PROBLEM SOLVING WITH COMPASS®
IN RELATION TO CLINICAL LEARNING

End-placement Assessment

Speech Pathology Australia

competency assessment in speech pathology
COMPASS®

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End-placement Assessment

Slides 1, 2: An example of an End-placement Assessment with a student at risk

The End-placement Assessment provides the opportunity for discussion about the progress that has occurred during the student's placement as a whole, and particularly since the Mid-placement Assessment. The End-placement Assessment is summative in providing ratings about the level of competence at that point. It is also formative in providing the student with an opportunity to develop learning plans for their next clinical experience (i.e., in further placements or, in the case of a student soon to graduate, for their professional development as a qualified speech pathologist).

This resource provides an example scenario of a (hypothetical) student and clinical educator at the End-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 students in 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 consequences for students who are identified as at risk can vary, depending on the degree program in which they are enrolled. Thus, for example, depending on the structure of the program and the requirements for progression, students may be required to complete additional clinical experiences or to repeat an equivalent clinical experience. Whenever a clinical educator considers that a student is at risk of not meeting requirements, they need to contact the university's clinical education coordinator, who will provide information and support as appropriate. However, in all cases, for the clinical educator who is carrying out the End-placement Assessment, the primary aim of identifying a student at risk at the End-placement Assessment is to work with the student to prepare for the next steps in their learning.

Slide 4: Scenario

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

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

Slide 5: Edward

Hi, my name's Edward and I'm a CE [clinical educator]. I've supervised three speech pathology students before in this acute hospital setting. I enjoy having students because they keep me up to date with the latest research literature, and they ask great questions, which helps me to continue learning. The other students I've supervised have each been different in their own way, but I'm worried I won't be able to pass my current student, Andrew. This is his first adult clinical placement, so I know that it's all very new to him. However, I also know that his next adult clinical placement will be the final one with an adult caseload before he finishes his degree, and I don't think he's ready to manage the expectations of that final adult placement.

He's a great bloke—a bit older than me, actually. He used to work in hospitality, so he's really confident and outgoing. He's getting on famously with our clients, and he's working really well with the other staff. He's so great at the social side that it's almost as if he **looks like** he's doing therapy, when really I'm not sure he actually knows what he's doing, and that's what's worrying me. Let me give you an example. He's found an OMA form that he likes in the filing cabinet, and he works his way through all of it every time he sees a patient. It takes forever, and even when I say we don't have time and he needs to prioritise the sections that will be most helpful, he just keeps on going. He started doing it with a patient we had with severe Wernicke's aphasia the other day, so I just stepped in and stopped him. Later on, when I asked him why he thought it was important to go through the whole form, he said that he was 'screening' for dysarthria. However, even when he has gone through the test for a patient with dysarthria, he can't tell me what the results mean. It's not that I want him to come up with a 'label' or anything, but he can't describe what he observed in relation to the sorts of difficulties the patient is having with their speech. I've given him some readings that I thought might help, but when I ask him what he understood from them, he just says he's had a lot of uni assignments to do and hasn't got to them.

At the Mid-placement Assessment on COMPASS®, I didn't indicate that any units of competency were at risk because he'd only been up and running for about five days by then. (I get my students to spend a fair bit of time observing me, and then sharing sessions together, before I get them to work more directly with the patients, with me observing.) So, because he was so confident, all his ratings were basically somewhere between novice and intermediate, which seemed okay. But if I rate him now, I'm thinking he'll still be where he was back then. I haven't had to give that kind of feedback to a student before. How do I go about it?

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 Edward to clarify his thinking, to relate his observations to 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 (2nd edition) (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 Edward, 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 sketchy, 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 Edward?
2. Which of the units/elements do you think might be the most central for facilitating Andrew's progress in the development of clinical competencies?

Slide 7: Sharing clinical educator and student perspectives

If the End-placement Assessment were solely summative, it could be carried out in the absence of the student. However, since the assessment is also formative, it is essential that both the clinical educator and the student share their perspectives on the level of performance achieved.

As the clinical educator, it would be important for Edward to understand Andrew's perspective. Meet Andrew on the next slide (8).

(If you have now met both Edward and Andrew, follow this link to Slide 11: Central Competencies.)

Slide 8: Andrew

Hi, my name's Andrew and I'm at the end of my first adult placement. It's an adult acute hospital placement and I'm sitting here at home staring at COMPASS® online on the screen. My CE, Edward, told me I had to go in and do my self-evaluation. I didn't do it for the Mid-placement Assessment because I couldn't see the point—we could just talk it through

anyway. I did the self-evaluation thing on my child placement and it's really just a case of clicking somewhere on the line and then the CE telling you that they're lower than you after they've looked at yours. Sorry to sound so cynical, but I mean, you can either do the job or you can't, as far as I'm concerned.

