



COMPASS[®]

COMPETENCY ASSESSMENT IN SPEECH PATHOLOGY

ASSESSMENT RESOURCE MANUAL



Acknowledgments

The COMPASS[®] assessment tool and resource manual have been compiled by Dr Sue McAllister, Associate Professors Michelle Lincoln, Alison Ferguson and Lindy McAllister. The COMPASS[®] is based on research conducted by Dr Sue McAllister in the course of her PhD studies supervised by Associate Professor Michelle Lincoln, co-supervised by Associate Professors Alison Ferguson and Lindy McAllister. This project resulted from cross-institutional research with the University of Sydney, Charles Sturt University and University of Newcastle, funded through the Australian Research Council with the Speech Pathology Association of Australia Ltd as the Industry Partner.



The University of Sydney
Faculty of Health Sciences

SCHOOL OF COMMUNICATION
SCIENCES AND DISORDERS

CHARLES STURT
UNIVERSITY



The UNIVERSITY
of NEWCASTLE
AUSTRALIA

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Competency Assessment in Speech Pathology

Assessment Resource Manual

1 Introduction

The Competency Assessment in Speech Pathology (COMPASS[®]) is a validated measurement tool for determining levels in competency of pre-Entry-Level speech pathology students. This Assessment Resource Manual includes information on the standardised procedures for use of the COMPASS[®] by clinical educators and students and supplementary materials that can be used to support judgement of students' competence. Technical information required to statistically convert ratings into a valid measure of competency and provide other diagnostic information regarding student performance is available in a separate technical manual for university programs.

2 Description of the COMPASS[®]

The assessment materials are in two parts: COMPASS[®] Assessment Booklet and COMPASS[®] Resource Manual. In addition, clinical educators and students are advised to have available a copy of the Competency Based Occupational Standards (CBOS) for Speech Pathologists – Entry-Level (Revised) (Speech Pathology Australia, 2001). This document provides useful detail in the form of performance criteria and cues that should be considered when judging performance on these competencies. Copies of the CBOS are available from the practicum coordinators of university speech pathology programs, Speech Pathology Australia or can be downloaded from their website at <http://www.speechpathologyaustralia.org.au/>.

The following is a more detailed explanation of the COMPASS[®] assessment materials.

1. COMPASS[®] Assessment Booklet

The judgement of the student's competency is recorded by placing a mark on the rating line in the booklet for each of the eleven competencies. The eleven competencies assessed by the COMPASS[®] are a combination of two closely interrelated sets of competencies. The first set of four competencies rated are the "Generic Professional Competencies". These competencies underpin the performance of the second set of seven occupational or CBOS competencies in the assessment booklet. Rating is carried out with reference to Behavioural Descriptors that will inform and guide the decision as to where to place the rating mark on the rating line.

Assessment is carried out on two occasions. A more detailed formative rating of each unit and element of competency is required half way through the placement (Mid Placement Assessment) to enable tracking of progress and to assist the

clinical educator and student in planning for his/her learning over the remainder of the placement. This will involve making a rating of the student's competency on each of the elements for all eleven competencies and making an overall rating on the scale that will be later used at the End Placement Assessment. The summative rating at the end of the placement is a briefer assessment of competency at that point of time. The Mid Placement Assessment scales and End Placement Assessment scales are interleaved in the assessment booklet, the End Placement Assessment scales are on odd numbered pages bordered in black.

Behavioural Descriptors to guide the assessment of competency are provided on a fold out sheet for reference when rating on all units of competency. These descriptors summarise three of the seven levels of student performance that the COMPASS[®] is able to identify once the ratings are analysed by the student's university program.

2. COMPASS[®] Resource Manual

This manual provides information regarding the use of the COMPASS[®] Assessment Booklet and also provides more detail to assist the clinical educator and student with the assessment task, should it be required. This information includes the following:

- Explanations of terminology used in the assessment format;
- A detailed analysis of what competencies are included under each of the Generic Professional Competencies at a Unit, Element, Performance Indicators and Cue level;
- More information on the meaning of the General Behavioural Descriptors of 'Novice', 'Intermediate', and 'Entry-Level' that accompany the rating scales;
- Examples of how these Behavioural Descriptors might be applied to the Generic Professional and CBOS Units of Competency. These are detailed examples of what Novice, Intermediate and Entry-Level student performance might 'look' like on the Units of Competency;
- References and Resources.

