PROBLEM SOLVING WITH COMPASS®
IN RELATION TO CLINICAL LEARNING

Mid-placement Assessment

Speech Pathology Australia

competency assessment in speech pathology
COMPASS®

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Slides 1, 2: Using COMPASS® to assist with problem solving in relation to clinical learning

An example of a Mid-placement Assessment with a student at risk

The Mid-placement Assessment provides the opportunity for in-depth reflection and discussion about a student's progress towards the end goals for learning and performance. By providing the student and clinical educator with the opportunity to take stock at this midway point, the assessment influences learning formatively. The assessment process itself will contribute to the student's progress towards clinical competence (e.g., through the adoption of specific learning strategies) and the ways in which the clinical educator will go about providing support (e.g., through the design of specific learning experiences).

This resource provides an example scenario of a (hypothetical) student and clinical educator at the Mid-placement Assessment. In this scenario, there are indicators that the student may be at risk of failing to progress in their development of clinical competencies.

This resource can be used as:

- a self-study guide for clinical educators and students
- a resource for use in interactive clinical education workshops to stimulate discussion and the development of problem-solving strategies.

Slide 3: The at risk student

When we consider all the speech pathology students who are gaining experience in placement settings at any one time, it is relatively rare for a student to fail to achieve the levels of expected competency. This may be because speech pathology students (in common with other health professions) tend to be highly motivated and focused on their goal of being competent speech pathologists. However, it is not uncommon for students to be considered at risk of developing sufficient competency. They might be struggling with particular areas of practice (e.g., with a particular client population) or with particular units or elements of professional or occupational competence. The aim of identifying a student at risk early is to work with the student to turn that situation around to achieve successful completion of the placement.

Slide 4: Scenario

If you are a clinical educator … meet Michelle (follow this link to Slide 5).

If you are a student … meet Anna (follow this link to Slide 8).

Slide 5: Michelle

Hi, my name's Michelle and I'm a CE [clinical educator]. This is my second year on the job and at the moment I work at two schools with four speech pathology students who are doing their first child placement at each school. That's eight students! They're all so different and it has been a challenge to work out their different learning styles, but I love it … most of the time. I say 'most of the time' because I'm about to do Mid-placement Assessment with one of my students, Anna. She's sending me home with a headache every Wednesday and I'm unsure how to talk with her about what's driving me nuts! She's okay sitting down and working with the children, but when it comes to communicating within the team, she's really got no idea. Let me give you an example. Last week, I was talking with another student about one of their sessions when Anna came barging in, waving these laminated artic pictures in the air. 'I don't know what I'm going to do,' she said, 'I coloured and laminated all these pictures and now I've realised that I'm not going to be able to paste them into Joshua's homework book because they won't stick. I shouldn't have laminated them—and it took me so long to do them all. It's just been a waste of time and now I have nothing for his homework.' Unfortunately, I don't think I reacted in the right way. I glared at her and said, 'I'm just talking with Hannah and you've butted into our conversation'. She looked at me like I had really offended her and sulked for the rest of the day. Since then, it seems like she doesn't like me. And I'm feeling that the whole thing is becoming very personal, so I've been reluctant to call her up on other things, like when she talks over someone, or says something very loudly about a child we're seeing, within earshot of the parents.

So here I am, about to do her Mid-placement Assessment, and I want to get the message across that at times she is completely inappropriate, but I don't want it to sound like her behaviour is affecting me personally. I want it to sound objective. How am I going to do this?

Slide 6: Identifying resources within COMPASS® and Competency-based Occupational Standards (CBOS, 2011)

The following activities will help familiarise you with the resources that can assist Michelle to clarify her thinking, to relate her observations to the expected professional and occupational competencies, and to describe the level of observed performance. To do this activity you will need:

Competency-based occupational standards for speech pathologists: Entry level (revised) (Speech Pathology Australia, 2011):

- for a detailed description of each unit of occupational competency, including the elements and examples of performance cues in relation to each element

COMPASS®: Competency assessment in speech pathology assessment resource manual (Speech Pathology Australia, 2013):

- for a detailed description of each unit of professional competency, including the elements and examples of performance cues in relation to each element, and
- for behavioural descriptors of 'novice', 'intermediate' and 'entry-level' competence.