I can't wait to get to the next placement because then I'll be finished and have a 'real' job. I'm so sick of working in hospitality—I must be getting old! That's my phone. Might as well leave this for now.

Slide 9: Identifying resources within COMPASS® and Competency-based Occupational Standards (CBOS, 2011)

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

Competency-based occupational standards for speech pathologists: Entry level (revised):

- 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:

- for detailed descriptions 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 Andrew, 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 administer assessments incorrectly, 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 Andrew?
2. Which of the units/elements do you think might be the most central for facilitating Andrew's progress in the development of clinical competencies?

Slide 10: Sharing clinical educator and student perspectives

If the End-placement Assessment were solely summative, it could be carried out in the absence of the student. However, since the End-placement Assessment is also formative, it is

essential that both the clinical educator and the student share their perspectives on the level of performance achieved.

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

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

Slide 11: Central competencies involved in this scenario

Edward'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 Edward and I'm a CE. I've supervised three speech pathology students before in this acute hospital setting. I enjoy having students because they keep me up to date with the latest research literature, and they ask great questions, which helps me to continue learning. The other students I've supervised have each been different in their own way, but I'm worried I won't be able to pass my current student, Andrew. This is his first adult clinical placement, so I know that it's all very new to him. However, I also know that his next adult clinical placement will be the final one with an adult caseload before he finishes his degree, and I don't think he's ready to manage the expectations of that final adult placement.

He's a great bloke—a bit older than me, actually. He used to work in hospitality, so he's really confident and outgoing. He's getting on famously with our clients, and he's working really well with the other staff (PC2.1, 2.3). He's so great at the social side that it's almost as if he **looks like** he's doing therapy, when really I'm not sure he actually knows what he's doing, and that's what's worrying me. Let me give you an example (PC1.1, 1.3). He's found an OMA form that he likes in the filing cabinet, and he works his way through all of it every time he sees a patient (OC1.2, 1.3). It takes forever, and even when I say we don't have time and he needs to prioritise the sections that will be most helpful, he just keeps on going (PC3.4). He started doing it with a patient we had with severe Wernicke's aphasia the other day, so I just stepped in and stopped him. Later on, when I asked him why he thought it was important to go through the whole form, he said that he was 'screening' for dysarthria. However, even when he has gone through the test for a patient with dysarthria, he can't tell me what the results mean (OC2.1, 2.3). It's not that I want him to come up with a 'label' or anything, but he can't describe what he observed in relation to the sorts of difficulties the patient is having with their speech. I've given him some readings that I thought might help, but when I ask him what he understood from them, he just says he's had a lot of uni assignments to do and hasn't got to them (PC3.2, 3.3, 4.4; OC7.2).

At the Mid-placement Assessment on COMPASS®, I didn't indicate that any units of competency were at risk because he'd only been up and running for about five days by then. (I get my students to spend a fair bit of time observing me, and then sharing sessions together, before I get them to work more directly with the patients, with me observing.) So, because he was so confident, all his ratings were basically somewhere between novice and intermediate, which seemed okay. But if I rate him now, I'm thinking he'll still be where he was back then. I haven't had to give that kind of feedback to a student before. How do I go about it?

Andrew'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 Andrew and I'm at the end of my first adult placement. It's an adult acute hospital placement and I'm sitting here at home staring at COMPASS® online on the screen. My CE, Edward, told me I had to go in and do my self-evaluation. I didn't do it for the Mid-placement Assessment because I couldn't see the point—we could just talk it through anyway (PC3.1, 3.3; OC7.2). I did the self-evaluation thing on my child placement and it's really just a case of clicking somewhere on the line and then the CE telling you that they're lower than you after they've looked at yours (PC4.4; OC6.3). Sorry to sound so cynical, but I mean, you can either do the job or you can't, as far as I'm concerned (PC3.2, 3.3).

I can't wait to get to the next placement because then I'll be finished and have a 'real' job. I'm so sick of working in hospitality—I must be getting old! That's my phone. Might as well leave this for now.

Identifying the shared perspective

Edward and Andrew share the view that Andrew is confidently approaching clinical work and is a confident communicator with patients and team members (PC Unit 2). However, Edward has yet to observe flexibility in assessment tasks (OC Unit 1). Further, Edward is worried that he is yet to observe Andrew attempting to develop his theoretical and clinical understandings in relation to the assessment of patients (PC Unit 3). He is concerned that Andrew has not taken up opportunities to develop his learning based on feedback or reading. Edward's perspective is well aligned with that of the *COMPASS®: Competency assessment in speech pathology assessment resource manual* in viewing clinical competence as developmental in nature. However, Andrew has a pass/fail view of competence, so is resisting the self-evaluation ratings involved in the tool.

