# Benchmarking COMPASS® for curriculum renewal

Establishing infrastructure and collaborative processes for cross-institutional benchmarking of student clinical performance in speech pathology

## Final Report
### 2011

**Project website**
**http://benchmarking.portal.com.au**

**Lead institutions**
Flinders University
The University of Sydney

**Partner institutions**
La Trobe University
James Cook University
The University of Newcastle
The University of Queensland

**Other organisations**
Speech Pathology Australia

**Project team members**
Dr Sue McAllister
Associate Professor Michelle Lincoln
Professor Alison Ferguson
Associate Professor Bronwyn Davidson
Ms Anne Hill
Ms Rachel Davenport
Ms Louise Brown
Ms Samantha Kruger
Ms Helen Tedesco

# Contents

Materials and resources produced by the project are in the Resources handbook, available from [www.olt.gov.au](http://www.olt.gov.au)

# Acknowledgements

# Executive Summary

This report presents outcomes of the development and implementation of a strategy to benchmark the assessment of speech pathology students' clinical learning via COMPASS® (McAllister et al 2006) to inform quality improvement of the curriculum.

The project's aims were as follows:

- to establish an ethical, efficient and sustainable cross-institutional benchmarking strategy to benchmark student performance during practicum using COMPASS® data

- to facilitate ongoing engagement with and effective use of benchmarking data through quality improvement cycles to inform speech pathology learning and teaching practices that prepare and support the students' professional development.

The project was designed to capitalise on and further develop key successes of previous related work. These include the establishment and ongoing development of an enthusiastic and engaged community of practice among speech language pathology academics within Australia, New Zealand and Asia. Second, the development of procedures and resources that enabled cross-institutional and international benchmarking of COMPASS® assessment data.

The project comprised three concurrent and interactive phases and included the following:

- developing the Benchmarking COMPASS® Database: an interactive online database that enables speech pathology programs to describe or compare their student's assessment performance with the pooled performance of speech pathology students from other universities that collect assessments via COMPASS® Online (accessible via <http://benchmarking.portal.com.au/>)

- capacity building: developing the speech pathology communities' capacity to use this data to improve curriculum as a preparation for professional practice, and for research into learning and teaching practices

- sustaining practice: providing tools and resources to support ongoing engagement in collaborative benchmarking as a strategy for informing curriculum improvement.

Independent evaluation indicated that this project was highly successful in meeting its objectives. The project has developed an intuitive and highly efficient tool, the Benchmarking COMPASS® Database, that has functionality beyond that originally proposed. The project has included the development of a comprehensive technical manual to assist users to understand and use data captured in COMPASS® Online for benchmarking (accessible via <https://sites.google.com/site/apecslp/home>). As a result, project outcomes have ensured that the speech pathology discipline is well prepared and properly resourced to continue to use these tools for curriculum improvement and research well into the future.

An additional outcome is that this project provides a model for mutually beneficial collaborative work across universities and among disciplines within a shared framework of standards for learning and teaching. COMPASS® clearly identifies threshold standards of learning outcomes for speech pathology students within practicums across their program of study. This project has demonstrated that academics across universities are able to effectively collaborate to use and share this information to inform their practice. The commitment of the speech pathology discipline to COMPASS® as a common assessment tool and their engagement in benchmarking have positioned speech pathology at the forefront of the standards agenda.

# List of Abbreviations

| | |
|---|---|
| ALTC: | Australian Learning and Teaching Council |
| APEC SLP: | Asia Pacific Education Collaboration in Speech Language Pathology |
| COMPASS®: | Competency Assessment in Speech Pathology |
| SPA: | The Speech Pathology Association of Australia |

# 1. Introduction

## 1.1 Background

This project presents the outcomes of the development and implementation of a strategy to benchmark speech pathology students' clinical learning to inform quality improvement of curriculum. This project was founded on long term national collaborations within the speech pathology discipline and addressed quality assessment of student competency and related learning and teaching practices (see Table 1).

This activity was initiated in 2001, with an Australian Research Council Linkage grant between three Australian Universities (The University of Sydney, The University of Newcastle and Charles Sturt University) and Speech Pathology Australia (SPA) that aimed to develop a national competency based assessment tool to assess the performance of speech pathology students on placement (McAllister 2006). The outcome of this research was the development of Competency Assessment in Speech Pathology (COMPASS®) (McAllister et al 2006), a validated and score-based assessment tool that was designed to support quality learning and teaching practices (McAllister et al 2010). This tool was distributed to all Australian universities free of charge by SPA and immediately incorporated into the national curricula. All universities in New Zealand providing a speech pathology program adopted COMPASS® by the end of 2007, followed by The University of Hong Kong and The University of Singapore (2008) and The National University of Malaysia (2010).

The development and rapid uptake of COMPASS® has created a number of opportunities. Firstly, national integration of COMPASS® into curricula provides an opportunity to collaboratively support quality learning and teaching practices across all speech pathology programs. Secondly, as COMPASS® generates measures of student competency that have known properties and can be analysed statistically. Such measures can be used for benchmarking and research. Two projects were funded by the Carrick Institute, now the Australian Learning and Teaching Council (ALTC) to support both of these opportunities.

A leadership project successfully built the capacity of leaders across the discipline to support the effective adoption and integration of COMPASS® into all university and workplace based curriculums in Australia and New Zealand (Ferguson et al 2008). A priority project concurrently developed and successfully trialled a model for ethical cross institutional benchmarking of student learning outcomes as a strategy to support assessment, discipline standards, teaching innovation and student learning (Lincoln et al 2008). A key finding of this project was that, while the discipline was keen to engage in benchmarking as a strategy to evaluate curriculum outcomes, benchmarking by hand was not feasible. The development of COMPASS® Online in 2009, a secure web based version of COMPASS® that collected student assessment and placement data electronically, allowed automated benchmarking to become realistic and attainable.

**Table 1:** Timeline for activities related to quality improvement of learning, teaching and assessment practices in speech pathology

| Timeline | Project and Funding Partner | Project Outcomes |
| --- | --- | --- |
| 2001–2005 | Australian Research Council Linkage Grant (funding partner: SPA) Project title: 'National competency based assessment tool for speech pathology' | Development and testing of a validated and national competency based assessment tool that generated measures of student performance on clinical placements. |
| 2006 | SPA: Publication of COMPASS® COMPASS® Online Feasibility Study | Published tool + training resources that were provided to all Australian universities. Developed recommendations for development of a web based assessment and practicum management tool (COMPASS® Online). |
| 2006–2008 | Carrick leadership project: COMPASS® Directions: Leading the integration of a competency based assessment tool in speech pathology learning and teaching Carrick priority project: Benchmarking clinical learning in speech pathology to support assessment, discipline standards, teaching innovation and student learning | Capacity of leaders developed to effectively integrate COMPASS® into all university and workplace based curricula to support quality learning and teaching practices in Australia and New Zealand Development of the process and trial for national benchmarking of student learning outcomes (COMPASS® scores) in speech pathology and identification of infrastructure needs. |
| 2008–2010 | SPA: COMPASS® Online | Developed and launched COMPASS® Online. Commenced licensing of COMPASS® Online to Australian, New Zealand and Asian universities. |
| 2009 and ongoing | Unfunded: Asia Pacific Education Collaboration in Speech Language Pathology (APEC SLP) | Annual international meeting of speech language pathology academics supported with web based sharing of resources. |
| 2009–2011 (April) | Australian Learning & Teaching Council priority project (formerly Carrick): Establishing infrastructure and collaborative processes for cross-institutional benchmarking of student clinical performance in speech pathology 'Benchmarking COMPASS® for curriculum renewal project' | Established infrastructure and effectively engaged all Australian and New Zealand speech pathology programs in national benchmarking using COMPASS® scores as a measure of curriculum outcomes. |

## 1.2 Project Aims

This project aims to capitalise on and further develop key successes of previous related work. These include, first, the establishment and ongoing development of an enthusiastic and engaged community of practice among speech language pathology academics within Australia, New Zealand and Asia, and second, the development of procedures and resources that enabled cross-institutional and international benchmarking and included resources such as the Benchmarking Collaboration Agreement Memorandum of Understanding (See Appendix 2 in the accompanying resource document) and a Code of Conduct (See Appendix 3 in the accompanying resource document).

The project's aims were as follows:

- to establish an ethical, efficient and sustainable cross-institutional benchmarking strategy to benchmark student performance during practicum using COMPASS® data

- to facilitate ongoing engagement with and effective use of benchmarking data through quality improvement cycles to inform speech pathology learning and teaching practices that prepare and support students' professional development.

## 1.3 Project Membership

The project team consisted of academics and project staff from six Australian universities:

- Dr Sue McAllister, Flinders University (Project Leader)

- Associate Professor Michelle Lincoln, The University of Sydney

- Professor Alison Ferguson, The University of Newcastle;

- Associate Professor Bronwyn Davidson, The University of Queensland (now at The University of Melbourne)

- Ms Anne Hill, The University of Queensland

- Ms Rachel Davenport, La Trobe University

- Ms Louise Brown, James Cook University

- Helen Tedesco (Project Manager), The University of Sydney

- Samantha Kruger (Project Manager), The University of Sydney

The steering committee membership was as follows (see Appendix 1 for Terms of Reference in the accompnaying resource document):

- Professor Ieva Stupans, The University of New England

- Associate Professor Simon Barrie, The University of Sydney

- Ms Vickie Dawson, Senior Advisor, Professional Standards, SPA

- Ms Louise Brown, Project Team Representative

- Dr Sue McAllister, Project Leader

- Ms Helen Tedesco/Sam Kruger (Project Managers)

The project evaluator was:

- Ms Jonquil Eyre, Jonquil Eyre Consulting

# 2. Project Method

The project was conducted over a two and half year period, commencing in September 2008 and ending in March 2011. The project involved three discrete phases of activity, though in reality each of these phases overlapped and provided information to the other phases. See Figure 1 for a visual representation of the phases and key activities and outcomes.

## 2.1 Phase One: Development of the Benchmarking COMPASS® Database

Designing a web based database to harvest, de-identify and benchmark student assessment data across universities was a complex and time-consuming process. However, careful attention to the 'front end' of the process (ensuring desired functionality and adherence to cycles of consultation, feedback and review) ensured that a robust and flexible database was built. The consultative process and the skill level of all involved resulted in a database that far exceeded the project's original conceptualization of an automated benchmarking system. Portal Australia, the company who developed COMPASS® Online, was engaged to develop the Benchmarking COMPASS® Database. Each stage required thorough consultation and discussion and drew upon knowledge and expertise within the project leadership team, Portal Australia, steering committee and SPA. Students were also consulted regarding the development of the database and later provided with information via provision of electronic and hard copy posters (<https://sites.google.com/site/apecslp/>).

Key steps included:

- conceptual decision-making regarding desired functionality, with reference to feasibility, desirability and project goals

- alterations to COMPASS® Online data fields and definitions to ensure appropriate data would be available for benchmarking

- establishing and documenting specifications for database design

- building the Benchmarking COMPASS® Database

- revising the database design in response to stakeholder feedback.

The last step continued over the life of the project to ensure that the Benchmarking COMPASS® Database provided the desired functionality for university use. Information and training resources were also developed to support use of the Benchmarking COMPASS® Database and interpretation of the results (see Phase 3).

