BENCHMARKING CLINICAL LEARNING IN SPEECH PATHOLOGY TO SUPPORT ASSESSMENT, DISCIPLINE STANDARDS, TEACHING INNOVATION AND STUDENT LEARNING

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2008
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Executive summary

This Australian Learning and Teaching Council funded Priority Project, “Benchmarking clinical learning in speech pathology to support assessment, discipline standards, teaching innovation and student learning” has been highly successful in achieving national learning and teaching outcomes within the Discipline of Speech Pathology. Through the leadership of the Project Team all Speech Pathology Programs in Australia and New Zealand successfully embedded an established valid and reliable system of competency assessment of work integrated learning, COMPASS™, into their clinical education curriculums. Programs were supported to use the measurement functionality of COMPASS™ to establish internal benchmarks of student performance. Through an ongoing highly collaborative process the participating programs developed a model for ethical cross institutional benchmarking of student learning outcomes that was successfully trialled in the later stages of the project. The development of the benchmarking process and the formation of a community of practice of Speech Pathology educators have exciting implications for future developments in learning and teaching in Speech Pathology.
1. Background and Purpose

1.1. Introduction

This document provides a final report on the Priority Project “Benchmarking clinical learning in speech pathology to support assessment, discipline standards, teaching innovation and student learning”, an international collaborative project conducted in the discipline of Speech Pathology from September 2006 to May 2008.

The purpose of this project was to build the capacity of speech pathology university academics to monitor and improve the quality of their teaching, assessment, work integrated learning programs, and ultimately graduates. The project capitalized on the introduction of COMPASS™ (McAllister, Lincoln, Ferguson and McAllister, 2006) a newly developed competency based assessment tool, across all speech pathology programs in Australia and New Zealand in 2006/2007. COMPASS™ has been found to be a valid and reliable assessment of speech pathology students’ performance in workplace settings (McAllister, 2005) and is able to provide sound, interval level measurement of students’ degree of workplace competency. This measurement functionality was identified as a unique opportunity for academics to develop a pool of data on student performance in practicum to inform their learning and teaching decisions. Benchmarking of COMPASS™ data within and across topics incorporating practicum and across institutions was identified as a strategy to monitor and improve program quality.

The project provided support to academics across 16 higher education programs in 12 universities across Australia and New Zealand (see Appendix 7.1 for full listing of programs/universities) – representing the full complement of speech pathology programs in these countries. Site visits, meetings (summits), website and telephone and computer conferencing were used to facilitate the familiarisation of speech pathology educators with the measurement capabilities of COMPASS™. Educators were supported to apply this understanding to the development and evaluation of standards for student performances within topics to improve learning and teaching practices. Project participants also collaborated over the life of the project to develop an ethical model for cross-institutional benchmarking of student assessment data yielded by COMPASS™, along with other resources to assist their use and interpretation of COMPASS™ data.

1.2. Aims of the Project

The project aimed to ensure that COMPASS™ was integrated and used within programs such that valid data was generated. The long term goal was to enable programs to evaluate and monitor quality over time through benchmarking this data within and across topics and programs in relation to teaching, assessments, clinical experiences, and ultimately the resulting graduates. It was also aimed to facilitate participating academics and programs’ ability to use the measurement functionality of COMPASS™ to engage in collaborative research on learning and teaching issues.
The proposed broad aims for this project were:

1. The embedding of COMPASS™ within Speech Pathology curricula nationally
2. Development of threshold performance standards of student learning outcomes from clinical education subjects within institutions
3. The establishment and trialling of policies and procedures for cross institutional benchmarking of student clinical competency.
4. The establishment of within and cross institutional research projects investigating approaches to learning and teaching in clinical education

1.3. The project team

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

The project team members were:

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

For further details about the project team members, see Appendix 7.2 of this report.

1.4. The significance of the project

Benchmarking student performance within and across professional education programs as a strategy to examine learning and teaching practices is an entirely new endeavour within the higher education sector. Where benchmarking has occurred previously programs or universities have compared ‘inputs’ such as content and processes. Success has been measured by degree of adherence to pre-determined standards (e.g. documentation of curriculum) or improved cost-benefit outcomes, rather than directly measuring ‘outputs’ in terms of student learning/performance (Higgs & McMeeken, 1997a & b; WFME, undated; CHEMS, 1998).

This project is therefore at the forefront of current educational practice. It aimed to utilise data generated from a newly created assessment strategy in combination with existing knowledge regarding best practice in learning and teaching, to extend our knowledge regarding learning on practicum through the innovative application of benchmarking strategies. This project was an opportunity to evaluate the utility and feasibility of several aspects of benchmarking student performance and the reciprocal impact of this activity on curriculum improvement. These aspects include whether benchmarking could indeed be effectively established within programs and used to improve curriculum, and whether
agreement and processes could be established to enable benchmarking student data across universities.

1.5. COMPASS™ Data

The summative COMPASS™ assessment results in ratings being made on 11 visual analogue scales, one for each of the 4 Generic Competencies and 7 Occupational Competencies assessed. These ratings are measured to identify which of 7 increasingly sophisticated categories of performances the mark represents. The first category represents novice performance and the final represents entry level performance (ready to graduate). As COMPASS™ is a psychometrically validated educational assessment, the 11 ratings can be summed to create a Raw Score, this score can then be converted into either an overall Competency Score or Zone of Competency by referring to a Table of Measures (McAllister, Lincoln, McAllister, Ferguson, 2006).

The following are the types of data that are yielded by COMPASS™ assessments and available for benchmarking:

- **Category ratings** – these are the ratings of 1 to 7 based on the mark made on the visual analogue scale for each of the 11 competencies rated. Each category represents equal amounts of the competency.
- **Competency Scores** – these data function at an interval level and place students at specific points along the continuum of competency, with related Confidence Intervals (95%) or error margins to ensure that data is not over interpreted.
- **Zone of Competency Scores** - these data function at an interval level and group students’ scores into 1 of 7 zones of competency (plus error margins).
- **Variability Indicator** – an IMS (Infit Mean Square) statistic can be generated with a full Rasch (McAllister, Lincoln, McAllister, Ferguson, 2006) analysis using the rating data, and provides information on whether the rating pattern is too variable or too consistent. This interval level numeric indicator will be generated by COMPASS™ Online¹. The currently available Variability Indicator provided by the COMPASS™ Access database is a categorical number.

¹ COMPASS™ Online has been developed by Speech Pathology Australia and is an online database version of the paper based COMPASS™ assessment commencing field trial in July 2008, with expected release to universities in 2009.
1.6. Target outcomes of the project

Table 1 Target outcomes of project fully achieved

<table>
<thead>
<tr>
<th>Project Aim</th>
<th>Project Outcomes</th>
<th>Evidence used in evaluating outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Embedding COMPASS™ within Speech Pathology curricula with Australia and New Zealand</td>
<td>University staff competent in using the full functionality of the COMPASS™ and interpreting the data it yields Embedding of key COMPASS™ concepts in teaching and assessment practices Dissemination of the knowledge and skills required to continue the integration of COMPASS™ within the curricula of speech pathology professional education programs nationally Each university developed tailored modifications of the user adaptable sections of COMPASS™ Utility of data collected by individual universities on student performance is enhanced</td>
<td>Each program develops and uses a system for collecting COMPASS™ and related data Evaluation of summits Course outlines, academic &amp; clinical student handbooks Course teaching guides &amp; materials Resources developed to support use of COMPASS™ by SPAA &amp; Universities Evaluation feedback from academic staff. Resources developed to support collection of data.</td>
</tr>
<tr>
<td>2. Development of threshold performance standards of student learning outcomes from clinical education subjects within institutions</td>
<td>Universities received confidential feedback regarding learning and teaching issues identified by measurement and diagnostic data provided by COMPASS™ Universities collected data to establish within institution standards of performance on COMPASS™ Preliminary set of standards developed for each subject that includes a workplace assessment with COMPASS™ Resources developed and shared to support appropriate interpretation and use of COMPASS™ data Quality approaches to learning and teaching in clinical education identified in terms of standards achieved and development of performance criteria in assessment outlines. This information exchanged by participating universities and resources are developed and shared.</td>
<td>Evaluation feedback from academics Course outlines, academic &amp; clinical student handbooks Website, mutual professional development meetings, field visits, summits Recommendations made to Speech Pathology Australia regarding revision of COMPASS™ Technical Manual to enhance the validity of interpretations made on the basis of its scores.</td>
</tr>
<tr>
<td>3. The establishment and trialling of policies and procedures for cross institutional benchmarking of student clinical competency</td>
<td>Ethical model developed to support international data collection on student competency as identified by the COMPASS™. Model of data collection and cross institutional benchmarking trialled and reviewed Quality of data collected in the national cross-institutional benchmarking trial evaluated Trialled cross-institutional benchmarking data collated and confidentially reported to programs</td>
<td>Materials and process developed provided in project report Written reflection on process by project leader and manager Focus group to evaluate trial of cross-institutional benchmarking procedures and outcomes Evaluation of data quantity and quality provided in project report Specifications document for automated benchmarking database</td>
</tr>
</tbody>
</table>
Plan to support ongoing cross institutional data collection and benchmarking identified | Evaluation of Asia-Pacific Speech Pathology Education Forum

4. The establishment of within and cross institutional research projects investigating approaches to learning and teaching in clinical education clinical competence | Dissemination of the knowledge and skills required to develop research using COMPASS™ | Evaluation of summits Evaluation feedback from academics Extent of research developments using COMPASS™

Table 2 Target outcomes of project partially or not achieved

<table>
<thead>
<tr>
<th>Desired Outcome</th>
<th>Achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universities receive confidential feedback from the project manager regarding learning and teaching issues identified by measurement and diagnostic data provided by COMPASS™ (Project Aim 2)</td>
<td>This goal was partially achieved during face to face viewing and discussion of COMPASS™ data at some field visits. However, only some programs elected to have a second field visit at a time that data would be available, and no programs elected to provide data for confidential review and report.</td>
</tr>
<tr>
<td>Project manager presents report on quantity and quality of data collected in international data pool. (Project Aim 3)</td>
<td>This goal was partially achieved with the 3 Australian universities that participated in the cross-institutional benchmarking trial. All project universities nominated and contributed to the development of a plan to support international benchmarking through an automated benchmarking database. An international benchmarking data pool could not be developed in the absence of this infrastructure.</td>
</tr>
<tr>
<td>COMPASS™ recalibrated (Project Aim 3)</td>
<td>This could not be achieved without an accessible large data pool (see above). Recommendations made to Speech Pathology Australia regarding issues noted that should be addressed when recalibrating COMPASS™.</td>
</tr>
</tbody>
</table>

2. Approach and Methodology

The approach was highly collaborative. The core Project Team represented 3 Universities offering four of the thirteen speech pathology programs in Australia. In addition, the project was also participatory in its involvement of a further 9 Universities (6 Australian and 3 New Zealand) offering 12 speech pathology programs as additional sites for the project. Thus all universities offering speech pathology professional preparation programs in Australia and New Zealand were involved in the project.

The project was conducted in tandem with a related Australian Learning and Teaching Council (ALTC) Leadership Project with the same project team. The Leadership Project facilitated the development of the capacity of speech pathology academics and clinical educators to embed COMPASS™ within their curriculum and assessment processes. Project activities included facilitating their understanding of COMPASS™’s contribution to the assessment and learning process in practicum. This process contributed significantly to building the capacity of the discipline to undertake the Priority Projects benchmarking project. While each project addressed different learning and teaching priorities, they shared goals related to embedding COMPASS™ into speech pathology...
curricula and facilitating research into learning and teaching. To enhance the effectiveness of both projects through addressing mutual goals and capturing the positive synergies created, the projects were managed by one project manager (Dr McAllister) under one banner “The COMPASS™ Project”. This effectively resulted in doubling of both project activities, particularly summits and site visits, and also enabled the New Zealand Universities to contribute to aspects of the leadership project that would not have been otherwise possible.

2.1. Consultation and dissemination

2.1.1. Consultation

The COMPASS™ Project developed and used a nested set of consultative groups, with national reference groups for each set of stakeholders: students, speech pathology clinical educators, and University clinical education coordinators. The Priority Project activities were of primary interest to the University clinical education coordinators, with the other two groups (students and clinical educators) being consulted only in a general manner regarding benchmarking activities. The project made use of the already established national ‘Heads of Speech Pathology Programs’ group meetings with Speech Pathology Australia President and Chief Executive Officer to act as a reference group for these levels of leadership. Representatives from each of these groups made up the membership of the Steering Committee with the members of the Project Team, with the addition of Professor Joy Higgs (Strategic Research Professor in Professional Practice and Director of The Education for Practice Institute at Charles Sturt University) and Ms Gail Mulcair (CEO, Speech Pathology Australia). The reference groups met at roughly 4 monthly intervals through the project. Additional email consultation and meetings were also conducted with the university clinical educator coordinator’s reference group when developing new materials or addressing issues of common interest.

2.1.2. Dissemination

The highly collaborative and participatory approach taken by this project meant that dissemination of the outcomes of the project across the academic speech pathology discipline was an integral part of the project itself. The second strategy involved dissemination of the process and outcomes of the project, through national and international peer-reviewed presentations (see Section 3.5 for these dissemination outcomes).

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2.2. Project activities

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

2.2.1. National summits of University academic and clinical education leaders

2.2.1.1. Summit One

A two day summit meeting was held in Sydney on September 25-26, 2006, with representatives from all Universities in Australia and New Zealand. Project funds supported the attendance costs for one representative from each university. While both Heads of Speech Pathology Programs and University clinical education coordinators were invited to attend, Australian Universities (apart from those of the project team members) chose to be represented by their clinical education coordinators. Two of the three Universities in New Zealand offering undergraduate and/or postgraduate programs sent two delegates each to this summit (including Heads of Program). Given the highly complementary nature of the two projects involved in The COMPASS™ Project, a combined agenda from both projects was developed.

Activities that strategically promoted and supported embedding COMPASS™ into curriculum and use of data for benchmarking and research activities (Priority Project objectives) included:

- Overview of the project and development of an agreement regarding the mutual responsibilities involved in participation.
- Training and discussion of specific issues raised regarding use of COMPASS™ as an assessment and its impact on student learning.
- Specific training was provided regarding scoring performance ratings, and interpretation and appropriate use of data yielded for assessment and teaching decisions.
- Related scoring and interpretation issues were also discussed with reference to appropriate inclusion of scores and performance descriptors in curriculum documents and assessment statements.
- Discussion was also facilitated regarding using COMPASS™ to facilitate teaching, learning and research in speech pathology programs with preliminary discussion of strategies for using COMPASS™ data to develop evidence based practice in learning and teaching.

2.2.1.2. Summit Two

A second two day national summit “Collaborative use of data generated by COMPASS™” was held on July 30-31, 2007. This summit was convened with a view to
establishing consensus across all participating universities regarding cross-institutional benchmarking of data. The summit was preceded by a detailed consultation phase that gathered feedback from both clinical education coordinators and heads of programs. This process supported the development of a shared understanding of the issues and provided a firm basis for discussion and decision making at the second summit (see Section 3.1.2 for outcomes).

Consultation and Development Process

a) A discussion Paper “Collaborative use of data generated by COMPASS™” was circulated to all Heads of Speech Pathology Programs and related Clinical Education Coordinators on the 23rd March 2007 (see Appendix 7.3). This paper made an important distinction between benchmarking/quality improvement and research, and made suggestions for appropriate processes to support cross-institutional benchmarking such as a code of conduct and addressing ethics concerns. A detailed feedback proforma was provided to gather information regarding issues that required addressing by the project team and participants to progress towards collaborative use of data.

b) To assist the project team to seek further clarification on what programs might be interested in using the data, the following brainstorming questions were emailed.

   Question 1: In what ways am I (or my program and/or colleagues) likely to want to interrogate the student assessment data generated by COMPASS?

   Question 2: What other data would be needed to help answer these questions?

c) A second discussion paper (see Appendix 7.4) was circulated which summarized responses to the first paper and the brainstorming question. The document made 5 key statements and elaborated on related implications. Programs were asked to undertake the following prior to attending the summit:

   • Identify whether they agreed or disagreed with each overall statement,
   • Identify if there were other implications that require consideration,
   • Undertake to seek information from his/her university to address/inform a response to the implications for each statement,
   • Communicate responses to all three of the above points to the project team by Friday 20th July.

   Materials were also provided to assist programs in seeking appropriate consultation and responses from university administration regarding implications of benchmarking with student assessment data and using electronic systems to do so.

d) An agenda and process was developed to address issues (See Appendix 7.5)

2.2.1.3. Summit Three

A third summit was held, capitalizing on the likely presence of representatives for the majority of the project universities in Auckland on 25 May 2008 for meetings held prior to the Reflecting Connections Conference. Seventeen people in addition to the four project team members were able to participate. Each of the Australian (one by
teleconference) and New Zealand programs were represented. In addition, representatives from speech pathology programs in the Asia-Pacific region were invited. A representative from one of the two programs in Malaysia was able to attend and interest was expressed in the outcome by staff from Hong Kong and Singapore universities.

This summit was convened in response to strong and consistent interest expressed in sustaining ongoing cross institutional collaboration regarding learning, teaching and research about speech pathology education. The project team was also seeking to establish sustainable strategies to support programs once ALTC project funding ended June 30, 2008. The summit was titled “Asia-Pacific Speech Pathology Education Forum” by the project team to signal that there was interest in addressing education issues in general, not only those arising from the use of COMPASS™ within programs. This Forum was also an opportunity for the project team to feedback regarding project outcomes. See Section 3.1.3 for outcomes.

2.2.2. University site visits

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

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

The activities undertaken during site visits were individually tailored to the identified needs of the programs involved, and related to the objectives of both the Leadership and Priority projects.

2.2.3. Development of resources

A number of resources of practical advice, suggestions and examples were developed over the life of the project to assist Universities to effectively use COMPASS™ data for benchmarking and research. Additionally, recommendations were provided to Speech Pathology Australia regarding future development of COMPASS™ materials. These resources are described in Section 3.1.3.
2.2.4. Cross institutional benchmarking trial

A trial of the proposed processes and supporting resources to evaluate their utility for cross institutional benchmarking with student assessment data from COMPASS™ was conducted across the 3 universities represented by the project team: Charles Sturt, Newcastle and Sydney. A confidential report on the benchmarking results was provided to each university. A summary of the general impressions of the quality of the benchmarking data and implications for further development of cross institutional benchmarking activities was provided to the APEC SLP committee. The evaluation and outcomes of this process is reported in Section 3.4.

2.2.5. Facilitation of integration into curriculum

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

2.2.6. Facilitation and support for related research

A research project titled “Impact of student clinical assessment on goal-setting for learning and teaching” was developed by Associate Professor Ferguson, to investigate the impact of the introduction of the new assessment tool on students’ reflections and goals for learning (project still underway). Dr Sue McAllister and members of the project team also acted as a resource for academics and students from The Universities of Sydney, Queensland, Newcastle, and Flinders on discussions and planning of research utilising COMPASS™ and investigating issues that would enhance learning and teaching. These have included evaluating the utility of COMPASS™ to assess the effectiveness of innovative curriculum approaches, the relationship of emotional intelligence to competency, and competencies enhanced by different types of work placements (refer also to Section 3.6, Table 4).
2.2.7. Summary of activities

Table 2 Summary of project activities

<table>
<thead>
<tr>
<th>Activity</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summit One: International summit of speech pathology academic/clinical leadership (Australia and New Zealand)</td>
<td>September 2006</td>
</tr>
<tr>
<td>Field visits to participating universities</td>
<td>October 2006 to November 2007</td>
</tr>
<tr>
<td>Development and support of within and across institution research proposals utilising data generated by COMPASS™</td>
<td>November 2006 to June 2008</td>
</tr>
<tr>
<td>Support through</td>
<td>October 2006 to Feb 2008</td>
</tr>
<tr>
<td>• Facilitation of cross-institutional sharing of resources and strategies</td>
<td></td>
</tr>
<tr>
<td>• Website</td>
<td></td>
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<tr>
<td>• Elluminate training</td>
<td></td>
</tr>
<tr>
<td>• Convening clinical education coordinator meetings via Teleconference and Elluminate</td>
<td></td>
</tr>
<tr>
<td>• Phone and email support by project manager</td>
<td></td>
</tr>
<tr>
<td>Summit Two: International summit of speech pathology academic/clinical leadership (Australia and New Zealand)</td>
<td>July 2007</td>
</tr>
<tr>
<td>Resource development to support within institutional benchmarking</td>
<td>July 2007 to February 2008</td>
</tr>
<tr>
<td>Development of an ethical model for cross institutional benchmarking trial including materials and process</td>
<td>July 2007 to May 2008</td>
</tr>
<tr>
<td>Trial of cross institutional benchmarking across 3 universities</td>
<td>May – June 2008</td>
</tr>
<tr>
<td>Summit Three: International summit of speech pathology academic/clinical leadership (Australia, Malaysia and New Zealand)</td>
<td>May 2008</td>
</tr>
<tr>
<td>Final report for ALTC.</td>
<td>June 2008</td>
</tr>
</tbody>
</table>

3. Evaluation and Outcomes

The evaluation of this project is focused on whether tangible outcomes were achieved both during the conduct of the project and the final outcomes arising from the project and identifying whether these met the primary aims for the project. An evaluation of each of the major activities of the project is included below as well as the results from formal evaluations of the final outcomes of the project.

3.1. Summit outcomes

3.1.1. Summit One

The effectiveness of this meeting was evaluated in terms of its outcomes. Informal feedback and observation of interaction at the summit by project members, as well as retrospective reflection over the life of the project and later evaluation comments (see
section 3.5) indicates that the meeting was well received. Key outcomes of this meeting that met the project’s aims were:

- A clear understanding of the nature of the projects and related responsibilities for participating universities was established. By the end of September, 2006, all 13 Australian speech pathology programs were directly participating in this project, with agreement to participate established with the 3 New Zealand programs pending the purchase and supply of COMPASS™ by Speech Pathology Australia.
- Many participants had the first opportunity in their professional lives to have face to face discussions with peers regarding learning and teaching issues in clinical education and to identify issues of mutual interest. Informal feedback throughout the project has indicated that this opportunity was highly valued. It also provided a strong and positive foundation for collaborative activities that developed subsequently over the project.
- Participants developed a baseline level of skill in scoring and interpreting COMPASS™ and understanding the data.
- Scoring and interpretation was discussed with reference to appropriate inclusion of scores and performance descriptors in curriculum documents and assessment statements.
- Development of participants’ understanding as to how COMPASS™ could be used to facilitate teaching, learning and research in speech pathology programs.
- Strategies to support training of rural and remote clinical educators were also identified, with the result that Universities independently collaborated to ensure training was offered at venues across their States (La Trobe and Charles Sturt Universities; James Cook University and University of Queensland; University of Sydney and Newcastle).

3.1.2. Summit Two

Detailed consultation and preparation prior to the summit enabled a strong action and outcome oriented agenda to be set for the meeting (see Appendix 7.5) and clear consultative activities designed by the project team. As a result, the summit resulted in very clear and specific direction for the project team on what university programs wished to benchmark and how they wished to go about it. Ms Leah Hanley, was able to participate in the summit, and provided valuable input and guidance in her role of Project Officer for the development of COMPASS™ Online (Speech Pathology Australia). This involvement resulted in a strong articulation between the design of COMPASS™ Online and the benchmarking aspirations of university programs. In particular, all requested benchmarking fields were subsequently included in COMPASS™ Online to ensure that once benchmarking commenced the appropriate data would be available. In addition, two representatives from the National University of Singapore audited the summit and expressed interest in future involvement. Overall the summit was well received and successful in meeting its goals.

Consensus was reached, agreements made and actions identified with regard to the following areas (see Appendix 7.6 for Summit Minutes):

- Nature and purposes of benchmarking and research
• Commitment was to continue with internal benchmarking, establish external (cross-institutional) benchmarking to compare their program’s performance to the combined performance of other programs, and establishment of collaborative cross institutional research partnerships.
• The specific nature of the cross institutional benchmarking process and data to be collected was established
• That cross institutional benchmarking would be guided by a Code of Conduct, the content of which was specified
• Nature of ethics issues and agreement that ethics approval would be sought to enable data to be contributed to the benchmarking pool without active student consent given the very low level of risk to students. This would allow data can be benchmarked against a meaningful (i.e. complete) pool of data
• Cross-institutional benchmarking could only proceed with the efficiencies and confidentiality of an infrastructure that would include an automated benchmarking database linked to COMPASS™ Online
• Once the required infrastructure was developed, cross-institutional benchmarking would be trialled for a 12 month period and reviewed with a view to continuing for a 3 to 5 year period under the auspices of an international benchmarking consortium consisting of participating programs.

