

July 2021

Revised STAGE I APPLICATION FOR SPECIALTY CERTIFICATION IN CLINICAL INSTRUCTION AND SUPERVISION (SCCIS)

1. DEFINITION of Specialty Area

For more than 35 years, ASHA has officially recognized supervision as a specialized area requiring knowledge and a unique skill set beyond that needed for the clinical competence necessary to provide appropriate services to communicatively disordered persons.

“Supervision is a process that consists of a variety of patterns of behavior, the appropriateness of which depends on the needs, competencies, expectations and philosophies of the supervisor and the supervisee and the specifics of the situation (tasks, client, setting and other variables). The goals of the supervisory process are the professional growth and development of the supervisee and the supervisor, which it is assumed will result ultimately in optimal service to clients” (Anderson, 1988, p.12).

Professional growth and development of the supervisee and the supervisor are enhanced when supervision or clinical teaching involves self-analysis and self-evaluation. Effective clinical teaching also promotes the use of critical thinking and problem-solving skills on the part of the individual being supervised (ASHA, 2008 a & b).

Particular clinical aspect within the scope of practice

Supervision crosses all areas of practice in speech-language pathology and audiology. As the 1978 ASHA Committee on Supervision noted, “Speech-language pathologists and audiologists have been involved in supervision since the beginning of the profession. Indeed, supervision seems to have been one component that has affected everyone in the profession at some time.” Approval of the 1985 Position Statement on Clinical Supervision in Speech-Language Pathology and Audiology *legitimized supervision as a distinct area of expertise and practice and stipulated that special skills need to be developed to be a competent and effective supervisor.* Achieving clinical competence does not imply that one has the special skills needed to be a competent supervisor; effective supervision requires a set of unique knowledge and skills (ASHA 1985, 2008c, 2013, 2016; CAPCSD 2013) which are not intuitive nor directly derivative of the clinical process, given the complexities of the process identified in the definition in the first paragraph and the array of skills catalogued in the documents listed here. Clinical instruction and supervision directly affect the provision of services, irrespective of disorder area, to clients/patients whose needs require a distinct body of knowledge, skills, and experience.

Achieves a Definable Outcome Related to the Uniqueness of an Identifiable Consumer Need

A substantial body of literature exists that describes the need for special training in the supervisory process and delineates the knowledge and skills required for effective supervision.

The most current official ASHA policy documents include:

Knowledge and Skills Needed by Speech-Language Pathologists Providing Clinical Supervision (2008c) and the companion Position Statement(2008a) and Technical Report(2008b).

ASHA's Board of Directors (BOD) Approved the Ad Hoc Committee on Supervision December 2013 *Final Report: Knowledge, Skills and Training Consideration for Individuals Serving as Supervisors*. This document modifies the 2008 Knowledge and Skills document and defines:

- Overarching training needs for core skills and knowledge regardless of the supervisee or venue
- Knowledge & Skills (K & S) Specific to Student Training
- K & S Specific to Students in the Culminating Externship in Audiology
- K & S Specific to Mentors of Clinical Fellows in SLP
- K & S Specific to Supervisors of Support Personnel
- K & S Specific to speech-language pathologists and audiologists who supervise credentialed colleagues

Requires Advanced Knowledge, Skills and Experience beyond the CCC

Leaders in supervision have affirmed the need for training and experience for more than 40 years. The 1972 ASHA Task Force on Supervision in Schools encouraged universities to *develop preparation programs* for supervisors, urged ASHA to work toward establishing *special supervisor certificates* in each state, and proposed that states reimburse school districts for supervision. In 1974, ASHA formed a standing committee on supervision in speech pathology and audiology; in 1978, after extensive study, that committee developed a status statement containing 9 major issues in supervision, including:

- Issue 5 “the need for special standards for supervisors other than CCC”
- Issue 6 “the need for training supervisors”
- Issue 8 “the need for investigation of the ambiguities and problems which exist in the supervision of the Clinical Fellowship Year”

In the early 1980's that committee began work that culminated in the Position Statement containing 13 tasks and 81 associated competencies for effective supervision. The Position Statement was adopted by Legislative Council in 1985 and thus became the official association document.

In the 1980's and much of the 1990's The Council of Supervisors in Speech-Language Pathology and Audiology (CSSPA), a related professional organization (RPO), provided a national focus for research and training in supervision. Through CSSPA sponsored conferences in 1987, 1989, 1992, 1994, 1996 supervisors had a national venue to learn special skills, share research, develop networks and professional collaborations. The efforts and leadership fostered via CSSPA led to a distinct division for supervision and administration when ASHA's Special Interest Divisions were formulated and the eventual merger of CSSPA into SID 11. Another RPO, the Council of Academic Programs in Communication Sciences and Disorders (CAPCSD), began to include a special section for clinic directors in their annual conference programs in 2000. In 2011 CAPCSD formed a working group on the Preparation of Clinical Educators to develop a framework for training and learning outcomes for preparation of clinical educators. Recently CAPCSD launched a

robust program to develop an on-line instructional website focused on best practices in clinical education.