**Broad Project Aims and Approach**

1. To establish an ethical, efficient and sustainable cross-institutional benchmarking strategy to benchmark student performance during practicum using COMPASS® data
2. To facilitate ongoing engagement with and effective use of benchmarking data through quality improvement cycles to inform speech pathology learning and teaching practices that prepare and support students' professional development.

| Phase 1—Database Development | Phase 2—Capacity Building | Phase 3—Sustaining Practice |
|---|---|---|
| **Objective** | **Objective** | **Objectives** |
| To build an online database to: <br>• securely and confidentially harvest students' COMPASS® assessment results <br>• benchmark results against measures meaningful for curriculum development, learning, teaching and assessment practices. | Facilitate ongoing engagement and effective use of benchmarked data for: <br>• participation in curriculum quality improvement cycles <br>• development of research questions to inform speech pathology learning and teaching practices. | • document knowledge, exemplars and guidelines to support 'future-adopters' <br>• identify and engage in strategies to support participation in ongoing in cross-institutional benchmarking. |
| **Activities** | **Activities** | **Activities** |
| • consensus achieved on functionality of electronic database <br>• design specification for Benchmarking COMPASS® Database completed <br>• modifications made to COMPASS® Online to support benchmarking <br>• Benchmarking COMPASS® Database built and trialled. | • QI cycles involving ongoing training, communication, consultation and national workshops in April and November 2010 <br>• facilitation of COMPASS® Online licensing and Benchmarking Collaboration Agreement process <br>• development of help documents and training resources. | • development of manual to support internal benchmarking using COMPASS® Online Database <br>• documentation and dissemination of knowledge and resources <br>• strategy identification and development to maintain quality and engagement in benchmarking. |
| **Outcomes** | **Outcomes** | **Outcomes** |
| • Benchmarking COMPASS® Database. <br>• Demonstration Benchmarking COMPASS® Database. | • two QI cycles completed, with participation from 13 universities <br>• all universities trained to use Benchmarking COMPASS® Database <br>• nine universities licensed COMPASS® Online & enrolled in Benchmarking COMPASS® Database | • reports and functions developed to enable appraisal of data quality in COMPASS® Online deployed. <br>• COMPASS® Online Database Manual and Guidelines produced. <br>• free access to COMPASS® Benchmarking Database and technical support until Dec 2012 <br>• planning for 3rd QI cycle at APEC SLP annual meeting and upgraded communication strategy via website. <br>• evaluation completed & recommendations made. <br>• project grants written. |

**Figure 1:** Project aims, phases and outcomes

## 2.2 Phase Two: Capacity Building

**2.2.1 Engaging and sustaining involvement**

This project aimed to build the capacity of academics from speech pathology programs to capitalize on the assessment data available from both COMPASS® and COMPASS® Online to develop curriculum practices through intra program and cross-institutional benchmarking and research. Previous ALTC funded projects had successfully engaged and built collaboration between universities regarding assessment and initial exploration of benchmarking and research with COMPASS® data. This engagement has been supported by the establishment of the Asia Pacific Education Collaboration in Speech Language Pathology (APEC SLP), which includes a website to support access to resources <https://sites.google.com/site/apecslp/> and an annual forum meeting.

However, the project team was aware that project success would depend on sustaining engagement of previous and new participants, and effectively identifying and meeting participants' needs. Engagement in a potentially 'risky' exercise such as benchmarking and comparing student performance required the active maintenance of collegial relationships with a high degree of integrity. Furthermore, the team needed to sustain their own involvement in developing and participating in the project as well as managing their other academic commitments.

The following strategies were implemented to engage and sustain involvement in the project:

***Project team***

- face to face meetings at key stages in the project

- including team members with a diverse range of skills, expertise and university roles

- explicitly communicating expectations including commitment to sharing knowledge, assuming responsibilities, being accountable and providing support to each other

- clear and regular lines of communication and documentation of discussions and decisions

- using project evaluation cycles to identify and address risks to project success and provide feedback to each other on process

***Partner universities***

- funding two participants from each university at both of the benchmarking forums to ensure support for project participants within their own programs

- establishing a 'buddy' system for universities, ie, pairing universities who were delayed in being able to collect assessment data for benchmarking with those who did have data

- phone calls and email support by project manager

- newsletters (See Appendix 4 in the accompanying resource document)

- requiring active acknowledgment of the Code of Conduct (See Appendix 3 in the accompanying resource document) prior to attending the benchmarking forum

- provision of briefing materials and tasks to prepare for meetings (See Appendices 5–11 in the accompanying resource document)

- consultation and seeking feedback at key points of the project, including
  - discussion documents to inform database design

- o pre meeting questionnaires to identify training and support needs/issues

- o pre meeting teleconference

- o post meeting evaluations

- face to face meetings for training and engaging benchmarking activities (see Appendices 6 and 8) that were meticulously planned to

  - o address identified knowledge and skill needs

  - o facilitate actively inquiry based learning

  - o ensure that practical aspects such as travel, accommodation, catering and venue were well managed

Further, project evaluation (see Appendix 1 at the end of this report) highlighted four key elements incorporated into project processes by the team that enabled a strong collegial environment to develop: good communication, demonstrating respect, anticipating risks and demonstrating productive behaviour.

### 2.2.2 'Plan, Do, Study, Act' cycles

'A Plan, Do, Study, Act' cycle approach (Institute for Healthcare Improvement 2003) was undertaken to develop appropriate interpretation of and action regarding benchmarked data by universities. This is a commonly understood quality improvement approach within health care that uses iterative cycles of action to create improvements over time. Two participants from each of the 13 universities in Australia and New Zealand who provide speech pathology programs (in addition to the project team) were funded to attend two such cycles.



**Figure 2:** Speech Pathology Academics participating in 'Plan, Do, Study, Act' Cycles

**Cycle One** (see Figure 3) was modified from the original project plan to allow for delays to universities licensing COMPASS® Online that were beyond the project's control and resulted from legal negotiations regarding licensing conditions. The process of subscribing to benchmarking was communicated to universities, materials developed during the prior benchmarking project were provided and the project team/manager(s) provided ongoing support. This process continued over the life of the project.

Subscribing required universities to:

- have a licence for COMPASS® Online

- provide advice from their ethics committee confirming that benchmarking students' COMPASS® data was considered a quality improvement activity by their university and did not require ethics approval

- provide a signed copy of the Benchmarking Collaboration Agreement Memorandum of Understanding (See Appendix 2 in the accompanying resource document)

- provide a copy of the Benchmarking Code of Conduct (See Appendix 3 in the accompanying resources document) signed by the Head of the Speech Pathology Program and an appropriate faculty representative.

Universities were provided with briefing materials to prepare for the face to face study meeting and feedback was sought via targeted evaluation questions prior to the meeting to identify needs and concerns. The two day benchmarking forum was designed to meet identified and anticipated needs through a combination of information and practical sessions. See Appendix 5–11 in the accompanying resource document for further information.
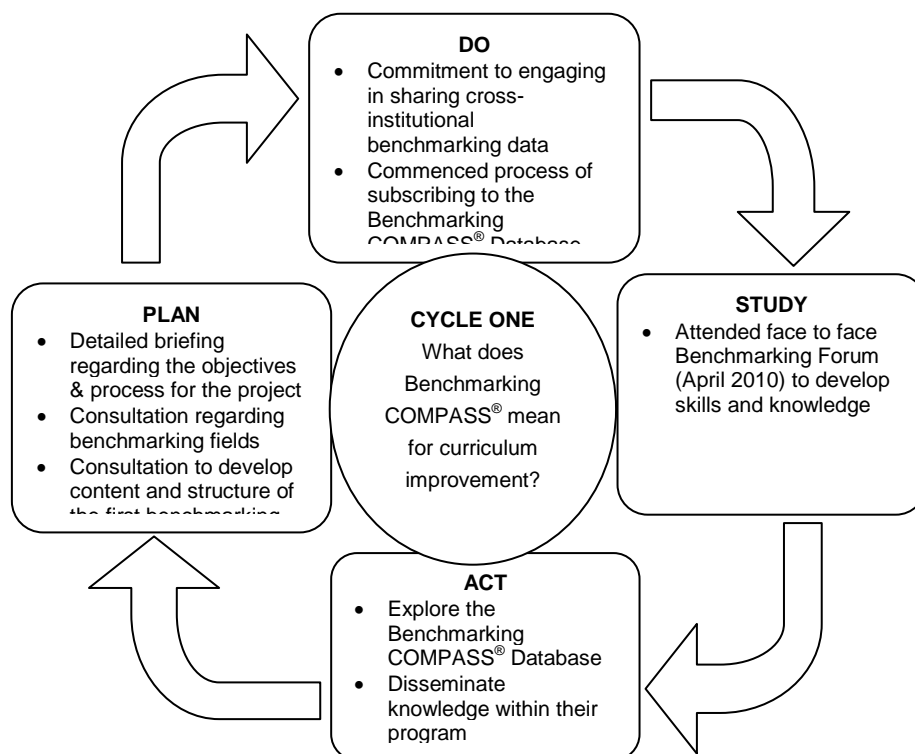


**Figure 3:** 'Plan, Do, Study, Act'—Cycle One

**Cycle Two** (see Figure 4) was designed to manage the ongoing impact of the delays in universities gaining access to COMPASS® Online. Those universities who did have data available to benchmark were asked whether they would be prepared to 'buddy' with representatives from universities who were still in the licensing process. All university representatives signed a copy of the Code of Conduct prior to participating in the face to face meeting. A teleconference for representatives of each university was conducted prior to the meeting to assist in the planning phase, in particular to identify what benchmarked reports would be brought to the Benchmarking Forum for discussion (See Appendix 8 in the accompanying resource document for a copy of the teleconference agenda). Briefing papers were also provided prior to the meeting. See Appendices 9–11 in the accompnaying resource document for further information on Cycle Two.

Discussion at the benchmarking forums and subsequent evaluation of feedback was key in assisting the project team to identify sustainable strategies to support programs through the 'act' phases of the cycles and to develop plans for sustaining ongoing collaboration.
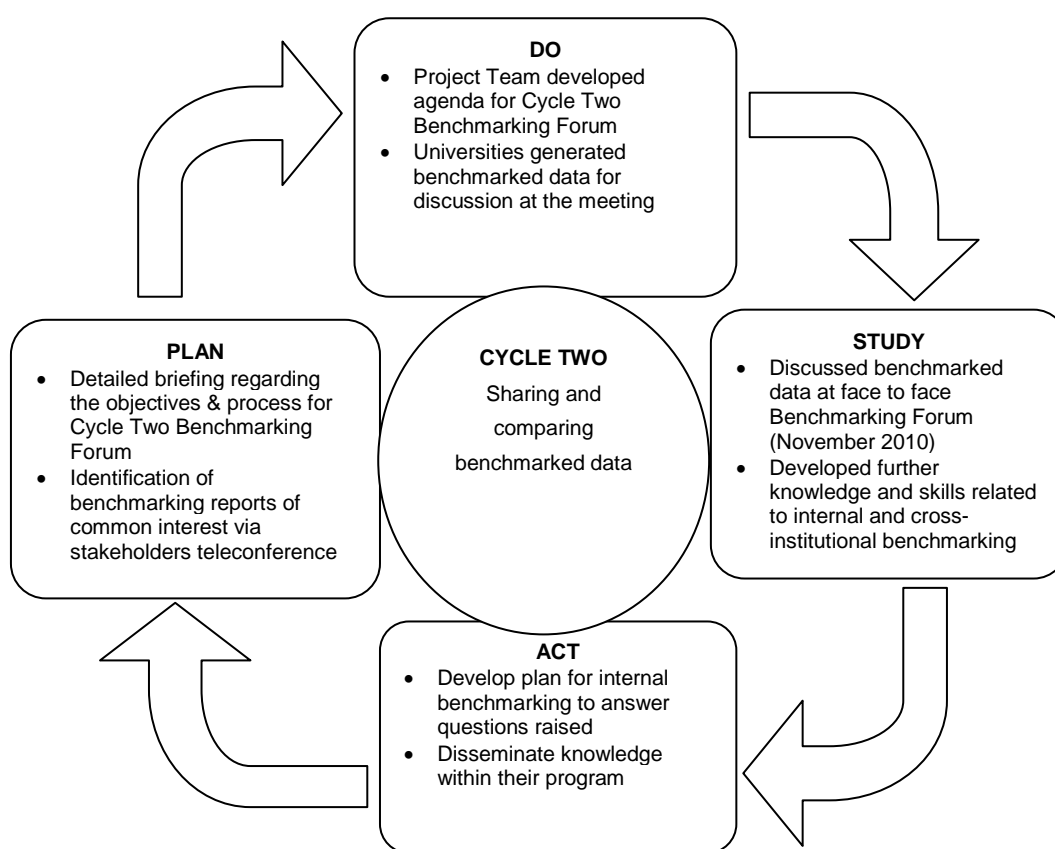


**Figure 4:** Plan, Do, Study, Act—Cycle Two

## 2.3 Phase Three: Sustaining Practice
Phases one and two provided the foundation for benchmarking COMPASS® Online assessment data for curriculum renewal. Phase three was focussed on sustaining effective use of COMPASS® data to inform curriculum renewal through benchmarking and research. The following strategies were implemented (see section 3, Project Outcomes for detail on deliverables):

- providing support for two staff from each partner university to participate in both Cycle One and Cycle Two as a strategy to engage staff beyond those directly

involved in clinical education and support development of learning and research partnerships within participating programs

- creation of resources to facilitate participants to effectively access and understand benchmarked data for both internal and cross-institutional benchmarking, as well as orienting and supporting future adopters

- actively addressing the expressed need to ensure the quality of benchmarked data through increasing understanding of data entry into COMPASS® Online and developing built-in quality reports in COMPASS® Online

- linking ongoing benchmarking activity to APEC SLP including responding to participating universities' requests to have benchmarking on the agenda for the next APEC SLP meeting

- rehousing and upgrading the APEC SLP website to better facilitate collaboration and communication amongst participating university staff regarding issues of mutual interest and to quickly locate benchmarking resources.

