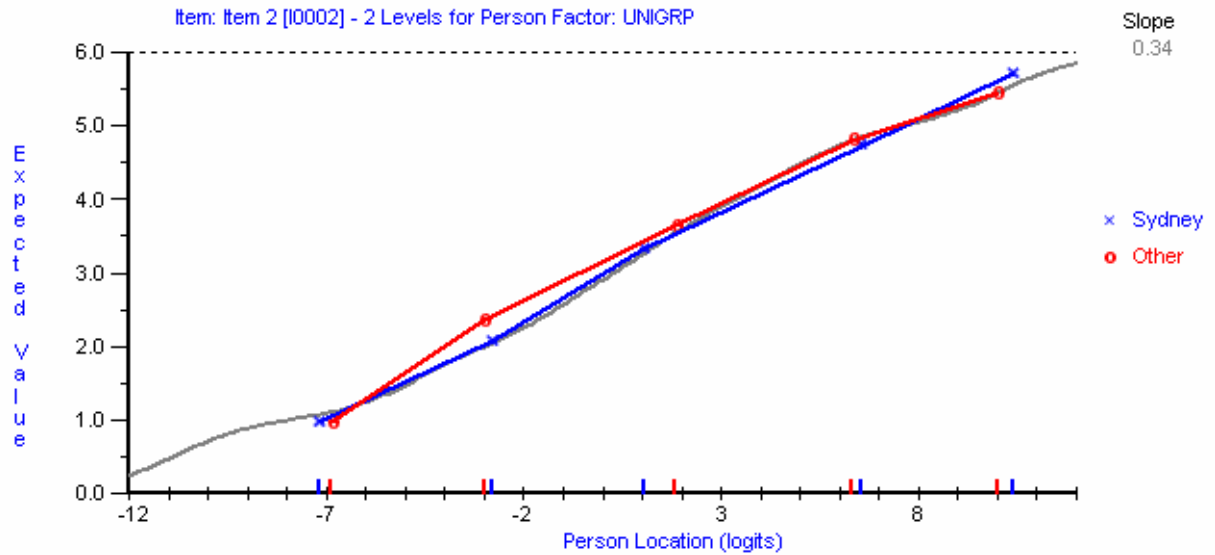


Appendix 27. Differential Item Functioning Graphs for Students Attending The University of Sydney and Other Universities

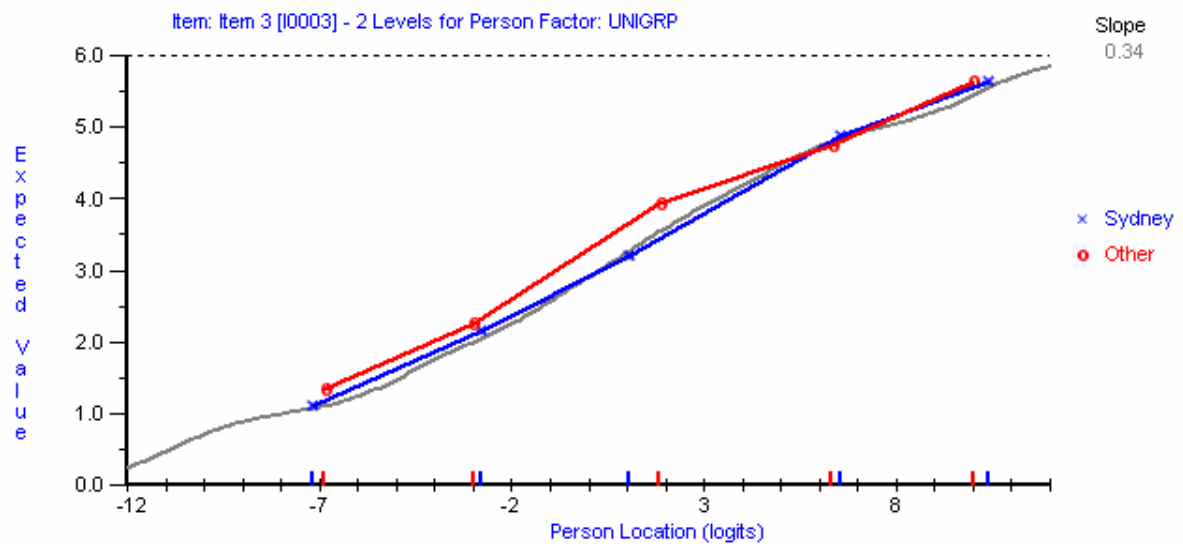
Item 1 Generic Competency Unit 1 Clinical Reasoning