The need for advanced preparation is further substantiated by the fact that some states have special certification requirements for program supervisors in schools. Many university programs require a basic level of training for supervisors of internships/externships. And some states, like California for example, require a minimal level of basic training plus continuing education specific to supervision for those holding a state license who superv assistants. In their 2013 White Paper, the CAPCSD Working Group on the Preparation of Clinical Educators recommended that formal education in the supervisory process be **required** “to ensure that supervisors are prepared to assume this demanding, complex and important role.” They further recommended that a standard curriculum structured around the *Knowledge and Skills Needed by Speech-Language Pathologists Providing Clinical Supervision* (ASHA 2008) be developed. ASHA’s Ad Hoc Committee on Supervision (2013) and the subsequent Ad Hoc Committee on Supervision Training (AHCST) have affirmed the recommendation to require formal education (2013, 2016). Among the recommendations in the AHCST *May 2016 Final Report: A Plan for Developing Resources and Training Opportunities in Clinical Supervision* is an eventual mandate for training and continued professional development in supervision as part of CAA and CFCC standards. https://www.asha.org/uploadedFiles/ASHA/About/governance/Resolutions_and_Motions/2016/Report-Ad-Hoc-Committee-on-Supervision-Training.pdf

Part of their planned phased-in transition toward a requirement for training includes “**SIG 11 petition CFCC to establish specialty certification in supervision.**” (See **AHCST Final Report Appendix B**)

2. Definition of the Population Of Consumers

Consistent with ASHA policy documents, first line consumers include:

- Students enrolled in speech-language pathology and audiology academic training programs
- Students in an internship/externship as part of requirements for completing a MA/MS or AuD degree.
- Audiology students in their final externship
- Clinical Fellows
- Speech-language pathologists and audiologists transitioning to a new practice area or re-entering the workplace
- Audiology and SLP assistants and other support personnel
- Patients/clients/students receiving services from supervised students, and from better trained clinicians once they complete their education.

Consumer Need Clinical Instructors and Supervisors

The CAPCSD working group on the Preparation of Speech-Language Pathology Clinical Educators surveyed clinic directors and department chairs to determine which states currently have training requirements imposed by individual state agencies. Although a legal or contractual requirement for basic training and continuing education currently exists only in small number of states and venues, “it is evident that there is a growing move toward

requiring or strongly recommending some sort of training for those responsible for supervising students, clinicians, and SLPAs” (CAPCSD White Paper, 2013, p. 7). These consumers would benefit from specialty certification.

ASHA’s Ad Hoc Committee on Supervision Training (AHCST) recommends specialty certification in supervision. The AHCST implemented ASHA’s Strategic Pathway to Excellence in developing a Plan for Establishing ASHA Resources and Training Opportunities (Appendix B in 2016 Final Report). Part of that Plan stipulates that: **SIG 11 “Petition to establish a specialty certification in clinical education/supervision.”** The AHCST provided a 2 phase, 6-year transition plan toward establishing a requirement for training those who engage in clinical supervision. *Phase I (2016-2018) includes: SIG 11 petitions CFCC to establish specialty certification in supervision. Phase II (2019-2021): CFCC specialty certification program in clinical supervision is established and operational.*

On May 18, 2016, the American Speech-Language-Hearing Association (ASHA) fielded a survey on behalf of SIG 11, Administration and Supervision, to determine ASHA certified audiologists’ and speech-language pathologists’ interest in establishing Clinical Specialty Certification in Supervision. (See Summary in Appendix A)

The survey population included:

- all SIG 11 affiliates ($n = 1,425$), and;
- a random sample of 2,093 ASHA-certified audiologists and speech-language pathologists who selected ‘supervision of clinical service’ as an area of expertise on the 2014 Dues Notice and who were not SIG 11 affiliates (hereafter referred to as “non-affiliates”).

Group	Mailed	Bounce/ Opt Out	Total Eligible	Responded	Response Rate (%)
SIG 11 affiliates	1,425	12	1,413	463 ^a	32.8
Non-affiliates	2,093	40	2,053	314 ^b	15.0
Total	3,518	52	3,466	777	22.4

Two-thirds (66.6%) of the 777 respondents replied that there should be Clinical Specialty Certification in Supervision. And 45.5% of the SIG 11 affiliates and 22.3% of the non-affiliates indicated they are **Very Likely** to seek this certification while 19.5 and 24.2 respectively are **Likely** to pursue it.

In light of ASHA’s Envisioned Future 2025 and Strategic Path to Excellence focus on Interprofessional Education/Interprofessional Practice, it is important to note that professionals in both health care and education settings offer formal preparation programs for clinical educators. Both Physical Therapy and Occupational Therapy have standardized voluntary programs offered through their professional associations, culminating in a *Clinical Instructor* credential. Athletic Training programs require formal preparation for supervisors, which is managed by individual academic programs. One of ten design principles in the *NCATE Blue Ribbon Panel on Clinical Preparation and Partnerships for Improved Student*

Learning (2010) is that “clinical educators and coaches are rigorously selected and prepared and drawn from both higher education and the P-12 sector.” “They should be specially certified, accountable for candidates’ performance and student outcomes, and commensurately rewarded to serve in this crucial role” (NCATE, 2010, p. 6)