# 3. Project Outcomes

## 3.1 Phase One: Benchmarking COMPASS® Database

The Benchmarking COMPASS® Database harvests, de-identifies and collates assessment scores from COMPASS® Online daily. Participating universities are able to securely log on and view the benchmarked assessment performance of the entire pool or of their students in any of their programs either as:

- non-comparative reports that summarise student performance in a single university program or in a single pool

- comparative reports that compare student performance in a single university program to the pooled performances of students from other university programs.

The same types of queries and reports can be generated for either type of benchmarking activity, resulting in a minimum of 474 different types of queries for each university program, and more for universities that are members of more than one pool (see Appendix 9 for a list of all reports available on the Benchmarking COMPASS® Database). Assessment data is kept from the time that universities commence participating in the Benchmarking COMPASS® Database to whenever they choose to end their involvement. Therefore universities can access historical benchmarked assessment information on a year by year basis. Universities are also able to generate PDF files of reports that they can share with colleagues within their program or outside of their universities as long as they adhere to the requirements of the Code of Conduct.

Figure 5 provides an overview of the database design by outlining the decision making tree with which users engage. See Figure 6 for a screen shot of the Benchmarking COMPASS® Database obtained during database operation.

Table 2 provides more information regarding the placement demographic options available for performance to be benchmarked against.
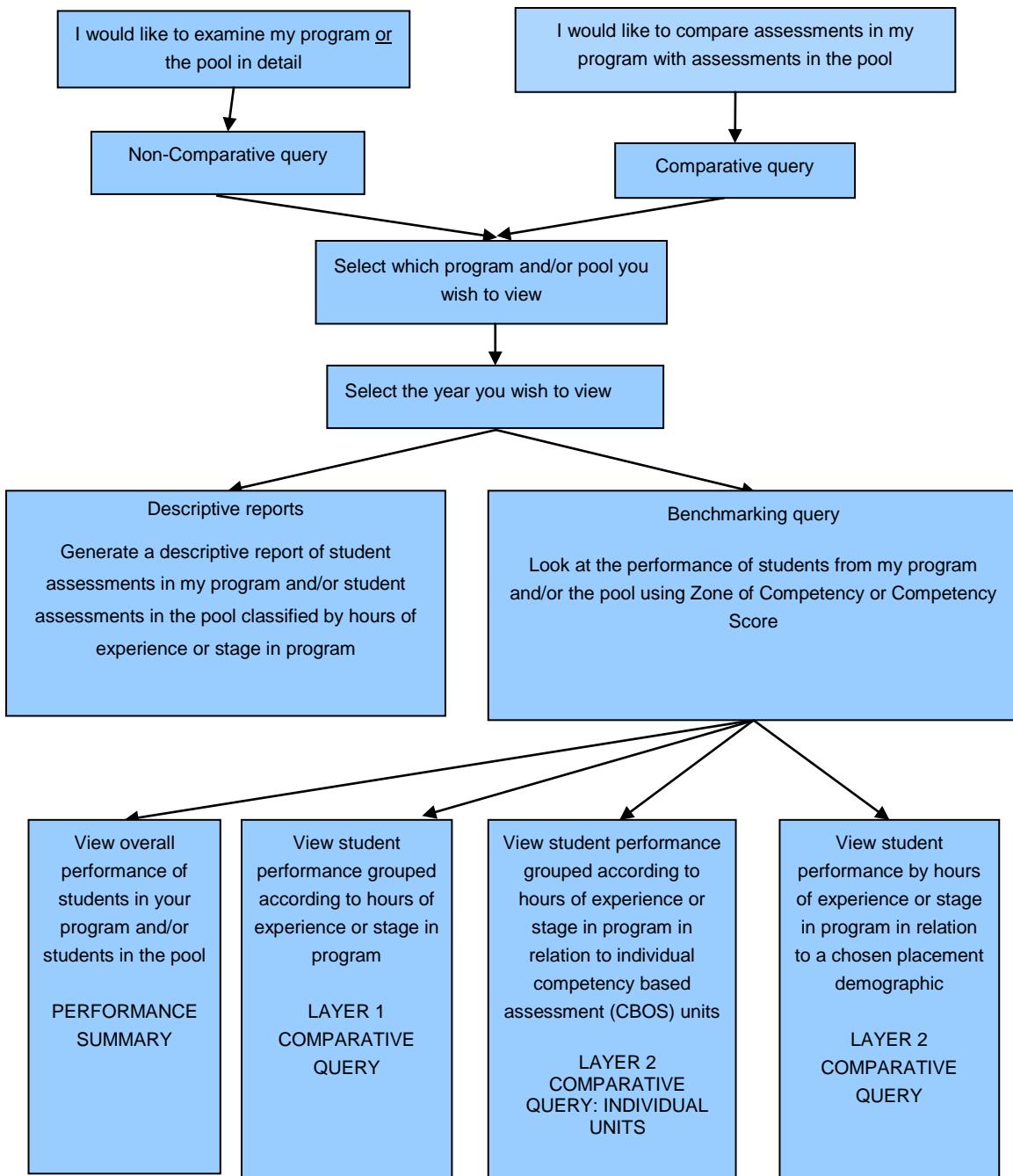
**Figure 5**: Benchmarking COMPASS® Database decision-making flowchart
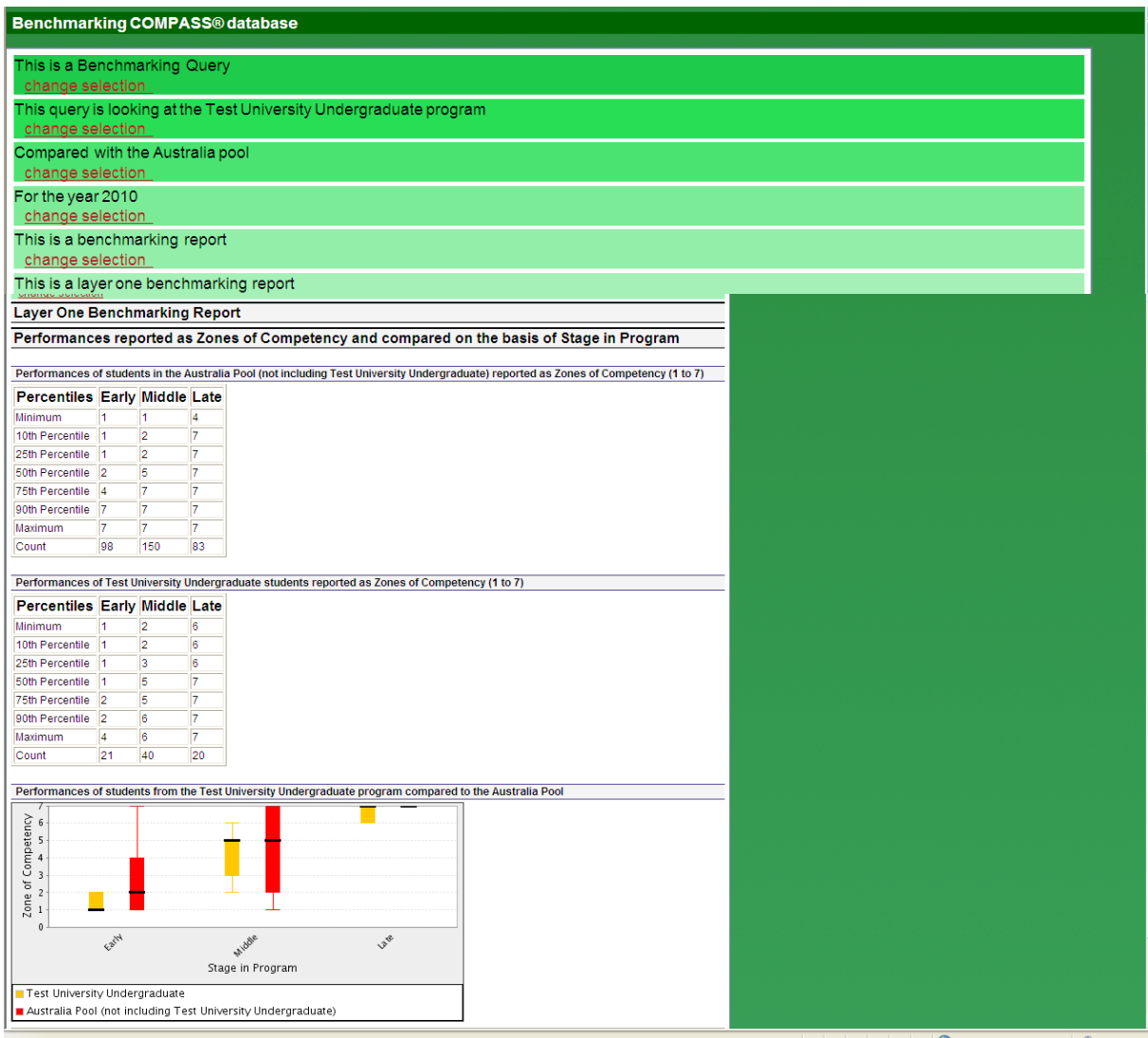
**Figure 6:** Screen shot of the Benchmarking COMPASS® Database during operation

**Table 2:** Layer two queries—placement demographic options for non-comparative or comparative queries

| Placement Demographic Heading | Placement Demographic Options |
| --- | --- |
| Client Age Group | Adult<br>Child<br>Mixed |
| Placement Intensity | Block<br>Sessional |
| Client Location | Rural/Regional<br>Town<br>Metropolitan Capital City<br>Metropolitan Other<br>International |
| Range Indicators | Speech<br>Language<br>Fluency<br>Voice<br>Swallowing |
| Clinical Practice Setting | Educational<br>Home<br>Hospital Inpatients<br>Hospital Outpatients<br>Rehabilitation<br>Community Health<br>Community Other |
| Intervention Model | Consultative<br>Direct<br>Both |
| Service Delivery Model | Group<br>Individual<br>Both |

There are 3 levels of access to the Benchmarking COMPASS® Database:

1. APEC SLP Benchmarking Chair:
   - create and maintain universities, including:
     - viewing universities within the pool
     - viewing the universities currently enrolled
     - viewing or changingthe coordinator for a given university
     - reseting coordinator passwords
     - removing a university
   - create and maintain pools, including:
     - viewing universities within the pool
     - adding or removing universities from the pool
     - creating new pools
     - renaming pools
     - removing pools
   - support universities to 'troubleshoot' their database and reports by viewing their database from their perspective for one day or one week, once the

request has been made by that university.

2. University Coordinator:
There is one coordinator per university in the Benchmarking COMPASS® Database. The coordinator has their own username and password that allows them to view their university's data and also allows them to:

- update benchmarking users

- change the benchmarking coordinator

- request and permit administrator access to your university data for troubleshooting

- end university participation in the Benchmarking COMPASS® Database.

3. University User:
Up to five staff from each university can be provided with a log on username and password to allow them to view their university's data. This process is managed by the University Coordinator.

SPA provided critical support to the development of this database in two key ways. First, allowing the Benchmarking COMPASS® Database to be built as a 'sister' database to COMPASS® Online and directly access assessment scores (under strict confidentiality arrangements). Second, SPA have allowed alterations and additions to COMPASS® Online data fields and reporting options providing more detailed placement demographic data for benchmarking. The new reporting functions enable university coordinators to check the integrity of their data to ensure the demographic data has been accurately recorded.

While the Benchmarking COMPASS® Database is only available to speech pathology programs who have met the enrolment requirements, a Demonstration Benchmarking COMPASS® Database has been made available and is accessible to anyone with an interest in benchmarking for curriculum renewal (http://benchmarking.portal.com.au/). The demonstration database mirrors the live database; however, it uses fabricated student assessments to demonstrate benchmarked data. There are insufficient data to populate all areas of the database but all features are fully operational including tutorials and help documents.

Project participants were, overall, positive about the Benchmarking COMPASS® Database and its usefulness as indicated by the responses from 23 of 28 attendees in a November 2010 stakeholder meeting (see Table 3).