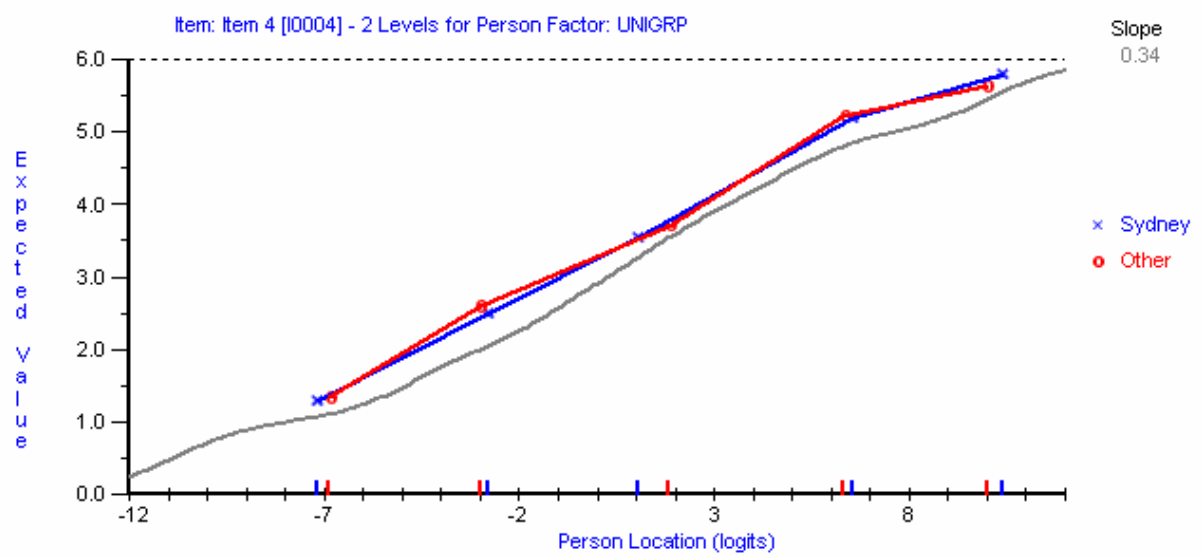
Item 2 Generic Competency Unit 2 Professional Communication



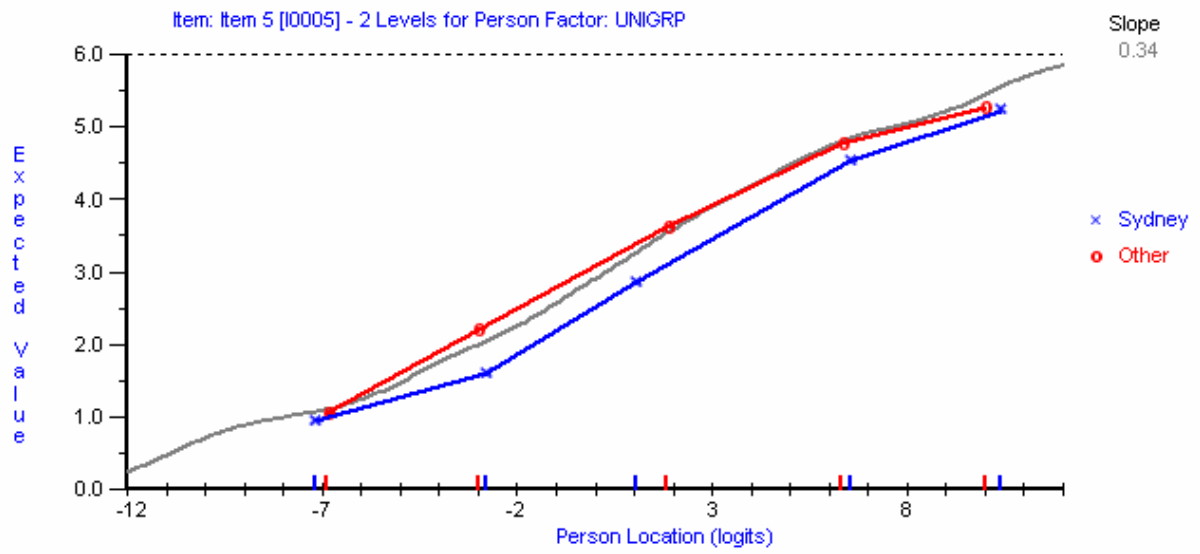
Item 3 Generic Competency Unit 3 Lifelong Learning