There will be many areas within these resources that can assist Michelle, since every unit and element is closely aligned with speech pathology practice. However, for feedback to facilitate learning, it helps if you can identify **central** units and elements to assist the learner to focus their learning strategies. A good way to decide whether something is central is to ask yourself: What else would be likely to change if the behaviours described here improved? For example, the student who is observed to administer assessments incorrectly, whose reports are late

and poorly proofread and whose session plans are insufficiently detailed, would have many units and elements at risk. However, each of these areas would be likely to improve if time management were addressed (Professional Competency [PC] Unit 4: Professionalism, Element 4.1 Displays effective organisational skills, Performance Criteria (a) Effective time management across short and long time frames—with further description of the performance cues provided in the *COMPASS®: Competency assessment in speech pathology assessment resource manual*).

Your task

1. Can you identify one to three units/elements of competency (across the professional and occupational competencies) that describe the behaviours identified by Michelle?
2. Which of the units/elements do you think might be the most 'central' for facilitating Anna's progress in the development of clinical competencies?

Slide 7: Sharing clinical educator and student perspectives

For the Mid-placement Assessment using COMPASS® to be truly formative, it is essential that both the clinical educator and the student work together. For constructive collaboration to occur on a learning plan for the remainder of the placement, both the clinical educator and the student need to share their perspectives on progress to date.

As the clinical educator, it is important for Michelle to understand Anna's perspective. If you are a clinical educator … meet Anna on the next slide (8).

If you have already met both Michelle and Anna … follow this link to Slide 11.

Slide 8: Anna

Hi, my name's Anna and I'm halfway through my first placement. It's a paediatric placement within a school and I'm sitting here waiting to go into my clinical educator's office to do my Mid-placement Assessment. I feel a bit nervous because even though I think I'm doing pretty well working with the children, I really feel that my CE doesn't like me, so I'm not sure what she's going to say. I've wanted to be a speech pathologist ever since I was little. I suppose I got the idea back then because I used to go to a speech pathologist myself and I remember how nice she was and how much fun it was playing all the games and getting stickers. Mum said I had trouble saying the 'f' sound, and I can remember the speech pathologist getting me to make a face like a bunny so that I could make the sound properly. I went to so many different doctors and specialists when I was younger because I had eczema. I still get it sometimes, but only when I get stressed. It used to be really bad when I was a child, and Mum used to have to put me in baths and rub cortisone cream on me, and we couldn't go to playgroups or anything. When I went to school, I had to go to the office every lunchtime and the secretary would put the cream on any red spots. I hated having eczema because it stopped me from doing so many things. I couldn't go to birthday parties because Mum thought I'd accidentally eat something that would set off the itching, and I didn't really go to friends' houses or anything.

Anyhow, enough about me. I'd better get back and have a look at this COMPASS® before I get called in.

Slide 9: Identifying resources within COMPASS® and CBOS (2011)

The following activities will help familiarise you with the resources that can assist Anna to clarify her thinking, to relate her observations to the expected professional and occupational competencies, and to describe the level of observed performance. To do this activity you will need:

Competency-based occupational standards for speech pathologists: Entry level (revised) (Speech Pathology Australia, 2011):

- for a detailed description of each unit of occupational competency, including the elements and examples of performance cues in relation to each element

COMPASS®: Competency assessment in speech pathology assessment resource manual (Speech Pathology Australia, 2013):

- for a detailed description of each unit of professional competency, including the elements and examples of performance cues in relation to each element, and
- for behavioural descriptors of 'novice', 'intermediate' and 'entry-level' competence.