**Table 3:** Participants' ratings of their experience of the Benchmarking COMPASS® Database (November 2010)

| # | Statements | Poor | Fair | Good | Very good | No Response |
|---|------------|------|------|------|-----------|-------------|
| a | Ease of use | | 10% (2) | 30% (6) | 60% (12) | 3 |
| b | Potential usefulness of reports | | 14% (3) | 43% (9) | 43% (9) | 2 |
| c | Usefulness for making quality improvements in curriculum | | 16% (3) | 42% (8) | 42% (8) | 4 |
| d | Confidentiality of data reporting | | – | 25% (5) | 75% (15) | 3 |

Note: Prepared by J.Eyre as part of the evaluation of the November national meeting

## 3.2 Phase Two: Capacity Building

Project evaluation (see Appendix 1 to this report) clearly identifies that the key capacity building activities (Plan, Do, Study, Act Cycles) were very successful in building the capacity of partner universities to do the following:

- use the Benchmarking COMPASS® Database for cross-institutional benchmarking

- use the Benchmarking COMPASS® Online Database downloads for within program benchmarking

- use reports from both types of benchmarking to inform curriculum.

Representatives attended from all universities in Australia and New Zealand that currently provide speech pathology programs. Satisfaction with both meeting cycles was high and all participants identified useful outcomes, which included networking, collaboration, understanding of benchmarking, exploration of research possibilities and an increased sophistication in the use of COMPASS® and related resources (see Appendix 7 in the accompanying resource handbook for details). Participants highly valued the opportunity to be supported to attend and have the opportunity for face to face meetings. Table 4 provides information for two stakeholder meetings (April, 27 responses from 35 attendees; November, 23 responses from 28 attendees). The table presents on participants' ratings in relation to the goals the team had formulated for the two meeting cycles.

**Table 4:** Overall rating of workshops in relation to workshop goals (April and November 2010 stakeholder meetings)

| # | Statements | April 2010 | | | | November 2010 | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | Fair | Good | Very good | N/A | Fair | Good | Very good | N/A |
| a | Meeting your expectations | | 21% (6) | 79% (23) | | 9% (2) | 32% (7) | 59% (13) | 1 |
| b | Increasing your knowledge of the Benchmarking for Curriculum renewal project | | 28% (8) | 72% (21) | | | 13% (3) | 87% (20) | |
| c | Familiarizing you with how to use the benchmarking database | 3% (1) | 38% (11) | 59% (17) | | 14% (3) | 32% (7) | 55% (12) | 1 |
| d | Understanding the possibilities of benchmarking for your program | 3% (1) | 45% (13) | 52% (15) | | 4% (1) | 39% (9) | 57% (13) | |
| e | Addressing questions you had before the meeting | | 45% (13) | 55% (16) | | | 52% (12) | 48% (11) | |
| f | Understanding the limitations of benchmarking | 7% (2) | 48% (14) | 45% (13) | | 4% (1) | 39% (9) | 57% (13) | |
| g | Increasing your confidence in using the benchmarking database | 4% (1) | 57% (16) | 39% (11) | 1 | 13% (3) | 35% (8) | 52% (12) | |
| h | Understanding what needs to be in place in order to undertake benchmarking | 4% (1) | 33% (9) | 63% (17) | 2 | 4% (1) | 39% (9) | 57% (13) | |
| i | Creating opportunities for collaboration on benchmarking | 7% (2) | 31% (9) | 62% (18) | | 9% (2) | 35% (8) | 57% (13) | |

Note: Prepared by J.Eyre as part of the evaluation of the November national meeting

All universities are now trained in the use of the Benchmarking COMPASS® Database. While licensing COMPASS® Online was an unexpectedly slow process, by project end nine universities had licensed COMPASS® Online and had enrolled in Benchmarking COMPASS® Database.

## 3.3 Phase Three: Sustaining Practice
The speech pathology discipline is committed to sustaining benchmarking as a strategy for curriculum improvement and renewal, as evidenced by the request from participating universities for benchmarking activities to be a large part of the APEC SLP Forum in July, 2011. Strategies that aim to sustain practice include the development of resources and sharing of expertise. All resources are freely available to speech pathology programs using COMPASS® as part of their curriculum. Resources are available to non speech pathology programs through the Demonstration Benchmarking COMPASS® Database and this project report.

Evaluation interviews by the independent evaluator with a representative of nine of the eleven participating universities were conducted just prior to project ending. When asked about their intentions for use of the Benchmarking COMPASS® Database, stakeholders indicated they intend to:

- carry out internal benchmarking in relation to the new program being started, compare it with previous results and also look externally

- conduct a research project across three universities, which is under way

- get clinical educators on board and check if the students are in the ball park with other programs; then look at detail to compare with similar programs in Australia and identify areas for improvement

- reduce subjectivity of clinical educators and to compare ratings with others and identify the difficulties that other universities have had

- compare with comparable cohorts at other universities across years, and see differences when curriculum changes are made

- compare cohort with the pool and look at breakdown in more detail and do comparisons.

### 3.3.1 Manual for Benchmarking and Research using the COMPASS® Online Assessment Tool

The Benchmarking COMPASS® Database is a very effective tool for cross-institutional benchmarking and provides a shared basis for discussion regarding curriculum practice. An important part of the quality improvement cycle involves universities returning to their own assessment data from their program(s) to investigate specific questions raised by cross-institutional benchmarking. This reiteration is important for sustaining engagement and generating meaningful information for curriculum improvement.

Licensing COMPASS® Online provides universities with two Microsoft Access™ database downloads per year, which contain all demographic information related to programs, placements, educators and students, as well as all student assessment information and outcomes for that university. Over the project life it became apparent that this database was very complex to understand and it was challenging to extract data from it for analysis. A major project deliverable, which was not foreshadowed in the original project plan, is the Manual for Benchmarking and Research using the COMPASS® Online Assessment Tool. This is a comprehensive manual that provides clear explanations of the COMPASS® Database, how data is stored, organised and can be extracted for benchmarking or research. The manual includes a series of database tutorials and provides a set of 'starter' queries to enable data to be extracted from the COMPASS® Database download. The Manual for Benchmarking and Research using the COMPASS® Online Assessment Tool is an important piece of infrastructure that will be critical for benchmarking and research, and will be a platform for future activities. See Appendix 12 in the accompanying resource handbook for the table of contents for the manual. The manual is also accessible from <https://sites.google.com/site/apecslp/>.

### 3.3.2 Training Materials

Resources have been developed throughout the project to assist participants to effectively access and understand benchmarked data for both within and cross-institutional benchmarking. Resources included training material, documenting and providing exemplars, case studies, and implementation guidelines to meet identified needs in relation to participation in cross-institutional benchmarking, interpreting resulting data, and making plans for action. These resources will be critical for orienting and supporting future adopters. See Table 5 for details.

### 3.3.3 Maintaining data integrity

It also became apparent during the project that benchmarking practice will only be sustained if reports are based on accurate data and therefore of value. The project developed reports within COMPASS® Online to provide feedback to users on the integrity of their data and thereby enable them to address quality issues. The project team has also negotiated with Portal Australia to provide free of charge 'fixes' to any

data quality issues identified by users beyond the life of the project.

### 3.3.4 Strategies to support ongoing engagement with benchmarking

Several factors and strategies will support ongoing engagement with benchmarking and include:

- free access to the Benchmarking COMPASS® Database for two years beyond the life of the project; this will enable those universities whose participation was limited by delays in licensing COMPASS®Online to be able to fully engage in the near future and assess the value of benchmarking to them

- future leasing arrangements from 2013 onwards have been established for universities who will continue to access the database and a reasonable fee negotiated with Portal Australia

- design feature that any future changes to COMPASS® Online will not 'break' the system

- SPA's ongoing commitment to COMPASS® Online and support of benchmarking activities linked to this database

- ensuring that expertise with regard to COMPASS®Online and benchmarking has been shared without reservation across the team and participating universities; funding for national meetings was critical for supporting a more diverse and wider group of academics to be involved in this project compared than previously (This is part of an ongoing commitment to ensure that the knowledge and skill is not centred on a few people.)

- submitting a project proposal to Health Workforce Australia at their request, to continue to develop aspects of COMPASS®Online and ensure that it retains its currency as a tool for assessment, learning, teaching and research

- benchmarking as an ongoing agenda item for APEC SLP forums

- electing an APEC SLP Chair for benchmarking to oversee the ongoing functioning of the Benchmarking COMPASS® Database and related training and development

- upgrading the APEC SLP website to improve its functionality as a communication and collaborative tool, as well as a repository for knowledge developed over the project.

**Table 5:** Resources developed during the project

| Resource | Description | Dissemination |
|---|---|---|
| Benchmarking COMPASS® Database | The Benchmarking COMPASS® Database harvests, de-identifies and collates assessment scores from COMPASS® Online daily. | Accessible to subscribers to Benchmarking following signing of MOU and Code of Conduct via: https://sites.google.com/site/apecslp/benchmarking-compass-for-curriculum-renewal/signing-up-for-benchmarking |
| Demonstration Benchmarking COMPASS® Database | Mirrors the live database using fabricated student assessments. There is not sufficient data to populate all areas of the database but all features are fully operational including tutorials and help documents. | Publicly accessible via: http://benchmarking.portal.com.au/benchmarking-demo/portal/portal.jsp |
| Manual for Benchmarking and Research using the COMPASS® Online Assessment Tool | This is a comprehensive manual that provides clear explanations of the COMPASS® Database, how data is stored, organised and can be extracted for benchmarking or research. | Publicly accessible to members of APEC SLP: https://sites.google.com/site/apecslp/home |
| Documents to assist users to navigate and interpret the Benchmarking COMPASS® Database | Includes: Interpreting the Benchmarking graphs Interpreting the Benchmarking reports Frequently Asked Questions Glossary of terms Map of Database History of Database | Publicly accessible via Demonstration Benchmarking COMPASS® Database http://benchmarking.portal.com.au/benchmarking-demo/portal/portal.jsp |
| Workbooks from 2 Stakeholder Benchmarking Meetings | Materials used to facilitate Cycles 1 and 2 of the Plan/Do/Study/Act benchmarking meetings | Publicly accessible via Part 2 of this project report and via APEC SLP: https://sites.google.com/site/apecslp/home |
| Interactive tutorials demonstrating Benchmarking COMPASS® Database | Interactive tutorials that demonstrate how to build different benchmarking queries and generate benchmarking reports. | Publicly accessible via Demonstration Benchmarking COMPASS® Database http://benchmarking.portal.com.au/benchmarking-demo/portal/portal.jsp |
| Additional reports within COMPASS® Online | Reports developed to support integrity of data collected by COMPASS® Online | Accessible to licensees of COMPASS® Online |
| What does Benchmarking mean for students | Poster provided to representatives from each university | Publicly accessible via via APEC SLP: https://sites.google.com/site/apecslp/home, and to students via university notice boards/online topics |
| Newsletters | Informative summaries of project developments and benchmarking activities provided quarterly to all stakeholders | Publicly accessible via Part 2 of this project report and via APEC SLP: https://sites.google.com/site/apecslp/home |

# 4. Factors Influencing Project Outcomes

## 4.1 Factors Influencing Success

The following factors can be identified as crucial to the success of this project, and have been elaborated on in the independent evaluation (See Appendix 1 to this report).

### 4.1.1 Effective teaming

The project team has sustained high levels of motivation and continuous engagement with the project over the entire period. Participation rates were high, which enabled meetings to progress the project activities and all team members actively contributed to a positive team culture. The team composition was highly effective due to its mix of specialist expertise, experience with COMPASS®and COMPASS® Online, academic roles and skills, and established reputations within the speech pathology academic community.

### 4.1.2 Effective collaboration

As already highlighted, effective collaboration and engagement strategies were employed by the project team to manage their own performance but to also build collaboration with participating universities. In addition to this, the engagement of Portal Australia supported project outcomes owing to their knowledge of COMPASS® and their already established good working relationship with the project team and the profession. Further, SPA has been an open and willing partner with all project activities.

### 4.1.3 Receptive context

The speech pathology discipline has had a long history of collaborative work, with a great deal of activity occurring within the academic community since 2001 (see Table 1). This has developed a community that has learnt that, despite a competitive academic marketplace, collaboration can thrive and contribute to the growth and development of all our programs and therefore the wider community through graduating competent speech pathologists. This has been supported by a developing understanding of the broader national and international agendas regarding standards and quality (see section 7 Linkages below) and an ongoing need to be accountable and meet professional accreditation standards.

### 4.1.4 Steering committee

The project steering committee members brought different and complementary skills to the project and provided important guidance through their feedback on project activities. This enabled the team to benefit from perspectives beyond that of the speech pathology discipline and specific academic communities.

### 4.1.5 Formative evaluation processes

Opting to engage with an independent evaluator acting as a critical friend who provided cycles of formative and summative feedback at key points during the project activities ensured the project remained focussed on project goals and used feedback to identify and manage risks, and improve project outcomes. Establishing a clear set of evaluation goals and processes from the start of the project provided a very valuable framework for guiding project activity.