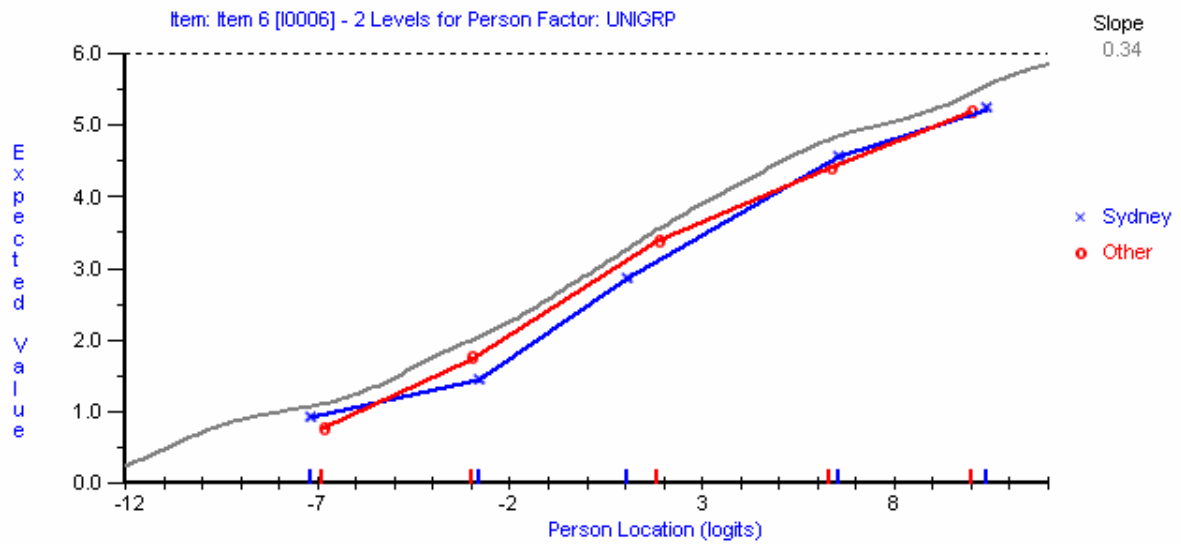
Item 4 Generic Competency Unit 4 Professional Role