Consumer Need

Students, Clinical Fellows, AuD candidates, Professionals, Assistants and Aides

Given the cumulative and collective recommendations of the need for special preparation in supervision for decades, it seems apparent that SLP graduate students, AuD externs, SLP Clinical Fellows, professionals in transition, and SLP and audiology assistants and aides will benefit from clinical instructors and supervisors who have acquired knowledge, skills and experience in the process. As such, there is also a need for professionals who exceed basic minimum standards, i.e., recognized experts. Consumers of clinical instruction and supervision ought to be able to identify professionals with advanced knowledge, skills and experience in the supervisory process as easily as they can identify those who hold BCS in fluency and fluency disorders, swallowing and swallowing disorders, child language and language disorders, and interoperative monitoring. Dr. Alex Johnson, 2006 ASHA President, substantiated the need to be able “to readily access qualified specialists” to provide leadership and expertise to professionals “who provide important formative preparation for students, clinical fellows, early career speech-language pathologists and audiologists, and advanced practitioners in a variety of settings.”

Clinical instruction and supervision affect not only the direct consumers (i.e. supervisees), but also the clients/patients who are the recipients of clinical services. Dr. Elizabeth McCrea, 2014 ASHA President, affirmed this in stating that informed and reasoned supervisory practices substantiate the commitment to best practices which in turn benefit supervisees and the services they delivered to the communicatively disordered persons whom they serve. Further, 2011 ASHA President Dr. Paul Rao noted, “it is paramount to point out that the true direct beneficiaries of certification in supervision will be the patients/clients in every age and venue of care and instruction.” It is logical to infer that more skilled supervision will result in more effective and efficient services to clients/patients across professional practice settings.

The ASHA Code of Ethics speaks to our obligation as clinical instructors/supervisors/preceptors to preserve the highest standards of integrity and ethical principles. Principle of Ethics III identifies another body of consumers who would potentially benefit if Specialty Certification was available to speech-language pathologists and audiologists – colleagues with whom we engage in interprofessional and intraprofessional practice.

As ASHA advances Interprofessional Practice (IPP) and Interprofessional Education (IPE), it seems critical to promote practices similar to related professions and related professional organizations. To highlight from the documentation provided as support with the 2017 Stage I application:

ASHA 2013 Ad Hoc Committee on Supervision: APTA has implemented a successful clinical instructor training program – Clinical Instructor Education and Credentialing Program.... 35,000 physical therapists have completed the program over the last 19 years (p.15).

CAPCSD 2013 White Paper: ...other professions, including physical therapy, occupational therapy, and athletic training, have acknowledged the need for supervisory training and education and have subsequently developed and implemented more formal programs and requirements for professional preparation of individuals in their fields assuming a supervisory role (p.2). And, ...the development

of a Clinical Educator Credential in Speech-Language Pathology seems a reasonable long-term goal (p. 10).

Dr. Paul Rao noted that he is a certified Healthcare Executive (FACHE) as well as a Certified Professional in Healthcare Quality (CPHQ). *“As the healthcare field has exploded in scope, accountability, levels of care and complexity, the credentials of administration and patient safety/quality have become ever more necessary and expected for proficiency in professional healthcare practice. My experiential and professional expectation is that the credential of Supervision in ASHA will have a similar far reaching and positive impact on the various supervision stakeholders as well as on the prospective certified supervisors who will achieve this unique and valued credential in supervision.”*

Dr. Carol Dudding cited organizations “*outside of our professions (e.g., APTA, AOTA, ACSWA and APA) requiring a unique set of knowledge and skills, distinct from those required for direct patient care. The stated purpose for specialty certification is to allow recognition of advanced knowledge and skills in specialized area of practice, and as such the specialty area of “Supervision” meets those qualifications.*”

Dr. Mark DeRuiter stated, “*The competitive environment provides an opportunity for us to step forward. The American Board of Audiology has recognized the need for specialty certification as well. They currently offer the Certificate Holder – Audiology Preceptor (CH-AP) program.*”
<http://www.boardofaudiology.org/>

Dr. Monica Gordon Pershey said, “*The application indicates that the need for qualified supervisors to prepare SLPs and AuDs allies with the professional preparation of physical therapists, occupational therapists, and K-12 educators, and would thus enhance and bring into balance the quality of interprofessional education.*”

Ms. Melanie Hudson emphasized, “*Two of our allied professions, APTA and AOTA already have standardized voluntary credential programs in place to identify “Clinical Instructors.” A clinical specialty certification in supervision would align our professions with these groups of colleagues as we continue our focus on inter-professional education and practice (ASHA’s Envisioned Future 2025).*

Demographics and Numbers Affected

The SIG 11 survey (Appendix A) results revealed that **66%**, 305 of the 463 affiliates and 146 of the 314 non-affiliates are *very likely* or *likely* to pursue specialty certification totaling of **451** individuals.