In addition, it was identified that it was preferable for international universities to calibrate COMPASS™ to reflect the judgments their clinical educators make about student performance. Project universities proposed that support would be sought to do this as part of activities auspiced by SPAA with a view to support mutual recognition of qualifications from international programs. Strategies to support sustainability were also discussed. The need was identified for developing and sustaining a collaborative community of learning and support for university staff with responsibility for, and interest in, learning and assessment in practicum and related curriculum. There was also a need to have embedded institutional support including prioritising and supporting the establishment of external benchmarking as a shared focus and responsibility for programs as a whole. All of these summit outcomes were highly successful in meeting the project aims and progressing the benchmarking agenda.

The summit process was evaluated (see Appendix 7.7 for questionnaire), and while only 6 of 16 attendees responded, their responses were very positive. Five of the 6 respondents felt they had a better understanding of research versus benchmarking. Respondents were unanimous that any concerns they may have had about cross institutional research and benchmarking were addressed, and that there were no other issues that should have been raised. Interest in national collaboration and further face to face meetings was expressed by several people. Comments indicated that the content, process and facilitators/presenters were seen as being high quality:

_Thorough preparation and useful balance of information, discussion and resolution or action planning_
Good balance of listening/acquiring information and then discussion before decisions made. Open and frank discussion was facilitated. Each person felt free to share, ask questions and disagree at any point.

Clear, democratic, efficient, i.e. there was adequate time and opportunity for debate on issues that were inevitably complex (i.e. purpose, process and parameters of benchmarking), with clarification of concerns (e.g. confidentiality) and regular explicit summaries of the discussions throughout, based to a large extent upon excellent minute taking.

Excellent (as always). A good combination of presenters who have first hand knowledge and affinity with the project. ‘Sensible’ or practical perspectives were taken throughout. Facilitators as noted above ensured open discussion/debate, enabling consensus of many issues

3.1.3. Summit Three

This summit was goal focused and its success is demonstrated by the fact that it was highly successful in meeting the primary project goal of establishing a foundation for sustainable collaboration on learning and teaching matters, including benchmarking, within the academic discipline of speech pathology. The agenda was relatively open (see Appendix 7.8) Active discussion regarding project activities and outcomes were very positive. Many opportunities for ongoing collaboration regarding learning and teaching practice were identified and strong support expressed for ongoing networking and collaboration across the Asia-Pacific region. The following strategy to sustain these collaborations was established (see Appendix 7.9 for the forum summary):

1. The Asia Pacific Education Collaboration in Speech Language Pathology (APEC SLP) was established with Associate Professor Michelle Lincoln as the inaugural chair. The group will facilitate collaboration regarding all aspects of speech pathology education across the Asia-Pacific region. Two people from each of the subcommittees (see below) will represent each interest group on the committee and facilitate activity within the subcommittee. Membership will be open to any academic or professional staff employed by a speech pathology program.

2. The following subcommittees were established and initial membership identified for each subcommittee undertook to organize the first meeting, which will include electing two representatives for the organizing committee
   a. Websites – to provide web based support and resources to University staff and Clinical Educators
   b. Learning and teaching innovations – to collaborate on developing educational resources and supporting best practice in integrated curriculum and assessment
   c. Cross-institutional Benchmarking- to support and manage cross-institutional benchmarking and seek funding to develop an automated benchmarking database and process for examining results
d. Research – facilitating cross-institutional collaboration for research on learning and teaching issues

e. Heads of Programs – to address issues such as accreditation, staff recruitment, international placements, research exchanges, university staff student ratios and the changing roles of speech language pathologists in universities

The Forum summary was circulated to all staff at universities in the Asia-Pacific region who had either expressed an interest or were Heads of Programs or Clinical Education Coordinators, with an invitation to contact subcommittee members if they wished to directly participate.

This initiative will be sustained in the following manner:

- A/Prof Michelle Lincoln and key people in each subcommittee will ensure that activities are initiated within 3 months of the Auckland meeting.
- Dr Sue McAllister is not currently employed as an academic within the speech pathology discipline but will volunteer her time to support and resource subcommittee activities until they are independent.
- Participants will use Elluminate to support subcommittee meetings and collaborations. Each university who participated in The COMPASS™ Project has at least one staff member who has been trained to use Elluminate and has participated in an Elluminate supported meeting.
- Heads of Programs will continue to meet via teleconference.
- The COMPASS™ Project website will be reviewed and upgraded to support the activities of the APEC SLP committees, including online strategies for communication with the broader constituency, and collaborative development of resources (e.g. via wikis). Consideration will be given as to whether to continue with the Edna supported website or to migrate to ALTC Exchange. Once upgraded, the broader speech pathology academic community (beyond clinical education coordinators and heads of programs) will be invited to become members. The website subcommittee has already met, and has training and meetings planned over the next 3 months to meet these initial goals.
- A yearly face to face meeting will be organized in relation to a conference that the majority of members are likely to be attending or to be successful in obtaining funding to attend.

This initiative has great potential for supporting innovation and best practice in learning and teaching within the speech pathology discipline. It is a pivotal outcome for the discipline that would not have developed without the support of the ALTC funded projects and will allow us to achieve our goal of sustaining activities initiated over the life of both the leadership and priority project. APEC SLP will foster and strengthen the learning community of speech pathology educators that has been established through this project. Remarkably this learning community will be extended to include not only speech pathology educators in Australia and New Zealand but also those in the Asia Pacific Region. Involvement of Heads of Programs as an integral part of the structure and as members of subcommittees indicate that this level of leadership perceives this venture as
a potentially valuable investment of time, both for themselves and other staff. It is anticipated that the Heads of Programs subcommittee will now provide a forum for this level of academic leadership to initiate and foster positive developments in learning, teaching, and research.

Subsequent spontaneous email feedback has indicated a high degree of enthusiasm regarding this development from participants as well as those who received a copy of the forum outcomes:

Well done on the very productive meeting with us all on Sunday morning before the conference. (Participant, Head of Program)

What an exciting outcome. I look forward to being involved and watching how we grow. (Non participant, Clinical Education Coordinator)

I just wanted to congratulate you on what appears to have been a very successful forum. The outcomes sound very exciting and I believe that there are now a huge number of potential collaborations to come out of this. I am sorry that I was unable to attend in person although I understand from [participant] that it was a very stimulating experience. (Non participant, Head of Program)

3.2. Site visits

The most critical outcome of these visits was the further development and maintenance of effective working relationships between the projects, in particular the project manager, and key staff at collaborating universities. As mentioned previously in the report, site visit activities varied as they were individualized to each program’s expressed priorities in relation to The COMPASS™ Project’s combined goals.

Activities included presentation by Dr Sue McAllister of various combinations of the 3 training modules included in the COMPASS™ resource folder. Five of the 9 Universities incorporated this activity in their site visit, in order to provide other academic and clinical education staff with an opportunity to develop their skills and confidence as presenters through observation of the presentation of a workshop by an experienced presenter. This also increased the recognition of academic staff of the potential to embed COMPASS™ into the wider learning and teaching curriculum. Other site visit activities included participation in clinical education planning days or discussions to identify and address issues involved in introducing and using COMPASS™ as an assessment and learning tool within topics including practical and utilising COMPASS™ data for internal benchmarking of topics. This included meeting training needs and identifying opportunities to enhance linkages between these and other aspects of the academic curriculum. Discussion and establishment of research activities also occurred, as mentioned in Section 2.6).
3.3. Resources

3.3.1. General

These resources are all available from the website which was developed as a shared resource for both the Leadership and Priority project.

The website is currently for University speech pathology clinical education coordinators only, as its role was to assist participation in The COMPASS™ Project and has been supported by the project manager. The website includes discussion fora, and archives of all COMPASS™ project materials such as resources and meeting minutes. Commitment to ongoing maintenance of this website and development of another web presence to support clinical educators was agreed to at the Asia-Pacific Speech Pathology Education Forum, in May 2008. Members of the website have currently chosen to use the website primarily to share and archive resources, with communication via scheduled meetings (including telephone and web conferencing via Elluminate) preferred over using the website fora. The newly appointed website editors will review content and functions (current and possible) of the website and develop strategies for maintaining a dynamic web based resource.

Table 2: General Resource outcomes from the Priority Project

<table>
<thead>
<tr>
<th>Resources</th>
<th>Description</th>
<th>Accessible from</th>
</tr>
</thead>
<tbody>
<tr>
<td>Using COMPASS™ data to identify training needs of Clinical Educators</td>
<td>Detailed information on interpreting and using COMPASS™ data to identify and support clinical educators in their assessment of students.</td>
<td>The COMPASS Project Website [Edna Groups]</td>
</tr>
<tr>
<td>[Benchmarking to identify CE training needs.doc]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exploring cohort data: Some possible questions and answers</td>
<td>Detailed information on interpreting and using COMPASS™ data appropriately for benchmarking student performance within topics as a strategy for evaluating curriculum</td>
<td>The COMPASS Project Website [Edna Groups]</td>
</tr>
<tr>
<td>[Internal benchmarking using COMPASS data.doc]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Example spreadsheet for tracking cohort data [example spreadsheet Sue.xls]</td>
<td>Example Excel spreadsheet for collating data for benchmarking</td>
<td>The COMPASS Project Website [Edna Groups]</td>
</tr>
</tbody>
</table>
Table 3: Resource outcomes shared by both the Leadership and Priority Projects

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

3.3.2. Cross institutional benchmarking process and resources

3.3.2.1. Resources to support cross institutional benchmarking

A key outcome from Summit Two (see section 2.1.3) was the consensus established regarding both the type of data programs would like benchmarked and the preferred process for doing this. A process was developed based on current best practice regarding the use of student data for benchmarking and research, and in consultation with information gathered by project partner programs from their ethics committees and those responsible for student affairs (as per process in Appendix 7.4).

Universities will be eligible to participate in the benchmarking process once they supply evidence to the Chair of the APEC SLP Benchmarking Subcommittee that they have carried out a number of steps, and resources were developed to support this process. Steps and resources include the following:

1. **Provide evidence of approval to participate from Chair or full Human Research Ethics Committee**

Each university has its own requirements regarding approval for benchmarking for quality improvement versus use of data for research and as benchmarking does involve student assessment data it was thought this could further complicate matters. Given that a benchmarking pool is only meaningful if all data is contributed, it was also important that active consent was not required from students as 100% consent rates are highly unlikely. Therefore programs need to present the information regarding the benchmarking process to the Chair or the full committee of the appropriate human research ethics committee at their university for approval. A copy of correspondence indicating approval to participate is required before the
university’s data can be contributed to the pool. Examples of a request for approval memo were also developed to support this process.

2. **Sign an agreement to abide by Code of Conduct**  
A Code of Conduct was developed and must be signed by the university’s Deputy Vice Chancellor for Learning and Teaching (DVC) (or equivalent) and the Speech Pathology Head of Program. This code defines cross institutional benchmarking, and establishes an understanding of what is appropriate use and interpretation of resulting data, as well as expectations for participating universities. The code indicates that breaches will be subject to disciplinary procedures including expulsion from cross-institutional benchmarking activities.

3. **Provide a Memorandum of Understanding signed by an appropriate university representative**  
A Memorandum of Understanding (MOU) was developed by Mr Ward-Harvey, solicitor at the Office of Legal Counsel at The University of Sydney in consultation with the project leader and manager. The aim was to develop a MOU that would be satisfactory to any university who wished to participate in cross institutional benchmarking as the numbers of potential partners over time meant that it was not feasible to negotiate the MOU on a case by case basis. A signed copy of the MOU, which includes information on the benchmarking process and the Code of Conduct to be signed, is required prior to participation. The MOU describes the nature of the cross-institutional collaboration involved in participating in a cross-institutional Benchmarking Trial and is to be signed by an appropriate representative for the university e.g. DVC.

See **Appendix 7.10** for a copy of the MOU and related schedules which were developed to support a paper based cross institutional benchmarking trial between the three project universities. This resource provides a model that can be adapted for other disciplines wishing to establish cross-institutional benchmarking of student data. See section 3.4 (Outcomes of cross institutional benchmarking trial) for further information on this trial.

3.3.2.2. Specifications for automated benchmarking database  
As outlined in section 3.1.2, participating universities indicated that cross-institutional benchmarking was only feasible if an automated benchmarking database could be developed to harvest data from COMPASS™ Online\(^3\) and benchmark it automatically. This process would enable universities to participate as it would efficient, as staff time would not need to be allocated to calculating benchmarks, and consequently also be highly confidential. In addition, a mutually beneficial consultative relationship was established between Dr Sue McAllister (COMPASS™ Project Manager) and Ms Hanley (COMPASS™ Online Project Officer). As a result, all desired benchmarking fields were incorporated in the design of COMPASS™ Online, and consultations with Universities’ Information Technology Managers indicated that both COMPASS™ Online and the proposed automated benchmarking database be offered acceptable levels of security in student data management and storage. However, ‘offsite’ storage of student data may still

\(^3\) The web based version of COMPASS™ under trial in Semester 2 2008 and due for release in Semester 1 2009
be of concern for some universities, particularly for international universities, and future activities will require careful attention to this issue.

The outcome of these consultations was sufficiently detailed so that, a specification document was developed for this benchmarking tool (see Appendix 7.11). The resulting design would support both the procedural aspects of participating in benchmarking such as enrolling to participate in cross institutional benchmarking (presentation of appropriate ethical consents, signed code of conduct and MOU) and the harvesting of assessment and benchmark data from COMPASS™ Online and calculating of benchmarks.

The feasibility of the process proposed in the specifications document was evaluated and indicative costing is made by Portal Australia (company commissioned by Speech Pathology Australia to develop COMPASS™ Online). Portal Australia confirmed that the proposed automated benchmarking database structure and functionality was highly feasible and indicated that development costs could range from $10,000 to $20,000 (as at January 2008). Initial discussion with Ms Gail Mulcair (CEO Speech Pathology Australia) indicates that the SPA executive are supportive of enabling the automated benchmarking database to be linked with COMPASS™ Online, as long as SPAA is sufficiently indemnified from risk. In addition, SPAA included fields in COMPASS™ Online to collect the majority of data that universities indicated that they would like COMPASS™ benchmarked against. As a result, this data will be collected from early 2009, and can be subsequently included in the automated benchmarking database once it is developed.

A key activity for the APEC SLP Benchmarking Subcommittee will be to identify and pursue funding to develop this resource and support the discipline ongoing development of capacity to ensure quality data is collected and to appropriately interpret and share the resulting benchmarks to improve learning and teaching practice.

3.4. Cross institutional benchmarking trial outcomes

A paper based cross institutional benchmarking trial was initiated in early May 2008 with a view to testing the model and resources developed for conducting this process (see section 3.3.2.1 and Appendix 7.10). The three project team universities participated in this trial: Universities of Sydney, Newcastle and Charles Sturt. Project team members successfully submitted the MOU and related materials to relevant DVCs and Chairs of the Ethic Committees. Approval response times ranged from one hour to four weeks. One university was not prepared to make a finding that the proposed activity was quality assurance (and therefore not requiring full ethics approval) without formal submission of a written application for expedited review by the Ethics Committee. This committee made the finding that the benchmarking activity did indeed meet the criteria for quality assurance rather than research, and did not require a formal ethics approval.

This process confirmed that the model for cross institutional benchmarking of student assessment data and the resources to develop it were highly successful and effective. The
The project team considers this to be a significant and unprecedented achievement, that will lead the way for other disciplines.

Students’ COMPASS™ data was subsequently assembled for benchmarking as per the suggested process (See Appendix 7.10) and provided to Dr McAllister to undergo a confidential benchmarking process. Extracting data was reported to be quite time consuming as it involved cutting and pasting of the data (hours, stage in program, and the raw ratings from COMPASS™) from multiple databases and/or spreadsheets. In addition, it was only possible to extract the raw ratings on COMPASS™ for each student, necessitating recalculation of each Raw Score, Competency Score and Zone of Competency prior to benchmarking. This process reinforced the benefits that will accrue with the advent of COMPASS™ Online, where all relevant benchmarking data will be assembled and will be able to be downloaded into one database. This will be immediately helpful for within program benchmarking for topics and for those universities with two programs they may wish to compare, as well as in the long term for cross institutional benchmarking.

Once data was provided, the project manager needed to consult with each university about the nature of the data to ensure that the primary benchmarks (hours and stage in program) were interpreted and applied in the same way and to resolve some problems with the integrity of the data. Interestingly, even though the team members have been intimately involved in the development of the benchmarking process, this required discussion and resolution.

Each program’s COMPASS™ results were benchmarked against a pool comprising the remaining 3 programs’ data combined. Competency Scores and Zone of Competency Scores for 935 different COMPASS™ assessments were benchmarked against:

1. Hours of Experience: categorized into 7 groupings of 50 hours from 1 to 300+, and consisting of hours of direct i.e. ‘face to face’ client contact only.
2. Stage in program: categorized into 3 groupings of ‘early’, ‘mid’ and ‘late’ which corresponded to assessment criteria for topics requiring attainment of a minimum of novice, intermediate and entry-level.

A confidential report for these benchmarking results has been provided to each participating university and feedback for the APEC SLP Benchmarking subcommittee invited. Each university’s data was also returned in the spreadsheets constructed to enable the benchmarking process to assist them with undertaking further within program benchmarking, or establishing cross institutional benchmarking arrangements.

This benchmarking trial has resulted in a number of useful outcomes. First, the benchmarked data does highlight a number of learning and teaching issues that programs may wish to explore further, confirming that cross institutional benchmarking is a useful undertaking. Second, the trial has yielded useful learning regarding strategies for assembling data suitable for internal benchmarking or any cross-institutional benchmarking universities may wish to conduct ‘by hand’. Third, undertaking this process highlighted a number of considerations for further refining the proposed
automated benchmarking database. Fourth, conduct of this trial confirmed that manual benchmarking is indeed time consuming, with an estimated 10 full working days devoted by the project manager to prepare and benchmark data for these 4 programs. This would be considerably longer if all 13 programs from participating universities were contributing data, and confirms the need for the automated benchmarking database. Fifth, as mentioned above, the meaning of each field for benchmarking (in this case hours and stage in program, but more extensive in the proposed online system) will need careful specification. This will need to occur as soon as possible so that universities commencing collection of data via COMPASS™ Online will have data that is sufficiently similar for comparative activities such as benchmarking and research. The outcomes of this trial will be provided to the APEC SLP Benchmarking subcommittee for discussion and action.

Finally, while the benchmarking reports are useful in themselves, their utility for identifying learning and teaching questions that would benefit from exploration would be enhanced through programs sharing and discussing their results with other programs. A process for supporting the development of an acceptable process for doing this been developed, and agreed to by project participants, and will form the basis for seeking ongoing funding to support benchmarking activities.

**Research activities**

A primary aim of the project was to facilitate the establishment of within and cross institutional research projects investigating approaches to learning and teaching in clinical education clinical competence. This aim was met very effectively, with five research projects involving COMPASS™ commenced and three completed within the project period. These research projects are listed in Table 4. The project has enabled COMPASS™ to move from a new assessment tool to an accepted measurement process in the conduct of research through developing participants understanding and capacity to use the data generated through the tool. In addition, the project activities have raised general awareness on a range of curriculum issues and a number of potential research activities are under consideration, some of which may involve COMPASS™ data and others investigating issues that have arisen through the conduct of the project (e.g. see summary of Summit Three in Appendix 7.9).
Table 4. Research projects developed with support of Leadership and Priority projects

<table>
<thead>
<tr>
<th>Researchers (Institution)</th>
<th>Project title</th>
<th>Current status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ferguson, A. (UoN), McAllister, S. (UoN/USyd), Lincoln, M. (USyd),</td>
<td>Impact of student clinical assessment on goal-setting for learning and teaching</td>
<td>Data collection in process</td>
</tr>
<tr>
<td>Quaglio, T. (UoN), Meany, A. (HNEHealth), Ferguson, A. (UoN)</td>
<td>Emotional intelligence and clinical competence in speech pathology students</td>
<td>Completed, for presentation at SPAA/NZ conference, May 2008</td>
</tr>
<tr>
<td>Lincoln, M. (USyd), McAllister, S. (UoN/USyd), Ferguson, A. (UoN),</td>
<td>An investigation of the impact of placement type on competency development in speech pathology students</td>
<td>Data collection in process</td>
</tr>
</tbody>
</table>

3.5. Overall evaluation of outcomes by participating universities

A final summative evaluation of the projects’ outcomes was achieved by 1) surveying or interviewing clinical coordinators 2) surveying or interviewing heads of speech pathology programs 3) and self evaluation against the original intended outcomes.

3.5.1. Feedback from Clinical Coordinators

We surveyed clinical coordinators from the twelve participating university programs and received nine responses (two from one university), with the questionnaires modified to reflect the differences between the Australian and New Zealand universities’ experiences as per Section 5.3.2 (see Appendices 7.12 and 7.13). The survey requested information about how university programs were using COMPASS™ in their clinical education subjects, coordinators knowledge and opinions regarding benefits and barriers to participating in benchmarking and general reflections on their participation in the project.

*Use of COMPASS™ in clinical education subjects*

All clinical coordinators reported using COMPASS™ for clinical assessment of students in their degree programs. COMPASS™ was used by all programs for assessment of students in their final year of study (year four for undergraduate degrees and year two for masters degrees). Many programs are also using COMPASS™ in earlier years of their courses.

Clinical coordinators indicated that they were using COMPASS™ terminology and concepts to define performance standards in clinical education subjects. Clinical
coordinators reported that a mean 85% (range 20 to 100%) of subjects had performance standards incorporating COMPASS™ terminology and concepts. Additionally seven of the nine clinical coordinators reported that their degree programs used data from COMPASS™ to set or evaluate the performance of students in clinical education subjects.

COMPASS™ was used to evaluate the performance of students in a number of courses during 2007. Mean zones of competency were calculated for both mid and end placement. This provided us with a means by which we set criteria for passing performance in these clinical courses in 2008.

We are currently looking at 2007 data as a preliminary indication of appropriate performance levels and we are using SPSS to analyse the data.

This feedback supports strongly the achievement of our first and second aims: The embedding of COMPASS™ within Speech Pathology curricula nationally and the development of threshold performance standards of student learning outcomes from clinical education subjects within institutions. Clearly programs are now able to fully utilise the measurement capability of COMPASS™ to set internal benchmarks for student performance. Six clinical coordinators indicated that they had gone a step further and were using or intending to use internal benchmarking data to modify and/or refine aspects of their clinical education units.

We are currently investigating what learning experiences best develop competencies in intermediate level students.

I have learned to be more explicit about passing criteria. This becomes particularly critical in the final semester of the course when entry level competence is required.

We will use assessment data to review teaching methods and sequences of experiences for students

We asked clinical coordinators whether using COMPASS™ data to benchmark student performance had provided any insights about learning and teaching or their curriculum in general. Five out of the nine clinical coordinators answered “yes” to this question. Below are some examples of the insights reported.

We now have clear evidence of what we do well e.g. clinical reasoning and professionalism and what we need to improve e.g. students assessment, analysis and interpretation skills.

It has made us look into how we facilitate the development of some generic skills such as clinical reasoning

Differences in learning in sessional and block placements has been highlighted
Clinical coordinator’s reports of using benchmarking data to modify clinical education subjects and insights into learning and teaching were influenced by the length of time COMPASS™ had been used. Those programs, particularly the New Zealand programs that had only been using COMPASS™ for a semester were less likely, understandably to report the development of internal benchmarks and changes to clinical education subjects.

**Benefits and barriers to external benchmarking of clinical learning outcomes**

Clinical coordinators were asked whether they thought external (cross institutional) benchmarking of COMPASS™ data would be beneficial to them or their program. All clinical coordinators indicated that they believed external benchmarking would be useful. This unanimous response represents a major shift in thinking by this group. At the beginning of the second summit it was apparent that many of the coordinators were unclear what benchmarking was and how it could assist development of learning and teaching methods. Moreover some coordinators had significant concerns about the ethical and strategic implications of benchmarking results. In contrast, below are some of the clinical coordinators descriptions at the end of this project about how benchmarking will be beneficial to them or their program.