3 Assessment Procedure

The COMPASS[®] has been subjected to a rigorous research procedure and to safeguard its reliability and validity it must be used according to the assessment guidelines detailed below. While all assessment is necessarily subjective and relies on judgement, the COMPASS[®] format provides excellent support to ensure that judgement is based on a shared understanding of competency. This procedure enables clinical educators and students to generate ratings that can be validly used by the university programs to statistically generate a reliable measure of competency for the student.

General guidelines:

- Do NOT alter the assessment format or procedure in any way;
- Use only the Behavioural Descriptors and your professional judgement to guide ratings;
- Ensure that you complete the university program’s requirements as well as the COMPASS[®] assessment;
- It is recommended that assessment be a shared process between the clinical educator and the student; please check with the university coordinator of student placements as to the preferred method for carrying this out.

It is recommended that the clinical educator and student familiarise themselves with the COMPASS[®] Resource Manual and CBOS competencies prior to carrying out the assessment. It is helpful to be aware of knowledge/skills/attitudes included under each competency and understand how the Behavioural Descriptors are interpreted and applied to the competencies.

Rating Procedure

The Behavioural Descriptors are detailed on the fold out page (the last page) of the Assessment Booklet document. Before rating on the Assessment Booklet, the Behavioural Descriptors must be unfolded so that they are placed to the right of the booklet to refer to when each rating page is opened. Performance levels, with reference to the Behavioural Descriptors, can be indicated in three ways:

1. Rating the performance level on the rating line by placing a clearly marked vertical line at the point on the line that represents the judgement of the student’s level of competency;
2. Ticking ‘Not Observed’ if there has not been an opportunity to participate in placement experiences related to ANY elements of this competency OR if the student is unable to demonstrate Novice level competency despite opportunity to do so;
3. Ticking ‘Above Entry-Level’ if performance is deemed to be above the level expected for a new graduate.

Also indicate Yes/No to the statement ‘Is the student at risk of not developing sufficient competency on this unit during this placement?’ It is in the best interests of everybody concerned to indicate ‘yes’ if this statement is currently true as it will enable appropriate remedial action to support the student’s development should it be required. The decision regarding this statement will be made with reference to expectations related to year level and amount of workplace experience, the placement, and the speech pathology program’s expectations. If you have any questions or require assistance with this judgement, it is important to contact the practicum coordinator.

NOTE: The end point of the rating line represents entry–level performance i.e. the point at which the student would be sufficiently competent to enter the workforce. Behaviours indicative of Entry-Level competence are summarised in the Behavioural Descriptors in the Assessment Booklet, are elaborated on further in the Resource Manual (see Pages 8, 17-39). ‘Above Entry-Level’ performance would be any performance that exceeds these expectations e.g. is performing at a level more representative of a more experienced graduated professional (see page 7 for further detail on the rating scale and terminology).

Mid Placement Assessment

The Mid Placement Assessment is to be carried out at the half way point of the placement and is more detailed than the End Placement Assessment. It is an important formative assessment of progress and provides an opportunity to identify and plan to address the learning needs of the student and set goals for the remainder of the placement. This Mid Placement Assessment also provides the foundation for valid judgements on the End Placement Assessment and thus should NOT be omitted without consultation with the practicum coordinator if exceptional circumstances appear to apply.

The procedure for the Mid Placement Assessment is as follows:

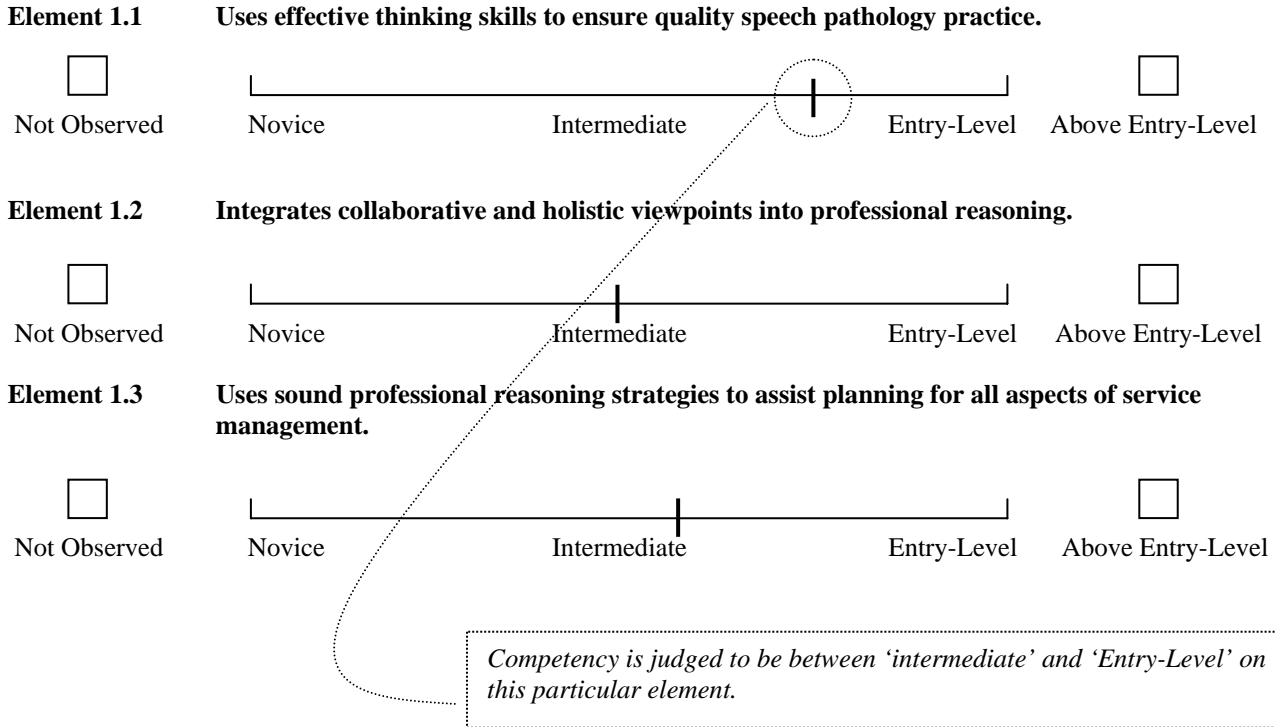
1. Open out the Behavioural Descriptors sheet so that it sits to the right of the booklet and is visible while making the rating decision;
2. Rate each element of competency, with reference to the Behavioural Descriptors, on the rating line provided OR tick the 'Above Entry-Level' box Alternatively, if there has not been an opportunity for the student to be observed on **any** aspect of the competency being rated, tick the 'Not Observed' box. Please refer to all elements and performance criteria before making this decision;
3. Tick the appropriate yes/no box after the statement 'Is the student at risk of not developing sufficient competency on this unit during this placement?'
4. Make an overall rating on the Mid/End Placement Assessment rating line (on the odd numbered pages bordered in black) for each competency. This mark must be labelled '**M**' to indicate that this represents the Mid Placement Assessment mark. See the examples in this Resource Manual of how to carry out this rating. Alternatively tick the 'Not Observed' or 'Above Entry-Level' box labelled 'Mid'. See Fig 2 for an example of how to carry out this rating;
5. Once each competency has been rated, turn to page 28 titled 'Overall Rating of Competency' and make a summary rating that indicates overall level of competency at Mid Placement. Also circle the appropriate term in the statement below the VAS "Overall performance at Mid Placement is satisfactory / unsatisfactory";
6. If required by the practicum coordinator, complete and return any forms regarding the assessment.

Figure 1. Example of using the rating line for Mid Placement Ratings

GENERIC PROFESSIONAL COMPETENCY UNIT 1: 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 “Mid/End Placement Assessment” form that follows.