As of July 2020, CAA reported 289 SLP Masters programs (266 accredited and 23 in candidacy) and 80 Audiology Clinical Doctorate programs (75 accredited and 5 in candidacy) <https://caa.asha.org/programs/>

If at least one supervisor from 66% of all CAA accredited programs were to pursue specialty certification in order to serve as a mentor or consultant to all the clinical educators involved both on and off campus in that program, we could project **243** university affiliates are likely or very likely to seek specialty certification. Further, if we agree supervisors who have special preparation provide more effective supervision to their supervisees, then we can hypothesize that all graduate students in all CAA accredited programs could benefit. The

most recent CSD Education Survey shows roughly 19,185 SLP grad students and 2,9565 audiology grad students enrolled in these programs. <https://www.asha.org/academic/hes/csd-education-survey-data-reports/>

These projections address clinical instructors and preceptors in university training programs. We must also consider that some clinical instructors in externships, mentors of Clinical Fellows, supervisors of support personnel, and supervisors of professionals in the workforce are also likely to desire the status of Board Certified Specialist in Supervision. For example, ASHA 2019 Year End Demographics and Employment Data reported 4,765 individuals with certification in progress. <https://www.asha.org/uploadedFiles/2019-Member-Counts.pdf>
ASHA assistant certification will be available later this year.

Further, there is anecdotal data to suggest, “younger generation professionals are seeking any credential that would be recognized as a plus in the workplace.” Novice supervisors typically seek training and seem to be more open to specialty recognition. The Bureau of Labor Statistics projects that Millennials will represent nearly 75% of the work force by 2030. One defining characteristic of this generation according to expert Jeff Fromm is “they want to grow...” “they are often on the lookout for opportunities that can continue to move them up the ladder...”

<http://www.forbes.com/sites/jefffromm/2015/11/06/millennials-in-the-workplace-they-dont-need-trophies-but-they-want-reinforcement/#18bfb94b5127>

CCSC has requested more detail to address Tenet 3: *The specialty area represents a distinct and definable body of knowledge and skills, grounded in translational and evidence-based research and practice, as well as in principles derived from professional practice.*

The following critical ASHA policy documents detail the knowledge and skills needed for effective supervision:

- ASHA 1985 Position Statement – Contains 13 Tasks and 81 Associated Competencies for Effective Supervision In Speech-Language Pathology and Audiology
- ASHA 2008 Knowledge and Skills document – Updated the 1985 document by restating the fundamental tasks and competencies
- ASHA 2013 Ad Hoc Committee on Supervision (AHCS) Final Report – Identified requisite knowledge and skills across five unique constituent groups
- ASHA 2016 Ad Hoc Committee on Supervision Training (ACHST) Final Report – Identified a systematic plan for systematic plan for preparation and training of supervisors over 6 years.

Ongoing research in the area of clinical education and supervision is disseminated in the following ways:

Publications

Teaching and Learning in Communication Sciences and Disorders

Perspectives of SIG 11 and SIG 10

International Journal of Speech-Language Pathology

The Clinical Supervisor

Journal of the Scholarship of Teaching and Learning

Conferences

ASHA

CAPCSD

AAA

Lily Conference Series on College and University Teaching and Learning

University of Pittsburg Assessment and Teaching Conference

State Association conferences

CAPCSD has developed four robust Clinical Educator interactive eLearning courses. Each of the following four courses contains five modules:

- Foundations of Clinical Education
- Effective Student- Clinical Educator Relationships
- Feedback in Clinical Education Environment
- Assessing Student Performance

Each of these modules is grounded in evidence-based research and practice.

Similarly, the American Board of Audiology offers an online self-study program that teaches preceptors how to facilitate the professional growth of AuD students (CH-AP)

<https://www.boardofaudiology.org/certificate-programs.shtml>

From the collective body of research completed over the last 40 years, we have evidence to support some basic practices:

1. It is important to develop an effective, supportive and trusting relationship with the supervisee.
An essential component is mutual **clarification of expectations** and **responsibilities** at the onset of the experience
2. Supervisors must be able to assist the supervisee in **setting goals** for both the clinical and supervisory processes.
3. Supervisors must be able to assist the supervisee in **developing and refining assessment** and **management** skills.
4. Supervisors must be able to use a variety of techniques to **collect objective data** during clinical interactions and assist the supervisee in acquiring these.
5. Supervisors must be able to examine and **analyze** data to identify patterns of behavior and assist supervisees in developing **self-analysis** skills.
6. In order to promote critical thinking and problem solving, supervisors should **hold regular conferences/meetings** with mutually developed agendas.
7. Supervisors must **engage in both formative and summative assessments** of the supervisee's performance.

(McCrea & Brasseur, 2020)

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SUPPORT

Letters of Support: DeRuiter, Dudding, Gordon Pershey, Hudson Johnson, McCrea, Rao

Results of SIG 11 May 2016 Survey – Appendix A

Council of Academic Programs in Communication Sciences and Disorders (2013)

Preparation of Speech-Language Pathology Clinical Educators White Paper.

<http://www.capcsd.org/academicclinical-resources/clinical-education/>

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ISBN 13: 978-1630915292

National Council for Accreditation of Teacher Education (NCATE). Report of the Blue Ribbon Panel on Clinical Preparation and Partnerships for Improved Student Learning (2010). Transforming teacher education through clinical practice: A national strategy to prepare effective teachers.

<http://www.ncate.org/~/media/Files/caep/accreditation-resources/blue-ribbon-panel.pdf?la=en>

ANALYSIS OF SPECIALTY CERTIFICATION SURVEY RESULTS (December 2016)

Survey Methodology and Response Rate

On May 18, 2016, the American Speech-Language-Hearing Association (ASHA) fielded a survey on behalf of SIG 11 – Administration and Supervision to determine ASHA-certified audiologists' and speech-language pathologists' interest in establishing Clinical Specialty Certification in Supervision.