*It will ensure we are developing students with strong professional competencies.*

*Benchmarking may assist us in better planning for the future.*

*It will be interesting to see the difference and if there are things we can do differently.*

*Should have a spin off benefit for professional accreditation*

*To assist in learning and teaching review and clinical education program quality improvement.*

*The profession can be assured that this is national and international consistency with like participating programs*

*Differences between undergraduate and masters programs will be of great interest*

Clinical coordinators were also asked to identify barriers to their participation in external benchmarking. Two clinical coordinators reported that they did not anticipate any barriers to their participation in external benchmarking. Two coordinators were unsure if there were barriers, one reported a barrier of the need for off-site storage of student data, another had concerns with IT support and the remaining two identified the time involved in preparing student data for benchmarking as a barrier. Similarly clinical coordinators indicated that time, money, IT support and further training would facilitate their participation in external benchmarking.
Overall, all clinical coordinators’ survey responses continued to express the considerable concerns raised at the conclusion of the second summit regarding how much time it might take to prepare their university’s data for external benchmarking. Support continued to be expressed for the proposed solution of adding a custom built database to the newly developed COMPASS™ Online to automatically aggregate all universities data in COMPASS™ Online and produce benchmarking reports. The Project Team applied for funding to support the development of this automated benchmarking database in the May 2008 round of Priority Project but was unsuccessful. The team is continuing to pursue financial support for this development as it will remove a major barrier to cross institutional benchmarking.

**Reflection on participation in this project**

Finally we asked clinical coordinators what the most important aspects of the project were for them and whether any aspects were problematic. Overwhelmingly coordinators commented on the value of COMPASS™ as a standardized national assessment and learning and teaching tool. Coordinators also reported strongly the benefits, motivation and stimulation gained from the community of practice of clinical coordinators that was established during the course of this project. Typically aspects that were identified as problematic were clinical coordinators having enough time to engage fully with the projects’ activities and access to the some of the IT resources used during the project e.g. EDNA and Elluminate. IT support was a major issue for some universities, for example some universities would not allow access to Elluminate. Below are some final comments from clinical coordinators regarding the project.

*The discussion that this facilitated and the learning that occurred within the 2 day summit were invaluable.*

*Aside from the vast benefit of the tool itself, the involvement and interaction with the other programmes and establishment of networks was great.*

*The face-to-face meetings were the most useful for me and got us working as a team.*

*The highlight for me has been the involvement in a community of learning around clinical education facilitation through the COMPASS™ forum and Edna groups.*

### 3.5.2. Feedback from Heads of Programs

Feedback regarding the Benchmarking Project was elicited from Heads of Speech Pathology programs in Australia and New Zealand. Some heads responded via telephone interviews that were conducted as part of the COMPASS™ Leadership Program evaluation and some responded via surveys. Questions were modified to reflect the differences between the Australian and New Zealand universities’ experiences (see Appendices 7.14 and 7.15). Heads of Programs confirmed that COMPASS™ had been integrated into clinical education units in their program and those programs had either established or were establishing internal benchmarks of students’ performance in clinical
units. Heads were also overwhelmingly grateful for the support, training and stimulation their clinical education staff received through participation in the benchmarking project. This seemed to be particularly the case for the regional Australian universities and the New Zealand universities.

Of most interest to the outcomes of this project were the attitudes and opinions of Heads of Programs with regards to the usefulness of cross institutional benchmarking clinical learning outcomes and their willingness to engage in the process at the end of the project. For the most part the interviews and surveys revealed that heads were convinced of the benefits that could accrue from engaging in benchmarking and were willing to engage in the process. One university head indicated to the project team that they would not be participating in the short term due to staffing shortages and it was clear they did not believe that the effort and time involved in benchmarking was “worth it”. To some extent consistency of staffing in both the Heads and Clinical Coordinator positions influenced university’s ability to engage in the project. Those universities who had a consistent staff member present at all summits in general were able to be far more engaged in the project. Below are quotes from the interviews and surveys that indicate Heads of programs opinions regarding the usefulness of benchmarking and the benchmarking project.

*Benchmarking will assist us to evaluate the clinical education program of our new curriculum, to compare the old versus the new curriculum, and to evaluate our clinical education innovations against outcomes from other programs around the country. This process is also likely to assist us to enhance our programs because of the cross-institutional interaction and collaboration that has already occurred.*

*We do believe that cross-institutional benchmarking is likely to be a very worthwhile use of time.*

*This project helped staff to feel connected with what was happening at other universities and to know that we are on a similar track, not outliers in the field.*

*This project built capacity and developed our CE coordinators ability to be a leader within their system.*

*We were refocused back on learning rather than teaching through this project*

*I think an outstanding job was done by those involved.*

Perhaps one of the best indicators of heads of programs support and belief in this project was their willingness to release staff to attend the summits, attendance in person by heads at summit 2 and 3 and interaction with Dr Sue McAllister during the multiple site visits. Heads also provided support for a subsequent unsuccessful Priority Project application designed to fund the development of an electronic, confidential benchmarking system.
3.5.3. Project Team’s Self evaluation against stated outcomes

The project team were able to address all four project aims and achieve the majority of the proposed outcomes. These outcomes summarised in Table 1 represent a significant achievement in a relatively short time period. The over arching major achievements were the successful embedding of COMPASS™ into all speech pathology programs nationally during an 18 month period and the capacity building of university staff to use the full measurement functionality of COMPASS™ to assess speech pathology students. The team also considers that the development and successful trial of an ethical model for cross-institutional benchmarking of student assessment data was a significant achievement, as well as establishment of multiple research projects investigating approaches to learning and teaching in clinical education.

Table 2 above presents a list of outcomes that were only partially or not achieved at all. Of significance was only partial achievement of an international, cross institutional benchmarking data pool due to factors outside of the project. First, it was decided via consensus at the second summit that ethical, confidential and sustainable benchmarking could only be efficiently achieved through the development and use of an automated benchmarking procedure (See Appendix 7.11). Second, the SPAA tool COMPASS™ Online was not available in the original time frame suggested to assist with collecting and organizing data to facilitate comparing data from each University’s standard entries. None the less a preliminary benchmarking exercise between 4 programs from 3 universities was achieved. The resources developed to support benchmarking (code of conduct, MOU) were found to successfully facilitate the process and learning from this process will be used to refine the proposed automated benchmarking database. The delayed development of COMPASS™ Online also resulted in the team having insufficient national data collected to support recalibration of COMPASS™ to support its validity. This will continue to be a future goal of the project team.

An outcome of this project which had not been anticipated by the project team and is positioned to have an ongoing impact on achievement of the project goals is the establishment of the APEC SLP committees. APEC SLP subcommittees have meeting times established for July and August 2008 and the full committee will be convened at the end of August to establish initial goals, plans and strategies for the first 12 months of activity.
4. Summary of Achieved Outcomes and Dissemination

4.1. Summary of outcomes

4.1.1. Dissemination

This project has in itself been a strategy to disseminate a new assessment process within speech pathology educational practice, as well as related knowledge in using resulting data for research and benchmarking activities to improve learning and teaching practice. Thus the activities and outcomes previously presented are themselves an account of the dissemination associated with the project.

Additionally, reports on the project itself and related material have been presented during the period of the project, as well as being planned for the future. These activities are listed below, and where they met mutual goals between this project and the related Leadership Project, they are presented in that project report as well. It should be noted that most of these additional dissemination activities have been in multidisciplinary fora. Informal links developed between the project manager and those working in related areas in law, pharmacy, physiotherapy and nursing. Also, information about the new assessment tool and associated projects was discussed between members of the project team and academic and clinical leaders in United States of America, United Kingdom, Malaysia and Singapore.

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

Report

McAllister, S., Lincoln, M., Ferguson, A., & McAllister, L. The COMPASS™ Project: Recommendation to the Speech Pathology Association of Australia

Conference Presentations (listed in reverse chronological order)


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4 COMPASS™ Directions: Leading the integration of a competency based assessment tool in Speech Pathology Learning and Teaching, May 2008


Seminars (listed in reverse chronological order)


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


5. **Implications of Project Processes and Outcomes**

5.1.**Processes**

The project team believe that the positive outcomes from this project are a direct result of the carefully designed and implemented processes used. Other disciplines considering engaging in cross institutional benchmarking, or indeed any learning and teaching project, would benefit from reviewing and adopting the processes that are relevant to their context. Of perhaps most relevance are the deliberate strategies we adopted to ensure engagement and participation by all programs. These processes are discussed in detail in earlier sections of the document and are summarised in Table 4.
Table 4 Processes that would be helpful for other disciplines

<table>
<thead>
<tr>
<th>Process</th>
<th>Strategy</th>
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| Consultation                     | • Cycles of feedback and sequential development of discussion papers incorporating feedback (see Appendices 7.3 and 7.4 for example)  
• Provision of proformas to assist with wider consultation within universities (Appendices 7.4, for example)  
• Conducted with respect for all perspectives and concerns, important values of trust, respect, openness, no hidden agendas, opt out respected |
| Collaboration                    | • Incorporating face to face components to projects  
• Regular contact via Elluminate  
• Regular email updates  
• Forming of a community of practice by allowing time for discussion of common issues outside of the project objectives  
• Encouraging and supporting collaboration and development of new projects between participants who were not on the project team |
| Contribution                     | • Directly contribute to participants’ professional development through training and support that meets their expressed priorities  
• Provide formal professional development to the project group and, where possible, each member’s university based community of practice  
• Provide direct mentoring and support in developing university specific responses to project directions |
| Sustainability                   | • Planning for sustainability from the beginning  
• Focus on capacity building in the discipline  
• Focus on shared ownership of project processes and outcomes  
• Identifying and fostering “future” leaders  
• Identifying an overarching structure to support on going work (APEC SLP) |
| Building knowledge about benchmarking | • Clarifying role of benchmarking vs. research  
• Developing consensus that all data needed to be included in benchmarking pool and management of the related ethics issues regarding this  
• Need to identify and explicitly address concerns from the outset and to develop clear code of conduct  
• Preference for automated benchmarking to deal with resource and ethical implications of benchmarking by hand |
5.2. Outcomes

There are several outcomes from this project that will be of use to other disciplines that are interested in engaging in cross institutional benchmarking. First we have produced a model for how to engage ethically in cross institutional benchmarking of student data. This model includes resources to support both paper based and electronic means of benchmarking. The project team have developed advanced knowledge about how to feasibly and effectively establish benchmarking both within and across institutions which they will continue to share with others.

Second we have provided a model for cross institutional collaboration on learning and teaching issues within a Discipline. The formation and structure of APEC SLP provides a starting point for other disciplines. We are confident that the long term outcomes of this initiative will continue to provide a positive model for other disciplines. It is likely that APEC SLP will in the future focus more widely on learning and teaching issues in speech pathology rather than those around benchmarking and work integrated learning. The potential for APEC SLP to foster innovative and effective practice in learning and teaching are limitless and exciting.

5.3. Analysis of factors supporting and impeding success

5.3.1 Factors critical to success

There are three factors that can be identified as critical to the success of this project: the receptive context for the project, the collaborative approach adopted by the Project team and the practical achievement of efficiencies.

From the outset of this project, university programs were receptive to integrating COMPASS™ into their clinical education curriculums. Our early work had resulted in the development of a valid and reliable assessment tool that was based on SPAA’s Competency Based Occupational Standards (CBOS) (2001). Hence the provision of this quality tool provided the impetus for national change in assessment practices in clinical education. Similarily given that COMPASS™ has the functionality to allow university programs to develop threshold standards of practice for clinical education topics, programs were very receptive to learn about how to establish internal benchmarks based on the data generated from COMPASS™.

The conduct of the related ALTC Leadership Project was also critical for enabling participants’ to develop a deep level of understanding of COMPASS™ as a learning and teaching tool, and its appropriate use as an assessment. This process, in combination with related training for clinical educators and students, safeguarded the quality of the data being generated, ensured that participants could appropriately interpret the data and assisted with embedding COMPASS™ in the curriculum.
The adoption of a collaborative approach in this project was also critical for success. The idea of benchmarking initially aroused suspicion and exposed insecurities and concerns about sharing the performance of university programs with each other. It was critically important to address this up front and work collaboratively to develop a Code of Conduct that addressed everyone’s concerns. The project team worked hard to communicate and model trust, respect and openness in the way they engaged with all participants.

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

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

5.3.2 Factors that impeded success

A specific fact that impeded the participation of New Zealand programs in the project was the delays in acquiring a copy of COMPASS™ due to delays in reprinting. Copies were not available for purchase until June 2007, and therefore delayed implementation of COMPASS™. However, New Zealand programs were involved from the outset of the project which assisted in ensuring their perspectives were integrated from its commencement.

Progress on this project was initially slow. This was partially because participants were initially primarily concerned with the ‘roll out’ aspect of the project. However, the main contributor to initial slow progress was participants experiencing difficulty in understanding what benchmarking was and how it could potentially assist improvement in learning and teaching practices. Benchmarking as a concept and process was poorly understood and early in the project was frequently confused with research activities. This was finally overcome during the second summit through a discussion of the differences between research and benchmarking and the presentation of a “vision” for how
benchmarking might occur and concrete examples of how benchmarking data could be used to improve learning and teaching practices were given.

A second factor that impeded progress on this project was the diversity of opinions from University Ethics Committees regarding the level and type (if at all) of ethical clearance required for benchmarking. Some universities viewed benchmarking as a learning and teaching quality assurance activity and ethical clearance was not necessary and others required a full ethics application to be assessed by the University’s ethics committee. Similarly participants had difficulty gaining information about internal policies about benchmarking and identifying who was able to authorize participation in benchmarking activities. As benchmarking of student performance data across institutions nationally has never occurred before this was a new endeavour that posed new questions for everyone involved.

Three further factors emerged as impediments to the success of the project: imperative for benchmarking, staffing of speech pathology programs and provision of an automated benchmarking database. While agreement was reached by clinical education coordinators that benchmarking would benefit their learning and teaching approaches, there was no strong imperative from their university or often Head of Program to engage in this activity. Put simply for some programs full engagement of staff with this project was a luxury in terms of time commitment they could not afford. Similarly several programs experienced staff turnover or staff shortages during the project and this too impacted on programs ability to engage fully with the project. This tended to be more of an issue for the moderate to smaller sized programs or those with smaller staff complements, where there was less capacity to manage workloads created by these shortages and ‘value added’ activities such as the COMPASS™ Project understandably were of lesser priority. In general the project was able to have greater impact in those programs where there was stable clinical education coordination staffing and clear support from the Head of program. This also needs to be considered in the context of the pivotal role of clinical education coordinators in this project, who already have general issues of workload, as it is well-known that universities generally do not allocate sufficient resources to work integrated learning activities (e.g. Smigiel & Harris, 2007).

A final unanticipated impediment to the outcomes of the project was the consensus reached regarding the necessity for an electronic benchmarking data base. By the end of Summit Two the project team had received a very strong message from participants that they were unlikely to engage in international cross institutional benchmarking unless an automated benchmarking database was integrated into the new tool COMPASS™ Online. There were two reasons for this perspective. First automated benchmarking ensured the preservation of confidentiality for individual students and university programs as data did not need to be handled by any individuals who could potentially break confidentiality. Second clinical coordinators felt strongly that they would not have the time to prepare their COMPASS™ data for benchmarking “by hand”. In order to maintain confidentiality clinical coordinators would have needed to sort and organize their COMPASS™ data for each cohort of students, provide information for each benchmarking field and strip identifying data from each student’s record. It was beyond
the budget of the current project to fund the automated benchmarking database. It also became apparent during the final six months of the project that COMPASS™ Online would not have been ready in time to allow for this to happen. COMPASS™ Online is due to be trialed with three university programs in semester 2, 2008 and will be made available in semester 1, 2009. However detailed specifications were developed based on participating programs’ feedback, costings for such a database were obtained for future reference and agreement in principle established with SPA to link COMPASS™ Online with the proposed database.

5.3.3 General lessons learnt, including a reflection on the challenges and unexpected successes

This project has been highly successful in transferring knowledge regarding all aspects of the use of COMPASS™ for learning, teaching and research from a specific individual (the tool developer) and team (project team) to a much broader group. The sustained investment in facilitating quality learning and teaching represented by the combined project activities was critical to the development of a community of practice that has now become self sustaining via APEC SLP activities. Project participants highly valued ready access to an academic developer, having project activities specifically tailored to their needs, opportunities to network face to face with their peers and to work collaboratively across the newly developing community of practice. All these appear to be key elements for any activities aiming to support quality learning and teaching. These activities were also unexpectedly effective in developing future leadership in learning and teaching within speech pathology. These leaders emerged through partnering with or accessing the project manager and/or team members in developing and conducting research as well as identifying themselves as leaders through volunteering for APEC SLP subcommittees.

The primary challenge encountered by this project was that of resource limitations that made it difficult to establish a sustainable strategy for ongoing cross institutional benchmarking. A model has been developed, commitment and enthusiasm established, a strategy identified but it now appears that progress can not be made until funding for an automated benchmarking system is identified. The benchmarking trial also made it apparent that programs will need support to use information yielded effectively and to accrue maximum benefit through sharing of benchmarking results.

Finally, the establishment of APEC SLP was an unexpected success. Not so much that a sustainable strategy was developed and committed to but the extent of this endeavour was much larger than anticipated. It had been initially hoped to establish a group who would continue to further benchmarking activities and some cross institutional collaboration. This goal was greatly surpassed as all aspects of learning and teaching activity were addressed by establishment of five subcommittees and identification of volunteers to run these. In addition, the high levels of enthusiasm expressed by speech pathology academics who had not been directly involved in the project activities was unexpected, and suggest that the initial impact of the project is rapidly expanding.
5.4 Summary

This project has been highly successful in meeting its proposed goals and, in combination with the partner Leadership Project, represents a unique endeavour. As a result of project activities a whole discipline now has an assessment tool (COMPASS™) in common across Australia and New Zealand. A community of practice has now been established community of practice in which to explore learning, teaching and research opportunities yielded by the adoption of COMPASS™, and to contribute to ongoing quality improvement within these programs. Other university programs will be able to draw upon the model for cross institutional benchmarking that has been developed and successfully trialled as well as the successful project strategies used to meet project goals.

6. References


*Competency Based Occupational Standards for Speech Pathologists - entry level (revised)*. (2001).). Melbourne, VIC: Speech Pathology Australia.


7 Appendices

7.1 Project Universities

7.2 Details of the Project Team

7.3 Discussion Paper: Collaborative use of data generated by COMPASS™

7.4 Discussion Paper Two: Collaborative use of data generated by COMPASS™

7.5 Agenda: Summit 2

7.6 Participant Summary: Summit Two

7.7 Participant Evaluation: Summit Two

7.8 Asia-Pacific Speech Pathology Education Forum Agenda

7.9 Asia-Pacific Speech Pathology Education Forum Summary

7.10 Memorandum of Understanding for Cross Institutional Benchmarking

7.11 Automated benchmarking database specifications

7.12 Final Project Evaluation Questionnaire: Clinical Education Coordinators (Australian)

7.13 Final Project Evaluation Questionnaire: Clinical Education Coordinators (New Zealand)

7.14 Final Project Evaluation Questionnaire: Heads of Speech Pathology Programs (Australian)

7.15 Final Project Evaluation Questionnaire: Heads of Speech Pathology Programs (Australian)
### 7.1 Project Universities

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<tr>
<th>University</th>
<th>Speech Pathology Program</th>
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<td>Flinders University</td>
<td>Undergraduate and Graduate Entry</td>
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<td>Curtin University</td>
<td>Undergraduate</td>
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<td>Charles Sturt University</td>
<td>Undergraduate</td>
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<td>Macquarie University</td>
<td>Graduate Entry</td>
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<td>Latrobe University</td>
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<td>Undergraduate</td>
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<tr>
<td>National University of Singapore (Singapore)*</td>
<td>Graduate Entry</td>
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*Auditing role only*
Appendix 7.1 Details of the project team

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

Project leader

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

For the past ten years Dr Michelle Lincoln was the Director of Clinical Education in a large speech pathology program at The University of Sydney, and in 2006 she took on the role as Head of Discipline in Speech Pathology. She is an active researcher in the area of learning and teaching, in particular workplace based learning experiences. In the past five years she has averaged four peer reviewed publications per year, authored one book and four book chapters. In addition she has received external and internal research funding, including two ARC Linkage grants. Her capacity for excellence in teaching at the tertiary level is best demonstrated by the 2005 University of Sydney’s Vice Chancellor’s Award for Outstanding Teaching. Her expertise and scholarly approach to facilitating student learning is further demonstrated by the publication of two books that specifically address student learning in clinical settings5. Together with Associate Professor Lindy McAllister, she was invited to write the second text book in recognition of their international reputation as clinical educators and academics.

Key members of project team

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

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

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role as project manager for this Leadership project and its associated Carrick-funded Priority project exploring the benchmarking potential of COMPASS™ data.

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

Associate Professor Alison Ferguson has over 25 years experience as a qualified speech pathologist working in hospital, community, and University education settings. In 1993 she took up the inaugural position in the Speech Pathology Discipline at the University of Newcastle. Her team leadership in the development of Speech Pathology teaching curriculum led to the University of Newcastle Award for Excellence in Teaching for 2000. She has been a Chief Investigator on competitive research grants, the majority of which have been obtained from external agencies. Her research into education in speech pathology has been presented and published in a range of national and international peer-reviewed conferences and journals. She recently published a book on the topic of expert practice in speech pathology⁶, and is preparing another book under contract with Palgrave Macmillan publishers.

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

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

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DISCUSSION PAPER

COLLABORATIVE USE OF DATA
GENERATED BY COMPASS™

Distributed by The COMPASS™ Project, The Universities of Sydney, Newcastle, and Charles Sturt

Distributed to Heads of Speech Pathology programs at:

Australia:
Charles Sturt University
Curtin University
Flinders University
James Cook University
La Trobe University
Macquarie University
The University of Newcastle
The University of Queensland
The University of Sydney

New Zealand:
Massey University
The University of Auckland
The University of Canterbury

23 March 2007

Support for this discussion paper has been provided by The Carrick Institute for Learning and Teaching in Higher Education Ltd., an initiative of the Australian Government Department of Education, Science and Training. The views expressed in this discussion paper do not necessarily reflect the views of The Carrick Institute for Learning and Teaching in Higher Education
DISCUSSION PAPER: COLLABORATIVE USE OF DATA GENERATED BY COMPASS™

Background

In 2007, all Australian university speech pathology programs commenced using COMPASS™: Competency Assessment in Speech Pathology, to assess and track student performance in their clinical placements, and to inform decisions regarding student progress. A unique feature of COMPASS™ is that it has strong psychometric qualities which enable clinical educator ratings of students’ performance on each of the 11 competencies (4 generic professional and 7 occupational [CBOS]) to be accurately categorised, summed, and converted into an overall interval level competency score. This data can be then be subjected to statistical analysis to investigate the relationship of the development of student competency in the workplace to other factors.

The quality of the data generated by COMPASS™ has created a number of opportunities for speech pathology programs that this discussion paper wishes to raise for consideration. Firstly, data could be used to develop and inform quality improvement cycles regarding learning, teaching, and assessment in speech pathology. Secondly, individual programs could potentially benchmark the outcomes of their clinical education program at various stages against de-identified, amalgamated data from all other participating programs. This function would assist us to evaluate, validate, lobby for, or celebrate our programs within our individual university contexts. Thirdly, data could be used for research into effective learning and teaching practices for the development of speech pathology competency, thus contributing to the very sparse evidence base for our academic and clinical education practice.

Quality Improvement and Benchmarking

Data on student performance generated by COMPASS™ could be used to inform quality assurance activities that evaluate and inform learning, teaching, and assessment practices both within and between university programs. Quality assurance activities would involve using of student assessment data generated by COMPASS™ in the same way that other assessment data might be used to evaluate effectiveness of curriculum delivery.

1. Individual Program Level
The COMPASS™ Project, funded by the Carrick Institute for Learning and Teaching, is currently providing confidential support for all universities programs to develop an understanding of the nature of the data generated by COMPASS™ and possible applications within their own programs. Use of COMPASS™ will allow individual programs to compare cohorts of students and develop criterion referenced, threshold standards of performance for clinical education subjects. Consequently they will be able to monitor the quality of their teaching, assessments, clinical experiences, and ultimately graduates over time. It will also provide a means by which the effects of internal changes or innovations in learning and teaching on the development of professional competency can be measured. This process is currently underway in all Australian universities.
2. Collective benchmarking
The national uptake of COMPASS™ means that COMPASS™ data could be used as a robust performance indicator across all programs. University programs could compare the collective performance standards of groups of their students at various stages in their clinical education program to other universities, providing an external yardstick against which to examine the effectiveness and/or efficiency of their learning and teaching practices.

Research

The competency score and the Zone of Competency into which the score places students could be used to empirically investigate a range of specific questions about learning and teaching in clinical education topics and thereby develop an evidence base for clinical education practice. This could include identification of approaches to clinical education that maximise student competency development, measuring outcomes from different clinical education curriculum structures and pedagogies, and developing and evidence based understanding regarding how students develop competency in placements.