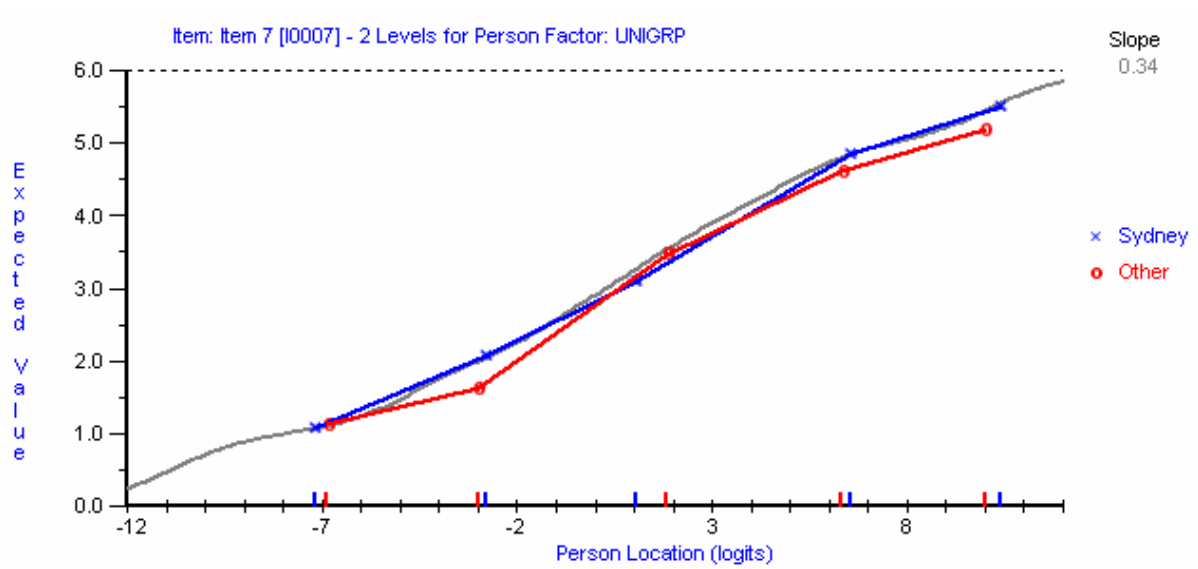
Item 5 CBOS Unit 1 Assessment



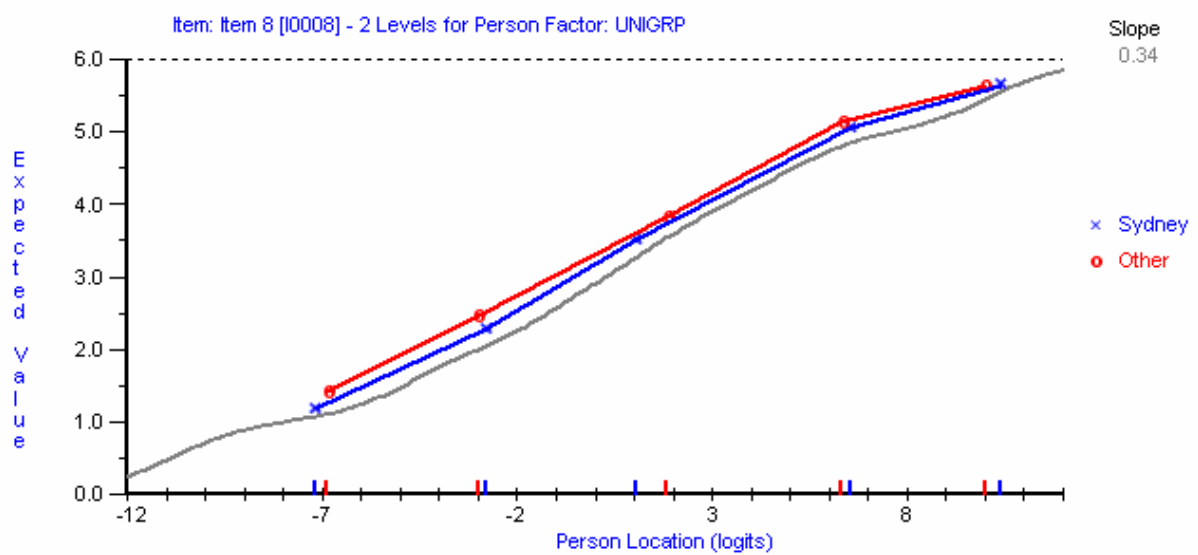
Item 6 CBOS Unit 2 Analysis and Interpretation



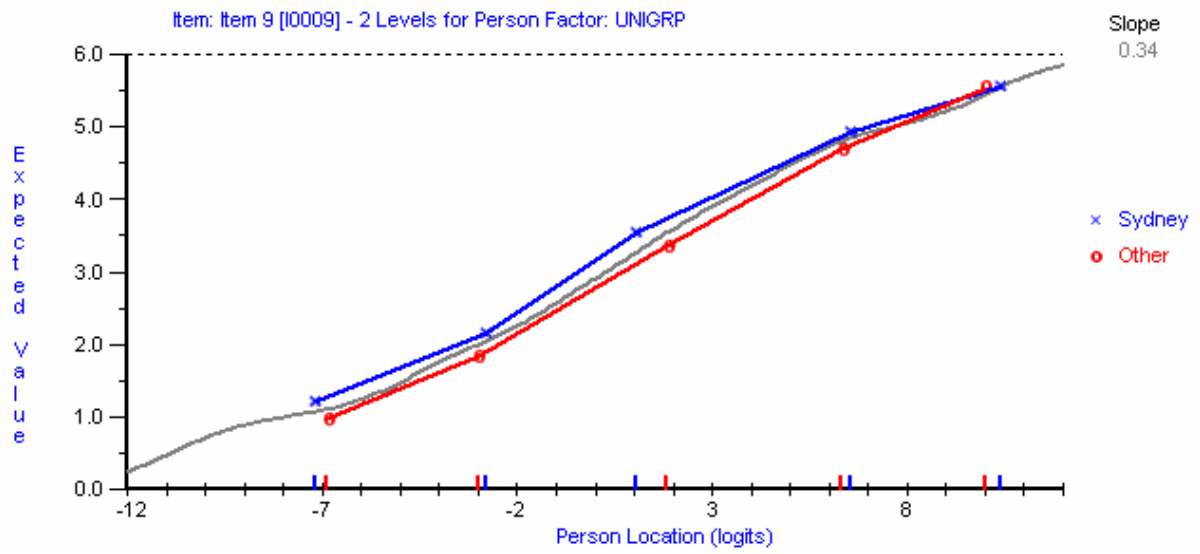
Item 7 CBOS Unit 3 Planning of Speech Pathology Intervention