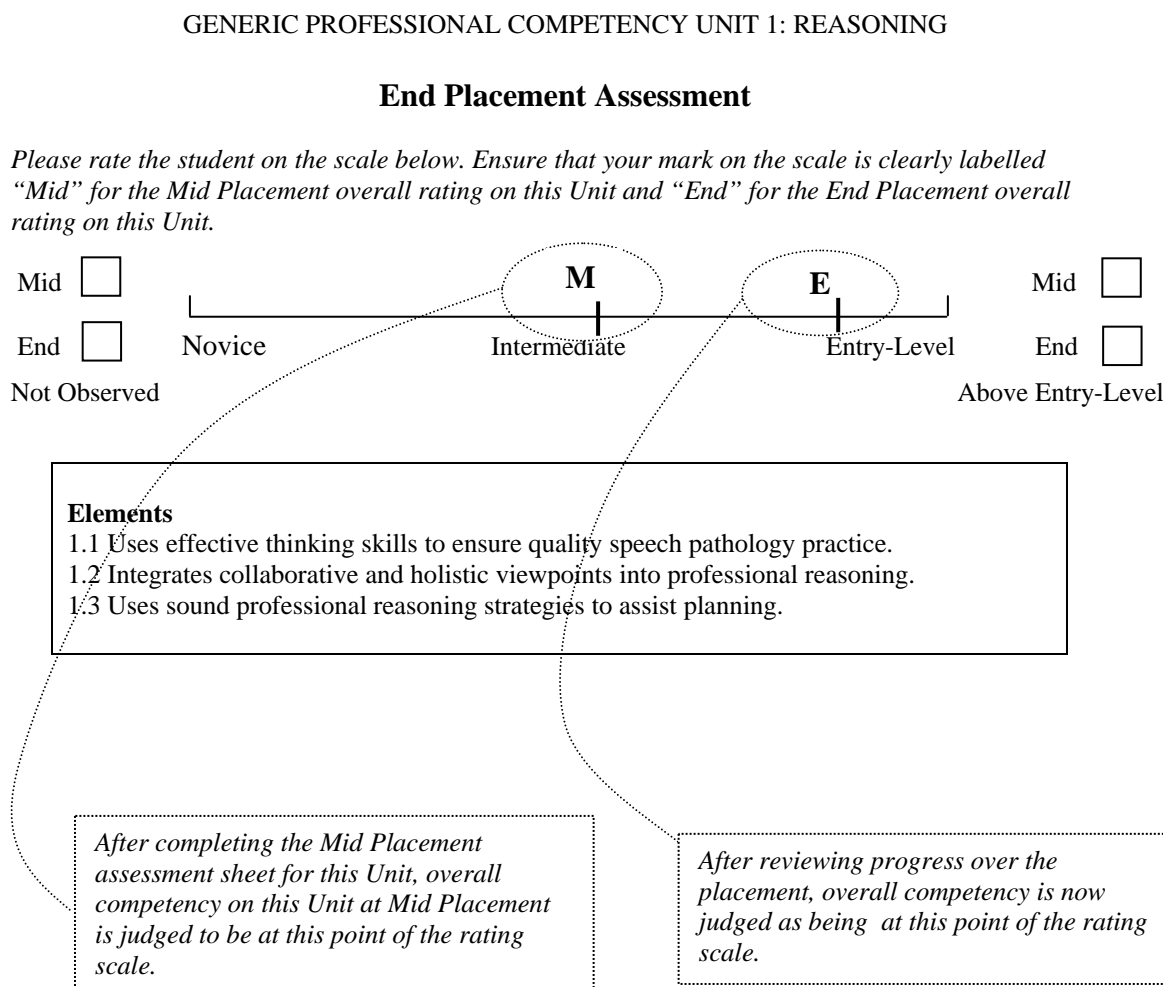
End Placement Assessment

The End Placement Assessment is the final, summative assessment of the student’s current level of competency at the completion of the placement.

One summary rating of performance is required for each Unit of Competency on the odd numbered Mid/End Placement Assessment pages. The same rating procedure is used as for Mid Placement Assessment and the End Placement Assessment mark on the rating line must be clearly labelled “E” to distinguish it from the Mid Placement Assessment mark. A separate set of ‘Not Observed’ and ‘Above Entry-Level’ tick boxes (labelled ‘End’) are also provided for the End Placement Assessment. See Fig. 2 for an example of how to carry out this rating.

Ratings on each of the elements can be reviewed at End Placement Assessment if required and a second vertical line marked ‘E’ can be placed on the Mid Placement Assessment element scales to assist with making the overall judgement of End Placement competency. This procedure is **optional** and can be used if deemed helpful by the clinical educator or student.