Issues for Discussion

1. Ethics
Ensuring ethical use of student assessment data will be a fundamental concern to all programs for both research and benchmarking activities. Activities that are clearly research based, and use student assessment information in a manner that varies from usual university practice, will require submission to individual universities’ Human Ethics Committees, in the same fashion as other types of research. For example currently The University of Sydney and Newcastle University are comparing competency development in third year undergraduate students across a range of placement types. Both Universities received approval from their University ethics committee to conduct the study. Programs will need to identify relevant university policies and procedures to guide their decision as to whether an activity constitutes quality assurance or research, and if it is a quality assurance activity, whether it requires any form of informed consent from students.

Some universities may already have statements in place; others may have to work with their teaching and learning staff and research offices to identify appropriate practice. For example Institute for Teaching and Learning, The University of Sydney, have guidelines developed that state “Research which is conducted for the sole purpose of quality assurance including the improvement of teaching and learning processes does not need clearance through the University’s ethics committees.”

2. Benchmarking
2.1 Code of Conduct
Research activities have strict requirements dictated by ethics committees, similarly benchmarking activities are guided by codes of contact. For example, the Australian Vice-

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7 Competency Score is the overall score derived for each student from ratings on the 11 COMPASS™ competencies. The Zone of Competency is one of seven incremental categories of performance into which the student’s Competency Score places them.
8 [http://www.itl.usyd.edu.au/RLT/issues/ethics.htm#one](http://www.itl.usyd.edu.au/RLT/issues/ethics.htm#one)
Chancellor’s Committee and Graduate Careers Council of Australia have a Code of Practice, to
guide the use of information collected by the Graduate Destination survey, course Experience
Questionnaire, and Postgraduate Research Experience Questionnaire (see Appendix 1 for a copy).
At a program level using assessment data from COMPASS™ for improvement of learning and
teaching will be covered by usual university policies on student assessment and quality
assurance.

However, benchmarking student assessment data against other university programs will require
the development of a code of conduct to ensure that both university and student confidentiality is
protected, and involvement is not prejudicial to any parties. This will involve considering issues
such as
• Ensuring that type of data collected does not inevitably identify any particular university;
• Reporting data to benchmarking participants so that confidentiality is protected e.g. only
aggregated student data is reported, percentages and ratios are reported rather than
numbers, de-identification of data so that specific universities cannot be identified;
• Appropriate public use of data e.g. guidelines regarding data interpretation and reporting
so that reporting is not misleading or used to undermine other programs,
• Guidelines for when formal consent from other participants would be required for use of
data;
• Whether data will be released to any third parties e.g. Speech Pathology Australia and
under what circumstances;
• Identifying the limitations of data interpretation once collected and described i.e.
developing guidelines for its appropriate interpretation.

2.2 Procedures
Once a code of conduct is established for external benchmarking activities, procedures will need
to be developed and described to support this code. This would include specifying when and how
data is collected, who should collect it, and how it should be collated and shared/communicated
to participants. Ideally, benchmarking should continue over several cycles to be meaningful,
which would require development of a strategy to enable this to occur.

2.3 Relevant indicators of performance
While COMPASS™ scores are obviously the indicator of student performance of interest to this
benchmarking discussion, they will be meaningless unless ‘like’ is compared with ‘like’. Thus
the type of score to be compared needs to be determined (Competency Score, Zone of
Competency etc) along with other parameters that need to be collected to make sure meaningful
comparisons can be made. In the first instance it seems logical to collect information that enables
comparison of levels of competency reached by students at various intermediate levels of
progression through placement topics, however students in each course progress through clinical
education experiences at different stages of the course. A consensus will need to be reached
regarding what indicators of student level will be used e.g. face to face hours, days of clinical
placement, year and stage of course. Discussion also needs to identify whether there is further
information that needs to be collected to ensure comparisons of interest can be made e.g. whether
the course is under- or post-graduate entry.
3. **Research**
Given the relatively small size of speech pathology programs and the challenges of collecting sufficient data to answer specific questions, it is likely that research on competency development among students will need to be developed collaboratively between institutions. For example, research questions such as whether different types of placements support the development of different types of competencies, inter-rater reliability on COMPASS™, and monitoring of the validity of COMPASS™ as a tool e.g. through using new data to recalibrate the tool.

The power of this type of research could be greatly facilitated and also expedited through collaborative collection of COMPASS™ assessment in association with appropriate demographic data over time, which could be ethically accessed by all university programs for approved research activities. The development of an online COMPASS™ system will greatly assist the collection of this data in addition to COMPASS™ scores e.g. if an agreed set of demographic data is required, the system can be configured so that when each student and each clinical educator log on, they are required to fill out a standard demographic data form. However, the advent of an online COMPASS™ system also requires clarification of university policies regarding collection and transmission of student assessment data. For example, Flinders University IT Manager has indicated that this storage of data by a third party is not an issue as long as the data is held securely and is no more vulnerable than data the university server holds.

While accessing data would clearly need to be on the basis of research proposals approved by relevant university ethics committees, many issues require exploration including:
- Can an ethics process be established whereby students and clinical educators could provide consent for their data to be released to researchers who have received university ethics approval for projects that fall within the boundaries of the consent provided;
- What would be suitable demographic data to collect;
- What code of conduct and procedures would be required to guide and protect the ethical sensitivities involved in collection, management, access, and publication of data, and who would manage this?
- What university policies need to be considered and followed while developing an online COMPASS™ system that may, at least temporarily, store student data on a server offsite?

**Summary**
The integration of COMPASS™ into our curricula is creating many interesting and challenging opportunities for speech pathology education, and in many respects we are leading the way nationally and internationally. We are the first profession to have an assessment of performance in the workplace that has been nationally validated and adopted, and that provides an interval level competency score to describe student performance. This presents tremendous opportunities to develop the evidence base regarding current pedagogical practices within university and workplace education topics through quality assurance activities and also through publishable research relevant to all tertiary programs preparing professionals for practice.

However, this will depend on our ability to create ethical codes of conduct and procedures to support these to enable effective collection, management, and access to this data. This discussion paper outlines a wide range of issues and questions for consideration, and is by no means assumed to be an exhaustive outline of these. Our involvement in forums sponsored by Carrick,
has highlighted just how innovative we have been in the development and integration of CBOS and now COMPASS into our academic teaching and research programs. It is clear that one of our unique strengths is the ability to engage positively in nationally collaborative endeavours, that uphold our commitment to excellence in learning, teaching, and research. National collaboration on the ethical sharing of data for benchmarking and research purposes will be truly cutting edge, further enhancing our reputations as rigorous and innovative academic programs, and will create many research opportunities that have been previously unavailable or difficult to negotiate.

To further our current ‘in principle’ agreement made in May 2006 at Fremantle, supporting the successful Priority Project grant from the Carrick Institute that focussed on data sharing for benchmarking and research, we would appreciate your consideration of the following actions:

1. Discussion Proforma: Please read and respond to the attached proforma, to identify and investigate the issues raised above from your university and program’s perspective. Your response by Friday, 13 April would be appreciated.

2. Benchmarking and Research Workshop: We would appreciate your attendance at a 2 day workshop to be held in Sydney, on the 30 and 31st July. The workshop will be an opportunity to discuss and resolve issues regarding collaborative collection and management of data for benchmarking and research. If you are unable to attend, please nominate a delegate who knows the university context and can make ‘in principle’ decisions on behalf of your speech pathology program(s). The cost of airfares, one night of accommodation, breakfast, and lunch will be covered. You are welcome to bring another staff member at your university’s expense.
Discussion and Feedback Proforma

Please discuss these with relevant university staff both within your program and other relevant organisational units within your university e.g. Research Office, Learning and Teaching resource staff etc. To ensure a timely and effective process to investigate the feasibility of national collaboration for benchmarking and research, your feedback on these issues would be appreciated by Friday, April 13th.

Please provide your feedback to:

Sue McAllister, PhD
Manager
The COMPASS Project
The Universities of Sydney and Newcastle
08 8373 7646
c/- 37 Ormonde Ave
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smcallister@usyd.edu.au

You are also welcome to contact Sue or any of the team members for further discussion:

Michelle Lincoln, PhD  Alison Ferguson  Lindy McAllister PhD
Associate Professor  Associate Professor  Associate Professor of
Head of Discipline, Speech  Speech Pathology Discipline  Speech Pathology,
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Feedback Questions

At this stage our questions are theoretical and exploratory, and may identify questions for which you will need to seek further information. Once the ‘big issues’ have been identified and addressed, we will then be in a position to deal with more specific issues of content and process.

1. Does your university provide guidelines distinguishing between quality assurance activities not requiring ethics committee approvals and research activities using student assessment data?

2. What procedures would they expect you to undertake to participate in both of these types of activities?
   a. Would the provision of de-identified student data for collective, national benchmarking require approval from the ethics committee?
b. Would routine pooling of assessment data from COMPASS™, accessed for research once a university ethics committee has approved the proposed research be supported by your ethics committee, and under what conditions?

3. What are the university policies on off site electronic collection, storage and transmission of student assessment data?

4. Would you be likely to want to use pooled data for research and do you think this is adequately covered by submitting proposals to university ethics committees?

5. What do you see as the major practical and ethical concerns in using COMPASS™ data for:
   a. Collaborative benchmarking
   b. Research?

6. Are there ethical considerations relating to clinical educators?

7. Given that SPAA will have ownership of the online COMPASS™ system, what role do you think they could/should have in benchmarking and/or research activities using data collected online?

8. Can we assume that the internal benchmarking process will no longer require support at the end of the Carrick funded period (end 2007)? If it will need further support, what form do you think that should take?

9. How do you think the benchmarking data should be managed in the long term when Carrick funding has ended?
APPENDIX 1:

AVCC Code of Practice on the public disclosure of data from the
Graduate Careers Council of Australia’s Graduate Destination Survey,
Course Experience Questionnaire and Postgraduate Research Experience Questionnaire

Accessible here:
DISCUSSION PAPER NO.2
May 2007

COLLABORATIVE USE OF DATA GENERATED BY COMPASS™

Distributed by The COMPASS™ Project, The Universities of Sydney, Newcastle, and Charles Sturt

Distributed to Speech Pathology programs at:

Australia:
Charles Sturt University
Curtin University
Flinders University
James Cook University
La Trobe University
Macquarie University
The University of Newcastle
The University of Queensland
The University of Sydney

New Zealand:
Massey University
The University of Auckland
The University of Canterbury

Support for this discussion paper has been provided by The Carrick Institute for Learning and Teaching in Higher Education Ltd., an initiative of the Australian Government Department of Education, Science and Training. The views expressed in this discussion paper do not necessarily reflect the views of The Carrick Institute for Learning and Teaching in Higher Education
DISCUSSION PAPER NO.2: COLLABORATIVE USE OF DATA GENERATED BY COMPASS™

Introduction

This discussion paper is the second in a series of papers designed to facilitate the development of a strategy to enable collaborative use of COMPASS™ data for benchmarking and research across speech pathology programs in Australia and New Zealand. The first discussion paper was circulated in March 2007, with subsequent ‘brainstorming’ questions circulated by email in May. This paper will provide you with a brief summary of responses to the first paper and discussion questions, along with a set of propositions and related implications for action that the project team has developed based on these responses. This is intended to provide a framework for your response and action prior to the summit meeting on the 30 and 31st July, to support the establishment of consensus for action during the meeting.

Our defining and understanding of this task continues to evolve, and we can sincerely say that we are not committed to any particular position, other than adherence to fundamental ethical principles in dealing with each other, our students, and clinical educators. We look forward to your response to this document by Friday 20th July.

Summary Stage 1 of consultations on collaborative use of data

March Discussion Paper: Summary of responses

As outlined in the May Discussion Paper, COMPASS™ data could be collaboratively used across universities for two major purposes (in addition to internal uses of data for benchmarking and evaluation):

1. To develop and inform quality improvement cycles regarding learning, teaching, and assessment in speech pathology through external benchmarking against aggregated data from other university programs.
2. Research into effective learning and teaching practices for the development of speech pathology competency.

A number of issues were raised in the discussion paper regarding ethical use of student assessment data, codes of conduct and related policies/procedures, management of data, including managing both benchmarking and research activities. Responses to this discussion paper were received from 5 universities in addition to the 3 universities represented in the project team. The following issues were highlighted.

Consent

There were differences in opinion with regard to university ethics committees’ position on the need for student and clinical educator consent for use of de-identified data for benchmarking or program evaluation activities. This was clearly an area that required further discussion with ethics committees. The issue that student assessment data is bound by university rules related to privacy and confidentiality was also noted, and the
possible notification/involvement of university staff responsible for student welfare/issues. Seeking consent to allow for retrospective use of data was raised as potentially desirable but adding to complexity with problems anticipated in gaining any form of ‘blanket’ consent. Thus the concept of a longitudinal study with additional researchers or research questions being added over time was suggested to be problematic.

Data management
It was agreed that the offsite collection, management, and storage of student assessment data, including how long it will be collected for and stored, was a potential issue requiring careful specification and consultation with ethics committees. There was strong agreement that data needed to be de-identified, and the process for this (when, by whom etc) be clearly described. Access to and release of data should be carefully controlled, as well as the way in which information can be disclosed, with university confidentiality being considered important. Maintenance of ongoing collection, distribution and interpretation of benchmarking data was seen as a potential problem area in terms of time and resources.

Strategies to support collaborative use of data
A number of strategies were raised including developing a ‘master’ ethics approval for submission to all university committees, and that one may be required for benchmarking and the other for a research pool of data. A code of conduct and unambiguous written agreements about the storage and use of data should be developed and this, in addition to clear statements on the nature of the data collected and the purpose of this activity, will be essential for assisting university staff (beyond speech pathology) to better understand the project and its implications. The online COMPASS™, currently under development, was identified as being a potential tool for storage, aggregation, and dissemination of benchmarking data to individual universities.

Maintaining collaborative benchmarking and research beyond the current project
There was strong support for maintaining an ongoing collaboration between universities regarding the use of COMPASS™ and the data generated, recognition for individual and institutional support for this to continue, and the possible need to provide financial support for teleconferences and even face to face meetings. Opinions were expressed indicating that the process needs to be specified and reviewed to assess whether it should continue and what level and form of support is required. On the other hand, concerns were expressed about workload implications, including the wish for this to be a long term undertaking to warrant investing time and effort into commencing the process. The importance of benchmarking and research into learning and teaching in terms of university strategic plans was also acknowledged.

What to benchmark?
What to benchmark against and how to interpret the resulting data was identified as problematical e.g. how to compare clinical experiences across courses, types of placements.
June Brainstorming Questions: Summary of responses

Once the responses to the benchmarking paper were collated and considered, the project team realised that they needed to confirm exactly for what purpose university programs were wishing to use COMPASS™ data, and examine whether these constituted benchmarking or research activities. Various staff from six different universities in addition to the three universities represented by the project team were able to respond and constituted a different group from those who responded to the discussion paper. This process was very helpful to the project team as it indicated that there was both a rich range of uses for the data envisaged and strong commonality of purposes between those programs represented. A full listing of ways in which people wished to use COMPASS™ data is detailed in Appendix 1. Fewer responses were received to the question regarding what other data might be required to answer the questions posed, suggesting that this would require detailed face to face discussion at the summit.

The majority of projects could be carried out as benchmarking activities, using de-identified, aggregated data so that individual programs could compare their students’ performances against those of all other universities combined. Some ideas would clearly require research approval as they would involve tracking of individual student performances.

Stage 2: Preparation for summit

As mentioned in the introduction, the project team holds no firm position on how collaborative use of data should proceed. However, to assist in progressing discussion and ensuring the most productive use of your valuable time at the July summit, we would like you to consider the subsequent material for discussion as follows:

**ACTIONS REQUIRED PRIOR TO SUMMIT (see Appendix 3 for Feedback Proforma)**

- Identify whether you agree or disagree with each overall statement,
- Identify if there are other implications that require consideration,
- Undertake to seek information from your university to address/inform a response to the implications for each statement,
- Communicate responses to all three of the above points to the project team by Friday 20th July.

**Statements and implications for discussion**

1. Project focus: Research and/or Benchmarking?
   This project will focus on establishing a process to share data to enable collaborative external benchmarking of COMPASS™ data to support universities in their evaluation of learning and teaching practices. Developing strategies to collect and share data for collaborative research does not need to occur as part of this project because collaborative research can be established between interested universities via processes already in place.
at universities, as demonstrated by collaboration between the Universities of Newcastle and Sydney. Ethics committees already have clear guidelines in place for research processes that require tracking of data related to a specific individual(s). In addition, it is the project team’s position that good research is prospective rather than retrospective. Maintaining a ‘just in case’ pool of data over time does not meet this standard and is likely to represent a large expenditure of time and effort to develop and manage, for a small return. However, this project IS an excellent opportunity to canvass future strategies to support collaborative research, particularly on small subpopulations of student cohorts e.g. men, marginal students.

Implication
- A definition of research versus benchmarking needs to be established to assist with distinguishing between these two activities. A suggested strategy to distinguish between the two is to consider research as requiring tracking of individuals and thus involving potentially re-identifiable data, whereas benchmarking occurs with data that is de-identifiable and aggregated.

2. Each program must establish the basis under which they are prepared to participate in this venture both now and once the current project has established the framework and processes required for external benchmarking.

Implication
- Each program needs to consider and communicate the following
  o Whether the program and its staff wish in principle to be involved in maintaining collaborative external benchmarking activities beyond the life of the current project.
  o Whether there is program or institutional support to enable this to occur.

There are two possible scenarios that have been identified for a benchmarking process for you to consider:
- Benchmarking made automatically available via the new Online COMPASS™, which would require paying for a license for this service
- OR providing reports of de-identified aggregated data to a third party to confidentially collate and report back results
  o What kind of review process needs to be in place to enable programs to evaluate the benefit of ongoing participation in external benchmarking?

3. Clear, ethical, mutually agreed upon policies and procedures that are congruent with university policies should be established to guide collection, management, and communication of external benchmarking activities and data.

Implications
- The potential role of the online COMPASS™ in collecting and aggregating data and providing benchmarking reports to each university needs to be investigated. University staff responsible for maintenance of confidential and secure student records will need to be consulted regarding requirements that will need to be in place so that assessment data can be submitted via an external server. This will occur because an external server will run the online COMPASS™ assessment
tool that will measure ratings and download data and reports to subscribed universities.

Leah Hanley, Online COMPASS™ Project Officer will contact your program prior to the summit with information to assist you in discussing this with relevant university staff.

- Each program will need to identify and be prepared to clearly communicate at the summit their requirements for policies, procedures, and a code of conduct that would need to be in place for them to be willing to participate in collaborative external benchmarking. This includes considering responses to the following questions as well as identifying other areas that need to be included:
  - How will data be reported back to each university?
  - What is required to protect the confidentiality of students, clinical educators, and universities?
  - What parameters need to be in place regarding public communication of external benchmarking data?
  - What processes should be in place for programs who wish to specifically benchmark against each other?
  - What processes will be in place for universities that do not adhere to the code of conduct etc?
  - Who will have access to the data?
  - How will access be managed?
  - Where will data be stored?
  - Development of guidelines for appropriate interpretation of benchmarking data.

4. Benchmarking requires ALL data to be contributed to the pool for meaningful information to be extracted. Student and clinical educator confidentiality would be protected in this process through de-identification and aggregation such that no individual university, student, or clinical educator could be identified.

Implications
- Each program will need to identify their university’s Human Research Ethics Committees’ current stance on use of student assessment data for benchmarking, without individual student consent (which inevitably results in less than 100% of data being collected) will need to be identified for each university, and points of concern addressed. The following will need to be established
  - Are there existing guidelines for use of student data for program evaluation, or do these needs to be established?
  - If these do exist, do they allow for presentation of the findings (based on de-identified and aggregated data) that contribute to our understanding of learning and teaching in public foray (papers, conferences)?

See Appendix 2 for a memo proforma that can be used to inform your discussion with your Ethics Committee and/or representative

5. Data will need to be collected along with the COMPASS™ scores to enable meaningful and useful external benchmarking to occur, and to support the benchmarking questions in Appendix 1.
Implications

- Prior to the summit, each program will need to identify what data should be collected and how this can be done so ‘like with like’ is compared e.g. type of placement, stage of course.
- Consensus will need to be developed at the summit regarding this data and procedures subsequently established at each program to ensure this data is collected so that the benchmarking data is complete.

Summary

Thank you for your continued investment of time and energy into collaborating on this project. We are encouraged by your willingness to engage positively in undertaking this unique endeavour, and your commitment to excellence in learning, teaching, and speech pathology practice. To assist you in responding to the issues raised above and in preparing for the summit, a discussion proforma is included in Appendix 3. The proforma indicates where responses are sought by Friday 20th July, and which items are issues to research and prepare for discussion at the summit.

We are looking forward to a robust discussion!
APPENDIX 1: Responses to May brainstorming questions

Question 1: In what ways am I (or my program and/or colleagues) likely to want to interrogate the student assessment data generated by COMPASS?

**Benchmarking: could use de-identified, aggregated data, and compare individual program against combined data from all other programs**
- Impact of length of clinical placement on COMPASS™ outcome
- Trajectory of how students reach entry level e.g. Is it uniform? What is a typical student development patterns to help with
  - Monitoring individual students (useful at a student and uni level)
  - Comparing progress rates across programs, this would assist CEs who are unsure what to expect from students from different programs who have differing amounts of clinical experience/exposure).
- To investigate patterns of development of clinical competencies
- To learn about typical profiles of students’ performance at different year levels
- Compare rates of progress between different masters programs
- Compare different types of competencies developed on different types of placements (using broad descriptors adult vs. child, acute vs. rehab, education vs. health)
- Compare competency development across placement types e.g. weekly vs. block
- Determine the impact of any changes to clinical education program compared to performance of students from other universities
- Monitor CEs’ use of COMPASS™
- Determine the impact of any additional training on COMPASS™ on CEs’ use of COMPASS™
- Determine if different academic pedagogies influence the development of competency
- Identify those competencies that students find most difficult to acquire
- Type of clinic influencing COMPASS™ outcome
- Comparing profiles of students’ placements across like clinics in 2nd & 4th year
- To investigate if curriculum changes (e.g. introduction of classroom teaching on aspects of clinical work) have an impact on competency development as measured by COMPASS™
- Predicting student outcome at final placement (e.g. performance at the middle assessment being able to accurately predict a failing student)

Research/evaluation regarding program design, performance or other features and may require consent because of the possibility of identifying students/placements.
- If Masters Students and Undergraduate students progress differently in the development of clinical competency
- To use subsets of data such as performance on particular competencies to see how the type and sequence of clinic influences development of competency
- Identify different clinical experiences, or structure thereof (10 wk/6wk block, day) & possible correlation with rates of progress
• Identify any significant differences in levels of competence and behavioral descriptors in relation to caseload complexity, i.e. how does caseload complexity (high/low) influence type and rate of development of competence in other programmes?
• Are there some generic units or CBOS units that students tend to reach entry-level in earlier in their degrees (across the board, irrespective of range indicator or population)? Does this happen in all/most universities? Or does this vary from university to university?

More general research questions about clinical learning/performance
• Comparing the COMPASS™ ratings of CE’s doing split supervision placements
• Comparing students’ outcomes depending on different variables e.g. background, gender
• Generalisation – do certain competencies really transfer across different range indicators
• To investigate student learning and development of competencies in different clinical learning models (e.g. paired placements versus individual placements; University clinics with 1 CE to 4-6 students versus individual student in workplace clinic)
• To analyse students’ ratings on COMPASS™ at midway versus end of placement (to investigate the change in a student’s performance following mid-way evaluation and setting of learning goals based on mid-way feedback)
• Establish the reliability and validity of COMPASS™ for assessment of student learning and clinical practice in novel clinical learning environments (i.e. other than in workplace clinical work) e.g. development of clinical competencies through a standardised patient program
• Impact of categories of entry into program on performance
• Academic grades/characteristics compared with compass performance i.e. do any predict student clinical performance
• Are any particular academic subjects good predictors of success or otherwise in clinic
• Do any academic assessments predict performance in clinic?
• Association between performance on placement and job preference. I.e.; if they perform well in adult placement, do they always go on to work with adults?
• Do honours students do differently in clinics
• How long to get to competency across the range indicators

Other purposes
1. Marketing
• To market our programs in terms of student outcomes: provide evidence to the field
2. Evaluating utility of COMPASS™
• To assess novice students i.e. is COMPASS™ sensitive and accurate at the lower end of the VAS
• Its capacity to report change over the course of (a) a block placement and (b) a sessional semester placement
• Its capacity to report placement-specific ‘vagaries’ - how will it ‘cope with’ data from acute hospital vs. school-based placements and block vs. sessional placements
- Its capacity to report entry-level skills in a wide variety of placements independent of type and complexity
- Its capacity to accurately report the data of a student 'at risk' - i.e. is that student's data sufficiently different from the cohort data as to constitute an 'inability to meet sufficient competency'
- Its capacity to assess a student’s clinical performance in work situations that require a consultancy or community education model of service delivery rather than the traditional assessment and treatment mode of intervention.