There will be many areas within these resources that can assist Anna, since every unit and element is closely aligned with speech pathology practice. However, in reflection for practice, it can help to identify 'central' units and elements to assist the learner to focus their learning strategies. A good way to decide whether something is central is to ask yourself: What else would be likely to change if the behaviours described here improved? For example, the student who is observed to incorrectly administer assessments, whose reports are late and poorly proofread, and whose session plans are sketchy, would have many units and elements at risk. However, each of these areas would be likely to improve if time management were addressed (PC Unit 4: Professionalism, Element 4.1 Displays effective organisational skills, Performance Criteria (a) Effective time management across short and long time frames—with further description of the performance cues provided in the *COMPASS®: Competency assessment in speech pathology assessment resource manual*).

Your task

1. Can you identify one to three units/elements of competency (across the professional and occupational competencies) that might be affected by the issues raised by Anna?
2. Which of the units/elements do you think might be the most **central** for facilitating Anna's progress in the development of clinical competencies?

Slide 10: Sharing clinical educator and student perspectives

For the Mid-placement Assessment using COMPASS® to be truly formative, it is essential that both the clinical educator and the student work together. For constructive collaboration to occur on a learning plan for the remainder of the placement, both the clinical educator and the student need to share their perspectives on progress to date.

If you are a student … meet Michelle (follow this link to Slide 5).

If you have already met both Michelle and Anna … go to the next slide (11).

Slide 11: Central competencies involved in this scenario

Michelle's issues in relation to units/elements of competence

(PC = professional competency; OC = occupational competency; #.# = unit number.element number; blue = satisfactory, red = at risk)

Hi, my name's Michelle and I'm a CE. This is my second year on the job and at the moment I work at two schools with four speech pathology students who are doing their first child placement at each school. That's eight students! They're all so different and it has been a challenge to work out their different learning styles, but I love it … most of the time. I say 'most of the time' because I'm about to do Mid-placement Assessment with one of my students, Anna. She's sending me home with a headache every Wednesday and I'm unsure how to talk with her about what's driving me nuts! She's okay sitting down and working with the children (OC4.1), but when it comes to communicating within the team (PC2.3, OC6.1), she's really got no idea. Let me give you an example. Last week, I was talking with another student about one of their sessions when Anna came barging in, waving these laminated artic pictures in the air. 'I don't know what I'm going to do,' she said, 'I coloured and laminated all these pictures and now I've realised that I'm not going to be able to paste them into Joshua's homework book because they won't stick. I shouldn't have laminated them—and it took me so long to do them all. It's just been a waste of time and now I have nothing for his homework.' Unfortunately, I don't think I reacted in the right way. I glared at her and said, 'I'm just talking with Hannah and you've butted into our conversation' (OC6.3). She looked at me like I had really offended her and sulked for the rest of the day. Since then, it seems like she doesn't like me. And I'm feeling that the whole thing is becoming very personal, so I've been reluctant to call her up on other things, like when she talks over someone (PC4.2), or says something very loudly about a child we're seeing, within earshot of the parents (OC7.1).

So here I am, about to do her Mid-placement assessment, and I want to get the message across that at times she is completely inappropriate, but I don't want it to sound like her behaviour is affecting me personally. I want it to sound objective. How am I going to do this?

Anna's issues in relation to units/elements of competence

(PC = professional competency; OC = occupational competency; #.# = unit number. element number; blue = satisfactory, red=at risk)

Hi, my name's Anna and I'm halfway through my first placement. It's a paediatric placement within a school and I'm sitting here waiting to go into my clinical educator's office to do my Mid-placement Assessment. I feel a bit nervous because even though I think I'm doing pretty well working with the children (OC4.1), I really feel that my CE doesn't like me, so I'm not sure what she's going to say (OC6.3). I've wanted to be a speech pathologist ever since I was little. I suppose I got the idea back then because I used to go to a speech pathologist myself and I remember how nice she was and how much fun it was playing all the games and getting stickers (PC4.4—cue: need to be client-centred rather than focused on own needs). Mum said I had trouble saying the 'f' sound, and I can remember the speech pathologist getting me to make a face like a bunny so that I could make the sound properly. I went to so many different doctors and specialists when I was younger because I had eczema. I still get it sometimes, but only when I get stressed (PC4.2—cue: self-manage stress). It used to be really bad when I was a child, and Mum used to have to put me in baths and rub cortisone cream on me, and we couldn't go to playgroups or anything. When I went to school, I had to go to the office every lunchtime and the secretary would put the cream on any red spots. I hated having eczema because it stopped me from doing so many things. I couldn't go to