The survey population included:

- all SIG 11 affiliates ($n = 1,425$), and;
- a random sample of 2,093 ASHA-certified audiologists and speech-language pathologists who selected 'supervision of clinical service' as an area of expertise on the 2014 Dues Notice and who were not SIG 11 affiliates (hereafter referred to as "non-affiliates").

Group	Mailed	Bounce/ Opt Out	Total Eligible	Responded	Response Rate (%)
SIG 11 affiliates	1,425	12	1,413	463 ^a	32.8
Non-affiliates	93	40	53	314 ^b	15.0
Total	18	52	66	777	22.4

The following information was presented on the second page of the online survey to assist respondents in framing the survey questions:

Please read the following general information regarding the CFCC's clinical specialty certification program, to help inform your responses to the survey.

- **Clinical Specialty Certification enables an audiologist or a speech-language pathologist with advanced knowledge, skills, and experience beyond the Certificate of Clinical Competence (CCC) to be identified by colleagues, employers, referral and payer sources, and the general public as a Board Certified Specialist (BCS) in a specific area of clinical practice.**
- **The program is completely voluntary.**
- **Holding specialty certification in an area of clinical practice is not required in order to practice in that area.**
- **The program is open to ASHA certificate holders (CCC-A and CCC-SLP) who wish to pursue the designation and see value in it.**

- The CSC program is overseen by the Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) through the CFCC's Committee on Clinical Specialty Certification (CCSC).
- The CFCC establishes minimum standards for certification as a specialist.

ASHA's technical report on clinical supervision (2008) provides the following definition:

Supervision is a process that consists of a variety of patterns of behavior, the appropriateness of which depends on the needs, competencies, expectations and philosophies of the supervisor and supervisee and the specifics of the situation (tasks, client, setting and other variables). The goals of the supervisory process are the professional growth and development of the supervisee and the supervisor, which it is assumed will result ultimately in optimal service to clients. (Anderson, 1988, p.12).

The report expanded this definition, adding:

Professional growth and development of the supervisee and the supervisor are enhanced when supervision or clinical teaching involves self-analysis and self-evaluation. Effective clinical teaching also promotes the use of critical thinking and problem-solving skills on the part of the individual being supervised.

Results

1. What is your primary affiliation?

N = 777

469 (of 1,425) SIG 11 Affiliates **305** (Of 2,093) Non Affiliates = **22.4%** Response rate

More than 92% SLPs

2. What is your Primary Employment Function

Top 3 rank ordered responses

SIG 11	Non-Affiliates
25.1% Clinical Supervisor (SOR)	51.2 Clinical Service Provider
18.7 Clinical Service Provider	18.5 Clinical Supervisor (SOR)
14.2 College/Univ Prof	8.6 Administrator

3. What is your primary and secondary employment facility

Top 3 rank ordered responses

PRIMARY

SIG 11		Non-Affiliates	
44.2	University clinic	21.9	Elementary school
10.0	Private practice &	14.6	University clinic

10.9	Other		
7.1	Elementary school	9.0	Outpatient clinic
6.7	Outpatient clinic	8.7 8.7	Acute care (hospital) & Other

- OTHER = 34 different responses

SECONDARY

SIG 11		Non-Affiliates	
15.6	Private Practice	13.8	OutPT Clinic
12.4	OutPT Clinic & University clinic	11.8	Acute Care (hosp)
9.7	Elementary School	7.9	Early Intervention (0-5) University Clinic
9.1	Acute Care (hosp)		Private Practice

4. Identify the degrees you have earned. Count only actual degrees – not equivalencies or certificates – and do not include degrees yet to be conferred

SIG 11		Non-Affiliates	
91.3	Masters	92.8	Masters
10.9	PhD	6.2	PhD
4.1	Other doctorate	4.6	AuD

5. How many years have you been employed in the profession of audiology and/or speech-language pathology?

Years	SIG 11 ^a (%)	Non-Affiliate ^b (%)	All Respondents ^c (%)
Median	23.0	22.0	23.0
Mean	23.8	23.1	23.5
Standard deviation	10.8	10.5	10.7
Range	0-50	3-50	0-50

Note: Large SD (Indicative of substantial variation)

7. How many weeks per year do you spend supervising?

Weeks per year	SIG 11 ^a (%)	Non-Affiliate ^b (%)	All Respondents ^c (%)
Median	36.0	30.0	36.0

Mean	33.3	26.7	30.1
Standard deviation	16.5	17.9	17.3
Range	0-52	0-52	0-52

Note: Large SD relative to mean & median indicates substantial variation

8. Currently, what percentage of your week is spent in the process of clinical supervision?

SIG 11		Non-Affiliates	
0-25%	36.7 % (<i>slightly more than 1/3</i>)	0-25%	50.2% (<i>more than half</i>)
25-50%	31.3 % (<i>slightly less than 1/3</i>)	25-50%	23.9% (<i>about ¼</i>)

9. Approximately how many hours per week do you provide supervision to (Undergrads, grads, support personnel, clinical Fellows/Aud student final extern, Staff)

SIG 11

Most are supervising 11-20 hrs/wk [45%]

Or 6-10 hrs/wk (40.9%)

1. Grad Students
2. Staff
3. Support Personnel

Non- Affiliates

Most are supervising 6-10 hrs/wk [48.5%]

Slightly more than ¼ [28%] supervise 11-20 hrs/wk

1. Grad Students
2. Support Personnel
3. Staff

Conclusion: Most non-affiliates spend about ¼ of their work week supervising, while SIG 11 members devote ¼ to ½ of their work week supervising. Both groups have grad students as their #1 population of supervisees.