**Question 2: What other data would be needed to help answer these questions?**

*Suggestions relevant to benchmarking*
Could consider a measure of "percentage of total clinical practicum completed" for each data point. In time, this would allow modelling of patterns of progress towards competency, and also to be able to develop 'maps' of e.g. typical student progress, and one or two common alternatives.

*Suggestions relevant to research questions*
- Use focus groups to establish what qualitative information may be helpful.
- Academic grades
- First job
- May need to link to syllabus data and other results
- Duration of clinic.
- Student profile data

*Data required for benchmarking questions*
Student demographic data (which would be de-identified) would need to include
- Nature of program (undergraduate or masters)
- Year level
- Stage in clinical placement sequence
- Sessional versus block placement
- Type of workplace
- Type of caseload
- Service delivery model
- Student learning model (clinical education model e.g. peer learning; standardised patient etc)
APPENDIX 2: Proforma for discussion with HREC representative

Request for Information

To: Chair, University Human Research Ethics Committee
Re: Ethical use of student assessment data for quality assurance activities
From:

Background
All 9 Australian universities and all 3 New Zealand universities preparing speech pathologists for professional practice have commenced using the same system to assess their students’ performances on the practicum component of topics/subjects. This system, COMPASS™: Competency based assessment in speech pathology, yields both qualitative and quantitative information on student performance. All 12 universities are collaborating on a project funded by the Carrick Institute for Learning and Teaching. The aims of this project are to investigate the feasibility and to develop strategies to assist programs to use the quantitative data COMPASS™ yields on student performance to do the following:

1. Internal benchmarking of student performance
   Evaluation of student performance for various purposes related to each program’s particular priorities e.g. to support decisions regarding failing or promotion of students, and to evaluate whether curriculum changes are having the desired effect on student performance.

2. External benchmarking of student performance
   Using assessment data from COMPASS™ to compare each universities’ students’ performance on various indicators (e.g. performance over time, type of placement) against the combined performance of all other universities’ students. It is anticipated that this would involve a process bound by Code of Conduct agreements and include:
   - Each university only providing data that is aggregated (means, standard deviations) and therefore does not identify individual students
   - Reporting data so that individual universities are not identified e.g. universities would be able to seek answers to questions such as “how does our students’ overall performance (aggregated mean, standard deviation) compare with all other speech pathology students (aggregated mean, standard deviation) in Australia and New Zealand, with regard to some particular question?”

3. Research
   Develop collaborative research proposals to answer specific questions regarding competency development, submitted via university ethics committees seeking individual student consent.

Information required
Current practice regarding the use of student assessment data and seeking of consent varies between universities and there is little established practice regarding student consent for learning and teaching scholarship activities using their assessment data. Medical education has a long history of publishing research using student assessment
data to evaluate curriculum, without seeking student consent, and concerns regarding this practice have recently been raised. One of the key issues identified is the need to distinguish between program evaluation/quality assurance and research requiring individual student consent (Henry & Wright, 2001; Mavis & Henry, 2005; McLachlan & McHarg, 2005). However, literature is generally based on US or UK ethics review board guidelines, and current Australian guidelines do not specifically address consent in relation to the activities proposed (NHMRC, 2003; NHMRC, 2007). To assist us in ensuring that these are developed and undertaken in an ethical manner, we would appreciate your response to the following questions and direction to the existing guidelines for our university that may be relevant. Your response to the questions below would be appreciated by **Wednesday 17 July**. This will enable to share and discuss this information at a national summit meeting to guide future planning and activities for this project.

**QUESTIONS**

1. **Internal Benchmarking**
   a) Under our HREC and/or university guidelines could COMPASS™ assessment data could be used within the speech pathology program for quality assurance activities without specific student consent in the same way that other student assessment data is used for these purposes? For example, to evaluate if changes to curriculum design have had the desired effect on student performance.
   b) Under what circumstances could the results of these internal quality assurance/evaluation activities be communicated publicly (forums, conferences, and publications)?

2. **External Benchmarking**
   a) Benchmarking can only be usefully conducted if 100% of the data is available, individually consenting students to enable their assessment data to be contributed to the de-identified aggregated pool of data will reduce the utility of this activity as 100% participation is unlikely. What guidelines would you suggest to allow the process described to be ethically conducted without seeking individual student consent? Are there policies and procedures already in place within our university/HREC to guide these types of activities?
   b) In your view, do you think that we could publicly communicate our performance compared to the remainder of the combined university group? If so, under what circumstances e.g. to contribute to scholarship on teaching and learning, to market our superior performance compared to the group?

3. **Research**
   It is important that individual student consent is sought when the activity using their assessment data clearly constitutes research. Does the following working definition to guide universities participating in this project in differentiating between ‘research’ and ‘evaluation’ appear sufficient to you and, if not, what else should be included?
   
   *Research is prospectively conducted to answer a specific question(s) that requires handling of data in a manner that has the potential to identify individuals within the research group.*

4. **General question**
   Would internal and/or external benchmarking activities require submission of an ethics approval form?
a) If not, what process would you require from us to satisfy our university/HREC that the activity is ethically conducted?
b) If so, would the committee accept documentation submitted by a NEAF application, reviewed and approved by another university’s HREC?

References
NHMRC. (2003). When does quality assurance in health care require independent ethical review? Canberra: NHMRC.
NHMRC. (2007). National Statement of Ethical Conduct in Research involving Humans. In T. Departments of Health and Aged Care; Education, and Youth Affairs; Industry, Science, and Resources (Ed.) (pp. 102): Commonwealth Government of Australia
APPENDIX 3: Discussion and Feedback Proforma

Please discuss these with relevant university staff both within your program and other relevant organisational units within your university e.g. Research Office, Learning and Teaching resource staff etc. To ensure a timely and effective process to support establishment of consensus at the summit, your feedback on these issues would be appreciated by Friday, July 20th.

Please also remember to communicate ASAP your travel and/or accommodation needs as per recent email request to allow bookings to occur.

Feedback Questions for response by Friday 20th July

What are your responses to the 5 major propositions? These were as follows:
1. The project will focus on establishing a process to share data to enable collaborative external benchmarking of COMPASS™ data to support universities in their evaluation of learning and teaching practices. A consented pool of data over time will not be developed. (page 3 & 4)
2. Each program must establish the basis under which they are prepared to participate in this venture both now and once the current project has established the framework and processes required for external benchmarking. (Page 4)
3. Clear, ethical, mutually agreed upon policies and procedures that are congruent with university policies should be established to guide collection, management, and communication of external benchmarking activities and data. (Page 4 & 5)
4. Benchmarking requires ALL data to be contributed, so a process by which this can occur needs to be established under the ethics and/or policies and procedures related to student assessment data and program evaluation for each university. (Page 5)
5. Data will need to be collected along with the COMPASS™ scores to enable meaningful and useful external benchmarking to occur. (Page 5)

Other information to communicate to the project team prior to the July Summit.
1. What is your Human Research Ethics Committee’s stance on the use of student assessment data without individual student consent, and publicly communicating any findings that contribute to the scholarship and evidence base regarding learning and teaching practices? (Page 5, see Appendix 2 for proforma to assist)
2. Are there any other issues or actions have not yet been identified?

Issues to canvas/information to gather from your program staff/university to inform discussion at the July Summit
1. Definition of benchmarking versus research. (Page 3 & 4)
2. Basis for involvement in the development of collaboration for external benchmarking now and into the future. (Page 4)
3. What are your requirements for policies, procedures, and a code of conduct for participation in collaborative external benchmarking? (Page 4 & 5). NB Leah
Hanley will provide further information to assist with clarifying IT/student records issues.

4. What data would need to be collected along with COMPASS™ scores to enable comparison of ‘like with like’ and to support the benchmarking questions in Appendix 1? (Page 5)

Please provide your feedback by Friday, July 20th to:

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Appendix 7.5

COLLABORATIVE USE OF DATA GENERATED BY COMPASS™

Timetable

MONDAY

10:00 Introduction and Welcome

10:15 Online COMPASS™
Introduction to Online COMPASS™

11:00 What might Benchmarking look like?
What external Benchmarking with COMPASS™ might look like, how it might be done, and what we might get out of it?

12:30 Lunch

1:30 Process
Discussion and resolution of how we wish to carry out external benchmarking, addressing:
- Preferred process
- Code of Conduct
- Consent
- Ethics review
- Any other issues raised in previous discussion

3:00 Afternoon Tea

3:30 Process continued

4:00 Parameters
What apples do we want to compare our apples with, and how ‘apple-ish’ will they need to be? Discussion and resolution regarding
- What do we want to externally benchmark?
- What related data would need to be collected to compare like with like benchmark

5:00 Finish
7:00 Meet at Rydges Camperdown to walk to shared dinner (optional)

TUESDAY

9:00 Parameters cont.

10:30 Morning Tea

11:00 Planning

What are our preferred timeframes and review process for trialling external benchmarking?

12:30 Lunch

1:30 Research Collaboration
Identification of research projects of mutual interest and strategies for collaboration.

2:30 Sharing strategies for internal benchmarking
What ideas and strategies have people been working on for internal benchmarking?

3:00 Afternoon Tea

3:30 Wrap up
Wrap up regarding
  • Online COMPASS™ development
  • Where to from here for all project activities

4:00 Finish
Appendix 7.6

COLLABORATIVE USE OF DATA GENERATED BY COMPASS™

Participant Summary: Summit meeting, 30 and 31 July 2007, Sydney

Background
A two day summit, supported by the Carrick Institute for Learning and Teaching in Higher Education, was attended by representatives from each university in Australia, New Zealand, and Singapore that offer pre-professional preparation of speech pathologists (see Appendix 1 for participant list). The focus of the summit was to investigate the feasibility of collaboratively using data generated by COMPASS™ assessments of student performance on practicum as a tool to improve learning and teaching practice through external benchmarking, and research. This paper provides a summary of points of consensus arising from the two days of discussion, and future action required to achieve the group’s goals. More detailed minutes or summary of discussions at the summit are available on request to the project team.

Consensus
The nature and purposes of benchmarking and research were clarified. Benchmarking using COMPASS™ will be a quality improvement process to identify strengths and weakness in learning and teaching practices, and indicate whether resulting curriculum changes are having a positive impact on student performance. It is also anticipated that benchmarking will assist in identifying areas requiring research, which will specifically test hypotheses regarding teaching practices and student performance in the workplace as measured by COMPASS™. Participants are committed to continue with internal benchmarking; establishing external benchmarking to compare their program’s performance to the combined performance of other programs; and establishing collaborative cross institutional research partnerships.

External benchmarking will be trialled, and will involve

- Each university confidentially comparing their performance, as measured by de-identified and aggregated student performance data generated by COMPASS™, to the combined performance of all other universities contributing data to the pool,
- Collecting and comparing de-identified and aggregated student demographic information, not linked to COMPASS™ data, to develop an appreciation of the similarities and differences between their student cohort and that of other universities.

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9 Support for this activity and related report has been provided by The Carrick Institute for Learning and Teaching in Higher Education Ltd., an initiative of the Australian Government Department of Education, Science and Training. The views expressed in this report do not necessarily reflect the views of The Carrick Institute for Learning and Teaching in Higher Education.
This trial would be reviewed after 12 months, with the intention for benchmarking to continue over 3 to 5 years to develop meaningful information regarding learning and teaching practices. Initial review will focus on functionality, documentation, code of conduct, and sustainability. Benchmarking activities will be formalised through the establishment of an International COMPASS™ Benchmarking Consortium to legitimise and support participants’ activities, including development of other benchmarking activities e.g. data on the nature of programs such as staff profiles and resources.

External benchmarking will be guided by a Code of Conduct, and a detailed documentation of other relevant information e.g. information regarding the process, guidelines on data interpretation, communicating with clinical educators and students regarding benchmarking etc. The Code of Conduct will include guidelines on the use of data including public communication including accompanying declarations regarding the limitations of its use and interpretability. It was agreed that the data would not be suitable for marketing but could be used to contribute to learning and teaching activities e.g. review processes (internal, program or curriculum review), accreditation, and problem solving student progress.

External benchmarking is inextricably linked to the development of COMPASS™ Online. Internal (intra university) benchmarking is less reliant on the COMPASS™ Online but will be greatly facilitated by the proposed reporting function of the online system. The functionality required to support benchmarking was discussed and parameters for external benchmarking suggested (see Appendix 2). It was agreed that parameters should not allow students/programs/universities to be identified from the aggregated data.

The external benchmarking process for the consortium will be submitted for approval to university ethics committees or chairs. Given the very low level of risk to students, the application will seek to enable data to be contributed to the pool without active consent so that data can be benchmarked against a meaningful pool. Approval to discuss or present benchmarking information, under the agreed Code of Conduct will be sought, along with the ability to keep benchmarking on the COMPASS™ Online server long-term. Individual universities are free to develop other benchmarking partnerships and will need to follow their own organisation’s guidelines for establishing these relationships.

Ideally international universities should calibrate COMPASS™ to reflect the judgements their clinical educators make about student performance, and will seek support to do this. The option of benchmarking one’s program against an international, Australian, or combined pool is preferred.

Strategies to support sustainability were discussed. The need was identified for development and sustaining a collaborative community of learning and support for university staff with responsibility for, and interest in, learning and assessment in practicum and related curriculum. There is also a need to have embedded institutional support including prioritising and supporting the establishment of external benchmarking as a shared focus and responsibility for programs as a whole.
Action
A number of actions were proposed and agreed to, and require the establishment of related and plans, and allocation of responsibilities.

The Project Team will be responsible for the following activities: developing the Memorandum of Understanding that details a code of conduct, documenting the external benchmarking process/handbook, developing an ethics approval process, liaising with the COMPASS™ Online project regarding functionality required for external benchmarking and negotiations with appropriate university structures regarding data security, and initiating the development of web based support strategies.

Staffs from all participating universities need to continue to respond to requests for feedback and information regarding functionality of the database for use as an assessment tool, internal benchmarking, and external benchmarking; and the project team regarding items under development to support external benchmarking and other project activities.

Sustainability and maximising the benefit of collaborative external benchmarking will be pursued through
1. Seeking support from the Heads of Speech Pathology programs (HoP) in Australia and New Zealand to take up external benchmarking as a shared focus and responsibility, and embedding it within program activities and the university itself. A commitment will be sought to meet to monitor establishment of benchmarking with HoP, practicum coordinators, and their New Zealand counterparts at the conference in May 2008.
   Actions: Alison Ferguson will raise this as an agenda item at the next Australian HoP meeting. NZ programs will promote external benchmarking as a focus for the May 2008 HoP meeting.
2. New Zealand programs will seek support from their NZ vice Chancellor’s committee.
3. Participants will promote the profession’s involvement in benchmarking via their wider school and faculty structures e.g. Deans of Health Sciences.
   Action: Volunteers are required to support the establishment and development of this consortium
5. Seek funding from Carrick to support a Breakthrough Collaborative Process to maximise the effectiveness of external and internal benchmarking for improving teaching & learning practices, and development of collaborative research activities.
   Action: Michelle Lincoln to lead this process, with Anne Hill and Rachel Davenport as team members. Further volunteers to assist are required.
6. Identify strategies to support to support international involvement and validation of COMPASS™.
   Actions:
   Louise Brown, Gail Mulcair, Sue McAllister, Lindy McAllister will seek funding from DEST to support this to facilitate mutual recognition. Other international team members are sought.
New Zealand programs will investigate NZSLTA support and identify other sources of funds.
Singapore would consider setting up validation as a PhD project.

This summary was prepared by The COMPASS™ Project Team:

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Speech Pathology Discipline Convenor
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Alison.Ferguson@newcastle.edu.au

Lindy McAllister PhD
Associate Professor of Speech Pathology,
Charles Sturt University
02 6051 6750
LMcallister@csu.edu.au
Appendix 1 Summit participants

Present:
Valerie Lim – National University of Singapore
Melissa Chua – National University of Singapore
Leah Hanley – SPAA COMPASS™ Online project officer
Liz Scott – University of Sydney
Lynne Mortensen – Macquarie University
Ruth Beecham – Charles Sturt University
Anne Hill – University of Queensland
Bronwyn Davidson – University of Queensland
Margo Brewer – Curtin University
Rachel Davenport – LaTrobe University
Suzanne Purdy – University of Auckland
Alayne McKee – University of Auckland
Helen Southwood – Massey University, Auckland
Yvonne Cope – Massey University, Auckland
Louise Brown – James Cook University
Catherine Moran – University of Canterbury

Project Team:
Michelle Lincoln – University of Sydney
Alison Ferguson – University of Newcastle
Lindy McAllister – Charles Sturt University
Sue McAllister – USYD & UoN, The COMPASS™ Project manager

Apologies due to illness:
Paul McCormack – Flinders University
Gina Tillard – University of Canterbury, Christchurch
Appendix 2 Benchmarking Parameters

1. Student demographic/census data
A separated set of census data on students (i.e. not directly linked to performance) to build a picture of who the students are, nationally and internationally, and benchmark your program demographics profile against all other programs.

Consensus list for demographic data:
- University
- Year of entry, course
- Undergrad vs. masters
- Previous degree
- Entrance to course: School leavers or Other
- Gender
- DOB
- Ethnicity
- Rurality
- International vs. domestic
- First language
- Other languages
- Part time/full time enrolment

2. Student performance data
Students will be grouped and performance benchmarked in relation to a) hours of experience and b) stage in program.

Hours based groupings
4 hours based groupings:
- 0-50
- 50-100
- 100-200
- 200+

Grouping by place in program
Go with 3 groupings
- Early
- Middle
- Late

Benchmarking against the following secondary groupings would then occur
- Client age group
  - Adult
  - Child
  - Mixed
- Type of clinical placement/ placement intensity
  - Block
  - Weekly
- Site of placement*
  - Rural
  - Metropolitan
  - International
- Range indicators
  - Speech
  - Language
  - Fluency
  - Voice
  - Swallowing
- Service delivery setting
  - Acute
  - Rehabilitation
  - School
  - Community
  - University clinic
  - Disability
- Intervention Model
  - Prevention
  - Promotion
  - Intervention/Curative?
  - Assessment
  - Education/Consultative?
  OR
  - Primary
  - Secondary
  - Tertiary
- Service delivery Model
  - Group
  - individual

- Discuss with SPAA whether cost of licensing for the online version could include sustaining benchmarking activities and have this included in their COMPASS™ support person’s job duties, along with marketing and supporting COMPASS™ use e.g. maintaining a research register.
- Identify strategy to include in RQF the impact that COMPASS™ has had
Appendix 7.7

COLLABORATIVE USE OF DATA GENERATED BY COMPASS™

Summit Meeting, 30 and 31 July 2007, Sydney

PARTICIPANT EVALUATION

Thank you for your wonderful participation and contributions to this meeting! We would appreciate your feedback on the following matters. It would be most appreciated if you could return this form by **Wednesday 29th August**.

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

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

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

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

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

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

6. Please comment on the quality of the summit
   a. Content


   c. Facilitators/Presenters

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

THANK YOU!
Appendix 7.8

ASIA-PACIFIC SPEECH PATHOLOGY EDUCATION FORUM¹⁰

Sunday, 25 May 2008

9:00 to 12:00

Epsom Room 1, SKYCITY Convention Centre, Auckland, New Zealand

AGENDA

9:00 Welcome

9:05 – 10:00 Project Review

Introductions
Participants will be invited to introduce themselves and state one goal they have for this meeting. The group as a whole will discuss the following

- How the introduction of COMPASS™ has gone in its first year
- Role of COMPASS™ data in informing curriculum review/renewal
- Possible collaborative activities to promote teaching and learning
- What infrastructure is needed to continue collaborative learning and teaching activities

Summary
The COMPASS™ Project team will summarise the outcomes of current evaluations of the project.

10:00 to 10:30 Vision

Participants will be invited to develop and share a statement for “COMPASS™ and Beyond” with regard to possible future collaboration in the Asia-Pacific region on curriculum and assessment matters related to student learning in the workplace

Summary
Consensus will be developed regarding the vision for future activity.

10:30 to 12:00 Creating the vision (Includes morning tea)
Possible activities, sustainable strategies and infrastructure to support the vision will be developed and discussed; and plans made to establish these.

¹⁰ Support for this forum has been provided by Speech Pathology Australia and The Carrick Institute for Learning and Teaching in Higher Education Ltd, an initiative of the Australian Government Department of Education, Science and Training. The views expressed in this activity do not necessarily reflect the views of Speech Pathology Australia or The Carrick Institute for Learning and Teaching in Higher Education.
SUMMARY

Introduction

The Asia-Pacific Speech Pathology Education Forum was held on the 25th May 2008 in Auckland, New Zealand, just prior to the joint speech pathology conference “Reflecting Connections”. The aim of this forum was to establish agreements to support sustained collaboration amongst speech pathology programs in the Asia-Pacific region to facilitate development of resources, strategies and research to promote high quality curriculum and assessment for workplace learning (see Appendix A for the Agenda). Collaboration on these issues between Australia and New Zealand, and to some extent Singapore, had been sustained over the previous 18 months through The COMPASS™ Project, supported by the Carrick Institute for Learning and Teaching in Higher Education12. All aspects of this project will be completed by the end of June 2008, and strong interest had been expressed by project participants to continue to collaborate in learning and teaching issues within speech pathology, and to include other programs within the Asia-Pacific region.

Participants

All Heads of Programs and Clinical Education coordinators from speech pathology programs in the Asia-Pacific Region were invited to attend. The following people were able to attend:

Kartini Ahmad, National University of Malaysia
Helen Southwood, Massey University
Yvonne Cope, Massey University
Alayne McKee, Massey University
Suzanne Purdy, Massey University
Gina Tillard, The University of Canterbury
Margo Brewer, Curtin University (via teleconference)
Janet Baker, Flinders University
Jenni Oates, La Trobe University
Rachel Davenport, La Trobe University
Libby Clark, Charles Sturt University

11 Support for this forum was provided by Speech Pathology Australia and The Carrick Institute for Learning and Teaching in Higher Education Ltd, an initiative of the Australian Government Department of Education, Science and Training. The views expressed in this activity do not necessarily reflect the views of Speech Pathology Australia or The Carrick Institute for Learning and Teaching in Higher Education.

12 Now the Australian Learning and Teaching Council.
Lindy McAllister, Charles Sturt University (Project Team member)  
Sally Hewat, The University of Newcastle  
Liz Spencer, The University of Newcastle  
Alison Ferguson, The University of Newcastle (Leadership Project Leader & team member)  
Liz Scott, The University of Sydney  
Michelle Lincoln, The University of Sydney (Priority Project Leader & team member)  
Anne Hill, The University of Queensland  
Louise Brown, James Cook University  
Susan Morrison, James Cook University  
Sue McAllister, The Universities of Newcastle and Sydney (Project Manager and team member)  

Representatives from the following universities sent their apologies and expressions of interest: Macquarie University, National University of Singapore and The University of Hong Kong.

Meeting outcomes

1. The COMPASS™ Project Review  
Australian and New Zealand participants were unanimous in stating that the project had been successful in building their capacity to use COMPASS™ for learning and teaching activities, research and evaluation. In addition, participation in the project has generated lots of ideas and issues for exploration, as will be summarized later in this report. Differing levels of confidence and preparedness were identified, with representatives from New Zealand universities feeling that they are earlier on the learning trajectory as COMPASS™ was available to them later in the project than for the Australian universities.

Michelle Lincoln and Alison Ferguson provided project updates from each component of the project funding (Leadership and Priority Project funds).

a) Leadership Project  
This project has been completed and the report accepted by Carrick for publication in the very near future. The report will be directly circulated to project participants and made available on the University COMPASS™ Website. The evaluation was very positive, in summary the report identified:

- COMPASS™ was well integrated within the curriculum of all project universities
- Training had been successful and reached a large number of clinical educators (over 1000) and students
- A number of useful resources were developed, research projects initiated and presentations made to disseminate results
- A model for leadership and change that would be of interest to other disciplines
• That clinical educators and students have similar ongoing training needs and that a combined training module should be trialed
• Clinical educators have expressed strong interest in having a clinical education website of their own

b) Priority Project (Benchmarking)

This project will be completed at the end of June and a report available soon after. Materials to support benchmarking have been developed based on discussions at the July 2007 Summit, and include a Memorandum of Understanding, Code of Conduct and Ethics approval process. A trial of the materials and process has just commenced, and data will be benchmarked ‘by hand’. These materials can be used by any programs who wish to partner with other programs to conduct benchmarking. An application has been submitted to the Priority Project Grant Scheme, the outcome will be known in the week starting 5th June. If successful, this would provide funds for developing the online benchmarking database to be coupled to COMPASS™ Online, and to support staff from universities to meet and collaborate on using and interpreting benchmarking data. The benchmarking database will be held by the universities involved, not Speech Pathology Australia, who has incorporated all the required benchmarking fields into COMPASS™ Online so that this data will be available for benchmarking.