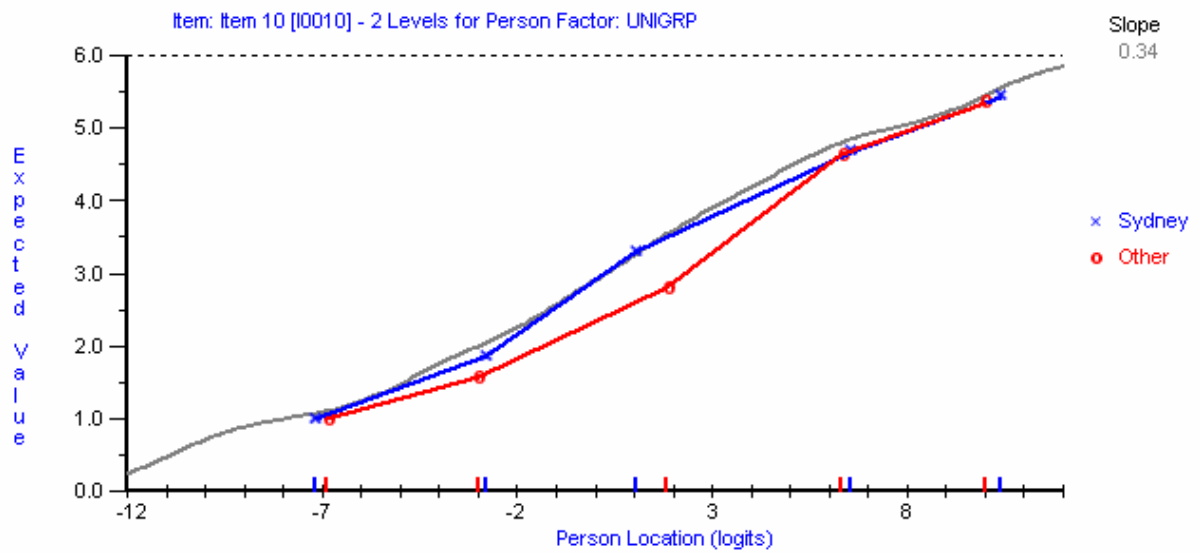
Item 8 CBOS Unit 4 Speech Pathology Intervention



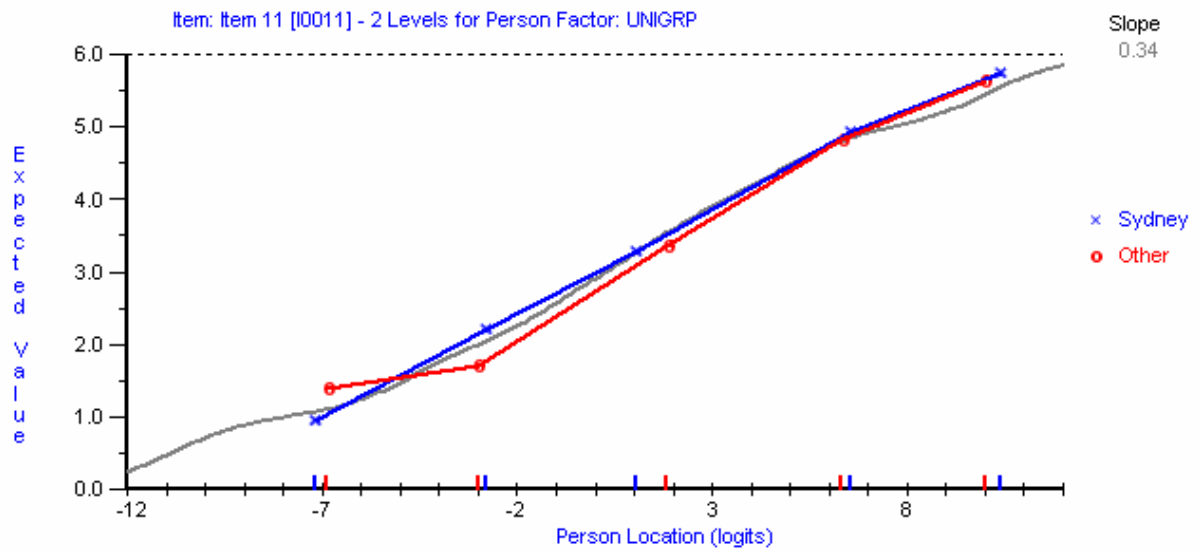
Item 9 CBOS Unit 5 Planning, Maintaining and Delivering Speech Pathology Services