birthday parties because Mum thought I'd accidentally eat something that would set off the itching, and I didn't really go to friends' houses or anything (OC6.1).

Anyhow, enough about me. I'd better get back and have a look at this COMPASS® before I get called in.

Identifying the shared perspective

Michelle and Anna share the view that at this time there are no concerns about Anna's competence in establishing rapport and facilitating participation in speech pathology intervention (OC4.1). They appear to have some shared concerns in relation to Anna's ability to develop professional and team-based relationships in the context of practice (OC6.1) and in relation to the current clinical education processes (OC6.3). They also appear to have some shared concerns about professionalism (PC4.2)—in particular, the development of a professional manner in the context of teams (PC2). This concern includes an instance of behaviour described by Michelle that suggests that ethical conduct (OC7.1) may be affected by these issues.

Slide 12: Describing the level of competence

The *COMPASS®: Competency assessment in speech pathology assessment resource manual* provides general behavioural descriptors of 'novice', 'intermediate' and 'entry level'. In addition, the manual provides detailed examples of how to apply the behavioural descriptors to each of the professional competencies and to each of the occupational competencies.

Slide 13: Specific description in relation to the scenario

Michelle and Anna have developed a shared understanding of the current issues and concerns at the Mid-placement Assessment. In addition, Michelle and Anna need to consider the behavioural descriptors of the levels of competence provided in the *COMPASS®: Competency assessment in speech pathology assessment resource manual* for 'novice', 'intermediate' and 'entry-level' competence for those specific units. They can each prepare this before they meet, and it will form part of the discussion that will inform their collaborative development of Anna's learning plan.

Your task

Identify which behavioural descriptors best describe Anna's performance (based on the information to hand) for the units and elements that you identified as central for facilitating Anna's progress in the development of clinical competencies (e.g., the competencies involved in communication in teams—PC2.3, OC6.1, 6.3).

Note

For the purposes of this scenario, the information you have to hand is necessarily limited. It is important, when considering COMPASS® descriptors and the ranking of units/elements of competence, that these judgements are based on comprehensive direct observation of the salient aspects of performance during the placement. If there has been no opportunity to observe that aspect, this should be noted as 'no opportunity to observe', rather than inferring likely performance. It is also important to consider whether there is a pattern of behaviour. Although it is helpful for students to be given specific instances and examples of when behaviours could be improved, it is important for the assessment to be based on sufficient sampling of observed behaviour (as is the case for any assessment, such as for those used to describe and evaluate our clients' communication).

Slide 14: The Mid-placement Assessment interaction

So far, the processes described could have been done either separately or together, but the Mid-placement Assessment interaction necessarily involves both the clinical educator and the student. In the scenario, both Michelle and Anna have told us that they have some apprehension about meeting with each other to discuss the assessment.

Your task

What affective issues do you think are involved for Michelle? For Anna?

What do the previously outlined processes for the Mid-placement Assessment offer the supervisory relationship?

In what ways did your thinking change once you had understood the perspectives of both the clinical educator and student?

Slides 15, 16: Implications for the supervisory relationship and the assessment process

Michelle, the clinical educator, has told us that she is concerned about the personal nature of performance assessment, and her desire to remain objective. At the same time, she has told us about her feelings of frustration, her awareness of her own fallibility, and her concern that Anna may not like her. In other words, Michelle is self-aware and has identified some of the difficulties for her in reaching her goal of providing a fair Mid-placement Assessment. Anna, the student, has told us that she is feeling stressed and that anxiety is not unusual for her. She appears to have limited experience and confidence in interacting with others, and she is concerned that Michelle's behaviour towards her indicates dislike. It should also be noted that as this is her first placement, Anna has no previous experience of a performance-based assessment, whereas Michelle is familiar with the process and the foci for discussion.