2. Areas identified for future collaboration

A wide variety of future goals and outcomes were identified by project participants, involving both COMPASS™ but also broader interests in relation to research and evaluation of curriculum, and improving education practice. Interest in continuing to move forward with collaborative curriculum development and research activities was expressed by all, as well as establishing sustainable strategies to maintain the network that has developed over The COMPASS™ Project.

Meeting participants ranged from those considering the introduction of COMPASS™ to their programs for the first time to those who have been using it for a long time and would like to continue to share and develop their expertise. Those programs who have been using COMPASS™ for less time that others expressed the wish for ongoing support in working through ‘teething problems’. COMPASS™ related ideas included making the most of COMPASS™ through continuing development of expertise in using data for benchmarking and research. Strong interest was expressed in participating in cross-institutional benchmarking and research activities.

Many ideas and suggestions were made for ongoing collaboration between the universities represented. Research/evaluation ideas included

• Evaluating the impact on performance for students entering the course with lower university entrance scores
• Evaluating the impact of timing of placements in relation to reaching entry level competency
• Evaluating the impact of types of placements (e.g. length and pace) on learning, and identifying what kinds of combinations and related timings of placements
would better support development of competency and other important kinds of knowledge, skill or personal qualities/attitudes

- Ongoing work in developing and evaluating a ‘pre-novice’ descriptor (as per University of Queensland’s current research)
- Impact of the COMPASS™ forms on early students, are they too daunting?
- Identifying whether there are predictors for strong clinical skills
- Evaluating whether the generic competencies are effectively capturing the ‘other’ of clinical practice
- Sharing strategies for collecting qualitative information along with COMPASS™ data to assist with interpretation
- Developing qualitative research to evaluate the impact of the content and processes of COMPASS™ upon the student and clinical educator, and their learning and assessment interaction
- Looking at the different ways of carrying out the rating (jointly with the student, prior and compare) and the related impact on the learning and assessment process

General curriculum, learning and teaching ideas included

- Assisting each other with ongoing development of ‘constructive alignment’ of the COMPASS™ assessment with curriculum goals and desired outcomes
- Using COMPASS™ to enable students to take more responsibility for their learning
- Integrating COMPASS™ concepts e.g. generic competencies into other assessments across programs including PBL rating forms, a wider range of academic topics
- Developing marking schedules that fit well with the developmental continuum of COMPASS™
- Using qualitative data to inform assessment and progress decisions for particular students
- Developing and sharing ideas on strengthening the links between the university based and clinical based curriculum
- Identifying at risk students early

Future goals/visions for collaboration included

- Learning from each other about managing students with different cultural backgrounds through cross cultural collaboration with universities across the Asia-Pacific region
- Acquisition of reliable international data to shape student selection, evaluation and learning support
- Continue the highly valued meetings and sharing of resources and ideas
- Looking at beyond entry level to credentialing for specialist practice to support the speech pathology decision regarding career structure and pay
- Shaping the development of accreditation processes
- Enhance understanding of all the key characteristics of the competent entry level practitioner and improve knowledge of what else should be incorporated into student learning and assessment to achieve broad competence.
3. Planning for the future

There was strong consensus that universities wished to continue to collaborate on learning, teaching and assessment issues. A process for doing this was discussed and the following were agreed by meeting participants on behalf of their universities.

A formal ‘umbrella’ committee would be established to facilitate collaboration regarding all aspects of speech pathology education across the Asia-Pacific region. This committee would involve a Chair and two representatives from each Interest Group. Roles would be as follows:

Chair – would be a contact person/representative for the group as a whole and would convene meetings, distribute information and initiate an annual face to face ‘whole of group’ meeting tied to an appropriate conference

Group Representatives/Leaders – would represent each interest group under the ‘umbrella’ and facilitate activity focused collaborations

Group members – would participate in interest groups and be invited to attend the annual meeting

The group’s first task will be to identify an appropriate name.

Interest groups are as follows and will address the following initial areas of activity:

1. Website:
   a. Editing and supporting the University Website including uploading resources, notifying regarding conferences, supporting people to use the website functions (e.g. Elluminate).
   b. Developing and guest editing a website to support Clinical Educators
   c. Developing a link with the Speech Pathology Australia website

2. Learning and teaching innovations:
   a. Development of a joint training module for students and clinical educators
   b. Working on issues such as integrating COMPASS™ concepts into portfolios, identifying ‘pre-novice’

3. Cross institutional Benchmarking Consortium: Supporting and managing cross-institutional benchmarking, seeking/liaising with funded projects to develop an online benchmarking database and process for examining results

4. Research Forum:
   a. Structuring formative feedback in PBL. The PBL conference in Adelaide has been identified as an opportunity for a first meeting
   b. Qualitative analysis of clinical educator comments and impact on learning
   c. Use of COMPASS with marginal students

5. Heads of Programs group will be invited to be a subgroup within this alliance.
   [Post Hoc note: this invitation was accepted at the subsequent Heads of Programs meeting. Heads of Programs in the Asia-Pacific Region will meet twice per year regarding issues of mutual interest such as accreditation, staff recruitment, international placements, research exchanges, university staff student ratios and the changing roles of speech paths in universities.]
The following people have nominated for these roles (see Appendix B for email contacts):

**Committee Chair**: Michelle Lincoln, The University of Sydney, for 12 months

**Website Editors**: Rachel Davenport, La Trobe University; Yvonne Cope, Massey University. Experienced clinical educators will be invited to assist.

**Learning and Teaching Innovations**: Louise Brown, James Cook University; Gina Tillard, University of Canterbury; Liz Scott, University of Sydney; Alison Ferguson, University of Newcastle

**Benchmarking Consortium**: Michelle Lincoln, University of Sydney; Alayne McKee, University of Auckland; Anne Hill, University of Queensland

**Research Forum**: Jan Baker, Flinders University; Libby Clark, Charles Sturt University; Suzanne Purdy, University of Auckland; Margo Brewer, Curtin University; Kartini Ahmad, National University of Malaysia

[**Heads of Programs Forum**: Jenni Oates, La Trobe University]

Membership to groups is open to any academic or professional staff employed by a speech pathology program. Each group is responsible for initiating their inaugural meeting and will need to elect 2 leaders to represent the group on the ‘umbrella’ committee, and to be responsible for convening group activities.

Sue McAllister (COMPASS™ Project Manager) will provide support in a voluntary capacity to the groups and committee after her employment on the project ceases 30 June 2008.

**Meeting closed with sincere thanks to all!!**
Appendix 1

ASIA-PACIFIC SPEECH PATHOLOGY EDUCATION FORUM

Sunday, 25 May 2008

9:00 to 12:00

Epsom Room 1, SKYCITY Convention Centre, Auckland, New Zealand

AGENDA

9:00 Welcome

9:05 – 10:00 Project Review

**Introductions**
Participants will be invited to introduce themselves and state one goal they have for this meeting. The group as a whole will discuss the following
- How the introduction of COMPASS™ has gone in its first year
- Role of COMPASS™ data in informing curriculum review/renewal
- Possible collaborative activities to promote teaching and learning
- What infrastructure is needed to continue collaborative learning and teaching activities

**Summary**
The COMPASS™ Project team will summarise the outcomes of current evaluations of the project.

10:00 to 10:30 Vision
Participants will be invited to develop and share a statement for “COMPASS™ and Beyond” with regard to possible future collaboration in the Asia-Pacific region on curriculum and assessment matters related to student learning in the workplace

**Summary**
Consensus will be developed regarding the vision for future activity.

10:30 to 12:00 Creating the vision (Includes morning tea)
Possible activities, sustainable strategies and infrastructure to support the vision will be developed and discussed; and plans made to establish these.

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Appendix 2 Email Contacts for Subcommittees

Website editors:
  Rachel Davenport R.Davenport@latrobe.edu.au
  Yvonne Cope y.cope@massey.ac.nz

Learning and Teaching Innovations:
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  Gina Tillard gina.tillard@canterbury.ac.nz
  Liz Scott E.Scott@fhs.usyd.edu.au
  Alison Ferguson alison.ferguson@newcastle.edu.au

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  Anne Hill ae.hill@uq.edu.au

Research Forum:
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  Suzanne Purdy sc.purdy@auckland.ac.nz
  Margo Brewer m.brewer@curtin.edu.au
  Kartini Ahmad kartini.ahmad@gmail.com

Heads of Programs:
  Jenni Oates J.Oates@latrobe.edu.au
# Benchmarking Collaboration Agreement

## Parties

<table>
<thead>
<tr>
<th>University</th>
<th>The University of Sydney, a body corporate under the University of Sydney Act 1989 (ABN 15 211 513 464) as described more fully in Part A of Schedule 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research Parties</td>
<td>The parties described in Part A of Schedule 1, including the University.</td>
</tr>
</tbody>
</table>

## Details

<table>
<thead>
<tr>
<th>Effective Date</th>
<th>The Effective date of this agreement will be the date on which last person signs agreement.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project (clause 1.1)</td>
<td>The project described in the Project Plan in Schedule 2.</td>
</tr>
<tr>
<td>Project Period (clause 1.1)</td>
<td>28 April 2008 to 13 June 2008</td>
</tr>
<tr>
<td>Term</td>
<td>This agreement commences on the Effective Date and terminates on 13 June 2008</td>
</tr>
<tr>
<td>Project Outcome (clause 1.3)</td>
<td>This project will trial the policies and procedures (as set out in Schedule 1) to support cross-institutional benchmarking of student assessment data generated by COMPASS™. An Evaluation report will be provided to participating universities and the Carrick Institute for Learning and Teaching in Higher Education on utility of the benchmarking data, and the trialled policies and procedures. A confidential report will be provided to each university on their data benchmarked against the combined data of participating universities.</td>
</tr>
<tr>
<td>Project Leader</td>
<td>Sue McAllister and includes any replacement of the Project Leader as appointed from time to time by written agreement between the parties.</td>
</tr>
<tr>
<td>Individual Project Obligations (clause 2)</td>
<td>The respective obligations of each party are set out in Schedule 1.</td>
</tr>
</tbody>
</table>
| Management Committee | Associate Professor Michelle Lincoln, The University of Sydney  
Associate Professor Alison Ferguson, The University of Newcastle  
Associate Professor Lindy McAllister, Charles Sturt University  
Dr Sue McAllister, The University of Sydney  
And includes any replacement of any member as appointed from time to time by written agreement between the parties. |

## Special Terms

This agreement is subject to the following special terms:

Not Applicable

**Note:** All capitalised terms in column 1 of the Details have the meaning given in column 2.  
**EXECUTED** as an agreement on the terms of the Details, Special Terms and General Terms.
<table>
<thead>
<tr>
<th>SIGNED for and on behalf of <strong>THE UNIVERSITY OF SYDNEY</strong> by its duly authorised representative:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature</td>
</tr>
<tr>
<td>..................................................................................................................</td>
</tr>
<tr>
<td>Printed Name</td>
</tr>
<tr>
<td>Position:</td>
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<tr>
<td>..................................................................................................................</td>
</tr>
<tr>
<td>Date</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>SIGNED for and on behalf of The University of Newcastle by its duly authorised representative:</th>
</tr>
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<tbody>
<tr>
<td>Signature</td>
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<td>..................................................................................................................</td>
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<td>Printed Name</td>
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<td>Position:</td>
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<tr>
<td>Date</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>SIGNED for and on behalf of Charles Sturt University by its duly authorised representative:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature</td>
</tr>
<tr>
<td>..................................................................................................................</td>
</tr>
<tr>
<td>Printed Name</td>
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<tr>
<td>Position:</td>
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<tr>
<td>..................................................................................................................</td>
</tr>
<tr>
<td>Date</td>
</tr>
</tbody>
</table>

*Note:* By executing this agreement each signatory represents that he or she is authorised to sign on behalf of their entity. The effective date of this agreement will be the Effective Date specified in the Details or if no Effective Date is specified in the Details the date on which the agreement has been executed by ALL parties.
General Terms

1 Project

1.1 Undertake Project

The parties will conduct the Project in accordance with the terms of this agreement and the Project Parties will each use reasonable endeavours to carry out the Project within the Project Period and to achieve the Project Outcome.

The parties (other than the University) acknowledge that they have entered into this agreement for consideration of the University granting them the privileges contained in this agreement, and related rights that would not otherwise be available to the party.

1.2 Records

Each Project Party must maintain reasonable, up to date and accurate records regarding the conduct and conclusions of its part of the Project.

1.3 Scope of Project

Any departure from the Project Plan set out in Schedule 2 must be notified to the other parties and agreed in writing signed by the University. Such agreement will be subject also to the requirements set out in the Funding Agreement.

1.4 Sub-contracting

A Project Party must not sub-contract the performance of any part of the Project which is stipulated in the Project Plan in Schedule 2 without the prior written consent of the University, such consent not to be unreasonably withheld.

2 Obligations of parties

2.1 Funding Agreement obligations

(a) Each party acknowledges that the University has entered the Funding Agreement which imposes certain obligations on the University, as the Administering Organisation, regarding use of the Carrick Funding and the conduct of the Project. The Project Parties (other than the University) acknowledge that they have reviewed the Funding Agreement and agree to assist the University to comply with the Funding Agreement and to use their best endeavours not to do anything that causes the University to breach its obligations under the Funding Agreement.

(b) In addition to their general obligations under clause 2.1(a), each party agrees to comply and act consistently with the obligations imposed by Carrick under the Funding Agreement, including:

(i) if applicable, ensuring that its Project is carried out in accordance with the Funding Agreement, in a diligent and competent manner;

(ii) assisting the University to obtain any necessary prior approvals from Carrick in accordance with the Funding Agreement before it undertakes any acts with respect to this agreement, including replacing any Specified Personnel or expelling or replacing any party to this agreement;

(iii) in addition to its obligations under clause 2.2(b) and 2.2(c) (General obligations), promptly providing any information reasonably required by the University to enable the University to meet the Funding Agreement requirements on reporting and financial management of the Project, including reasonable access to records and premises if required for the purpose of conducting reviews of the Project under the Funding Agreement;

(iv) complying with the requirements in the Funding Agreement with respect to the protection of personal information, including any applicable obligations under the Privacy Act 1988 (Cwlth) and related policies as set out in the Funding Agreement, and immediately notifying the University if it becomes aware of a breach of its obligations under this clause 2.1(b)(iv);

(v) complying with all applicable laws and Carrick policies with respect to the Project, including any laws relating to workplace relations, equal opportunity, occupational health and safety and other laws and policies as set out in the Funding Agreement; and

(vi) complying with the provisions of the Funding Agreement, as applicable, as if references to ‘You’ and ‘Your’ were references to that party, including clause 2, 6, 7, 8, 10, 11, 13, 14, 15, 16, 17, 19, 20, 21, 25 and 29 of the Funding Agreement.

The obligations in subclause (b) operate as agreements between the parties, enforceable against each other, not by Carrick.

2.2 General obligations

In addition to the obligations under clause 2.1 (Funding Agreement obligations), each party agrees to:

...
use reasonable endeavours to comply with its Individual Project Obligations, the details of which are set out in Schedule 1;

(b) provide any other related assistance, information, data, equipment, facilities, resources or materials as may be reasonably required to satisfactorily perform the Project;

c) if applicable, comply with all safety, security and other procedures notified to it by any other party while on any other party’s site;

d) if applicable, provide the Reports to the Management Committee at the times and in the manner set out in Schedule 1 or as reasonably requested by the Management Committee; and

e) provide all reasonable assistance to the University in preparing any reports required to be submitted by the University under the Funding Agreement.

2.3 **Conflicts of interest**

Each party agrees to disclose to the University any conflict of interest which has the potential to influence, or appear to influence, the project and activities, publications and media reports, or requests for funding in relation to the Project. Each party (other than the University) warrants that to the best of its knowledge after making diligent inquiries no conflict of interest exists or is likely to arise in its performance of its obligations under this agreement. The parties acknowledge that, under the terms of the Funding Agreement, the University is required to notify Carrick immediately of the nature and details of any conflict of which the University becomes aware relating to any party involved in or associated with the Project.

3 **Personnel**

3.1 **Responsibility**

Each Project Party agrees to comply with all obligations required by law with respect to its employees for work done in connection with the Project, including paying all Employee Entitlements, deducting and remitting any taxation from payments to employees, and adhering to any industrial awards or related agreements.

3.2 **Project Leader**

The Project Leader will have the authority in consultation with the Management Committee to review and direct the performance of the Project in accordance with the Project Plan and the Project Outcome, including the authority to:

(a) monitor the provision by each party of its respective Individual Project Obligations;

(b) monitor the provision by each party of their respective Reports in accordance with clause 2.2(d) (General obligations); and

c) monitor the maintenance of records by each party under clause 1.2 (Records).

4 **Intellectual Property Rights**

4.1 **Project IPRs**

All parties acknowledge Carrick’s ownership rights to project material under clause 13 of the Funding Agreement. Each party grants the University all necessary warranties and licences, and will arrange for the preparation and execution of all necessary documents, in order for the University to comply with clause 13 of the Funding Agreement.

4.2 **Moral rights**

Each party acknowledges that the Specified Personnel, employees, Students and any other representatives involved in the Project will, if they are authors of material in which copyright subsists, have moral rights in those copyright materials.

5 **Confidentiality and publication**

5.1 **Limited use and disclosure**

Each party must maintain the secrecy of each other party’s Confidential Information.

5.2 **Association approval**

No party will use any other party’s name or the name of any other party’s employee or refer to the Project, in any public manner whatsoever including in any capital raising, business, advertising or other promotional material without the written permission of the relevant other party, which may be granted subject to conditions.

5.3 **Carrick acknowledgment**

Each party acknowledges Carrick’s rights to veto publications in the Funding Agreement, and agrees to comply with that, together with acknowledging Carrick in any publication in accordance with the Funding Agreement.

6 **Liability**

6.1 **Consequential loss**

Subject to applicable laws, a party will not be liable to any other party for loss of profits, revenue, goodwill or opportunities in contract, tort, under any statute or otherwise (including negligence) arising from or in any way related to this agreement or the Project.

6.2 **Contributory negligence**

Each party’s liability under this agreement is reduced to the extent that any damages, liability, loss or costs arise from or are attributable to, any negligent act or omission of the other party or its officers, employees, agents or contractors.
6.3 Indemnity

Subject to applicable laws, each party indemnifies (the “Indemnifying Party”) and agrees to keep indemnified each of the other parties and its respective directors, officers, employees and agents (each an “Indemnified Party”) against all liability, loss, costs, damages or expense (including legal costs and expenses) incurred or suffered by an Indemnified Party as a result of negligence, wilful misconduct, negligent act or omission, wilful act or failure to act, or unlawful act or omission on the part of the Indemnifying Party in connection with this agreement.

The parties acknowledge that, under clause 13.9 and 18 of the Funding Agreement, the University is required to indemnify Carrick. Each party indemnifies the University and its respective directors, officers, employees and agents for any amounts which the University is liable to pay to Carrick under those indemnity provisions to the extent that the liability to pay arose as a result of the acts or omissions of that party or its directors, officers, employees, agents or Students.

References to the Indemnifying Party in this clause include its directors, officers, employees, agents or Students with respect to the Project.

7 Termination and expulsion

7.1 Termination by mutual agreement

This agreement may be terminated at any time by mutual written agreement of all the parties.

7.2 Termination or expulsion of Defaulting Party

In addition to rights for Force Majeure events, where a party (“Defaulting Party”):

(a) breaches a term of this agreement and fails to remedy the breach within 30 days after receiving notice requiring them to do so; or

(b) has entered into any form of insolvency, liquidation or external administration, whether voluntary or involuntary, formal or otherwise,

the University, as the Administering Organisation, may terminate this agreement with immediate effect by notice to the parties or the other parties may jointly expel the Defaulting Party from participating in this agreement provided the termination or expulsion is undertaken in accordance with the Funding Agreement.

7.3 Termination of Funding Agreement

The University, as the Administering Organisation, may immediately terminate this agreement by written notice to the other parties on termination of the Funding Agreement or if Carrick ceases to provide all or any part of the Carrick Funding to the University.

7.4 Consequences of termination

On termination of this agreement for any reason, each party will return all property in their possession belonging to any other party, including Confidential Information and Project Confidential Information.

7.5 Rights of Defaulting Party

On expulsion of a Defaulting Party from participating in this agreement for any reason, the Defaulting Party will:

(a) cease to have any rights to the Project Material as defined in the Funding Agreement, under this agreement; and

(b) return all property in their possession belonging to any other party, including Confidential Information and Project Confidential Information.

7.6 Variation on expulsion

Subject to the obligations under the Funding Agreement, if a party is expelled from participating in this agreement under clause 7.2 (Termination or expulsion of Defaulting Party) or for Force Majeure, the remaining parties will promptly meet and agree any changes to the terms of this agreement and will enter into a variation agreement to effect any such change.

7.7 No prejudice

Expulsion of a party from participation in this agreement or termination of this agreement is without prejudice to the rights of the parties to obtain damages for any breach of this agreement.

7.8 Survival

All clauses that are intended to survive termination will survive termination. For the avoidance of doubt, the obligation to comply with the code of conduct survives termination.

8 Disputes

8.1 Dispute resolution procedure

Any dispute relating to this agreement (“Dispute”) must, prior to a party initiating litigation (other than for equitable or interlocutory relief), be dealt with as follows:

(a) the affected party will notify the other parties with details of the Dispute (“Dispute Notice”) and, within 7 days of receiving the Dispute Notice, the Management Committee will meet and attempt to resolve the Dispute;

(b) if unresolved within 30 days of the Dispute Notice, the Project Officers of each relevant party, or another nominated member of senior management (the “Nominated Person”) will negotiate and attempt to resolve the dispute;

(c) if unresolved within 30 days of the commencement of the negotiations between
the Nominated Persons, any of the affected parties may refer the Dispute to mediation;

(d) if the parties cannot agree on a mediator within a further 14 days, the Dispute will be referred by the parties to the President, Australian Commercial Disputes Centre, Sydney to nominate a suitably qualified mediator and the parties will accept that nomination;

(e) the parties will cooperate to enable the mediator to mediate the Dispute within 30 days of the mediator’s appointment; and

(f) the fees of the mediator will be paid by the parties in equal proportions.

9 Communication

9.1 Requirements for valid notice
Any notice or other formal communication under this agreement:

(a) must be in writing and signed by the Project Officer of the sender or an authorised representative of them;

(b) must be marked to the attention of the recipient’s Project Officer and be delivered to the recipient by hand, pre-paid post or fax at the address or number shown in Schedule 1 (or as last notified); and

(c) will be effective once received, and will be deemed to be received, if posted in Australia, on the seventh day or, if faxed, at the time shown on the transmission report for the complete message being sent.

10 General

10.1 Terms and entire agreement
This agreement consists of these General Terms, the Details, the Special Terms and any annexures or schedules expressly incorporated and it constitutes the entire agreement of the parties about its subject matter and supersedes all previous agreements, understandings and negotiations on that subject matter.

10.2 Inconsistency
If there is an inconsistency between a provision of a Schedule, Details, the Special Terms or any annexures expressly incorporated and these General Terms then the first-mentioned terms prevail.

10.3 No representations or warranties
Each party acknowledges that in entering into this agreement they have not relied on any representations or warranties about its subject matter except as expressly provided by this agreement.

10.4 Variation and waiver
A provision of this agreement or a right created under it may not be waived or varied except in writing, signed by the party or parties to be bound. A failure or delay in exercise of a right arising from a breach of this agreement does not constitute a waiver of that right.

10.5 Further assurances
Each party agrees to execute such agreements, deeds and documents and do or cause to be executed or done all such acts and things as may be reasonably necessary to give effect to the Funding Agreement and this agreement, including assisting to facilitate any application to register IPRs, confirming any rights granted in relation to the IPRs, and assisting with any GST requirements.

10.6 No exclusivity
Subject to the parties at all times observing their respective obligations under this agreement, each party acknowledges that the parties are not carrying out the Project on an exclusive basis and this agreement will not preclude any of the parties engaging in activities similar to or in competition with the Project or its subject matter.

10.7 No agency or partnership
Nothing contained or implied in this agreement is intended to create a partnership between any of the parties or, except as otherwise provided in this agreement, establish any of the parties as an agent or representative of any other party or of Carrick. Except as otherwise provided in this agreement, no party has any authority to bind any other party, or to act for, or to incur any obligation or assume any responsibility on behalf of, any other party in any way.

10.8 Force Majeure
No party is liable for any breach of its obligations under this agreement to the extent that the breach resulted from a Force Majeure Event provided that it:

(a) promptly notifies the other parties (with appropriate details); and

(b) takes all reasonable steps to work around or reduce the effects of the Force Majeure Event.