Item 10 CBOS Unit 6 Professional, Group and Community Education



Item 11 CBOS Unit 7 Professional Development



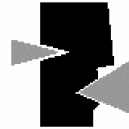
Appendix 28. Feedback Questionnaires for Students and Clinical Educators Regarding the
Assessment Tool



The University of Sydney
Faculty of Health Sciences

**SCHOOL OF COMMUNICATION
SCIENCES AND DISORDERS**

Speech Pathology Australia



Giving people a say in life

**COMPETENCY BASED ASSESSMENT OF STUDENTS IN SPEECH
PATHOLOGY CLINICAL PLACEMENTS**

FEEDBACK SHEETS

Clinical Educator & Student



The University of Sydney
Faculty of Health Sciences

**SCHOOL OF COMMUNICATION
SCIENCES AND DISORDERS**

Speech Pathology Australia



Giving people a say in life

If you had more than one student, how long did it take you to complete the research Assessment Tool with the **last** student you did it with?

Mid Placement _____(to the nearest 5 minutes)

End Placement _____(to the nearest 5 minutes)

PLEASE RATE THE FOLLOWING STATEMENTS BY CIRCLING THE NUMBER THAT APPLIES:

1. Rating Scale

	Strongly Disagree					Strongly Agree	
The Rating Scale used reflected the student's progress well.	1	2	3	4	5	6	7
The Rating Scale was difficult to use.	1	2	3	4	5	6	7
I felt confident about making my judgement based on the Rating Scale.	1	2	3	4	5	6	7
I would rather use a Categorical Scale. (Such as the one used for this question).	1	2	3	4	5	6	7

2. Behavioural Descriptors

(These are the general descriptions of novice, intermediate and entry-level behaviour placed opposite each assessment page in the research Assessment Tool)

	Strongly Disagree					Strongly Agree	
The behavioural descriptors were easy to understand.	1	2	3	4	5	6	7
The behavioural descriptors were difficult to use to judge the student's level of competence.	1	2	3	4	5	6	7
The behavioural descriptors do not match my understanding of how competence develops.	1	2	3	4	5	6	7
The examples in the Assessment Resource Manual (page 13) of how the behavioural descriptors might apply to the CBOS and Generic Competency Units were useful.	1	2	3	4	5	6	7

3. More detailed mid placement and summary assessment at end placement.

The following questions relate to the research Assessment Tool requiring clinical educators to assess students in more detail (Units and Elements) at mid placement and less detail (Units only) at the end placement.

	Strongly Disagree					Strongly Agree	
Having more detail in the form of ratings on elements at mid placement helped me with my teaching.	1	2	3	4	5	6	7
The student(s) should also be rated on elements at end placement.	1	2	3	4	5	6	7

	Strongly Disagree					Strongly Agree
	1	2	3	4	5	6 7

There was too much detail at mid placement.

Did you refer to the Element Level (*as in the Mid Placement Assessment*) as well as the Unit Level when making the end of placement judgment of the student's competency? Yes No

If Yes, what elements did you refer to? _____

4. Resources in the Assessment Resource Manual

Did you use any of the following resources in the Assessment Resource Manual or research pack? Tick as many of the resources as you referred to and rate how useful you found each one you used.

Behavioural Descriptors (*Assessment Tool*)

Not at all useful			Very Useful			
1	2	3	4	5	6	7

Behavioural Descriptors: Detailed Version (*pp 11 Assessment Resource Manual*)

Not at all useful			Very Useful			
1	2	3	4	5	6	7

Examples of applying the behavioural descriptors to the CBOS and Generic Competency Units
(pp 13 Assessment Resource Manual)

Not at all useful			Very Useful			
1	2	3	4	5	6	7

CBOS (*Included in the research pack*)

Not at all useful			Very Useful			
1	2	3	4	5	6	7

Full version of the Generic Competencies (*pp 39 Assessment Resource Manual*)

Not at all useful			Very Useful			
1	2	3	4	5	6	7

Glossary (*pp 49 Assessment Resource Manual*)

Not at all useful			Very Useful			
1	2	3	4	5	6	7

If you did not use the resources, please outline why.

Are there any other resources you would have found helpful?

