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References Australian ePortfolio Project 2009. First, it is important to note that students could choose to complete the questionnaire so the sample may be biased by students with strong opinions. Second, respondent numbers were small and the response rate was less than 50%. Third, the teaching staff was learning the platform at the same time as teaching the students, thus impacting the effectiveness of the training particularly for the third and fourth years. Finally, the students' difficulties with the software platform may have affected their other responses. As a result of this study, a new software platform will be piloted with a more scaffolded implementation of the ePortfolio and a stronger link with future employment. Further research into the perceptions of speech pathologists using an ePortfolio for documenting evidence for Certified Practicing Speech Pathology status would also be useful. Conclusion This study is the first to investigate speech pathology students' perspectives of an ePortfolio embedded across a SP course. Students generally engaged with the ePortfolio and saw the value as an organisational tool, and to analyse skills and set goals, but found the technology difficult and the ePortfolio tasks unduly timeconsuming. They did not see the link with their future career as a speech pathologist, perhaps due to the limitations of the software platform chosen. Despite the limitations of the study, some useful strategies have been suggested to enable the ePortfolio's value as a learning tool to be fully realised to increase the positive perceptions for future use of ePortfolios in SP courses. As a learning tool an ePortfolio may also be of use for documenting evidence of ongoing learning as required for professional selfregulation. All speech pathologists including students are bound by code and supervision needs to ensure students work within their level of competence and demonstrate ethical practice. <http://www.euroenergetika.lt/media/6es7-153-2ba00-0xb0-manual.xml>

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The Clinical Supervision resources can assist Speech Pathologists considering student placements in understanding the clinical education frameworks processes and evaluation. The document discusses the issues in clinical education, Speech Pathology Australia's position and suggests strategies for meeting the challenges identified. Professor Alison Ferguson has written an attachment on models of clinical education. The CBOS was revised in 2011 to reflect changes in the scope of practice of speech pathologists and work contexts. The assessment is available online and in paper format. Speech Pathology Australia provides information and resources for clinical educators to understand the assessment process. To learn about our use of cookies and how you can manage your cookie settings, please see our Cookie Policy. By closing this message, you are consenting to our use of cookies. Findings relevant to understanding the nature and development of speechlanguage pathology competency are described. The domains of competence considered important for practice were found to extend beyond specific processes of professional practice to include generic competencies of reasoning, communication, lifelong learning, and professionalism. The achievement of competency was identified as developmental, and clinical educators were found to validly and reliably identify seven levels of competency development. Competency may transfer across the scope of practice, and marginal students performances were characterized by a high degree of variability. These findings are discussed in relation to the professions understanding of competency and speechlanguage pathology education, professional development, and further research. Download fulltext PDF Findings relevant to understanding the nature and development of speech lan guage pathology compet enc y are descri bed. <http://denetimmusavirlik.com/userfiles/6es7-153-2ba02-0xb0-manual.xml>

The domains of competence considered important for practice were found to extend beyond specific processes of professional practice to include generic competencies of Reasoning, Communication, Lifelong Learning, and Professionalism. The achievement of competency was identified as developmental, and clinical educators were found to validly and reliably identify seven levels of competency development. Competency may transfer across the scope of practice and marginal students' performances were characterised by a high degree of variability. These findings are discussed in relation to the profession's understanding of competency and speech language pathology education, professional development and further research. Ensuring that speech language pathologists graduate as competent practitioners and have the capacity to maintain their ability to competently practice is core to meeting service users' needs. This paper explores what has been learnt about speech language pathology competency during the development of a competency based assessment tool. These new insights will be discussed in relation to international debates regarding competency in health professional practice including the nature and development of competence, whether competence transfers across the scope of practice and how to identify those having difficulty developing competency. The Australian speech language pathology community is in the unique position of having collaborated nationally over the past nine years on a series of research and teaching projects to improve competency based assessment and teaching. This activity commenced in 2001 with the primary aim of developing and validating a competency based assessment tool.

The process of developing and validating an assessment tool involved collection and integration of evidence from a range of sources including research and theory to support an appropriate evaluative judgement of validity Messick, 1996. The paper is written in three parts. Drawing on the results of several studies, the second part integrates and discusses the evidence that contributes to an understanding of the nature and development of speech language pathology competency. Finally, the implications of this understanding for education and research are discussed. Part 1. Background Speech language pathology competency frameworks To assess competency it is necessary to understand and define it. At the commencement of this research program a competency based framework was in place for speech language pathology in Australia. A competency based approach to certifying entry to the profession was adopted in response to government reform agendas in the early 1990s Guthrie, 2009. Speech language pathology, in common with other allied health professions in Australia such as physiotherapy APC, 2006, have adopted a competency framework. The knowledge and specific skills are exemplars that, in combination with underlying professional attributes, result in competent professional action. See Table I for an example of this framework. INSERT TABLE I ABOUT HERE The CBOS framework describes competencies that speech language pathologists should be able to demonstrate at an appropriate level prior to graduating known as "Entry Level" across the full scope of speech language pathology practice. This includes providing services to clients across the life span that are experiencing difficulties in the functional domains of speech, language, voice, fluency and swallowing. However, it is not expected that entry level i.e.