Figure 2. Example of using the rating line on an End Placement Assessment



4 Resource Material

4.1 Terminology

Rating Scale

The scale format used in the COMPASS[®] is a Visual Analogue Scale (VAS). Research on the COMPASS[®] confirmed that this scale format was an excellent vehicle for reliably and validly indicating performance and preferable to categorical scales (McAllister, 2005).

Please note that the start point of the scale is defined as ‘novice’ and is the point at which students **begin** their first workplace experience. The end point is defined as ‘Entry-Level’ or the point at which a student is sufficiently competent to enter the profession. Thus performance is to be rated with reference to Entry-Level competency (see pages 8, 17-39 for guidance on this performance standard), regardless of experience, place in the course or length of the placement.

Do **not** rate in comparison to expectations for students at a similar stage in their education i.e. treating the mid point of the scale as the ‘average’ level of performance

for a student with this amount of experience on this specific placement. This would result in inflated ratings and lack of shared understanding as to what type of performance is required to be deemed ready to graduate and practice in that particular workplace.

The Behavioural Descriptors further define the terms ‘Novice’, ‘Intermediate’ and ‘Entry-Level’.

Entry-Level and above Entry-Level

Entry-Level performance is a performance that indicates that a student is sufficiently competent to enter the profession. The CBOS (Speech Pathology Australia, 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 e.g. 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.

Performances indicating an exceptional level of competence, in advance of that expected for newly graduated speech pathologists, can be nominated as ‘above Entry-Level’ by ticking that box rather than rating on the VAS. This would indicate that a student is more independent or has higher levels of expertise than would be expected for a new graduate entering a workplace and is appropriate in the exercise of these skills. For example, the student is judged as being able to provide effective and appropriate services to complex client groups with no or minimal guidance.

Behavioural Descriptors

The Assessment Booklet includes a brief description of three of the seven performance levels it can reliably identify: Novice, Intermediate, and Entry-Level (Competent). A more detailed analysis of each of these levels is also included in this Resource Manual. The criteria for these Behavioural Descriptors have been developed with reference to developmental hierarchies developed 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 (Bloom, 1994) 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 required to perform a skill competently, for example: Anderson, 1988; and Brasseur, 1989.

4.2 Generic Professional Competencies

Introduction

The Generic Professional Competencies 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 (Speech Pathology Australia, 2001). Research with the COMPASS[®] confirms that these competencies, combined with the CBOS competencies, define a coherent underlying variable of competency (McAllister, 2005).

The following is a more detailed outline of the Generic Professional Competencies than provided in the Assessment Booklet and follows the CBOS (Speech Pathology Australia, 2001) format for consistency.

Detailed Description of the Generic Professional Competencies

Generic Professional Competency Unit 1: 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 professional 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 e.g. 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 professional 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 reasoning process.

Element 1.3

Uses sound professional 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 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 reasoning skills continuously throughout client management to plan, evaluate/monitor, and modify each phase of service to the client.

Generic Professional Competency Unit 2: 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 email and pages on the Internet;*
 - *Electronic presentation software e.g. 'PowerPoint';*
 - *Presentation technology such as slide and 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 Professional 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 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 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, 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 Professional Competency Unit 4: Professionalism

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 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 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, 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 practice including professional 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 Professional Competencies involved in reflection, critical thinking, 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.

4.3 Behavioural Descriptors: Detailed Version

The COMPASS[®] includes a summary version of the Behavioural Descriptors to guide ratings on the VAS. The following is a more detailed description of each of these levels of performance.

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 speech pathology workplace 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 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 and how they interrelate and can be applied to the particular speech pathology 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 professional 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 professional 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.

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

The following section outlines some examples of the types of behaviours that **may** be engaged in at the three stages of development described by the Behavioural Descriptors. They have been developed by applying the Behavioural Descriptors to each of the Generic Professional Competency and CBOS 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**.

GENERIC PROFESSIONAL COMPETENCY UNITS

Generic Professional Competency Unit 1: Reasoning

Elements

- 1.1 Uses effective thinking skills to ensure quality speech pathology practice;
- 1.2 Integrates collaborative and holistic viewpoints into professional reasoning;
- 1.3 Uses sound professional 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 reasoning process;
- Uses large amounts of time and conscious effort to participate in activities requiring professional 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 makes 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 develops 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, 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 professional reasoning;
- Requires moderate amounts of time and conscious effort to participate in activities requiring reasoning skills.