## 4.2 Factors that Impeded Success

As the Benchmarking COMPASS®Database harvests assessment scores from COMPASS® Online for benchmarking, universities were unable to directly engage with benchmarking unless they had licensed COMPASS® Online from SPA. COMPASS® Online was made available a little later than anticipated by the project, ie, early 2009

for Australian U\universities and the middle of 2009 for New Zealand universities. Due to the time required to set up the system and train users, it was not possible for any university to commence collecting assessment data before the second semester of 2009. Further delays were incurred by many universities when the licensing process became drawn out due to the need for legal consultations between universities and SPA. While efforts were made on all sides to expedite the process, there were six universities that had data available to benchmark by November 2010. However, as described in the project report, a number of strategies were employed to ensure meaningful participation in benchmarking discussions and to establish ongoing opportunities for these to occur.

# 5. Lessons Learnt

As members of the team we were actively engaged with benchmarking activities (both internal and cross-institutional) which enabled us to develop specific, detailed scenarios that mirrored the issues that stakeholders recognised as relevant. Managing contingencies while keeping project goals firmly to the forefront was important. For example, the development of the Demonstration Benchmarking COMPASS® Database meant that it was possible to introduce stakeholders to this kind of scenario example, thus providing them with data to explore while they were waiting for access to COMPASS® Online. Further, identifying opportunities to support project goals has contributed to very important outcomes for this project, eg, the Manual for Benchmarking and Research using the COMPASS® Online Assessment Tool.

Ensuring that participants had a variety of opportunities to actively engage with the database made benchmarking move from an abstract and new concept to a concrete activity that engaged their existing skills sets (analysing and interpreting empirical evidence to explore a problem). The team also learnt that the following strategies appeared to facilitate engagement with benchmarking:

- giving participants small and well directed activities to complete prior to subsequent face to face benchmarking forum meetings

- keeping stakeholders well informed with project updates (good feedback was received from stakeholders following circulation of the project newsletters)

- using group forums such as teleconferences to allow stakeholders to raise concerns to the project team

- the importance of building in suffcent time for the ongoing quality improvement of the online database and supporting resources based on feedback from users at multiple points

- that some aspects of developing online technology are more complex than they may first appear and to build in additional time to allow for contingency planning.

# 6. Dissemination

Table 5 provides information on how the project resources have been shared within the speech pathology discipline and the higher education sector.

## 6.1 Formal Dissemination Activities
- ATLC Assessment forums, November 2009 and 2010

- provision of a project poster to the Austrlalian Technology Network Assessment Conference, November 2010

- conference presentation, 'Developing our practice as educators: Benchmarking COMPASS® for curriculum renewal'. Speech Pathology Australia Conference, Darwin, June 2011

- planned submission of a refereed paper to the Australian Quality Forum, AUQA, Melbourne, June 2011

- provision of posters in electronic and hard copy to all participating universities to inform students of benchmarking activities and what it means for them

- invited presentation to a Health Workforce Australia assessment consultation workshop, January 2011

## 6.2 Relevance for Other Disciplines

The independent evaluation of the project identified that one of the two major outcomes of this project was that it serves as a model for collaborative and cooperative work for common benefit among universities. The methods that supported this approach have been described within this document (see Section 2) and detailed information on the strategies employed is also provided in the independent evaluation (See Appendix 1 to this report). All of these methods are amenable for use within or across universities or academic disciplines. They do however require a high degree of commitment and transparency from the project team, identification of a common goal and willingness of the academic community involved to persistently work towards to achieve it. While the speech pathology discipline has an established collaborative culture, this has been consciously developed and maintained by the way projects have been developed and implemented over time. The elements identified as underpinning the success of this model for mutually beneficial collaborative work are not unique (ie, communication, respect, responding to risk and being productive), and this work provides practical exemplars of how this can be done within and across academic communities.

# 7. Linkages

## 7.1 ALTC Priority Areas

Project outcomes have directly addressed two ALTC priority areas. Speech pathology programs aim to prepare graduates for professional practice through developing their graduate professional competencies that arise from combinations of knowledge, skills and personal qualities. COMPASS® is used to assess students' abilities to exercise their professional competencies in the workplace.

This project has addressed the following priority areas:

- academic standards, assessment practices and reporting: COMPASS® sets the same standard (entry level) for all university programs with regard to the level of student performance required to successfully complete workplace based learning activities and thereby graduate to practice. Benchmarking this data provides an opportunity to develop a shared understanding regarding the nature of the trajectory of student progress across entire speech pathology programs, and appropriate standards along this pathway. The project has provided tools, resources and strategies to enable programs to collaborate and share information regarding these standards

- curriculum renewal: this project has enabled benchmarking of COMPASS® data within and across speech pathology programs so that programs can collaboratively explore the relationship between curricula and the development of competency for professional practice. Programs can now reiteratively examine current practices in the light of a student's development of professional competency in the workplace

and progressively evaluate, disseminate and integrate best practice learning and teaching strategies across the discipline of speech pathology.

## 7.2 National and International Standards Agendas

The project activities also relate to three major areas of international and national activity in relation to educational standards and outcomes. The ALTC recently established the Academic Standards Project, as reported in 'ALTC leads Learning and Teaching Academic Standards Project <http://www.altc.edu.au/november2009-altc-leads-learning-teaching-academic-standards-project>, supported by the activities of Discipline Scholars across six major groupings including one for Health, Medicine and Veterinary Sciences. This activity aims to identify and establish a framework of standards for learning and teaching across higher education programs with the aim of improving learning outcomes for students.

The Federal Government has indicated their intention to replace the Australian University Quality Agency with a Tertiary Education Quality and Standards Agency in 'Transforming Australia's Higher Education System Factsheet' <http://www.deewr.gov.au/HigherEducation/Documents/RTF/09_FactSheet_A%20nati onal%20quality%20and%20standards%20agency.rtf>. This agency will require universities to demonstrate what their graduates know and can do.

Finally, the Organisation for Economic Co-operation and Development has initiated a feasibility study into the international Assessment of Higher Education Learning Outcomes (as reported in 'Testing student and university performance globally: OECD's AHELO' <http://www.oecd.org/document/22/0,3343,en_2649_35961291_40624662_1_1_1_1,0 0.html>) which aims to create measures of learning outcomes from university programs that could be validly applied across different cultures and languages and ensure quality graduates.

The development and adoption of COMPASS® as a common assessment tool and the exploration of benchmarking using COMPASS® data places our discipline at the forefront of these agendas. COMPASS® can be seen as clearly identifying threshold standards of learning outcomes for our students that are workable across institutions and do not stifle innovation across programs. COMPASS® has also been used by programs to support quality learning and teaching processes. This provides us with an opportunity to be proactive in identifying and managing both the benefits and risks inherent in the current quality improvement agendas for tertiary education.

# 8. Evaluation

An independent evaluator, Ms Jonquil Eyre (Eyre Consulting) was engaged from the start of the project in a 'critical friend' role. Ms Eyre developed a clear set of evaluation goals and processes from the start of the project that provided a valuable framework for guiding project activity. This framework guided cycles of formative and summative feedback at key points during the project. Ms Eyre's final evaluation report can be found in Appendix 1 to this report, and includes information on the evaluation processes used and evidence of the impact and value of the project.

# References

Ferguson, A, Lincoln, M, McAllister, L & McAllister, S 2008, COMPASS® Directions: Leading the integration of a competency based assessment tool in speech pathology learning and teaching. Sydney: Australian Learning & Teaching Council Ltd.

Institute for Healthcare Improvement 2003. *The breakthrough series: IHI's collaborative model for achieving breakthrough improvement.* IHI Innovation Series. Boston: Institute for Healthcare Improvement <www.IHI.org>

Lincoln, M, Ferguson, A, McAllister, L & McAllister, S 2008. Benchmarking clinical learning in speech pathology to support assessment, discipline standards, teaching innovation and student learning. Sydney: Australian Learning & Teaching Council Ltd.

McAllister, S 2006. 'Competency based assessment of speech pathology students' performance in the workplace', Faculty of Health Sciences, The University of Sydney, PhD thesis, unpublished.

McAllister, S, Lincoln, M, Ferguson, A & McAllister, L 2006. COMPASS®: Competency assessment in speech pathology. Melbourne: Speech Pathology Association of Australia Ltd.

McAllister, S, Lincoln, M, Ferguson, A & McAllister, L 2010. 'Issues in developing valid assessments of speech pathology students' performance in the workplace', *International Journal of Language and Communication Disorders*, vol. 45, no. 1, pp. 1–14.

# Appendix 1—Independent Evaluation Report

**Benchmarking COMPASS for Curriculum renewal project
Final Evaluation Report
March 7, 2011
Prepared by Jonquil Eyre
Independent Evaluator**

# 1. Introduction

This Final Evaluation Report completes the evaluation conducted for the Benchmarking COMPASS® for Curriculum Renewal Project which developed an online tool for cooperative use by Speech Pathology programs. Participating universities were involved in the development of the tool and supported in its early use. The project outcomes provide an opportunity for internal and cross-institutional benchmarking in relation to clinical competencies and will enable universities to learn from their peers about how students achieve professional competence.

The project approach built on previous success and benefited from both broad expertise and buy-in by using a collaborative approach among Australian Universities. The online tool was designed with the input of individuals bringing a range of skills from six universities, supported by a steering committee which brought skills from outside the Speech Pathology discipline. Two consultations were held with stakeholders to test the design and examine usability and data reporting to inform curriculum renewal and research.

Stakeholders were the heads of department and clinical education coordinators delivering clinical education in Australian, New Zealand, Hong Kong, Singapore and Malaysian speech pathology programs. There was also the intent to reach other allied health professionals e.g. pharmacy and physiotherapy.

The project had two major achievements: (i) it produced a useful tool to support and strengthen speech pathology education, and (ii) it provided a model for collaborative and cooperative work for common benefit among universities.

This report synthesises the evaluation process and methodology used from February 2009 to the completion of the project in March 2011. It also reflects on the project in its entirety.

In March 2009, the evaluation framework for the project, which included both formative and summative evaluation, was agreed on. It included three key evaluation questions related to project deliverables, effective processes, and efficacy of the COMPASS® Benchmarking Tool. This report is organized to address those questions.

The evaluation methodology was based on the independent evaluator being involved as much as possible and being included in communication about all project activity. This included review of all materials, attendance or audio audit of all team and steering committee meetings (which were mostly held by teleconference), attendance at the final all day team meeting, and full attendance at both two day stakeholder meetings. There was full commitment to disclosure of all information. Evaluation materials and reports were reviewed by the project leader and project manager, who demonstrated consistent interest in driving the most informative and accurate evaluation process. The evaluation framework and reports of evaluation activities are listed at the end of this report and attached separately. Table 1 illustrates the key evaluation events over the past 26 months and Table 2 summarizes the methodology used.

**Table 1:** Key evaluation points

| Evaluation Points | Feb 09 | Mar 09 | Apr 09 | May 09 | Jun 09 | Jul 09 | Aug 09 | Sep 09 | Oct 09 | Nov 09 | Dec 09 | Jan 10 | Feb 10 | Mar 10 | Apr 10 | May 10 | Jun 10 | Jul 10 | Aug 10 | Sep 10 | Oct 10 | Nov 10 | Dec 10 | Jan 11 | Feb 11 | Mar 11 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Team Meetings | ☑ | ☑ | ☑ | ☑ | ☑ | ☑ | ☑ | ☑ | ☑ | ☑ | ☑ | | ☑ | ☑ | ☑ | ☑ | ☑ | ☑ | ☑ | ☑ | ☑ | ☑ | | | ☑ | |
| Team Evaluation | | | | APEC SLP | ☑ | | | | | | | | ☑ | | ☑ | | | | | ☑ | | ☑ | | | ☑ | |
| Steering Committee Meetings | | ☑ | | | ☑ | | | | | | | ☑ | | | | | | ☑ | | | | | | | ☑ | |
| Steering Committee Evaluation | | | | | | | | | | | | | ☑ | | | | | | | | | | | | ☑ | |
| Stakeholder Consultation Meetings | | | | | | | | | | | | | | | ☑ | | | | | | | ☑ | | | | |
| Stakeholder Teleconference | | | | | | | | | | | | | | | | | | | | | ☑ | | | | | |
| Stakeholder Evaluation | | | | | | | | | | | | | | | ☑ | | | | | | | ☑ | | | ☑ | |
| Progress and Final Reports | | | ☑ | | | | | | ☑ | | | | | | ☑ | | | | | ☑ | | | | | | ☑ |

**Table 2:** Evaluation methodology

|  | Questionnaire | Observation | Interviews/Focus Groups |
|---|---|---|---|
| Team Members | June 2009; Feb. 2010; Sept. 2010 | April 2010; Nov. 2010; Feb. 2011 |  |
| Steering Committee Members | Feb. 2010 |  | Feb. 2011 |
| Speech Pathology Stakeholders | April 2010; Nov. 2010 | April 2010; Nov. 2010 | Feb. 2011 |

# 2. Project Deliverables

## 2.1 Time of completion

The Benchmarking COMPASS® for Curriculum Renewal Project built on the work undertaken to create, validate and incorporate COMPASS® Online into the National Speech Pathology curriculum. The ability of universities to benchmark clinical placement experience online and accrue the benefits depends on having COMPASS® data entered in COMPASS® Online. Although it appears that in all cases Australian and New Zealand universities intend to use COMPASS® Online, there are still a number who do not. Many stakeholders described the process as slow and difficult for a number of reasons. The project extension by several months enabled some progress to be made in this area enabling the stakeholder meetings to be more practical and therefore fruitful for participants.