, newly graduated speech language pathologists will be competent in all areas of practice without profession-specific supervision and support from a senior speech language pathologist as well as managerial supervision. Fully independent practice is not expected when working with clients or in workplaces where a number of features combine to create complexity SPAA, 2001. The CBOS framework is used by the national professional body Speech Pathology Australia to accredit speech language pathology programs. This has had a significant impact on curriculum design and delivery in speech language pathology education Ferguson, 2006. A prominent feature of the accreditation process is the use of an outcomes based approach that evaluates the assessment processes used by programs to ensure students have met the CBOS competency standards.

These competencies and their integration are assumed to be the result of acquiring sufficient knowledge and skill in association with appropriate attitudes e.g., client centeredness, integrity. This process involved two major phases. First, the design phase used a reiterative action research process that integrated multiple sources of evidence to develop content and a process for the assessment tool. Multiple consultations to develop consensus with regard to assessment design decisions were carried out with experts in speech language pathology education, students and clinical educators. Consultation methods included discussion and review of material developed over the design phase, semistructured interviews and focus groups. Clinical educators and speech language pathology academics also participated in a structured action research forum held at the Speech Pathology Association of Australia conference. Second, the resulting assessment format was validated through a national field trial over two university semesters.

<http://flexphysicaltherapy.com/images/calculus-made-easy-manual.pdf>

This yielded 301 analysable assessment events from 219 different students by 107 different clinical educators representing a wide range of placement types and clinical educator and student experiences McAllister et al., 2010. These assessments were conducted by speech language pathologists who were Both groups worked closely and continuously with their students managing a caseload. Therefore the assessment was carried out in the context of the clinical educator having multiple opportunities for quality observations and judgements about the students' fitness to practice. Two types of evidence were collected as a result of the field trial. Rasch analysis is a statistical technique that evaluates the measurement quality of an assessment tool by comparing it to a model of what data a valid assessment tool could be expected to generate. See Appendix for information on the Rasch statistics referred to in this paper. Participants spoke about the need for integration across the occupational tasks of the profession and the translation of new learning into new action to allow for flexibility; similar to Schon's category of reflection in action Schon, 1987. For example, responses to questions during focus groups and semistructured interviews about important indicators of passing performance in practicum included McAllister, 2006. ability to adapt, and be creative, their efficiency and time management. Student These generic competencies were present in the CBOS but embedded in the detail of the performance criteria and cues. Participants clearly identified the need for the generic competencies to be made more explicit for the purposes of assessment of This included supporting the development of the occupational competencies and transferring competency across practice contexts and client groups e.g.

<https://javisintlmedia.com/images/calculus-larson-solutions-manual-pdf.pdf>

, learning how to conduct formal psychometric assessments according to the manual. Thus, a preference was apparent for a holistic and integrative model for defining and assessing competence rather than one that identified separate components of competency that were assessed individually e.g., a list of specific psychometric assessments a graduate should be able to perform and assumed to add up to competent performance. Exemplars of behaviours for each of the competencies generic and occupational were developed that provided indicators as to the types of knowledge, skills and personal qualities students would demonstrate in combination to create competent performance in each area of competency. The field trial tested this model of competency in practice McAllister, 2006; McAllister et al., 2004. Rasch analysis of the rating data generated by the tool Two items fell just outside of this range 0.76 and 1.22 but still generated better data than expected for performances assessed by observer ratings for more detail see McAllister, 2006. This unidimensionality indicated that the students' assessment results were the result of their ability in combination with the relative difficulties of items and was strong evidence that the theoretical processes proposed i.e., that occupational and generic competencies act in concert to create professional competency were in fact being engaged Fisher, 2004.

This finding was supported by analysis of the questionnaire feedback from clinical educators and students. There was also strong agreement that the generic competencies represented valued knowledge, skills and attitudes McAllister et al., 2004.