5. Generic Competencies

	Strongly Disagree				Strongly Agree		
The Generic Competencies assisted my judgement of my student's competence.	1	2	3	4	5	6	7
The Generic Competencies were an unnecessary inclusion in the assessment.	1	2	3	4	5	6	7
The Generic Competencies reflect knowledge, skills and attitudes of value to the profession.	1	2	3	4	5	6	7
The Generic Competencies were good descriptors of the competencies that underpin competent practice of speech pathology.	1	2	3	4	5	6	7
The CBOS competencies are more helpful than the Generic Competencies when assessing a student's competency.	1	2	3	4	5	6	7

6. Marginal or 'At Risk' Students

Was your student(s) considered 'at risk' of failing his/her placement, or was their performance on placement of concern at any time? Yes No

If No – continue to Question 7

If Yes – please answer the following questions

Did the tool assist in discriminating between marginal and acceptable performance?

Yes No

Comment _____

Did the tool enable the problem areas to be specifically identified?

Yes No

Comment _____

Did you find the Generic Competencies helpful in this process?

Yes No

Comment _____

7. Clarity of Research Instructions

	Strongly Disagree					Strongly Agree	
The instructions explaining the general research procedure were difficult to understand.	1	2	3	4	5	6	7
The instructions explaining how to use the research Assessment Tool were clear.	1	2	3	4	5	6	7
It was easy to get help if/when I needed it.	1	2	3	4	5	6	7

8. Online and Hard Copy Versions

Did you look at or use the online version of the research Assessment Tool? Yes No

If **No**, please answer the questions **8 A.** and continue to question 9.

If **Yes**, please answer the questions **8 B.** and continue to question 9.

Questions 8 A.

	Strongly Disagree					Strongly Agree	
The Hard Copy (paper based) version of the research Assessment Tool was easy to use.	1	2	3	4	5	6	7

I did not use the online version because:

- I was unable to access a computer connected to the internet.
- I couldn't access the website.
- I prefer to work on a paper version.
- I needed to complete the assessment offsite
- I didn't feel confident using the online version.

Other _____

I might use an online version if:

- I had better access a computer connected to the internet.
- I had training on how to use it.
- I had access to more support.
- I were more familiar with the tool.

Other _____

Questions 8 B.

	Strongly Disagree					Strongly Agree	
The online version was difficult to use.	1	2	3	4	5	6	7
Assessments should be available online in the future.	1	2	3	4	5	6	7

9. Assessment Validity

	Strongly Disagree					Strongly Agree	
The research Assessment Tool did not effectively support my judgement of the student's competency.	1	2	3	4	5	6	7
Overall, the research Assessment Tool is preferable to other clinical performance assessments I have used.	1	2	3	4	5	6	7
The research Assessment Tool is effective in identifying the student's strengths and weaknesses.	1	2	3	4	5	6	7
The research Assessment Tool did not help in goal setting with the student(s).	1	2	3	4	5	6	7

How would you rate your OVERALL satisfaction with the research Assessment Tool as an assessment of speech pathology student competency in clinical placements?

Low						High	
1	2	3	4	5	6	7	

10. Other Comments

Do you have any comments on the following aspects of the research Assessment Tool and Assessment Resource Manual?

- Rating scale
- Behavioural descriptors
- More detail at mid than end placement assessment
- Resources in the research Assessment Resource Manual
- Generic Competencies
- Marginal or 'at risk' students
- Clarity of research instructions
- Online and Hard Copy versions
- Assessment validity
- Other aspects that should be considered in developing this Assessment Tool and resource further?

(Insert an extra page for comments if necessary)

Thank you for your time and patience in assisting with this research, it is most appreciated.

Please rate the following statements by circling the number that applies:

1. Rating Scale

	Strongly Disagree					Strongly Agree	
The Rating Scale reflected my progress well.	1	2	3	4	5	6	7
The Rating Scale was difficult to use.	1	2	3	4	5	6	7
I felt confident about making my judgement based on the Rating Scale.	1	2	3	4	5	6	7
I would rather use a Categorical Scale. <i>(Such as the one used this question).</i>	1	2	3	4	5	6	7
The rating scale was effective in showing my progress over time.	1	2	3	4	5	6	7

2. Behavioural Descriptors

(These are the general descriptions of novice, intermediate and entry-level behaviour placed opposite each assessment page in the research Assessment Tool)

	Strongly Disagree					Strongly Agree	
The behavioural descriptors were easy to understand.	1	2	3	4	5	6	7
The behavioural descriptors were difficult to use to judge my level of competence.	1	2	3	4	5	6	7
The behavioural descriptors do not match my understanding of how competence develops.	1	2	3	4	5	6	7
The examples in the Assessment Resource Manual (page 13) of how the behavioural descriptors might apply to the CBOS and Generic Competency Units were useful.	1	2	3	4	5	6	7

3. More detailed mid placement and summary assessment at end placement.

The following questions relate to the research Assessment Tool asking you to assess yourself in more detail (Units and Elements) at Mid placement and in less detail (Units only) at the End placement.