Subject to the obligations under the Funding Agreement, if a Force Majeure Event continues for more than 30 days or continues beyond the Project Period, any of the other parties may terminate this agreement with immediate effect by notice to the parties or the other parties may jointly expel the party the subject of the Force Majeure Event from participation in the Project in accordance with clause 7.2 (Termination or expulsion of Defaulting Party).

10.9 Governing law
This agreement is governed by the law in force in New South Wales. Each party submits to the non-exclusive jurisdiction of the courts of that place.

10.10 Counterparts
This agreement may be executed in counterparts. All counterparts when taken together are to be taken to constitute one instrument.
10.11 General interpretation

Unless the contrary intention appears, in this agreement:

(a) references to the singular includes the plural and vice versa;

(b) references to person or individuals include a firm, a body corporate, a partnership, a joint venture, an unincorporated body or association, or any government agency;

(c) the words “include” and “including” are not used as, nor are they to be interpreted as, words of limitation;

(d) headings are for convenience only and do not affect interpretation;

(e) a reference to Carrick statutes, policies, rules, or regulations include references to those statutes, policies, rules or regulations as amended, updated or replaced from time to time;

(f) reference to a party means a party to this agreement and includes the party’s executors, administrators, successors and permitted assigns;

(g) references to dollars is to Australian dollars, unless otherwise stated;

(h) a provision of this agreement will not be construed to the disadvantage of a party merely because that party was responsible for the preparation of the agreement or the inclusion of the provision in the agreement;

(i) the liability of the parties is several, not joint and several;

(j) if an act must be done on a specified day which is not a business day, it must be done instead on the next business day; and

(k) where consent or approval is to be provided under the terms of this agreement, that consent or approval must not be withheld unreasonably.

11 Definitions

The following words have these meanings in this agreement:

**Administering Organisation** means the University, in its role as the party to which Carrick provides the Carrick Funding and who is responsible for any such Carrick Funding and the conduct of the Project under the Funding Agreement.

**Carrick** means The Carrick Institute for Learning and Teaching in Higher Education Ltd.

**Project Leader** means the project leader identified in the Details.

**Carrick Funding** means funds provided by Carrick to the University under the Funding Agreement for the purposes of the Project.

**Confidential Information** of a party means all information or data that is disclosed by or obtained from that party for the purposes of this agreement or the Project before, on or after the Effective Date of this agreement relating to the operations, business, research and technology of the disclosing party excluding information which is:

(a) publicly available or subsequently becomes publicly available other than in a breach of this agreement;

(b) lawfully known to the other party on a non-confidential basis before being disclosed by the party that owned the confidential information;

(c) rightly acquired from a third party who is not in breach of an agreement to keep such information confidential; or

(d) developed independently by a party.

**Employee Entitlements** means any amounts to which an employee would be entitled by law or under any award, agreement or arrangement in connection with salary and allowances, including (without limitation) annual leave entitlements, long service leave entitlements and superannuation contributions.

**Force Majeure Event** means any event which is outside the reasonable control of the affected party and could not have been prevented by that party taking all reasonable steps.

**Funding Agreement** means an agreement between Carrick and the University governing the award of funds to the University, a copy of which is attached at Annexure A.

**IPRs** means all registered and unregistered rights in relation to present and future copyright, trade marks, designs, know-how, patents, confidential information and all other intellectual property as defined in article 2 of the Convention establishing the World Intellectual Property Organisation 1967.

**Project Confidential Information** means any confidential information created in carrying out the Project and which contributes to the Project Outcome, including any Reports.

**Student** means a person enrolled as a student with a Project Party under the rules and policies of that Project Party.
## Schedule 1 - Project and party details

<table>
<thead>
<tr>
<th>Funding Proposal title</th>
<th>Benchmarking clinical learning in speech pathology to support assessment, discipline standards, teaching innovation and student learning</th>
</tr>
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<tr>
<td>Carrick Reference Number</td>
<td>PP626</td>
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<tr>
<td>Duration of the Carrick Priority Project Grant</td>
<td>July 2006 to June 2008</td>
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</table>

### Part A: Project Parties

**Note:** All capitalised terms in column 1 of the following tables have the meaning given in column 2.

#### The University/Administering Organisation

<table>
<thead>
<tr>
<th>The University of Sydney</th>
<th>A body corporate under the University of Sydney Act 1989, ABN: 15 211 513 464</th>
</tr>
</thead>
</table>
| Project Officer          | Attention: **Dr Sue McAllister**  
Email: smcallister@usyd.edu.au  
Telephone: **08 8373 3828**  
Fax: **02 9351 9163** |

#### Individual Project Obligations

<table>
<thead>
<tr>
<th>Project Role</th>
<th>Lead and manage the benchmarking trial</th>
</tr>
</thead>
</table>
| Specified Personnel | The following persons:  
Leader: Associate Professor Michelle Lincoln  
Manager: Dr Sue McAllister |
| Will Students be involved? | NO |
| Reports | 1. Evaluation report to participating universities and the Carrick Institute for Learning and Teaching in Higher Education on utility of the benchmarking data, and the trialled policies and procedures by June 30, 2008, delivered electronically.  
2. Confidential report to each university on their data benchmarked against the combined data of participating universities by June 30, 2008, delivered electronically. |
| Other project obligations | As detailed in Schedule 2. |

#### The University of Newcastle

<table>
<thead>
<tr>
<th>The University of Newcastle</th>
<th>A body corporate under the University of Newcastle Act 1989, <strong>ABN 15 736 576 735</strong></th>
</tr>
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</table>
| Project Officer            | Attention: Associate Professor Alison Ferguson  
Email: alison.ferguson@newcastle.edu.au  
Telephone: **02 4921 5716**  
Fax: **02 4921 7386** |
<table>
<thead>
<tr>
<th>Individual Project Obligations</th>
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<tbody>
<tr>
<td><strong>Project Role</strong></td>
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<td><strong>Specified Personnel</strong></td>
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<td><strong>Will Students be involved?</strong></td>
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<tr>
<td><strong>Reports</strong></td>
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<td><strong>Other project obligations</strong></td>
</tr>
</tbody>
</table>

Charles Sturt University  
A body corporate under the Charles Sturt University Act 1989 ABN 83 878 708 551

**Project Officer**  
Attention: Associate Professor Lindy McAllister  
Telephone: 02 6051 6750  
Email: lmcallister@csu.edu.au  
Fax: 02 6051 6727

<table>
<thead>
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<th>Individual Project Obligations</th>
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<td><strong>Will Students be involved?</strong></td>
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<td><strong>Reports</strong></td>
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<td><strong>Other project obligations</strong></td>
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Schedule 2 - Project Plan

COMPASS™ External Benchmarking Trial Process

March 2008

Introduction

This document provides information on contributing, accessing and using data to trial a benchmarking process that has been developed with the support of the Carrick Institute for Learning and Teaching. Australian and New Zealand universities have collaborated to develop the content and processes of this cross institutional benchmarking initiative to inform and evaluate quality improvement activities that aim to improve teaching and learning practices. The primary function of cross institutional collaborative benchmarking using student assessment data generated by COMPASS™: Competency Assessment in Speech Pathology (McAllister, Lincoln, Ferguson, & McAllister, 2006) to inform learning and teaching practices within speech pathology programs at participating universities. The purpose of the current trial is to evaluate the policies and procedures for the proposed model for ethical benchmarking of COMPASS™ data between universities, and the utility of the resulting data.

COMPASS™ External Benchmarking Trial

Description of Trial Process

The External Benchmarking trial will be managed by Dr Sue McAllister, Project Manager for The COMPASS™ Project funded by the Carrick Institute for Learning and Teaching in Higher Education. Three universities have been invited to participate: The University of Sydney, The University of Newcastle, and Charles Sturt University.

External benchmarking will be conducted as follows:

1. Each university will assemble data email using the Excel proforma that will be provided (see Appendix A for example and instructions), which will include removing any codes or information that would identify a particular student. This file will then be emailed to Dr McAllister.

2. Dr McAllister will collate and provide reports for each university on students’ de-identified COMPASS™ data in comparison to the aggregated data from all other universities participating in the External Benchmarking Trial.

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14 Support for this publication has been provided by The Carrick Institute for Learning and Teaching in Higher Education Ltd, an initiative of the Australian Government Department of Education, Science and Training. The views expressed in this publication do not necessarily reflect the views of The Carrick Institute for Learning and Teaching in Higher Education.

15 COMPASS™ is a copyrighted assessment tool published by Speech Pathology Australia.
• Data will be reported for Zones of Competency and Competency scores as medians, ranges, and percentiles (10, 25, 50, 75, 90)
• Data will be benchmarked in by 2 types of Experience Indicators (hours and stage in program)

3. Dr McAllister undertakes to
• Keep all data files and benchmarking results confidential.
• All data files and results will be stored under password protected access on a server that is not accessible by any university involved while benchmarking is occurring.
• All files will be destroyed once benchmarking results are returned to individual universities.

Enrolling procedures

Each speech pathology program participating in the External Benchmarking Trial will need to submit the following items to Dr McAllister prior to her accepting and benchmarking data from the university.

Items to be submitted

4. Evidence of approval to participate from Chair or full Human Research Ethics Committee
   This benchmarking activity is a quality improvement initiative. However, each university will have its own requirements regarding approval as benchmarking it does involve student assessment data. A copy of correspondence indicating approval to participate from the Chair or the full committee of the appropriate human research ethics committee is required. See Appendix B for an example of a request for approval for this activity.
5. Memorandum of Understanding signed by appropriate university representative
   A signed copy of the Memorandum of Understanding supplied with these materials and including this document as Schedule 2 is required. The Memorandum of Understanding (MOU) describes the nature of the cross-institutional collaboration involved in participating in the External Benchmarking Trial, and is a legal document. It will therefore need to be signed by an appropriate representative for the university which will depend on each university’s particular organisational structure e.g. Deputy Vice Chancellor for Learning and Teaching (DVC), or equivalent. It is also likely that the MOU will need to be first approved by the university’s legal counsel. Please note that this MOU cannot be negotiated on a case by case basis.
6. Agreement to abide by Code of Conduct signed by appropriate university representative and Head of Speech Pathology program
   A copy of the Code of Conduct (see Appendix C) signed by the university’s DVC (or equivalent) and the Speech Pathology Head of Program will need to be forwarded to Dr McAllister.

Once Dr McAllister has received all documentation from the program applying to participate, she can accept data emailed in the appropriate Excel format (see Appendix A).

Suggested process

It is recommended that submission of materials be carried out by the Head of Program for Speech Pathology, with the participation and support of the Clinical Education Program Director. Steps may include the following:

1. Adapt the request for ethics approval in Appendix B as required, and forward to the Secretary for the appropriate Human Research Ethics Committee to present to the Chair for approval.
2. Once ethics approval has been granted, forward the following jointly the Faculty Legal Officer and the DVC for approval and signing
a. Copy of the ethics approval
b. Memorandum of Understanding
c. Code of Conduct

3. Send copies of the ethics approval, signed MOU and Code of Conduct to
   Dr Sue McAllister
   Manager, The COMPASS™ Project
   The Universities of Sydney and Newcastle
   C/- 37 Ormonde Ave
   Millswood SA 5034

4. Forward data for benchmarking to Dr McAllister via email (smcallister@usyd.edu.au)

Discontinuing involvement in benchmarking trial

If a program wishes to discontinue involvement in the benchmarking trial, the program coordinator will need to contact Dr McAllister by telephone or email.

Interpreting External Benchmarking database reports

External benchmarking data will be reported as student scores for your university in comparison to all other participating universities’ combined. As COMPASS™ is a criterion based assessment and the rating scale is effectively ‘truncated’ at each end by starting at Novice and ending at Entry-Level; it represents the slice of the continuum of competency of interest when assessing for entry level competency. Therefore median, percentiles, maximums and minimums have been chosen as the most meaningful reporting of the central tendency and distribution of COMPASS™ data. The relative meaning of this information will need to be interpreted against the number of students from your university represented in each type of comparison i.e. you can have higher confidence in the meaningfulness of the comparison with greater numbers of students. Further information to assist you interpreting the benchmarking results will be provided in the report provided by Dr McAllister.

Contact details
Sue McAllister, PhD
Manager
The COMPASS Project
The Universities of Sydney and Newcastle
C/- 37 Ormonde Ave
Millswood SA 5034
smcallister@usyd.edu.au
Phone: 08 8373 7646

Michelle Lincoln PhD
Associate Professor
Head of Discipline, Speech Pathology
The University of Sydney
PO Box 170 Lidcombe, NSW, 1825
Ph: 02 93519430
Fax: 02 93519173

Reference
Appendix A

Please prepare your data as follows:

1. Export the ‘raw ratings’ table from each COMPASS™ Access Database into Excel you wish to contribute. You should have one file per topic assessed by COMPASS™.
2. Add a column and enter the Stage in Program the students are in, using the following criteria:
   a. Early = assessment criteria for the topic matches “Novice” descriptors on COMPASS™ rating scale
   b. Mid = assessment criteria for the topic matches “Intermediate” descriptors on COMPASS™ rating scale
   c. Late = assessment criteria for the topic matches “Entry-Level” descriptors on COMPASS™ rating scale
3. Add a column and enter the Hours of Experience for each student
4. Delete any information that would identify the students e.g. student number, topic number. Should you wish to re-identify this data you can recode each data line, but do not share this information with the Project Manager.

The Excel sheet for each topic should look like the table below. You are welcome to combine all data into one file or email individual files.

The Competency Scores and Zones of Competency will be calculated, and the file including this information returned to you when benchmarking is completed.

**Example: Benchmarking data file**

<table>
<thead>
<tr>
<th>Confidential Student Code (Optional)</th>
<th>Hours of Experience</th>
<th>Stage in Program</th>
<th>GC1</th>
<th>GC2</th>
<th>GC3</th>
<th>GC4</th>
<th>CBOS1</th>
<th>CBOS2</th>
<th>CBOS3</th>
<th>CBOS4</th>
<th>CBOS5</th>
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</table>
Appendix B

MEMO

To: [Chair, HREC]

From:

Date:

Re: Seeking formal approval to participate in trial of cross-institutional benchmarking of COMPASS™ data

Over the last two years our speech pathology program, along with all other Australian and New Zealand programs, has been involved with two interrelated projects funded by the Carrick Institute for Learning and Teaching\textsuperscript{16}. These projects have involved the national roll-out of a competency based performance assessment tool for speech pathology studies (COMPASS™). The Priority project addresses the development of a platform on which to build future developments in national and international benchmarking of data from this assessment tool for speech pathology education programs.

We wish to participate in a national trial of the model and resources developed through these projects to support cross-institutional benchmarking. This activity is focussed on quality improvement of our curriculum through the use of benchmarked data to inform us as to how our students are progressing in their development of competency compared to those of other universities. Our participation is dependent on supplying the following

1. Evidence of approval to participate from Chair or full Human Research Ethics Committee
2. Memorandum of Understanding signed by appropriate university representative
3. Agreement to abide by Code of Conduct signed by appropriate university representative and Head of Speech Pathology program

Items 2 and 3 are not the subject of this memo and will proceed through the DVC Academic.

Therefore we would appreciate communication from you as to whether the HREC would require a full ethics approval to participate, or whether you are able to give approval to participate in your capacity of Chair, HREC. The following is a brief overview of the benchmarking process proposed for this trial, I would be happy to provide you with more detailed documentation if that would assist you in your decision making.

Description of the data to be shared & the process of data sharing

The COMPASS™ tool has been completed for all speech pathology students for each clinical placement during 2007. Each set of data comprises 11 separate numerical ratings, an overall

competency score, and a zone of competency score. This data has been entered into an ACCESS database, identified in our database against student ID, and topic.

The trial will involve the following:

- Entering the data into an EXCEL spreadsheet, removing the topic information and student ID, so that no individual student would be identifiable.
- Adding two additional pieces of data: the student’s hours of clinical experience, and the student’s place in program (early, middle, or late).
- Each participating University will send their de-identified spreadsheet to the COMPASS™ project manager, Dr Sue McAllister, who is employed by both University of Sydney and University of Newcastle on the Carrick funded grants.
- Dr McAllister will assemble the benchmarking data into a spreadsheet that will compare our students’ performance against the de-identified and aggregated pool of data from all other participating university programs, benchmarked for hours of experience and place in program. This spreadsheet will be returned only to us.

This process will in effect ensure that data is doubly de-identified – neither individual students nor universities will be able to be identified in data returned to participating programs. The above process will ensure that the performance of a particular university will remain only known to the university involved.

Dr McAllister has of course undertaken to keep the process entirely confidential including:

- Keeping all data files and benchmarking results confidential.
- Storing all data files and results under password protected access on a server that is not accessible by any university involved while benchmarking is occurring.
- Destroying all files once benchmarking results are returned to individual universities.

Our comparison of our data with the aggregated data pool will allow for an empirically-based reflection on our clinical program. For the purposes of the Carrick project, programs will be asked to evaluate the process and outcome in general terms.

Naturally, I would be happy to provide any further information you may need.
Appendix C

COMPASS™ External Benchmarking Trial

Code of Conduct:
Use and interpretation of external collaborative benchmarking data

Policy Statement
The primary function of external collaborative benchmarking using student assessment data generated by COMPASS™: Competency Assessment in Speech Pathology (McAllister, Lincoln, Ferguson, & McAllister, 2006\(^1\)), is to inform learning and teaching practices within speech pathology programs at participating universities. Public disclosure of this data will be governed by this Code of Conduct which does not supersede any policies and procedures particular to each university relevant to benchmarking and the use of student data. Benchmarking will be conducted under a formal Memoranda of Understanding signed by the participating universities. Specific use and interpretation of COMPASS™ benchmarking data is guided by agreements established by the participating universities. Related policies and procedural information is documented in the Collaborative External Benchmarking Trial Process Document, March 2008.

Defining External Collaborative Benchmarking with COMPASS™ Online
External collaborative benchmarking with COMPASS™ is defined as benchmarking activities enabling individual university programs to compare their students’ performance on COMPASS™ against the combined performance of students at all other participating universities. Comparisons will occur on the basis of parameters developed and agreed on by participating universities. This process is guided by the following principles will occur confidentially:

- All data will be de-identified and aggregated before reporting.
- Parameters will not result in individual universities and students becoming identifiable within the benchmarking pool.

Speech Pathology programs may also choose to engage in internal benchmarking activities (e.g. across years of a program). The conduct and public communication of benchmarking information arising from internal benchmarking activities or specific university to university collaborative relationships is not covered under this code. Public communication of external benchmarking data is supported under the conditions outlined below and breaches will be subject to disciplinary procedures including expulsion from the benchmarking trial.

Use of Benchmarked data
The following general conditions apply:
- Results of benchmarking analysis remain the property of the program to which they refer, and can only be communicated with the program’s permission.
- Use of external benchmarking data must also be guided by each university’s policies and procedures regarding benchmarking and the use of student assessment data.
- Results may not be used in false, deceptive or misleading ways, either because of what is stated, conveyed or suggested, or because of what is omitted.
- Any communication of benchmarking results must be accompanied by a footnote that states that “This benchmarking data must be used and interpreted within the guidelines of The COMPASS™ Project External Benchmarking Trial.

Code of Conduct. This code requires that data is to be communicated with the permission of the program to which it refers, interpreted within the limitations of this data, and not be used for marketing purposes.18

Individual universities may choose to share their benchmarking results for the purposes of supporting teaching and learning practices only, under the above conditions and with attention to the following guidelines:

- Results may be shared within programs or university communities for the purpose of improving teaching and learning within the university’s speech pathology program(s). Examples include program and curriculum review, identifying areas that may need change or have responded to change, and educating students about the clinical program.
- Results can be used to provide evidence required for promotion or teaching awards where the contributions of individuals or teams have resulted in positive changes in their program’s performance in relation to the benchmarking pool.
- Results can be shared outside the participating universities in the following contexts:
  - Participation in course accreditation processes
  - In academic fora e.g. journal articles or conference presentations, where university Human Research Ethics Committees approval has been granted to do so.

Guidelines for Interpretation of Data

External benchmarking data is reported as student scores for your university in comparison to all other universities’ combined. As COMPASS™ is a criterion based assessment and the rating scale is effectively ‘truncated’ at each end by starting at Novice and ending at Entry-Level; it represents the slice of the continuum of competency of interest when assessing for entry level competency. Therefore median, percentiles, maximums and minimums have been chosen as the most meaningful reporting of the central tendency and distribution of COMPASS™ data. The relative meaning of this information will need to be interpreted against the number of students from your university represented in each type of comparison i.e. you can have higher confidence in the meaningfulness of the comparison with greater numbers of students. In addition, you will have greater confidence in the representativeness of the data if similar results are found over consecutive years.

Expectations of Participating Universities

Universities participating in collaborative external benchmarking trial with COMPASS™ data are expected to do the following

- Sign the Memorandum of Understanding
- Provide evidence of approval to participate from Chair or full Human Research Ethics Committee
- Adhere to this Code of Conduct and related requirements
- Report any concerns regarding the use of external benchmarking data to Dr Sue McAllister or Associate Professor Michelle Lincoln

Agreement to abide by the Code of Conduct:

Deputy Vice Chancellor, Learning and Teaching (or equivalent)  Head of Program, Speech Pathology (or equivalent)

<table>
<thead>
<tr>
<th>Signature</th>
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<tbody>
<tr>
<td>Name</td>
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<td>Date</td>
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<tr>
<td>Position</td>
<td>Position</td>
</tr>
<tr>
<td>University</td>
<td>University</td>
</tr>
</tbody>
</table>

18 See the Collaborative External Benchmarking Trial Process document, March 2008 for details of these requirements
Appendix 7.11

COMPASS™ External Benchmarking Database Specification

Prepared by Sue McAllister and Michelle Lincoln on behalf of Australian and New Zealand Universities participating in The COMPASS™ Project for indicative costing\(^\text{19}\).

23 January 2008

Brief Overview

Each university will confidentially compare their current group of students’ performance, using de-identified and aggregated data generated by COMPASS™ Online, to the combined performance of all other universities’ current students contributing data to the pool. Data can be examined over three different time frames

1. X university’s data for the past year compared to all data pooled over past year.
2. X university’s data compared to pooled data pooled historically e.g. 2008, 2009, 2010.
3. X university’s data for the past 1 year compared to all data pooled over 3 years.

A quote is required to implement 1 a), b), c) and a separate quote for implementing d) in addition to the first three sections.

1. Process

a) Initial Access

An area in the benchmarking application will be available to provide information on:

- Benchmarking Process
- Process and materials to access benchmarking facility
  - Memorandum of Understanding
  - Ethics application
  - Code of Conduct
  - Handbook

These documents will be PDF and can be viewed or saved from the benchmarking application. The COMPASS™ Benchmarking Consortium will provide these documents to Portal Australia.

To both contribute data and to be able to access benchmarking reports, the Program Coordinator must indicate that copies of pre-requisite documents for participation have been seen and approved by the Chair of the COMPASS™ Benchmarking Consortium prior to proceeding to having access. This only needs to be done once. Documents include:

\(^{19}\) Support for The COMPASS™ Project has been provided by The Carrick Institute for Learning and Teaching in Higher Education Ltd, an initiative of the Australian Government Department of Education, Science and Training. The views expressed by this project do not necessarily reflect the views of The Carrick Institute for Learning and Teaching in Higher Education.
- Approved ethics submission
- Memorandum of Understanding signed by appropriate university representative
- Signed agreement to abide by Code of Conduct

A ‘yes my university program wishes to participate in external benchmarking’ option will be displayed on the COMPASS™ Online interface that can be seen by University Program Coordinators when he/she logs on, but not viewable to other users (clinical educators and students). If this option is selected, an automatic email is generated for:
  - Program coordinator providing them with information on the approval process for participation
  - Benchmarking Consortium Chair to advise them that X university has begun the approval process

Once the Benchmarking Consortium Chair has received all documentation from the program applying to participate, he/she can activate the program’s benchmarking account. This account can then be accessed by the university program coordinator using the same log on details as for COMPASS™ Online. The participation option will no longer be displayed when the program coordinator logs on, but will be replaced with a ‘discontinuing participation’ option (see below).

The Benchmarking Consortium Chair will require an account to enable him/her to do the following:
  - Update contact details
  - Update the automatic email that is generated for the applying program coordinator
  - Activate or deactivate the program’s benchmarking account

b) Discontinuing involvement in benchmarking

If a program wishes to discontinue involvement in the benchmarking consortium, the program coordinator will need to select the ‘discontinuing participation’ option displayed when they log onto COMPASS™ Online. This will trigger an automatic email to the Benchmarking Consortium Chair who will then deactivate the program’s benchmarking account.

c) Benchmarking COMPASS™ data

Data for participating programs in COMPASS™ Online will be stripped of all information identifying students and added to the benchmarking pool and measures calculated three times per year: April, July, and December.