14. List any credentials and/or degree(s), you have earned related to supervision (e.g., an advanced degree with special emphasis in supervision, including a project, thesis or dissertation).

(Note: All responses that did not meet the operational definition were eliminated)

DEGREES

Post Masters/6 th Year	6
MEd or Masters in Spec Ed	6

With emphasis in administration, supervision/leadership	
MS Counseling	1
MPH in Health Admin & Policy	1
MBA	1
EdD Curriculum & Instruction Supervision/Admin/Leadership	2 5
PhD	3
PhD/SLPD candidates	2

LICENSES

Supervisor of Support Personnel	1
Director of Spec Ed	1
Supervisory License	2

STATE CERTIFICATE/CREDENTIAL

Certificate or credential in supervision and/or administration	30
School building leader/principal	3
SLP Supervision Certificate	4
Spec Ed Supervision certificate	3
HERS Certificate	1
Superintendent	1

OTHER

Amer Assoc PT Clinical Educator	2
VA Preceptor Fellow	1
VA Endorsement in Admin & Supr	1
Passed NTE Specialty exam in admin/supr	1
Chair Doctoral dissertation in supr	13

15. List any supervision courses you have taken (indicate number of credits earned)

pp 11-21 of survey responses: 11 pages

Many responses were not relevant to the question – i.e., people listed CEUs earned for workshops, short courses from conventions and conferences etc. Many vague answers – e.g., “clinical supervision course” and others listed courses in educational administration or for MBA students. Approximately 40-50 responses appeared to be actual courses in speech-language pathology and audiology supervision for which academic credit was earned.

16. List and describe any types of professional development you have completed related to supervision –e.g., conferences, short courses, workshops.

pp 22-39 : 18 pages

It was evident from the number of responses, that individuals are engaged in a variety of continuing education experiences through college and university programs, state conferences and national organizations' conferences and conventions.

17. What criteria should be met to be granted Clinical Specialty Certification in Supervision? (Check all that apply.)

Response	SIG 11 ^a (%)	Non-Affiliate ^b (%)	All Respondents ^c (%)
Pass a comprehensive exam	28.3	23.0	26.2
Provide a portfolio and case study documenting advanced knowledge and skills in supervision	43.5	33.1	39.5
Provide documentation of a specified number of CEUs related specifically to supervision	80.4	70.0	76.5
A specific number of years (e.g., at least 5 years) providing supervision	80.4	86.4	82.7

In addition to these:

- 5 to 10 years experience in clinical area(s) for which supervision is being provided
- Supervisee evaluations
- Letters of recommendation from peer & superiors/ performance reviews

18. Indicate any Clinical Specialty Certification administered by ASHA or an outside entity (e.g., Board Certified Specialist in Swallowing and Swallowing Disorders, BC-ANCDS,).

Many unfamiliar

Many NA responses

Approximately 30-40 appear to be legitimate types of specialty certification:

BC-ANDS	3
BCS CHILD LANGUAGE	6
BCS FLUENCY	5
BCS SWALLOWING	7
Board Certified in Audiology	2

Board Certified Behavior Analyst	4
Certified Autism Specialist (IBCCES)	3
Certified Brain Injury Specialist	2

19. How challenging is it to find audiologists or speech-language pathologists with expertise in supervision to work in your community?

Response	SIG 11 ^a (%)	Non-Affiliate ^b (%)	All Respondents ^c (%)
Very challenging	21.8	21.9	21.8
Somewhat challenging	50.7	44.9	48.5
Somewhat easy	12.3	15.5	13.5
Very easy	1.9	3.8	2.6
I don't know	13.3	14.0	13.5

20. Having a professional in my area with Clinical Specialty Certification would:

Have very little effect: about ¼ of all respondents

Have a moderate effect: about 1/3 of all respondents

Have a significant effect: about ¼ of all respondents

21. What do you believe is the “value added” of holding Clinical Specialty Certification in Supervision? (Check all that apply.)

Response	SIG 11 ^a (%)	Non-Affiliate ^b (%)	All Respondents ^c (%)
Increased respect (from peers, administrators, supervisees)	64.4	58.3	62.0
Opportunity to be a resource/consultant to present and future supervisors	83.4	76.9	80.9
Potential for new job title	27.3	23.5	25.8
Potential for professional promotion	39.7	27.7	35.0
Salary increase	24.2	21.6	23.2
No value added	10.5	12.9	11.4
I don't know	12.4	7.2	10.4

Most important for Both SIG and Non-Affiliates: #1 **Opportunity** to be resource/consultant and #2 **Respect**

Only about 10% did not perceive any value and an additional 10% were unsure of value

This is important quantitative data relative to the comments in the 5 pgs of responses to Q28: What might prevent you from pursuing Clinical Specialty Certification

22. Do you think there should be Clinical Specialty Certification in Supervision?

Two-thirds of all respondents (66.6%) replied YES

... and only 15% responded NO

23. If Clinical Specialty Certification in Supervision becomes available, how likely is it that you would pursue such certification?