## 2.2 Deliverables completed as intended

The functionality of the Benchmarking COMPASS® Database exceeds the functionality originally intended. Vigorous questioning of what would be valuable resulted in expanding the database and reporting capability. The technology provider, Portal Australia, appeared to be helpful in supporting these constructive improvements.

## 2.3 Revisions to apply what was learned

Revisions were made to address learning from the project in two key areas. One was in supporting universities that had difficulties with leasing or using COMPASS® Online. This risk was raised early in the project. Concerns raised were both about project delays that might result and also about the workshop focus digressing to become COMPASS® Online training. The approach taken by the project was to provide support beyond the project scope to assist successful use of COMPASS® Online to help to mitigate this risk. This included engaging Portal to provide associated support to potential COMPASS® Online users. This was undertaken in consultation with and the support of Speech Pathology Australia, (SPA).

The other area that addressed learning from the project was in relation to engaging universities. The level of interest in and enthusiasm for the Benchmarking COMPASS® Database varied. Strategies for engagement included buddy relationships with universities, the production of four visually attractive and informative newsletters, follow up phone calls, and intentional partnering of universities with online data and those without data at the second stakeholder meeting. These approaches which did not appear to be part of the original project plan helped to engage universities.

# 3. Effective processes

Evident as a key factor contributing to effective processes for working collaboratively was the ability to build on relationships that had been developed in previous projects. However, slipping into familiar patterns was never an option because there were new Team Members and changing project management. Four factors appear to have been the building blocks for this successful collaborative project: (i) regular and effective project communication, (ii) mutual respect that appeared to be both demonstrated and real, (iii) identifying and addressing barriers and risks, and (iv) being productive.

## 3.1 Required elements for a collegial environment

*Evaluation question: What are the required elements for a collegial environment that enables trusting, collaborative relationships in which data can be shared confidentially?*

Required elements for a collegial environment cluster into four areas:

**(i) Regular and effective project communication**
Communication vehicles included:

- regular planned teleconference meetings of the Project Team with agendas and supporting materials provided ahead of time and distributed notes of the meeting which captured tasks, those responsible, discussion and decisions

- arranging meetings to respect as much as possible the professional and other demands on participant schedules

- in addition to Team Members meeting face to face at the stakeholder meetings several face to face meetings (as opposed to by teleconference) were of considerable value to the effectiveness of the project team - these occurred informally at the APEC SLP meeting in May 2009, and formally in Brisbane in February 2010 and in Adelaide in February 2011

- considerable effort to arrange teleconference meetings of the Steering Committee that suited members, and attention to agendas, materials and notes

- project updates to universities and heads of department to keep them informed about the project

- stakeholder meetings participants were asked about their expectations and hopes for the workshop and this was taken into account for workshop planning

- two newsletters between the two stakeholder meetings, and two afterwards, the final one being at the conclusion of the project, which included participant photos as well as relevant information for stakeholders

- the creation of posters for use in universities and at conferences

- a stakeholder pointed out that the evaluation questionnaires also contributed to the sense of two-way communication in the project.

**(ii) Mutual respect that was both demonstrated and appeared real**
Indicators of respect included:

- high levels of team meeting attendance or sending regrets

- timely review of documents by Team Members

- volunteering to assist with tasks

- punctual follow up and personal calls and emails from Project Managers

- appreciation of professional capability of Team and Steering Committee members

- recognition that individuals were valuable even though they contributed different skills and their ability to contribute fluctuated

- clarity with stakeholders about what to expect from their participation

- invitation to stakeholders to describe what they hoped to gain from workshop participation and follow up asking (through evaluation) if their expectations were met

- acknowledging that university speech pathology departments and individual staff had varying degrees of experience and confidence resulting in providing support differently to people.

**(iii) Identifying and addressing barriers and risks**
Barriers and risks identified and addressed included:

- concern about confidentiality of any university's COMPASS® scores

- signing the Code of Conduct

- emphasis on behaviour related to data sharing at the second workshop

- consideration of any ethical issues.

**(iv) Being productive**
The Benchmarking COMPASS® Database project although technically complicated to put into effect, has very practical application for curriculum development and research. It appeared that one element required for a collegial environment that enables trusting, collaborative relationships was to see that this work was advancing, that their university could benefit from it and that the effort invested was going to result in productive outcomes. This outcome oriented opportunity enabled, in fact required, stakeholders to sink their teeth into the work. Being on the fringe was not an option. This practical, hands on approach appeared to be helpful in building a collegial environment.

**Chart 1:** Rating of aspects of the pre-November workshop teleconference as very good.
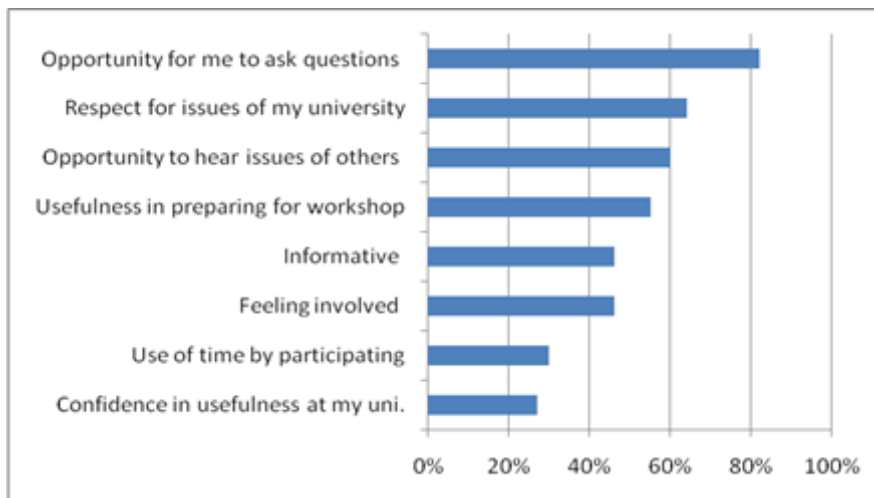


The four elements, project communication, demonstrating respect, anticipating risks and demonstrating productive behaviour were all shown in a pre-workshop teleconference held in late October 2010 prior to the second stakeholder meeting. Seventeen participants participated in the teleconference which focussed on the Code of Conduct, principles of data sharing, feedback on the database and preparation for the workshop. In a subsequent questionnaire, no respondent rated any aspect of the teleconference as poor and satisfaction was high (see Chart 1).

## 3.2 Impediments and support to effective collaborative relationships
*Evaluation question: What are we learning about what impedes or supports effective collaborative relationships from the process and outcomes of the project?*
One of the impediments to effective collaboration is being invited to participate in a venture that poses risk. The Project Team Members were very diligent about

identifying risk and this was explored both with the Project Team and stakeholders through evaluation questionnaires.

**Team member risk assessment**
In February 2010 and again in September 2010, the eight areas identified by Project Team members as posing the greatest risks to project success were explored. In Table 3 the risks are ranked from greatest to least based on the number of Team members who ranked them as their first, second or third greatest risk. This cognizance of risk appeared to appropriately influence project decisions and the design of stakeholder workshops.

**Table 3:** Area of risk

| | % of Team Members who ranked this risk 1st, 2nd or 3rd |
|---|---|
| Delays with Benchmarking MOUs | 66% |
| Failure of stakeholders to see value | 56% |
| Delays with COMPASS® Online | 44% |
| Project sustainability | 33% |
| Demand on Team members | 33% |
| The CBOS Review | 22% |
| Database delays | 22% |
| Misuse of benchmarking tool | 11% |
| Lack of ownership or momentum *(added in September)* | 11% |

**Stakeholder risk assessment**
In all cases the risks to the project or its outcomes identified in April by stakeholders appear to have shifted and become constraints by November 2010. One risk that remained was concern about the lack of support to assist universities to successfully use the benchmarking tool see Table 4.

**Table 4**: Stakeholder risk assessment

| Risks identified by workshop participants in April 2010 | Stakeholder perspective on those risks in November 2010 |
|---|---|
| Logistical challenges of the MOU and completing the agreement and catching up if one's university had not made much progress. | Remains a constraint for a number of universities, but all appear to be making progress toward completion. |
| Insufficient time to undertake the additional tasks associated with benchmarking. | ortage of time to undertake new or innovative areas, despite their value, remains a constraint for participants. Time to input data, pull reports or train staff are part of this constraint. |
| Sufficient universities participating to enable a useful pool. | All Australian and New Zealand universities with speech pathology programs attended the workshop suggesting recognition of the value and commitment to participation. |
| Making effective use of the new information. | Designing queries will be assisted by examples in the Manual for Benchmarking and Research using the COMPASS® Online Assessment Tool which will assist even novice users to draw value early in their use. |
| Comparability of programs. | This concern has diminished and as demonstrated at the workshop, discussion of benchmarking reports raises comparability issues in a useful way. |

## 3.3 Structure and collaboration

*Evaluation question: How have the processes of utilizing the Project Team, Steering Committee, and Reference Group to develop the database tool affected trust and collaboration?*

**Project team**
The hard work and continuous engagement of the project team demonstrated unusually high commitment. There were nearly 30 formal Team meetings over the duration of the project. In addition to the 2.5 or 3 days allocated for each of the stakeholder workshops there were one-day face to face meetings in each of Brisbane (February 2010) and Adelaide (February 2011).

Excluding the Team member whose maternity leave occurred during the project, participation rates varied from 56 per cent to 85 per cent, with the project leader in attendance at 100 per cent of meetings. Interestingly a review of overall participation shows that when illness, teaching or other duties seemed to prevent some members attending, others increased their attendance. Whether or not this was planned, it resulted in almost all meetings having sufficient attendance to be able to progress the project deliverables.

Stakeholders described the value of having a person from their university on the project Team and their university's engagement and enthusiasm being motivated by this. One stakeholder suggested that it would be good if all universities could have a person on the Team. This would have resulted in 15 members which would not have been practical, but does raise the idea of having a lead project contact from each university. One objective of the project was to engage heads of department and the project succeeded in ten heads of department (77 per cent) attending one or both of

the stakeholder workshops (see Table 6).

Regarding Team process, all team members agreed that everyone's contribution was invited at meetings. There was also general agreement that Team members are contributing appropriately to solving issues that arise in the project. Team members were asked about the impact on Team collaborative relationships of the first stakeholder meeting held in April 2010. Their comments clustered into 3 areas:

- built team relationships
- demonstrated team capability
- motivational.

In Table 5 Team member comments elaborate what was meant by each.