Slide 12: Describing the level of competence

There are general behavioural descriptors for 'novice', 'intermediate' and 'entry-level' provided in the *COMPASS®: Competency assessment in speech pathology assessment resource manual* (Speech Pathology Australia, 2013). 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.

Slides 13, 14: Specific description in relation to the scenario

Edward and Andrew need to consider the behavioural descriptors for 'novice', 'intermediate' and 'entry-level' competence for those specific units provided in the *COMPASS®: Competency assessment in speech pathology assessment resource manual* (Speech Pathology Australia, 2013). They each need to be prepared to discuss these considerations when they meet in order to develop Andrew's learning plan collaboratively.

Your task

Identify which behavioural descriptors best describe Andrew's performance (based on the information to hand) for the units and elements that you identified as central for facilitating Andrew's progress in the development of clinical competencies (e.g., the competencies involved in communication in teams—PC3.1, OC7.2).

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 behaviours (as is the case for any assessment, such as for those used to describe and evaluate our clients’ communication).

Slide 15: The End-placement Assessment interaction

So far, the processes described could have been carried out by the clinical educator and the student either separately or together. However, the End-placement Assessment interaction necessarily involves both the clinical educator and the student. In the scenario, Edward and Andrew are likely to ‘come to the table’ with very different agendas.

Your task

What affective issues do you think are involved for Edward? What about for Andrew?

What do the previously outlined processes for the End-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 the student?

Slide 16: Implications for the supervisory relationship and the assessment process

Edward, the clinical educator, has told us that he is apprehensive about providing negative feedback. Given that he mentions that Andrew is older and confident, he may also be unsure about how he will manage to communicate assertively in the interaction. In contrast, Andrew is unconcerned about the prospect of feedback, so is likely to be surprised by the negative feedback. Since he is very confident about his skills and since no concerns were raised in the Mid-placement Assessment, he may also feel that he has had insufficient opportunity to demonstrate the performance level required.

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 discussion is more likely to serve as a foundation for the development of ideas about suitable additional experiences, and learning activities and strategies. 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?’. In doing so, it allows the assessment to be as much about feed**back** as about feed**forwards**.

The neutrality offered by 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 clinical educator who did not feel some degree of anxiety in approaching an assessment situation involving evaluations of less-than-satisfactory performance. Additionally, in situations in which individuals receive unexpected negative feedback, it would not be uncommon for them to react initially with surprise and fear/anger in relation to the possible consequences.

Your task

What strategies have you used in the past that have helped to maintain a task-focused interaction during performance assessments such as this one:

- as the assessor?
- as the person being assessed?

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

- making sure both of you have a glass of water to hand
- having a box of tissues ready
- ensuring that all comparisons are with the descriptors in COMPASS®, rather than with other students or based on the comments of others
- engaging 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)
- discontinuing 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 what supports are available for the student
- praising the student's positive engagement with the problem-solving process for developing their learning plan
- reviewing your planning for the End-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
- encouraging the student to meet with the university clinical education coordinator to review their options
- 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
- trying to keep the student focused on the development of competent clinical performance in the clinical context, as pass/fail is not arbitrary but principled and based on their clinical educator's report as to the competencies they have demonstrated.

Students can feel overwhelmed with worry (or anger) in such situations, particularly when unexpected, and can find themselves unable to focus on forward planning until they have the opportunity to explore potential consequences and/or to review the process of the assessment. Some of the strategies that other **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 come back to the discussion after having time to consult with the clinical education coordinator, and after having time to more fully reflect on your learning experiences and performance in relation to the COMPASS®
    - asking if you can audio-record the feedback to reflect on further later

- avoiding 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. Try to keep your focus on your competence, not on passing. One step in front of the other will get you to your destination.

Slide 17: Scenario—Developing learning goals based on Mid-placement Assessment

In Slide 12, you identified the behavioural descriptors that might best describe the level of Andrew's current performance in relation to reflection—PC3.1, OC7.2.

Novice:

- needs high levels of structure, guidance and support to identify meaningful aspects of his/her performance in a situation, to reflect on and evaluate this performance and to identify possible responses to these insights
- is strongly focused 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.

It is also helpful to consider the behavioural descriptors as a guide to the formation of short- and long-term learning goals. For example, in Andrew's situation, his next steps (short-term goals) are captured by other aspects of reflection that are still within the novice level, for example:

- participates in the identification of his/her strengths, weaknesses and learning needs with 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 suggested by the clinical educator (COMPASS®).

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

If Andrew is going to aim to develop his competence in reflective practice from the novice to intermediate level of competency, what are some learning activities that Andrew could undertake? Consider those that he could do within the clinic placement, at the university and in his personal life. Also consider those that target knowledge, skills and personal attributes.

	In clinical context	At university	In personal life
Knowledge			
Skills			
Attributes			

Source material used in the preparation of this resource

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