Response	SIG 11 ^a (%)	Non-Affiliate ^b (%)	All Respondents ^c (%)
Not at all likely	7.6	11.7	9.2
Not very likely	5.7	15.5	9.5
Somewhat likely	17.9	23.1	19.9
Likely	19.5	24.2	21.3
Very likely	45.5	22.3	36.5
I don't know	3.8	3.0	3.5

It is obvious that our affiliates are very interested in specialty certification!!

24. What would be important aspects to include in the certificate program? (Check all that apply.)

Response	SIG 11 ^a (%)	Non-Affiliate ^b (%)	All Respondents ^c (%)
Conflict management	84.1	75.3	81.1
Feedback – types, frequency, timing	90.8	75.8	85.6
Formative and summative evaluations – measuring performance	83.8	70.9	79.4
Foundations of clinical education/supervision	75.1	60.4	70.1
Impact of diversity and differences on clinical and supervisory interactions	74.9	57.1	68.8
Legal, regulatory, and ethical issues relevant to supervision	85.0	78.6	82.8
Methods of planning for clinical and supervisory processes	72.8	47.3	64.0
Relationship development and communication skills	74.9	67.6	72.3
Research and evidence-based practice in supervision	80.1	59.9	73.1
Strategies for observing and analyzing clinical and supervisory processes	80.1	72.0	77.3
Supporting/remediating marginal performers	87.6	83.5	86.2
Techniques to facilitate critical thinking and problem solving	86.4	83.5	85.4
Other (see below)	10.4	4.4	8.3

25. What facility settings would likely benefit from practitioners with CSC?

ALL 15 listed !

Early intervention

Preschools

Elementary schools

Middle schools

High schools

Acute care (hospital)

Post-acute care:

Inpatient Rehab Facility (IRF)

Long-Term Acute Care Facility (LTAC)

Skilled Nursing Facility (SNF)

Outpatient clinics

Home health

Hospice

University clinics

Clinical research

Private Practice

28.What reasons might prevent you from pursuing CSC in Supervision?

Note: Q21 only 11% said No Value

And Almost half of SJG 11 Affiliates responded they were "very likely to pursue"

Thus, Comments reflect a definitive minority and highlight how we need to educate our constituents

our constituents **PRIMARY REASONS**

- *Time* 32
 - *Close to retirement* 25
 - *No Value /No Need* 18
 - *Cost* 17

29. Please provide any other comments you may have regarding the proposed CSC in supervision

The 13 pages of comments (pp55-67) reflect a number of misperceptions, approximately **35** thoughtful suggestions for developing requirements/criteria, and targets for educating and marketing to potential candidates

COMMENTS	Positive +	Negative -	Combo
	109	39	10



MGH INSTITUTE

OF HEALTH PROFESSIONS

December 12, 2016

Council on Clinical Certification
American Speech-Language Hearing Association
Rockville, MD

To Whom It May Concern:

I am writing to support the proposal from a number of ASHA members regarding establishment of certification in the area of supervision. These individuals dedicate themselves to providing support and education for individuals ranging from novice to expert. Their role in the clinical and professional development enterprise cannot be overstated. Individuals who provide important formative preparation for students, clinical fellows, early career speech-language pathologists and audiologists, and advanced practitioners in a variety of work settings are all greatly needed.

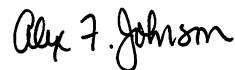
My support for this important step forward is influenced by three factors from my own observation and experience. First, early in my career (1988-99) I had the opportunity to launch a comprehensive two year clinical fellowship in medical speech-language pathology in the Department of Neurology at Henry Ford Hospital in Detroit, MI. From that experience, I learned the benefit of intensive, focused clinical preparation for new master's graduates. From that experience, I learned the benefit of careful instructional design models, the value of goal setting with learners, and critical features of assessment for clinical decision making. Second, as a department chair at Wayne State University (1999-2008), I observed the painstaking work that went into the preparation of new graduate students. Again the value of explicit teaching, feedback and reflection, and evaluation became obvious. In comparison, with my own previous experience with clinical fellows, I became aware of the more difficult tasks involved with establishing initial clinical skills very early in the clinical education process. Finally, in my current position as provost in a comprehensive graduate school of health professions, I am keenly aware of the need for skilled clinical educators who are equipped to bring skill in designing learning experiences, using technology for simulated learning, able to efficiently provide feedback, and to debrief reflectively with students. These advanced skills are not part of the basic preparation of speech-language pathologists and so additional preparation is needed for mastery.