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 develops and carries out a comprehensive plan to address them.

Generic Professional Competency Unit 2: 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 e.g. 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 e.g. 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 e.g. 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 e.g. 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 e.g. 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 seeks to refine these skills;
- Manages some complex communication situations e.g. responding appropriately to client's distress, but seeks support and/or training to assist him/her to manage difficult communication situations e.g. conflict with colleagues;
- Monitors the impact of his/her communication skills upon the client e.g. 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 e.g. recognises and follows 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 e.g. conference presentation, and media e.g. 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 e.g. resolving differences of opinion;
- Recognises issues in the workplace which have broad implications and participates in addressing these.

Generic Professional 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 that may represent core principles in speech pathology work;
- Is resilient i.e. 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 priorities, 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 e.g. 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 speech pathology processes being engaged;
- 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 workplace situation that represent core principles e.g. 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 e.g. 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 Professional Competency Unit 4: Professionalism

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 speech pathology responsibilities;
- Discharges limited/simple responsibilities reliably e.g. rings clinic to cancel sessions if ill, follows through on agreed commitments;
- Respects facilities, materials, and staff of the organisation e.g. 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 sessions with familiar clients and across a routine work day e.g. 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 e.g. 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 e.g. 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 e.g. 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 working 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 e.g. 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 e.g. asking for ideas and feedback from colleagues on aspects of service delivery;
- Is client centred e.g. can focus on the client's needs and seeks his/her point of view regarding their needs and priorities;
- Is holistic in service provision e.g. 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.

CBOS COMPETENCIES

CBOS Unit 1: Assessment

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 (Speech Pathology Australia, 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 options 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 e.g. 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 (Competent) Student

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 booklet that is 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 e.g. medico legal assessment.

CBOS Unit 2: Analysis and Interpretation

Elements

- 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.

CBOS pp 7-8 (Speech Pathology Australia, 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 relates 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 (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;
- 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

- 3.1 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;
- 3.2 Seeks additional information required to plan speech pathology intervention;
- 3.3 Discusses long-term outcomes and decides, in consultation with client, whether or not speech pathology strategies are appropriate and/or required;
- 3.4 Selects speech pathology program or intervention in conjunction with the client and significant others;
- 3.5 Establishes goals for intervention;
- 3.6 Defines roles and responsibilities for the management of the client's swallowing and/or communication condition and issues;
- 3.7 Documents speech pathology intervention, plans, goals, outcomes, decisions, and discharge.

CBOS pp 9-12 (Speech Pathology Australia, 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 e.g. 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 e.g. 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 speech pathology decision making with evidence from the literature. More complex cases or contexts are discussed with or referred to more experienced speech pathologists e.g. 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

- 4.1 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.

CBOS pp 13-14 (Speech Pathology Australia, 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 speech pathology 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 e.g. when trialling 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 e.g. 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 e.g. notification of child abuse.

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

Elements

- 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.

CBOS pp 15-17 (Speech Pathology Australia, 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 e.g. 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 e.g. 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 e.g. 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 organisation;
- 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 organisation 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 e.g. participates in on site journal club;
- Participates in service evaluation procedures.

CBOS Unit 6: Professional, Group, and Community Education

Elements

- 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.

CBOS pp 18-19 (Speech Pathology Australia, 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 e.g. 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 e.g. 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 speech pathology 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 speech pathology work.

CBOS Unit 7: Professional Development

Elements

- 7.1 Upholds the Speech Pathology Australia *Code of Ethics*;
 - 7.2 Continues professional development;
 - 7.3 Demonstrates an awareness of formal and informal networks for professional development and support and a capacity to develop them;
 - 7.4 Develops personal growth and professional identity as a speech pathologist.
- CBOS pp 20 (Speech Pathology Australia, 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 e.g. 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 work 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 speech pathology 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 speech pathology 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 speech pathology problem he/she is addressing e.g. 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 speech pathology 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 e.g. 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 e.g. organisational liaison and planning. Seeks professional development to promote these skills where required;
- Acts as a mentor to Novice level students.

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