In summary, the results suggested that Australian speechlanguage pathologists understood professional competence as arising from the integration of performance across process oriented occupational competencies by the means of generic competencies. Clinical educators in the sample were able to use an integrative understanding of competence to inform their rating judgements against each of the four generic and seven occupational competencies. These findings suggest that the categories of knowledge, skills and personal qualities embedded in competencies and used to develop performance descriptors were relevant to speech language pathology. However, evidence developed over the tool development phase strongly confirmed that speech language pathologists understand competence as developmental and wanted a performance rating system that reflected this development in students. This preference aligned with universities' desire for a tool that allowed both the educators and students to track students' developing competency over the preprofessional preparation program and identify when performances represent attainment of entry level competence have been achieved. Both preferences were closely linked with an understanding of the need to support quality judgement of performance and to provide feedback on learning McAllister, 2006. I am happy to comment and indicate that instead of like a tick the box reached competency, have not reached competency, more of an emerging scale of where they are at. University Clinical Educator.

Well, for me, having that rating scale broadened and more defined and that way you have a better understanding of exactly where you are placing within. These were integrated to develop descriptors for three levels of performance: novice, intermediate and entry level along a visual analogue rating scale and exemplars for each level of performance for each of the competencies to guide rating judgements for more detail see McAllister et al., 2010. These descriptors were then used by clinical educators to guide their recording of global judgements of student performance on each of the competencies, based on a Rasch analysis Rating Scale Model of the ratings on the visual analogue scale revealed that these ratings could be organised with confidence into seven categories of performance representing equal and increasing amounts of competence. Thus clinical educators engaged in the rating task in the manner predicted by the Rasch model and in a consistent predictable pattern. This confirmed that the behavioural descriptors related well to their understanding of how competency develops. The concept of competence existing on a developmental continuum was also evident in the finding that increasing levels of performance person scores related to increasing levels of experience. This phenomenon was found both cross sectionally and longitudinally within the data McAllister, 2006. Cross sectionally hours of experience estimated and actual were strongly correlated with the performance score. The behavioural descriptors developed to guide ratings on the competency appeared to accurately reflect this understanding and supported assessment of a continuum of performance across the competencies.

However, the behavioural descriptors only described three levels of performance and clinical educators were actually able to identify seven interval levels of performance, suggesting that there was scope to further describe this continuum. Competency transfers across the scope of practice. As described previously, the competency framework used in the assessment tool does not aim to exhaustively specify competencies for practice with client groups or in. The four generic competencies developed during the design phase identify behaviours that support development and integration of performance across occupational competencies and enable transfer of learning across areas of practice and over time. Student scores on the assessment tool provided further evidence that competency does develop in this manner McAllister, 2006. Of the 219 different students represented in the assessment pool, 20 students had two or more assessments submitted.

for different and consecutive placements over the two university semesters. Of these, 17 had steadily increased in competence scores with subsequent placements. Two of the remaining three students who did not show a steady increase in competence across placements did demonstrate increased competence from the first to the third placements, and the remaining student had a drop in performance from the first to the second placement with no data submitted for the third placement. Ratings from the field trial indicated that there was a hierarchy of difficulty among the competencies McAllister, 2006. Table II lists the 11 competencies in order of difficulty and it can be seen from the error ranges that there was some overlap in this ordering. It should also be noted that opportunities to practise each competency were likely to have had an effect on the acquisition of competency.

However, it will come as no surprise to experienced clinical educators that the harder competencies required the exercise of complex cognitive skills such as analysis of quantitative and qualitative data about a client and interpretation of the meaning of this data for the individual and their significant relationships. The generic and occupational competencies were represented in combination across this hierarchy of difficulty, further confirming their integration to create competent performance. One of these values, the Infit Mean Squares IMS identifies when the score a person has achieved has been derived from a highly variable pattern of ratings. The Rasch model allows for some variation in ratings on the assumption that students' performances are inherently variable. However, if the performance becomes too variable it suggests that the requirements of the model are not being met and the items are not able to identify a good measure of that student's level of competency. Only 20 students in the field trial had IMS values greater than 2.0. When a more rigorous measurement protocol was applied based on a standardisation sample, 37 students with high IMS scores were identified McAllister, 2006. Patterns in their rating strings compared to their experience levels identified that some students had unexpectedly high ratings on some competencies given their limited level of experience. Other students were clearly rated as being highly variable in their performance or had one or two ratings that were unexpectedly low for their experience level. Identifying the causes of these ratings patterns was beyond the scope of the research. However, of the 12 students who were identified as failing or at risk of failing via a tick box on the assessment tool, 10 had performances with IMS values greater than 2.0 when the more rigorous measurement protocol was applied. IMS values greater than 2.