**Table 5:** Impact of meeting

| | Positive impact on Team collaboration - comments |
|---|---|
| **Built team relationships** | Face to face meetings are always a good way to renew relationships and to touch base in a tangible way. .. we discussed openly, shared equally and hence were successful. The meeting was successful because the work was shared between all - although the 'leader' of the group, necessarily took charge of the overall running of the two days |
| | Very positive to be together in one place and to present the project and database thus far. Really appreciate the true collaboration of this group. Also the support and good will. |
| | Further cemented team relationships, great to work together face-to-face. |
| | It is just good to have the whole team face to face, the personal relationships between the team help us to get things done, also being away from our day to day responsibilities allowed a higher level of focus on the project than is normally achieved |
| **Demonstrated team capability** | A good opportunity to share expertise |
| | It highlighted team members' strengths, I felt proud of the team for running such a successful workshop |
| | We worked as a team to plan, run and evaluate the session |
| **Motivational** | I think it was inspiring - I don't know if it had an effect on team relationships but I felt it encouraged us to keep on going despite setbacks. I think working together and pulling this off cemented our 'teamness' and I certainly appreciated how much everyone put in and helped out |
| | It renewed motivation for 2nd step of project (not to say the team wasn't already motivated!) and demonstrated team commitment to the project |

**Steering committee**

There were three non-Project Team members on the Steering Committee. Each brought different skills to complement the project. Finding times for Steering Committee meetings so that all members could participate required considerable effort on the part of the Project Manager. There were a total of five Steering Committee meetings over the duration of the project, all by teleconference. The Steering Committee Chair attended all of them, and there was always at least one member in addition to the Project Lead, Project Manager (and independent evaluator). The reflective nature of this committee was an asset to the project. A challenge for any Steering Committee member who missed meetings was a sense of discontinuity. In addition to the notes of meetings, the Steering Committee received key reports, the newsletters and project updates that were produced for a broader audience, e.g. heads of speech pathology departments, between meetings. Asked, in a final evaluation discussion about learning from the project, Steering Committee members indicated that the project:

- had achieved a great deal with good outcomes and had overcome hurdles well (e.g. technology and delays in accessing COMPASS® Online)

- demonstrated the value to universities in the detail that had been achieved

- shows great potential value

- re-kindles admiration of speech pathology university staff

- raises the importance of more being done to champion this approach in other university disciplines

- provided an opportunity to learn about benchmarking

- demonstrated how complex an initiative like this can be

- highlighted the unusual level of trust and collaboration among stakeholders (other disciplines were thought to be less willing to collaborate and trust) - it was pointed out that "distrust builds the longer you don't do anything"

- provided lessons that could be shared with other disciplines

- needs more strategic promotion.

**Reference committee**

Early on in the project the decision not to add the additional layer of a Reference Group was made. A Reference Group did appear to be superfluous because six universities were already represented on the Project Team. In addition, the engagement of all Australian and New Zealand speech pathology programs in the stakeholder meetings and the pre workshop consultation and follow up, was a reference type activity which occurred as part of the project design.

**Staffing**

Due to changes in professional and personal circumstances staff roles changed. The original Project Manager, took on a faculty appointment and moved to the position of Project Lead. Two capable people were retained to provide the Project Management role. Despite the changes which caused more work and some anxiety until the positions were filled, these transitions were accomplished smoothly and the project did not suffer, in fact appears to have benefited from the additional input.

## 3.4 Effectiveness of the stakeholder consultations

*Evaluation question: What was effective at the two meeting cycles, separately and overall, in building trust and collaboration with regard to sharing data?*

All Australian and New Zealand universities that offer a Speech Pathology program participated in both the April and November two day meetings, i.e. 13 universities, 10 from Australia and 3 from New Zealand. There were 28 participants who attended one or more days of the November event, of whom 82 per cent (23) were from Australian universities.  Of the 28 participants, 75 per cent (21) had attended the stakeholder consultation in April (see Table 6).

There was a very high degree of participant engagement and satisfaction with the November workshop. As in April, Team members were helpful in engaging and assisting participants, no one was left out; participants engaged with colleagues and appeared to immerse themselves in the opportunity.

One hundred per cent of respondents rated the April workshop as good or very good at meeting their expectations and 91 per cent of respondents gave this rating in November. Chart 2 captures the percentage of respondents who rated each aspect of the workshop as very good in each of April and November. Confidence in using the Benchmarking COMPASS® Database was the area that the least number of respondents described as very good in April. By November this had been raised from 39 per cent to 52 per cent of respondents. No aspect of either of the workshops was rated as poor by any respondent. The chart illustrates that in addition to a significant increase in knowledge about the project, respondents also had a greater understanding of both the possibilities and the limitations of the data. This may suggest that the more respondents know the more they realize they don't know.

**Table 6:** Participants at each project event

| University | April 2010 Participants | April 2010 HOD | October 2010 Teleconference | November 2010 Participants | November 2010 HOD |
|---|---|---|---|---|---|
| Auckland University | 2 | ✓ | 1 | 2 | ✓ |
| Charles Sturt University | 2 | ✓ | 2 | 2 | ✓ |
| Curtin University | 2 | ✓ | 0 | 1 | ✓ |
| Edith Cowan University | 2 | ✓ | 1 | 1 | |
| Flinders University | 3 | | 2 | 3 | |
| Hong Kong University | 1 | | - | 0 | |
| James Cook University | 3 | ✓ | 0 | 2 | |
| La Trobe University | 4 | ✓ | 2 | 2 | |
| Macquarie University | 1 | | 2 | 2 | ✓ |
| Massey University | 2 | | 1 | 2 | ✓ |
| The University of Newcastle | 3 | ✓ | 2 | 3 | |
| University of Canterbury | 2 | | 0 | 1 | |
| University of Queensland | 4 | ✓ | 0 | 3 | |
| University of Singapore | 1 | | - | 0 | |
| University of Sydney | 4 | | 4 | 4 | |
| TOTAL | 36 | n = 8 | 17 | 28 | n = 5 |

* The independent evaluator also attended.

**Chart 2:** Comparison of April and November stakeholder workshops: Percentage of participants rating aspects of workshop as very good.
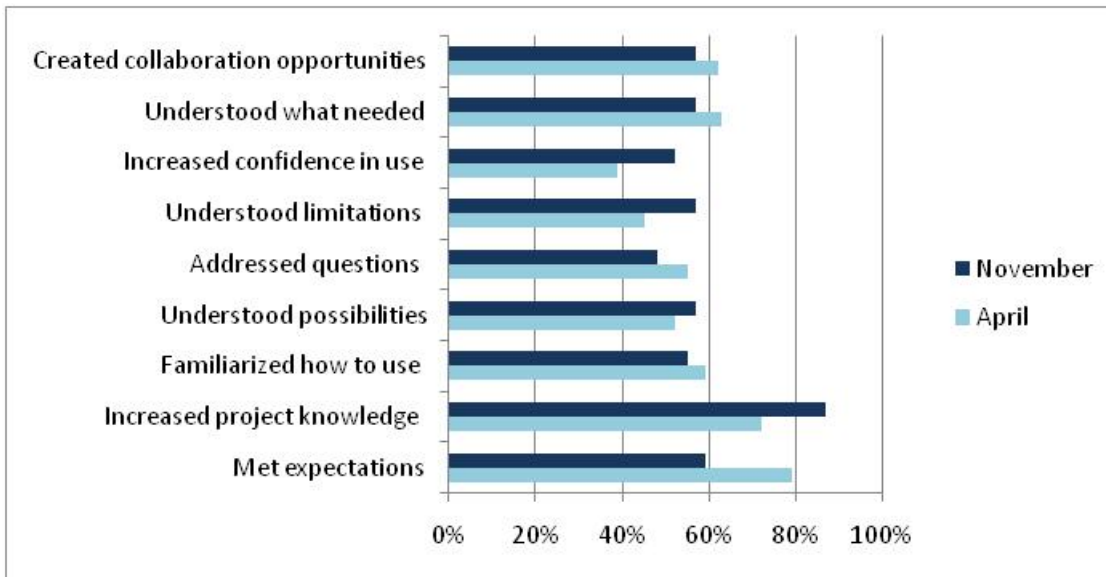


## 3.5 Relationship building to support change

*Evaluation question: What have we learned about the relationships that have to be built with stakeholders to support change?*

One hundred percent of respondents (23) identified useful outcomes from the November meeting. Eight of the areas into which responses clustered, were the same as in April. Two of the new areas that were identified relate to the value of the COMPASS® resource and the usefulness of more advanced use.

**Table 7:** Useful outcomes identified by stakeholder meeting participants

| Useful outcomes identified by stakeholder meeting participants | April | November |
|---|---|---|
| Networking | ✓ | ✓ |
| Collaboration | ✓ | ✓ |
| Understanding the Benchmarking Database and how to use it | ✓ | ✓ |
| Ideas for benchmarking | ✓ | ✓ |
| Strengthening own university program | ✓ | ✓ |
| Practical experience with the Benchmarking Database | ✓ | ✓ |
| Research possibilities | ✓ | ✓ |
| Learning about other speech pathology programs | ✓ | |
| Understanding how other universities were working with the COMPASS® suite | ✓ | ✓ |
| Motivation | ✓ | |
| Understanding COMPASS® Online | | ✓ |
| Staying current | | ✓ |
| Increased sophistication of use of COMPASS® | | ✓ |
| Value of the resource | | ✓ |

## 3.6 Project penetration

*Evaluation question: Has information about the project penetrated university speech pathology departments including students, the speech pathology sector and other related sectors? How has this occurred most effectively?*

Regarding levels of penetration within university speech pathology department staff, three levels were targeted. The following figure presents the effectiveness of penetration by February 2011 in those areas. The percentage refers to the average

penetration of knowledge about the Benchmarking COMPASS® Database in different areas of speech pathology programs. The data is based on interviews conducted with a sample of stakeholders who attended both stakeholder workshops. They represented eight universities, two in New Zealand and six distributed across five states in Australia.
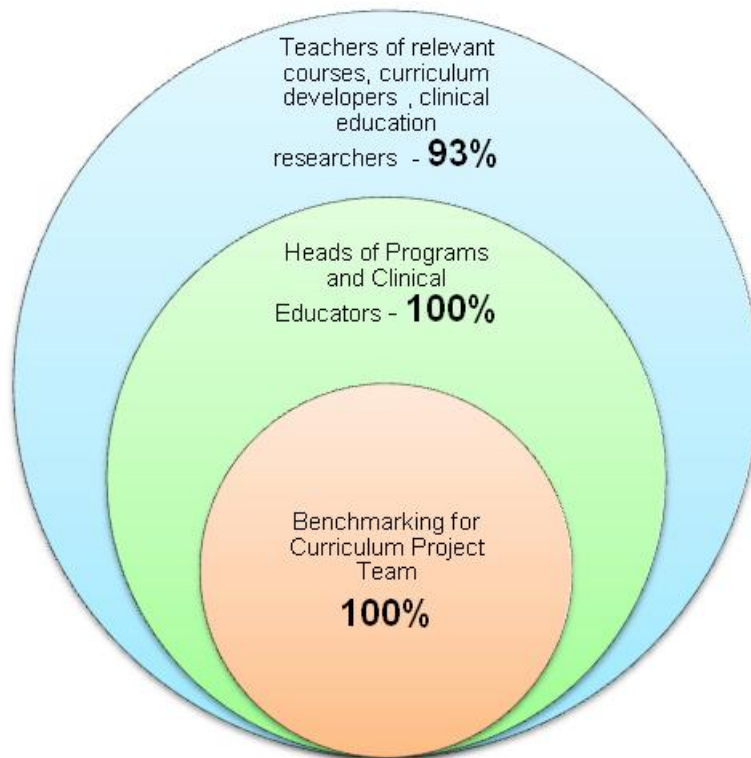


In addition to speech pathology department staff, midway through the project students at the universities represented by Team Members were informed about the Benchmarking COMPASS® Database. The impression was that there was not much student interest at this point, but it is anticipated that in the future if reports are pulled from the data, this may result in the capability having more relevance to students. Despite lack of interest, it was thought important for students to hear that this kind of innovation is happening.

Awareness of the Benchmarking COMPASS® Database has grown outside speech pathology as a result of posters, presentations and champions including the chair and a member of the Steering Committee.

**Dissemination**
Team Members spent considerable time focussed on effective dissemination of experience from the project. Decisions were made to prepare an article for a refereed journal, prepare posters for bulletin boards and make conference presentations.

## 3.7 Process recommendations
*Evaluation question: What recommendations would we make from our learning if doing this again?*
Arising from evaluation conducted with Team Members and stakeholders, the following recommendations arise from the learning on this project:

- when long distance collaboration is required (and use of teleconferences) build in face to face meetings to help strengthen relationships

- budget for participant travel to face to face meetings to overcome barriers created by cost

- keep stakeholders connected to projects that run over many months with email updates, newsletters, teleconferences, phone calls and face to face meetings

- on a continuing basis identify risks and work to name them, mitigate them and tell stakeholders how they have been addressed. (Universities have active accounting, ethics and legal departments which are risk averse.)

- build a culture of collaboration by demonstrating it in practice, e.g. Flinders University of SA and The University of Sydney have moved forward on a joint research project using the Benchmarking COMPASS® Database.

- when organizing collaborative activity be intentional about linking people together e.g. stakeholders with and without data online, similar speech pathology programs and different programs, urban and regional

- use case studies and share stories to make theoretical information practical for participants

- allow formal and informal opportunities for networking, asking questions, shared problem solving and identification of difficulties.