Performance-based assessments (such as COMPASS®) are necessarily focused on observations of behaviour, and while they involve some judgement, they require rigorous attention to the principles of validity and reliability. By focusing feedback on performance rather than on the person, the supervisory relationship (particularly at Mid-performance Assessment) can resemble that of a coach and player, with the clinical educator (coach) working to assist the student (player) to meet the challenges of developing competency (their training) for practice (the event). The specification included in the COMPASS® resources provides clinical educators and students with the ability to answer the questions, 'Where am I now?' as well as 'Where do I want to be?', and in doing so allows the assessment to be as much about feed**back** as about feed**forwards**.

The neutrality offered through performance-based description can do much to defuse some of the affective response to assessment for both clinical educators and students. However, it would be an unusual person who did not feel some degree of anxiety in an assessment situation. Additionally, individuals enter a particular assessment situation bearing the residue of their experiences of similar situations in their past.

Your task

What are some strategies you have used in the past that have helped to ease the tension involved in interactions involving performance assessment:

- at the moment?
- in the longer term?

Some strategies that other **clinical educators** have used include:

Early identification:

- try to avoid surprises. Give lots of feedback and encourage self-reflection right from the start of the placement, raising any concerns as they arise rather than waiting for mid-COMPASS®. This way, by the time the Mid-placement Assessment is due, you can often ask the student to tell you what you are going to say, and they usually can

At the time:

- make sure both of you have a glass of water to hand
- have a box of tissues ready
- ensure that all comparisons are with the descriptors in COMPASS®, rather than with other students or based on the comments of others
- engage the student's cognitive problem-solving to inhibit emotions (e.g., by asking the student to do a pen and paper activity around selecting options or ideas to follow up, or designing timelines)
- discontinue the feedback when the experience brings forth disproportionate emotional responses (as the student cannot take in the information in that state). It is important to find out what supports are available for the student
- praise the student's positive engagement with the problem-solving process for developing their learning plan
- praise the student, in the longer term, for their engagement in learning activities designed to assist their development of competency
- review your planning for the Mid-placement Assessment with the university clinical education coordinator either before you meet with the student or afterwards. Let the student know that this is part of the requirements for clinical educators taking students, as it ensures that the student has the required support framework from the university. Encourage the student to meet with the university clinical education coordinator to review their learning plan for the remainder of the placement
- catastrophe management. Students want to know the consequences of being at risk, and the potential consequences if they fail the placement. Students should be referred to the university clinical education coordinator for this information and guidance, as the potential implications for students may vary depending on where they are in their overall academic program
- try to keep the student focused on the development of competent clinical performance in the clinical context, as pass/fail is not arbitrary but entirely principled and based on their clinical educator's report as to the competencies they have demonstrated.

Students can feel bombarded with feedback at the Mid-placement Assessment point, and it can be hard for them to identify the central units/elements of competency that are most likely to assist in their progress overall. Some of the strategies that students have used include many of those just listed, as well as:

- using the following techniques:
    - writing down the key points in relation to COMPASS® as the clinical educator talks
    - asking if you can audio-record the feedback to reflect on further later
    - seeking the opportunity for more self-reflection prior to developing the next set of learning goals
- trying to avoid comparing your ratings and feedback with those of other students. You are all going to end up at the same point—entry level. Each student will learn in

different ways, at different times and at a different rate. Focus on the competencies that you have chosen as central to your next step in developing your clinical competence. One step in front of the other will get you to your destination.