	Strongly Disagree					Strongly Agree	
Having more detail in the form of ratings on elements at mid placement helped me with my learning.	1	2	3	4	5	6	7
Students should also be rated on elements at end placement.	1	2	3	4	5	6	7
There was too much detail at mid placement.	1	2	3	4	5	6	7

5. Generic Competencies

	Strongly Disagree				Strongly Agree		
The Generic Competencies assisted my judgement of my competence.	1	2	3	4	5	6	7
The Generic Competencies were an unnecessary inclusion in the assessment.	1	2	3	4	5	6	7
The Generic Competencies reflect knowledge, skills and attitudes of value to the profession.	1	2	3	4	5	6	7
The Generic Competencies were a good description of the competencies that underpin competent practice of speech pathology.	1	2	3	4	5	6	7
The CBOS competencies are more helpful than the Generic Competencies when assessing my competency.	1	2	3	4	5	6	7

6. Marginal or 'At Risk' Students

Were you considered 'at risk' of failing your placement, or did your clinical educator consider your performance on placement to be of concern at any time? Yes No

If No – continue to Question 7

If Yes – please answer the following questions

Did the tool assist you and your clinical educator to discriminate between marginal and acceptable performance?

Yes No

Comment _____

Did the tool help your problem areas to be specifically identified?

Yes No

Comment _____

Did you find the Generic Competencies helpful in this process?

Yes No

Comment _____

7. Clarity of Research Instructions

	Strongly Disagree					Strongly Agree	
	1	2	3	4	5	6	7
The instructions explaining the general research procedure were difficult to understand.							
The instructions explaining how to use the research Assessment Tool were clear.							
It was easy to get help if/when I needed it.							

8. Online and Hard Copy Versions

Did you look at or use the online version of the research Assessment Tool? Yes No

If **No**, please answer the questions **8 A.** and continue to question 9.

If **Yes**, please answer the questions **8 B.** and continue to question 9.

Questions 8 A.

	Strongly Disagree					Strongly Agree	
	1	2	3	4	5	6	7
The Hard Copy (paper based) version of the research Assessment Tool was easy to use.							

I did not use the online version because:

- I was unable to access a computer connected to the internet.
- I couldn't access the website.
- I prefer to work on a paper version.
- I needed to complete the assessment offsite
- I didn't feel confident using the online version.

Other _____

I might use an online version if:

- I had better access a computer connected to the internet.
- I had training on how to use it.
- I had access to more support.
- I were more familiar with the tool.

Other _____

Questions 8 B.

	Strongly Disagree					Strongly Agree	
The online version was difficult to use.	1	2	3	4	5	6	7
Assessments should be available online in the future.	1	2	3	4	5	6	7

9. Assessment Validity

	Strongly Disagree					Strongly Agree	
The research Assessment Tool did not effectively support my judgement of my competency.	1	2	3	4	5	6	7
Overall, the research Assessment Tool is preferable to other clinical performance assessments clinical educators have used with me.	1	2	3	4	5	6	7
The research Assessment Tool is effective in identifying my strengths and weaknesses.	1	2	3	4	5	6	7
The research Assessment Tool did not meet my goal set.	1	2	3	4	5	6	7

How would you rate your OVERALL satisfaction with the research Assessment Tool as an assessment of your competency in your clinical placement?

Low						High	
1	2	3	4	5	6	7	

10. Other Comments

Do you have any comments on the following aspects of the research Assessment Tool and Assessment Resource Manual?

- Rating scale
- Behavioural descriptors
- More detail at Mid than End Placement assessment
- Resources in the Assessment Resource Manual
- Generic competencies
- Marginal or 'at risk' students
- Clarity of research instructions
- Online and Hard Copy versions
- Assessment validity
- Other aspects that should be considered in developing this Assessment Tool and resource further?

(Insert an extra page for comments if necessary)

Thank you for your time and patience in assisting with this research, it is most appreciated.