# 4. Efficacy of the COMPASS® Benchmarking tool

By project end, six universities, representing nine speech pathology programs have data in the Benchmarking COMPASS® Database, representing over 1100 student assessments. Two other universities have signed the MOU but do not yet have COMPASS® Online data. It was hoped, and in the project plan, that by the second stakeholder meeting, there would be more universities involved, providing a larger and more diverse pool. This will change as more universities get involved, and there is every indication that they will. In fact, if approved, unspent funds at the end point of the project will be dedicated to supporting universities to get up and running on the Benchmarking COMPASS® Database including supporting a session at the June national Speech Pathology Australia conference.

By its nature this project 'raises all boats' i.e. all speech pathology programs, their students and ultimately their current and future clients stand to benefit from more rigour in reviewing the efficacy of clinical placements and learning how to improve the curriculum that supports them. Through internal benchmarking universities are able to explore the impact of curriculum changes, or the assessment practices of clinical educators. Through benchmarking with the pool or selected other universities there are opportunities to gain insight into comparable practices. At the most basic level the Benchmarking COMPASS® Database drives the need for data that is entered to be accurate so that reports are meaningful. The benchmarking tool appears to drive value at all levels, and despite repeated expressions of shortage of time, stakeholders describe their departments reaping these benefits. Reviewing these questions in 18 months would provide more insight.

## 4.1 Functionality
*Evaluation question: Within the use of the database so far are we able to collaboratively use the data within and across programs i.e. to benchmark any single university's data with any one or more of the universities including total aggregate data?*
The ratings of experience of the benchmarking database as **very good** in each of April and November are compared in chart 3. In all areas confidence in the

functionality of the Benchmarking COMPASS® Database has grown.

**Chart 3:** Comparison of April and November 2010 Stakeholder ratings. Percentage of participants rating use of the Benchmarking COMPASS® Database as very good.
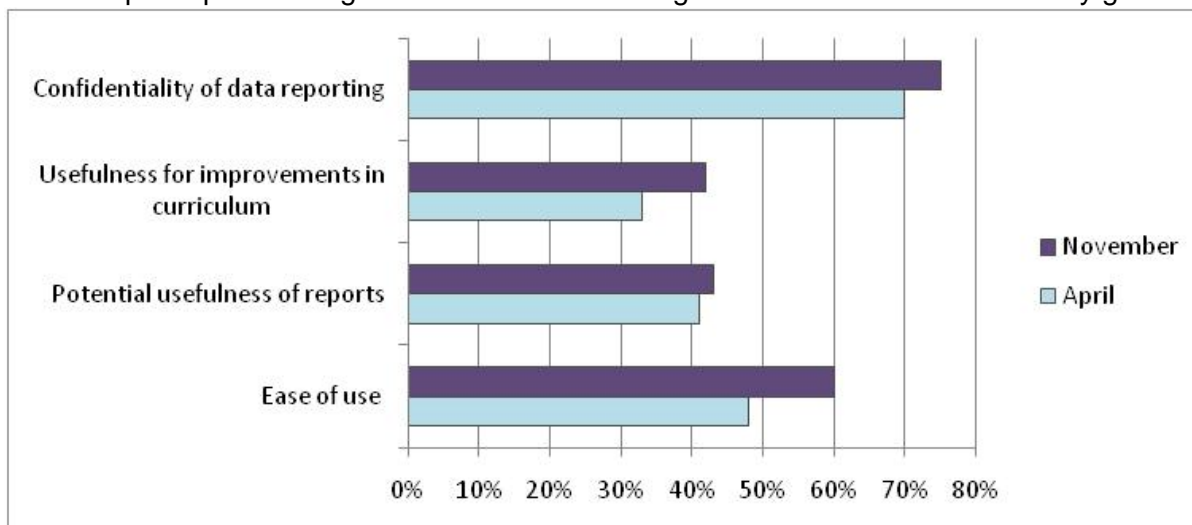


In the area of using the database there appear to have been two shifts over the 7 months between workshops. A shift from about 50 per cent to 60 per cent of respondents indicating the database is very easy to use, and more respondents (42 per cent compared with 33 per cent) observing the potential of the database to help improve curriculum.

## 4.2 Effectiveness for Benchmarking

*Evaluation question: At this preliminary stage, how effective is the database as a benchmarking tool? Particularly ease of use, quality of reporting and utility.*
Building on ease of use and the usefulness of reports addressed in 4.1, stakeholders in April and November identified seven areas of utility and benefits to their university of participation in the project.

**Table 8: Benefits to Universities**

| Benefits to their University identified by tespondents | April | November |
|---|---|---|
| Monitor program compared with others | ✓ | ✓ |
| Improve program quality | ✓ | ✓ |
| Support change and innovation | ✓ | ✓ |
| Increase learning from and knowledge of other programs | ✓ | ✓ |
| Benefit from working with others | ✓ | ✓ |
| Research opportunities | ✓ | ✓ |
| Professional development | | ✓ |

## 4.3 Benchmarking recommendations

*Evaluation question: What recommendations would we make from our learning about benchmarking tools to share with others?*
Recommendations from the learning about benchmarking include:

- assume varying knowledge about the process of benchmarking (a number of stakeholders indicated that benchmarking is a university priority)

- ensure hands on learning and practice opportunities to increase familiarity, make mistakes and discuss challenges

- encourage stakeholders to contemplate, and bring for discussion, the questions they want answered about their own program - this also helps to close the gap between the theory of the benefits and the actual ones.

- demonstrate the importance of reliable data - which has ramifications for data inputting, clear definitions, checking processes etc.

- invite and provide case studies that demonstrate options for use.

## 4.4 Usage and value

*Evaluation question: At this preliminary stage, in what ways are universities using the database tool and what are their intended uses, the anticipated value and the kinds of changes that might be initiated as a result of having this new information?*

**Usage**

Stakeholders identified eight types of challenge to their university's use of the Benchmarking COMPASS® Database. (See box)

Asked about what other information or support would be useful, request for the Manual for Benchmarking and Research using the COMPASS® Online Assessment Tool and other forms of resources stood out above all others. Table 9. By November there was a significant shift away from the widespread concern about needing to know about other university speech pathology programs before being able to conduct benchmarking at their own university, which had been a concern expressed at the April workshop. The two stakeholder workshops have been valued as opportunities to

| **Challenges identified by respondents** |
| --- |
| (i) Insufficient Time |
| (ii) Logistics |
| (iii) Catching Up |
| (iv) Securing University Buy-In |
| (v) Question of Comparability |
| (vi) Non-Participation |
| (vii) Costs |
| (viii) Ensuring we make effective Use of the tool |

network which appears to have contributed to participants being able to find out about other programs. The November workshop design deliberately addressed this concern.

**Table 9:** Identified information needs

| Identified information needs | April | November |
| --- | --- | --- |
| Information about other University programs | ✓ | |
| Own progress on process | ✓ | ✓ |
| Manual and support materials/ documentation and definition | ✓ | ✓ |
| More information and exchange | ✓ | ✓ |
| More functionality | ✓ | |
| Access to Database for practical experience | ✓ | ✓ |
| Training | | ✓ |
| Practical help | | ✓ |
| Funding | | ✓ |

Table 9 illustrates the range of support that stakeholders indicated they need. The project has appeared to anticipate and grow increasingly aware of the nature of

supports that stakeholders needed to ensure successful use of the Benchmarking COMPASS® Database. This included partnering at the second workshop, preparation of a Manual for Benchmarking and Research using the COMPASS® Online Assessment Tool including detailed support materials, developing and retaining a demonstration database online for non-subscribers to use, preparation of online resources and clarification of definitions. As previously mentioned, beyond the end of the project there will be sustained efforts to support universities to use the Benchmarking COMPASS® Database including a half day workshop in June 2011, associated with the Speech Pathology Australia conference.

**Value**

Asked about their intentions for use of the Benchmarking COMPASS® Database, stakeholders indicated they intend to:

- carry out internal benchmarking in relation to the new program being started, compare it with previous results and also look externally.

- conduct a research project across three universities which is under way.

- take the online training and begin collecting data this year.

- get clinical educators on board and check if the students are in the ball park with other programs; then look at detail to compare with similar program in Australia and identify areas for improvement.

- reduce subjectivity of clinical educators and to compare ratings with others and find out about difficulties that other universities have had.

- compare with comparable cohorts at other universities across years, and see differences when curriculum changes are made.

- compare cohort with the pool and look at breakdown in more detail and do comparisons.

# 5. Conclusion

The comprehensiveness of the evaluation is a credit to the project. It is due to the fact that the Project Lead, Team Members and Project Managers invited and welcomed a high level of involvement of the independent evaluator. Despite an arm's length relationship this afforded an inside look at how key people spoke to each other, how people responded to often tight deadlines and copious detailed material and how problems were solved. The Benchmarking COMPASS® for Curriculum Renewal Project has been extraordinary to evaluate. Extraordinary because:

- the project achieved its goals and appeared never to be distracted or diverted from them

- the project extended its reach to support users of COMPASS® Online. This included collaboration with SPA which brought value beyond the original intent

- project participation by Team Members from a total of six Australian universities shared knowledge generously, assumed responsibility willingly and appeared to support each other consistently

- a high level of professional integrity never appeared to be in question, and it set the tone for trust, relationship building and accountability

- steering Committee Members challenged thoughtfully and gave credit where it was due
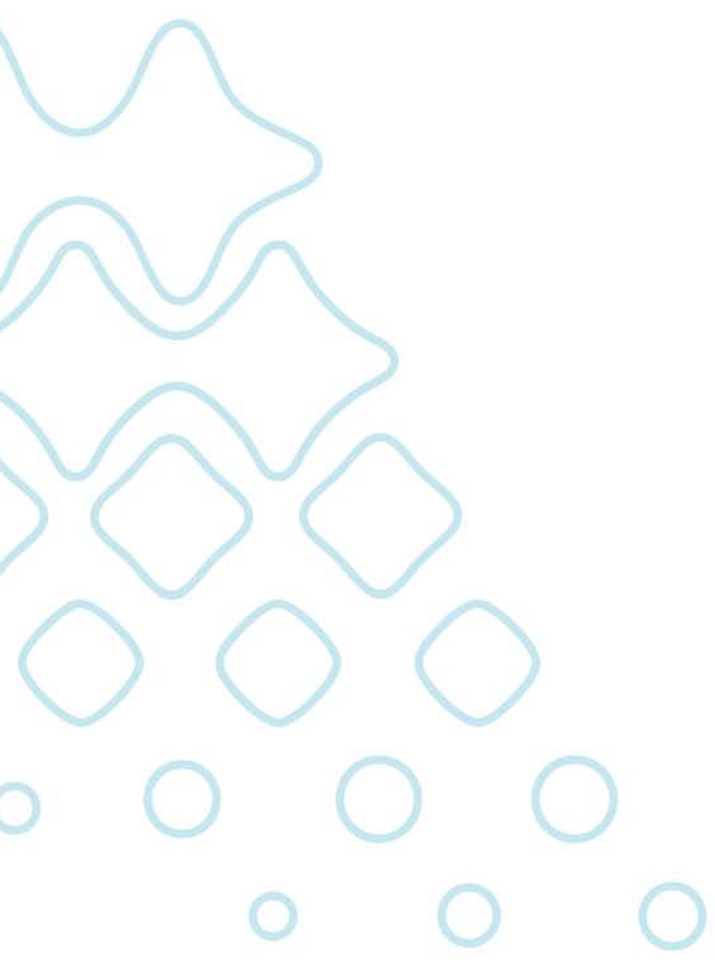
- stakeholders from Australian, New Zealand, Hong Kong and Singapore universities were engaged, encouraged, communicated with and supported in multiple ways and they responded with very high participation rates at the teleconference and in person stakeholder workshops

- despite frequent reference to time constraints, every Australian and New Zealand university with a speech pathology program had one or more representatives at both stakeholder workshops

- changing professional responsibilities resulted in the original Project Manager becoming the project leader and the hiring of two very competent Project Managers who appeared to share and deliver work effectively

- this example of inter-university collaboration appears to be exceptional as an illustration of bringing capabilities together to extend capacity. The project provides an attractive alternative to competitive and insular behaviour.

**Supporting documents and reports:**
The following materials provide more detailed information and are available on request to Dr Sue McAllister:

(1) Evaluation Framework, March 2009
(2) Findings of Project Team Survey,  June/July 2009
(3) Findings of Project Steering Committee Survey, March 9, 2010
(4) Report of Findings of Team Survey, March 2010
(5) Evaluation Report - First Stakeholder Consultation National Workshop, April 8 & 9th 2010
(6) Report of Findings of Project Team Survey, September 2010
(7) Evaluation Report - Second Stakeholder Consultation National Workshop, November 25 and 26, 2010
(8) Report: Follow-up Interviews with Stakeholders, February 9, 2011