Slides 17, 18: Scenario—Developing learning goals based on Mid-placement Assessment

In Slide 12, you identified the behavioural descriptors that might best describe the level of Anna's current performance in relation to PC Unit 2: Communication:

- **Novice**: Needs a high level of support to promote recognition and understanding of impact of nonverbal, cultural and situational components of communication
- **Intermediate**: Has established a basic but effective repertoire of communication skills that can apply in simple or familiar situations including clients/caregivers and people in the workplace. Beginning to apply in wider variety of contexts.

You will recall that for Anna, difficulties with professional communication were being observed in her interactions with her fellow students and clinical educator. From the information we had to hand, it seemed that perhaps the anxiety Anna was feeling meant that she was not recognising what might be happening in a situation (e.g., parent nearby, fellow student being supported) and was impulsively seeking the attention of the clinical educator. Due to her previous personal experiences in relation to speech pathology, Anna may have also been adopting the role of client, rather than the more mature role of student professional. Anna's previous life experience provided her with reduced opportunities to develop and practice some of the social skills required for working within a team.

Learning plans involve setting specific behavioural goals and identifying a set of learning activities that will assist the learner to work towards goal achievement.

Your task

Slide 17 has suggested the following goal for Anna, to be achieved by the final week of placement: To have demonstrated consistent use of at least the following two ways to engage her peers and clinical educator in discussion about client needs:

- seeking appointments, observing principles of 'right time, right place, right topic'
- actively listening to the learning interactions of others, demonstrating the use of silence, selective paraphrasing/reflection and asking client-focused questions.

Your task

If Anna is going to move from the novice to the intermediate level of competency for communication with team members, what are some learning activities that she could undertake? Consider those that she could do within the clinic placement, at the university and in her personal life.

	In clinical context	At university	In personal life
Knowledge			
Skills			
Attributes			

Slide 19: Collaborative nature of feedback

In summary, the self-evaluation by the student at the Mid-placement Assessment plays a vital role as a springboard to change. It is through the collaborative development of ideas about how best to support the student's learning that the student's competency as a reflective practitioner grows.

Slide 20: Other tips

We know from other areas of speech-language pathology practice that early identification of issues is a powerful way to develop efficient and effective processes for change. The same principles apply in clinical education. Similarly, just as in clinical practice with our clients, in our work with students we consult as required, we develop plans for action, and as part of that plan we ensure that we have identified and harnessed the supports that everyone involved needs. And just as we ensure that we provide adequate feedback to clients to guide their learning processes and we promote the development of client self-monitoring, so too we need to ensure that students are provided with both feedback and opportunities to develop reflective evaluation skills.

Slide 21: Procedural note

This resource has been developed to provide a general resource. For specific queries about a particular student, clinical educators are encouraged to maintain close contact with the university clinical education coordinator for support and consultation.

Slide 22: COMPASS® and at risk students

In summary, COMPASS® can play an important role in identifying and guiding the development of competencies.

Slide 23: Resources

Source material used in the preparation of this resource

Byrne, N. (2007). Factors influencing the selection of speech pathology as a career: A qualitative analysis utilising the Systems Theory Framework. *Australian Journal of Career Development, 16*(3), 11–18.

Byrne, N. (2008). Differences in types and levels of altruism based on gender and program. *Journal of Allied Health, 37*(1), 22–29.

Higgs, J., McAllister, L. & Rosenthal, J. (2005). *Communicating in the health and social sciences.* Oxford, England: Oxford University Press.

McAllister, S., Lincoln, M., Ferguson, A. & McAllister, L. (2010). Assessment of performance in practicum. In L. McAllister, M. Paterson, J. Higgs & C. Bithell (Eds.), *Innovations in allied health fieldwork education: A critical appraisal* (pp. 247–260). Rotterdam, The Netherlands: Sense Publishers.

Speech Pathology Australia. (2011). *Competency-based occupational standards for speech pathologists: Entry level (revised).* Melbourne, Vic: Speech Pathology Australia.

McAllister, S., Lincoln, M., Ferguson, A. & McAllister, L. (2013) (2nd ed) *COMPASS®: COMPASS®: Competency assessment in speech pathology assessment resource manual:* Melbourne, Australia: Speech Pathology Australia.