0 indicate that the score or measure is based on a pattern of highly variable ratings and may therefore not represent the students' actual level of competency. Five of these 10 marginal students had very high IMS values above 5.0, This finding suggests that marginal students' performances tended to be rated in a highly variable pattern by clinical educators across the competencies that contribute to competent performance. Summary of findings Speech language pathologists in Australia have conceptualised competency as being able to demonstrate an adequate level of performance in undertaking the processes of the profession, e.g., occupational competencies such as assessment, analysis and interpretation, planning and intervention SPAA, 2001. All 11 competencies were seen to arise from an integration of relevant knowledge, skills and personal qualities. However speechlanguage pathologists recognised competent performance as not being solely the demonstration of specific knowledge, skills or attitudes. Rather, competence was conceptualised as arising from a dynamic integration of the knowledge, skills and processes required to perform these competencies to an appropriate level. Furthermore, the generic competencies This competency was also conceptualised as developing along a continuum that passed through seven levels of performance which could be further described in future research. This shared conceptualisation of competency was likely to have contributed to the finding that clinical educators could rate student performance across the competencies in a predictable manner.

Evidence generated during the tool development process identified that the competencies described

could be applied across the scope of practice and transferred across successive field experiences, with some data suggesting they also transferred simultaneously across two different but concurrent placement sites. As would be expected, some competencies were found to be harder to acquire than others. This might have occurred relative to opportunity but might also be related to the complexity of particular competencies and how explicitly they could be demonstrated e.g., reasoning as compared to professionalism. Finally, data suggested that marginal students could be characterised by performances that were not consistent across the full range of occupational and generic competencies, or that were consistently lower than their peers. Part 3. Implications of findings These findings suggest that the conceptualisation of competency presented in this paper is an accurate description of the speech language pathology profession's understanding of the process of developing professional competence and may have application to other health professions' understanding of competence. A process oriented approach including occupational and generic competencies is not foreign to other allied health professional groups. For example, Australian physiotherapy These more atomistic approaches to describing competency direct attention to narrowly specified exemplars of competent behaviour and risk failing to capture the critical holistic and integrative nature of professional practice Hodges, 2006. Furthermore, such frameworks are unable to flexibly respond to the dynamic and developing nature of professional practice, risking freezing it in time Reeves et al., 2009.

The process oriented competencies of the Australian speech language pathology framework facilitate a clear understanding of how competency frameworks can inform curriculum. This enables educational and professional development programs to develop curricula that reflect the current knowledge, skills and practices required to perform the competencies at an appropriate level Ferguson, 2006. The profession's understanding of competence as being integrative and involving both occupational and generic competencies has implication for educational programs. From this perspective, speechlanguage pathology students are best supported in their Practicum will continue to be a critical arena for integration and application of university based learning to practice, and should be capitalised upon as a rich and powerful source of learning. This requires educational programs to make explicit the relevant knowledge, skills and personal qualities required for these competencies and provide students with guided practice and feedback through assessment. These competencies align well with the current move by Australian universities towards identifying desired graduate qualities in recognition that a university education should be about more than acquiring knowledge Barrie, 2006. The evidence presented in this paper also suggests that variability characterises the performance of marginal students, and comments by clinical educators in focus groups suggested that this may be related to poor integration and The processbased developmental competency model described may also provide a framework for understanding how professionals continue to develop competence after completing their formal professional education programs.

The findings suggest that health professionals may apply key generic competencies to enable them to transfer the practice of occupational competencies to new client groups, new arenas of practice and to capitalise on developing knowledge bases and new technologies available for practice. Given the current move towards redentiaing Australian speech language pathologists SPAA, 2008 for practice in specific areas e.g., dysphagia, SPAA, 2004 and with specific technologies e.g., for endoscopic investigations, SPAA, 2007 it would be useful to evaluate this framework as a From the theoretical discussion and empirical findings presented in this paper, it is suggested that the nature of competence is developmental across a lifetime of learning, from student learning experience through professional practice. It is also suggested that it is possible to closely describe and evaluate this pathway of development within the natural context in which it occurs i.e., the workplace, without reducing the essential integrative nature of complex knowledge, skills and attitudes. Acknowledgements Dr David Curtis, Senior Research Fellow, National Centre

for Vocational Education Research, provided invaluable advice in guiding us regarding the application and interpretation of the Rasch measurement model. Professor Paul Hagler, University of Alberta, provided important conceptual insights during the design phase. Lincoln, Ferguson, and McAllister L obtained funding support from the Australian Research Council and the Speech Pathology Association of Australia, this funding provided scholarship support for McAllister S over the period of this research. Canberra Australian Physiotherapy Council, rapy Summa ry. Barrie, S. C. 2006. Understanding what we mean by the generic attributes of graduates. Mahwah, NJ Lawrence Erlbaum. Brasseur, J. 1989. The supervisory process A continuum perspective.