Program coordinators will be advised by automated email that benchmarking reports are available for download after these three dates. These reports will be viewable on screen with the option to save, print or email.

Data for benchmarking will be provided for two data pool groupings that each university can compare their results against: Australian programs only and ‘all participating programs’.

Benchmarking reports will include:
  - Date benchmarking measures calculated and the period of time this relates to
  - Date the report is accessed/printed
  - Name of university extracting the data
- Number of students being benchmarked at this date at the university and for the total for pool grouping
- Student numbers reported as a percentage of total (see Table 1)
- Pool grouping – Australian programs only or All programs
- Information on aggregated Competency Scores and Zones of Competence for each of the
  - 2 types of Experience Indicators (hours and stage in program)
  - 2 types of Experience Indicators X each of the Benchmarking Demographics (see Appendix A for diagram).
- Information for each Competency Score and Zone of Competence will include
  - Median
  - Minimum
  - Maximum
  - Percentiles (10,25,50,75,90)

Programs will have the option to benchmark the following chronological groups of data
- All data collected for their program in the prior 12 months against all combined data collected in the prior 12 months
- All data collected for their program in the prior 12 months against all combined data collected in the prior 3 years.
- All data collected for their program in the prior 12 months against all combined data collected in the prior 12 months grouped by all years for which data has been collected e.g. 2008, 2009, 2010

Information will be presented in two forms
1. Box plots grouped by Experience Indicator or Experience Indicator X Benchmarking Demographic. Each table can represent one type of Experience Indicator compared to each item in the Benchmarking Demographic group. For example: plotting Uni X’s students’ Zone of Competency Scores against all other universities’ students (All) for each of service delivery settings might look something like Graph 1, below. Please note that this is indicative only of the type of graphing required.
Graph 1: ZOC scores for Experience Indicator 0 – 49 hours for Service Delivery Setting

2. Tables for Competency Scores and Zones of Competency for each Experience Indicator or Experience Indicator X Benchmarking Demographic, for example see Table 1 below.

Table 1: Example of Table for comparing Competency Scores for a specific Experience Indicator X Benchmarking Demographic

<table>
<thead>
<tr>
<th>Competency Scores for [0 to 49 hours] X [Service Delivery Setting]</th>
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</thead>
<tbody>
<tr>
<td>Acute</td>
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<tr>
<td>You</td>
</tr>
<tr>
<td>Number</td>
</tr>
<tr>
<td>10</td>
</tr>
</tbody>
</table>
The reports will be grouped as follows:

1. **Each Experience Indicator by 2 COMPASS™ Scores**
   1.1 Hours X Competency Score
   Hours X Zone of Competency (ZOC)
   1.2 Stage in Program X Competency Score
   Stage in Program X Zone of Competency (ZOC)

2. **Each Experience Indicator by 2 COMPASS™ Scores by Demographic Indicators**
   2.1 Competency Score [0 to 49] X Service Delivery Setting
   Competency Score [50 to 99] X Service Delivery Setting
   Competency Score [100 to 149] X Service Delivery Setting
   Competency Score [150 to 199] X Service Delivery Setting
   Competency Score [200 to 249] X Service Delivery Setting
   Competency Score [250 to 299] X Service Delivery Setting
   Competency Score [300+] X Service Delivery Setting
   2.2 Competency Score [0 to 49] X Client age group
   Competency Score [50 to 99] X Client age group
   Competency Score [100 to 149] X Client age group
   Competency Score [150 to 199] X Client age group
   Competency Score [200 to 249] X Client age group
   Competency Score [250 to 299] X Client age group
   Competency Score [300+] X Client age group
   2.3 Competency Score [0 to 49] X Placement intensity
   Competency Score [50 to 99] X Placement intensity
   Competency Score [100 to 149] X Placement intensity
   Competency Score [150 to 199] X Placement intensity
   Competency Score [200 to 249] X Placement intensity
   Competency Score [250 to 299] X Placement intensity
   Competency Score [300+] X Placement intensity
   2.4 Competency Score [0 to 49] X Site of placement
   Competency Score [50 to 99] X Site of placement
   Competency Score [100 to 149] X Site of placement
   Competency Score [150 to 199] X Site of placement
   Competency Score [200 to 249] X Site of placement
   Competency Score [250 to 299] X Site of placement
   Competency Score [300+] X Site of placement
   2.5 Competency Score [0 to 49] X Range indicators
   Competency Score [50 to 99] X Range indicators
   Competency Score [100 to 149] X Range indicators
   Competency Score [150 to 199] X Range indicators
   Competency Score [200 to 249] X Range indicators
   Competency Score [250 to 299] X Range indicators
   Competency Score [300+] by Range indicators
   2.6 Competency Score [0 to 49] X Service Delivery model
   Competency Score [50 to 99] X Service Delivery model
   Competency Score [100 to 149] X Service Delivery model
   Competency Score [150 to 199] X Service Delivery model
   Competency Score [200 to 249] X Service Delivery model
   Competency Score [250 to 299] X Service Delivery model
   Competency Score [300+] X Service Delivery model
2.7 ZOC Score X Service Delivery Setting
   ZOC Score [Early] X Service Delivery Setting
   ZOC Score [Middle] X Service Delivery Setting
   ZOC Score [Late] X Service Delivery Setting

2.8 ZOC Score [Early] X Client age group
   ZOC Score [Middle] X Client age group
   ZOC Score [Late] X Client age group

2.9 ZOC Score [Early] X Placement intensity
   ZOC Score [Middle] X Placement intensity
   ZOC Score [Late] X Placement intensity

2.10 ZOC Score [Early] X Site of placement
    ZOC Score [Middle] X Site of placement
    ZOC Score [Late] X Site of placement

2.11 ZOC Score [Early] X Range indicators
    ZOC Score [Middle] X Range indicators
    ZOC Score [Late] X Range indicators

2.12 ZOC Score [Early] X Service Delivery model
    ZOC Score [Middle] X Service Delivery model
    ZOC Score [Late] X Service Delivery model

d) Benchmarking student demographic data

Census data on students will be benchmarked independently of student performance.

All other information other than Census data will be stripped before entering the benchmarking pool.

Data for benchmarking will be provided for two data pool groupings: Australian programs only and ‘all participating programs’.

Each university will be provided with a summary of the census data for their students in relation to students from all other universities.

Census data includes:
- Year of entry, course
- Undergrad vs. masters
- Previous degree: Bachelor, Masters, PhD
- Entrance to course: School leavers or Other
- Gender
- Year of birth
- Ethnicity
- Rurality
- International vs. domestic
- First language
- Other languages
- Part time/full time enrolment

A report on this data will be provided in a table format.
2. Security

Access to the External Benchmarking facility will not be automatically included in accessing COMPASS™ Online; participants will need to actively select this as an option via the COMPASS™ Online interface and go through an approval process once at the External Benchmarking Database.

Only data from those universities who have been met the approval process for participation will be contributed from COMPASS™ Online.

Access or reports will be provided to the University Program Coordinator; therefore it would be preferable for them to be able use the same log on to access both the COMPASS™ Online and COMPASS™ External Benchmarking Database.

The only data that can be provided to the Program Coordinator will be the results of their students’ COMPASS™ assessments compared against the results of all other university students’ combined.

The same levels of data security will apply to the Benchmarking Database as to COMPASS™ Online.
Appendix 1

Experience Indicators

Hours
- 0-49
- 50-99
- 100-149
- 150-199
- 200-249
- 250-300
- 300+

Stage in Program
- Early
- Middle
- Late

Benchmarking Demographics

Client age group
- Adult
- Child
- Mixed

Type of clinical placement/placement intensity
- Block
- Sessional

Site of placement
- Rural
- Metropolitan
- International

Range indicators
- Speech
- Language
- Fluency
- Voice
- Swallowing

Service delivery setting
- Acute
- Rehabilitation
- School
- Community
- University clinic
- Disability
- Early Intervention

Intervention Model
- Prevention
- Promotion
- Intervention/Curative
- Assessment
- Education/Consultative

Service delivery Model
- Group
- Individual
- Both
Appendix 7.12

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

Thank you again for your contributions to this project over the last 18 months. Feedback from you is essential to our evaluation of the benchmarking component of The COMPASS™ Project. Please note: this questionnaire is to evaluate how effective ‘Benchmarking’ aspects of The COMPASS™ Project have been, and not those related to the leadership aspects already evaluated.

The purpose of the Benchmarking component of The COMPASS™ Project that aimed to build the capacity of speech pathology university academics to monitor and improve the quality of their teaching, assessment, work integrated learning programs, and ultimately graduates. Benchmarking student performance on COMPASS™ within and across programs was identified as a strategy to assist meeting this goal.

The proposed broad outcomes for this project were:

- The embedding of COMPASS™ within Speech Pathology curricula nationally
- Development of threshold performance standards of student learning outcomes from clinical education subjects within institutions
- The establishment and trialling of policies and procedures for cross institutional benchmarking of student clinical competency.
- The establishment of within and cross institutional research projects investigating approaches to learning and teaching in clinical education

Please type in your responses after each question and then forward to Michelle Lincoln on M.Lincoln@usyd.edu.au.

PLEASE RETURN FEEDBACK NO LATER THAN FRIDAY 16TH MAY.

If you would prefer to be interviewed, please email Michelle to arrange a time for her to ring you. Please note that this questionnaire/interview is for the purpose of project evaluation, and so comments may be used within the context of reporting to the funding body and/or in a later presentation or publication of the outcomes of the project. Therefore we do need you to clearly signal if any comments are made which need to be considered ‘off-the-record’.

QUESTIONS

Impact on learning and teaching practice

Internal Benchmarking

Please describe any internal benchmarking of topics you are currently undertaking or preparing to undertake. For example: Are you setting up databases to assist with benchmarking? Are you using data as a preliminary indication of appropriate performance levels for topics? How are you carrying out internal benchmarking? How is the data used? Is data presented at Examination Board meetings?

---

20 This evaluation is being supported through a Priority Project grant from the Carrick Institute of Learning & Teaching (2006-7). Project team -Lincoln, Ferguson, McAllister & McAllister.
Do you have performance standards for your clinical education topics that incorporate COMPASS™ terminology or concepts? YES/NO
   If yes, what fraction of the total topics that include COMPASS™ as an assessment tool has this occurred in?

Have you used data from COMPASS™ to set or evaluate these performance standards for clinical education topics? YES/NO
   If yes, how are you going about this? What, if anything, did you learn about your performance standards?

If you are internally benchmarking topics, have you modified or planning to modify your clinical education curriculum in response to benchmarking information? YES/NO
   If yes, please elaborate.

Do you use COMPASS™ data to provide formative feedback to students? YES/NO
   If yes, please describe.

Have you used COMPASS™ data to provide feedback to clinical educators? YES/NO
   If yes, please describe.

If you are using COMPASS™ data to benchmark performance in topics, has this provided you with any insights about learning, teaching, or curriculum in general? YES/NO
   If yes, could you please share what those insights have been?

Please describe any changes you have made or planned based on these insights.

Has participating in The COMPASS™ Project given you any insights into learning and teaching practices in other programs? YES/NO
   If yes, could you please share what those insights have been?

Please describe any changes you have made or planned based on these insights.

Are there any other curriculum or clinical education practices you have implemented as a result of your involvement in The COMPASS™ Project?

External Benchmarking

Do you think the proposed external (cross-institutional) benchmarking of COMPASS™ data would be useful for you and/ or your program and in what way?

Are there any barriers to your program participating in external benchmarking?

What would facilitate participation?

How well prepared do you feel to engage in external benchmarking?

<table>
<thead>
<tr>
<th>Not at all</th>
<th>A little</th>
<th>Neutral</th>
<th>Mostly</th>
<th>Very</th>
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General
Has your program or any clinical educators associated with your program developed student learning materials to support achievement of competency standards? For example: tutorials, interpreting/specifying performance levels for particular placements, learning contracts, portfolios. YES/NO
If yes, please describe these.

Have you submitted any research projects involving COMPASS™? YES/NO
If yes, please provide title of the project and a brief overview.
If no, do you have any plans for developing research? Please describe.

Reflection on participation in the project

Please rate the following questions

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<th>How confident do you feel about:</th>
<th>Not at all</th>
<th>A little</th>
<th>Neutral</th>
<th>Mostly</th>
<th>Very</th>
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<tbody>
<tr>
<td>Measuring COMPASS™ ratings</td>
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<tr>
<td>Scoring COMPASS™ using the COMPASS™ database</td>
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<td>Scoring COMPASS™ using the Table of Measures in the Manual</td>
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<tr>
<td>Interpreting COMPASS™ data</td>
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<td>Integrating COMPASS™ data with other student assessment information (e.g. qualitative reports) to make assessment decisions</td>
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<tr>
<td>Using COMPASS™ data to benchmark performance within topics</td>
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<tr>
<th>How well you feel the project has achieved the following aims/goals for your program:</th>
<th>Not at all</th>
<th>A little</th>
<th>Neutral</th>
<th>Mostly</th>
<th>Very</th>
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<tbody>
<tr>
<td>Establish threshold standards for decisions about students’ performance in the workplace</td>
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<td>Identify minimum performance standards for students within each of their subjects involving workplace learning</td>
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<td>Use these performance standards for formative feedback to students</td>
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<tr>
<td>Use these performance standards for early identification and support for students having difficulty with developing competency.</td>
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Overall, how successful has The COMPASS™ project been in supporting you to use and understand the data aspects of COMPASS™?

| Not at all | A little | Neutral | Mostly | Very |

What was the most important aspect(s) of the project for you?

Did you find anything problematic with the project? Please describe.

What do you see as future training needs and development of the COMPASS™ materials and/or benchmarking activities?

THANK YOU FOR YOUR HELP!!
Evaluation Questionnaire: University Staff involved in Clinical Education coordination or curriculum

Thank you again for your contributions to this project over the last 18 months. Feedback from you is essential to our evaluation of the benchmarking component of The COMPASS™ Project. Please note: this questionnaire is to evaluate how effective ‘Benchmarking’ aspects only of The COMPASS™ Project that included New Zealand programs in the original project proposal.

The purpose of the Benchmarking component of The COMPASS™ Project that aimed to build the capacity of speech pathology university academics to monitor and improve the quality of their teaching, assessment, work integrated learning programs, and ultimately graduates. Benchmarking student performance on COMPASS™ within and across programs was identified as a strategy to assist meeting this goal.

The proposed broad outcomes for this project were:
- The embedding of COMPASS™ within Speech Pathology curricula nationally
- Development of threshold performance standards of student learning outcomes from clinical education subjects within institutions
- The establishment and trialling of policies and procedures for cross institutional benchmarking of student clinical competency.
- The establishment of within and cross institutional research projects investigating approaches to learning and teaching in clinical education

Please type in your responses after each question and then forward to Michelle Lincoln on M.Lincoln@usyd.edu.au.

PLEASE RETURN FEEDBACK NO LATER THAN FRIDAY 16TH MAY.

If you would prefer to be interviewed, please email Michelle to arrange a time for her to ring you. Please note that this questionnaire/interview is for the purpose of project evaluation, and so comments may be used within the context of reporting to the funding body and/or in a later presentation or publication of the outcomes of the project. Therefore we do need you to clearly signal if any comments are made which need to be considered ‘off-the-record’.

QUESTIONS

Impact on learning and teaching practice

Internal Benchmarking

Please describe any internal benchmarking of topics you are currently undertaking or preparing to undertake. For example: Are you setting up databases to assist with benchmarking? Are you using data as a preliminary indication of appropriate performance levels for topics? How are you carrying out internal benchmarking? How is the data used? Is data presented at Examination Board meetings?

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21 This evaluation is being supported through a Priority Project grant from the Carrick Institute of Learning & Teaching (2006-7). Project team - Lincoln, Ferguson, McAllister & McAllister.
Do you have performance standards for your clinical education topics that incorporate COMPASS™ terminology or concepts? YES/NO
   If yes, what fraction of the total topics that include COMPASS™ as an assessment tool has this occurred in?

Have you used data from COMPASS™ to set or evaluate these performance standards for clinical education topics? YES/NO
   If yes, how are you going about this? What, if anything, did you learn about your performance standards?

If you are internally benchmarking topics, have you modified or planning to modify your clinical education curriculum in response to benchmarking information? YES/NO
   If yes, please elaborate.

Do you use COMPASS™ data to provide formative feedback to students? YES/NO
   If yes, please describe.

Have you used COMPASS™ data to provide feedback to clinical educators? YES/NO
   If yes, please describe.

If you are using COMPASS™ data to benchmark performance in topics, has this provided you with any insights about learning, teaching, or curriculum in general? YES/NO
   If yes, could you please share what those insights have been?

   Please describe any changes you have made or planned based on these insights.

Has participating in The COMPASS™ Project given you any insights into learning and teaching practices in other programs? YES/NO
   If yes, could you please share what those insights have been?

   Please describe any changes you have made or planned based on these insights.

Are there any other curriculum or clinical education practices you have implemented as a result of your involvement in The COMPASS™ Project?

External Benchmarking

Do you think the proposed external (cross-institutional) benchmarking of COMPASS™ data would be useful for you and/ or your program and in what way?

Are there any barriers to your program participating in external benchmarking?

What would facilitate participation?

How well prepared do you feel to engage in external benchmarking?

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General
Has your program or any clinical educators associated with your program developed student learning materials to support achievement of competency standards? *For example: tutorials, interpreting/specifying performance levels for particular placements, learning contracts, portfolios.* YES/NO
If yes, please describe these.

Have you submitted any research projects involving COMPASS™? YES/NO
If yes, please provide title of the project and a brief overview.
If no, do you have any plans for developing research? Please describe.

Reflection on participation in the project

Please rate the following questions

<table>
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<tr>
<th>How confident do you feel about:</th>
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<td>Interpreting COMPASS™ data</td>
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<td>Integrating COMPASS™ data with other student assessment information (e.g. qualitative reports) to make assessment decisions</td>
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<th>How well you feel the project has achieved the following aims/goals for your program:</th>
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<td>Identify minimum performance standards for students within each of their subjects involving workplace learning</td>
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<td>Use these performance standards for formative feedback to students</td>
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Overall, how successful has The COMPASS™ project been in supporting you to use and understand the data aspects of COMPASS™?

[Not at all] [A little] [Neutral] [Mostly] [Very]

What was the most important aspect(s) of the project for you?

Did you find anything problematic with the project? Please describe.

What do you see as future training needs and development of the COMPASS™ materials and/or benchmarking activities?

THANK YOU FOR YOUR HELP!!
Appendix 7.14

Benchmarking clinical learning in speech pathology to support assessment, discipline standards, teaching innovation and student learning

Heads of Programs – Questions for Project Evaluation

This project is being supported through a Priority Projects grant from the Carrick Institute of Learning & Teaching (2006-7). Project team – Michelle Lincoln, Alison Ferguson Lindy McAllister & Sue McAllister.

As discussed at the Heads of Speech Pathology Teleconference (6 December 2007), we feel it is important to get feedback on the project through a telephone interview with Heads of Speech Pathology programs. This will inform our evaluation about the extent to which this project has achieved its aims. A number of the Heads of Programs at that teleconference asked that an outline of the questions that would be asked in the interview be circulated beforehand, and this document outlines these questions.

Please let Michelle Lincoln know if you prefer to respond to these questions in writing, otherwise she will be in contact with you to organise an interview time. Your responses are required by the end of May to ensure they are included in the final evaluation report.

This interview is being conducted for the purpose of project evaluation, and so comments may be used within the context of reporting to the funding body and/or in a later presentation or publication of the outcomes of the project. Interviewees therefore need to clearly signal if any comments are made which need to be considered ‘off-the-record’.

Background

As you will recall, there are two projects involving COMPASS™ funded by Carrick - one involving leadership support to assist the roll-out of the tool nationally, and the other to develop the future directions for its use in benchmarking. The evaluation for the leadership component of the project has already been conducted, this interview is relates to the activities that relate to the ‘Benchmarking’ project only. The interview questions are designed to prompt reflection on the extent to which the project has been successful in achieving its aims.

This project aimed to build the capacity of speech pathology university academics to monitor and improve the quality of their teaching, assessment, work integrated learning programs, and ultimately graduates. Benchmarking student performance on COMPASS™ within and across programs was identified as a strategy to assist meeting this goal.

The proposed broad outcomes for this project were:

5. The embedding of COMPASS™ within Speech Pathology curricula nationally
6. Development of threshold performance standards of student learning outcomes from clinical education subjects within institutions
7. The establishment and trialling of policies and procedures for cross institutional benchmarking of student clinical competency.
8. The establishment of within and cross institutional research projects investigating approaches to learning and teaching in clinical education
Questions

A. Internal Benchmarking

Is your program using COMPASS™ data to benchmark performance in topics? YES/NO

If yes, has this provided you with any insights about learning, teaching, or curriculum in general?

Please describe any changes that have been made or planned based on these insights.

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B. External (Cross-institutional) benchmarking

You were recently provided with a briefing on the proposed process for cross-institutional benchmarking (reattached FYI). Could you please comment on the following:

Are there any issues that need to be addressed that have not been identified in the proposed process?

What do you think the benefits of cross-institutional benchmarking might be for your program?

How much staff time do you think it is reasonable to commit to participation in cross-institutional benchmarking?

What would facilitate your program participating in cross-institutional benchmarking?

What are the barriers to your program participating in cross-institutional benchmarking?

C. General questions

What was the most important aspect(s) of the project for your program?

Were there barriers to your staff participating fully in the Benchmarking aspects of the project?

How would you rate the level of knowledge about COMPASS™ among academic staff other than the clinical coordinator?
Did your program find anything problematic with the project? Please describe.

What do you see as future training needs and development of the COMPASS™ materials and/or benchmarking activities?

THANK YOU FOR YOUR ASSISTANCE
Appendix 7.15

Benchmarking clinical learning in speech pathology to support assessment, discipline standards, teaching innovation and student learning

Heads of Programs – Questions for Project Evaluation

This project is being supported through a Priority Projects grant from the Carrick Institute of Learning & Teaching (2006-7). Project team – Michelle Lincoln, Alison Ferguson Lindy McAllister & Sue McAllister.

We feel it is important to get feedback on the project through a telephone interview with Heads of Speech Pathology programs, and this document is an outline of the questions that we would like to ask. Your answers will inform our evaluation about the extent to which this project has achieved its aims.

Please let Michelle Lincoln know if you prefer to respond to these questions in writing (m.lincoln@usyd.edu.au), otherwise she will be in contact with you to organise an interview time. Your responses are required by the end of May to ensure they are included in the final evaluation report.

This interview is being conducted for the purpose of project evaluation, and so comments may be used within the context of reporting to the funding body and/or in a later presentation or publication of the outcomes of the project. Interviewees therefore need to clearly signal if any comments are made which need to be considered ‘off-the-record’.

Background

As you will recall, there are two projects involving COMPASS™ funded by Carrick - one involving leadership support to assist the roll-out of the tool nationally, and the other to develop future directions for its use in benchmarking. The evaluation for the leadership component of the project has already been conducted with Australian programs, this interview is relates to the activities that relate to the ‘Benchmarking’ project only and included New Zealand programs. The interview questions are designed to prompt reflection on the extent to which the project has been successful in achieving its aims.

This project aimed to build the capacity of speech pathology university academics to monitor and improve the quality of their teaching, assessment, work integrated learning programs, and ultimately graduates. Benchmarking student performance on COMPASS™ within and across programs was identified as a strategy to assist meeting this goal.

The proposed broad outcomes for this project were:

9. The embedding of COMPASS™ within Speech Pathology curricula nationally
10. Development of threshold performance standards of student learning outcomes from clinical education subjects within institutions
11. The establishment and trialing of policies and procedures for cross institutional benchmarking of student clinical competency.
12. The establishment of within and cross institutional research projects investigating approaches to learning and teaching in clinical education
Questions

A. Internal Benchmarking

Is your program using COMPASS™ data to benchmark performance in topics? YES/NO

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How much staff time do you think it is reasonable to commit to participation in cross-institutional benchmarking?

What would facilitate your program participating in cross-institutional benchmarking?

What are the barriers to your program participating in cross-institutional benchmarking?

C. General questions

What was the most important aspect(s) of the project for your program?

Were there barriers to your staff participating fully in the Benchmarking aspects of the project?

How would you rate the level of knowledge about COMPASS™ among academic staff other than the clinical coordinator?
Did your program find anything problematic with the project? Please describe.

What do you see as future training needs and development of the COMPASS™ materials and/or benchmarking activities?

THANK YOU FOR YOUR ASSISTANCE