My own conclusion based on the experiences noted above is that there is a need for explicit development of master clinical educators (supervisors) in SLP and audiology. Recognition of individuals with this expertise via certification would provide an obvious and much needed resource

for colleagues who are enlisted into the clinical educator role and need guidance. Hundreds, if not thousands, of individuals are providing clinical education, supervision, and oversight of learners at all levels. The ability to readily recognize and access qualified specialists will be of great use to the field. Clinical specialists in supervision will mentor other instructors, and will provide leadership in important educational discussions that are occurring around competence, quality, patient safety, and interprofessional practice. During my tenure as President of ASHA (2006) and during six years of service on the Board of Directors, I can assure that the number of national concerns that arose regarding issues of professional education were significant and time consuming. I believe that assuring a level of expertise necessary to shape future generations will be a sound investment for the discipline. Our students, fellows, and clinical professional employees all deserve quality professional education and lifelong development.

In closing, let me say that I am pleased that our colleagues are bringing this proposal to you at this time. I believe that the establishment of a group of credentialed clinical supervisors/educators will provide much needed substance and leadership to the practice of professional formation in our discipline.

Sincerely yours,



Alex Johnson, PhD, CCC-SLP
Provost and Vice President for Academic Affairs



December 19, 2016

Dear CSCC Committee Members:

It is with great earnest and delight that I write the letter in support of approving “Supervision” as a specialty area of clinical practice as recognized by the Committee on Clinical Specialty Certification (CCSC) and the Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC). The area of supervision has long been recognized by various organizations both within our professions (e.g., ASHA, AAA and CAPCSD) and outside of our professions (e.g., APTA, AOTA, ACSWA, and APA) as requiring a unique set of knowledge and skills, distinct from those skills required for direct patient care. The stated purpose for specialty certification is to allow recognition of advanced knowledge and skills in specialized area of practice, and as such the specialty area of “Supervision” meets those qualifications.

The move towards specialty certification comes as a natural progression in a series of significant developments in the recognition of supervision as a unique and valuable area of practice. In 2014, ASHA’s Board of Directors approved a report from the Ad Hoc Committee on Supervision on the knowledge and skills and training considerations for supervisors. This report led to a subsequent Ad Hoc Committee on Supervision Training, which in addition to outlining development of resources for training individuals involved in supervision, made the recommendation that the CFCC consider a minimum requirement of 2 clock hours, every 3 years, of professional development in supervision training for ASHA members who provide clinical supervision. As a member of the Ad Hoc Committee on Supervision Training, I can attest that there was a pervasive recognition of the importance of quality clinical education across various committees within ASHA. Members of the CCSC are encouraged to read the reports of the Ad Hoc Committees, as well as other position statements for further insight into the wide scope and implications for high quality supervisory practices.

Additionally, I have served as VP for Standards, Credentials and Clinical Education on the Council of Academic Programs in CSD (CAPCSD) since 2013. CAPCSD has long recognized the importance of clinical education within graduate education programs. CAPCSD has invested significant financial resources to develop a series of online continuing education courses in clinical supervision based on an evidence-based, distinct and definable body of knowledge and skills derived from within and outside of our profession. The CAPCSD Board approved this expenditure, in part, out

of recognition of the importance of training in the specific knowledge and skills involved in quality supervision.

I wish to mention that you will not find a more passionate and committed group of professionals as those in SIG 11 Administration and Supervision. I have been affiliated with the group since 2005 and have admired how members tirelessly seek to educate others about the importance of quality supervision for the future of our professions – a goal which can only be obtained through specialized knowledge, skills and experience.

I most strongly encourage the approval of the Phase 1 application for specialty certification in “Supervision”. The submitted application and supporting documents have clearly demonstrated the merits of the application. It is clear to those like myself, actively involved in the scholarship of clinical education and supervision, that this is the right action at the right time.

With highest regards,

A handwritten signature in black ink that reads "Carol C Dudding". The signature is fluid and cursive, with "Carol" on the top line and "C Dudding" on the bottom line.

Carol C Dudding, PhD CCC-SLP

Associate Professor, Director of Online MS SLP Program, JMU
VP for Standards, Credentials and Clinical Education, CAPCSD
Distinguished Scholar, National Academies of Practice

ELIZABETH S. MCCREA, Ph.D., CCC-SLP
700 South Jordan Avenue
Bloomington, IN 47401

December 16, 2016

Judith Brasseur, Ph.D., CCC-SLP
Member, Coordinating Committee
Special Interest Group 11-Administration and Supervision
American Speech-Language-Hearing Association

Dear Judy:

I am pleased to write in support of the SIG 11's initial application to the Specialty Certification Board to establish Specialty Recognition in Supervision and Clinical Education. I have been a clinical educator and supervisor for over 4 decades and during this time also served as President of the Council of University Supervisors in Speech-Language Pathology and Audiology, Coordinator of Special Interest Division 11 for two terms, ASHA Vice-President for Academic Affairs and ASHA President in 2014. Across all this time and volunteer service and experience, I have observed the interest in and need for leadership in supervision and clinical education build within the professions.

It has always seemed contradictory to me that while the professions themselves as well as external regulatory and accrediting bodies have required supervised clinical practicum in order for students to ultimately be certified to practice, there has not been any attempt at systematic preparation of potential supervisors to fulfill the role of supervisor. Implicit in the requirement for supervision is the notion that it will ultimately ensure the acquisition of competent clinical skills by students and therefore, the achievement of positive clinical outcomes for their clients/ patients; however, efficacious and effective supervisory practice is not an intuitive process. It is a complex and multifaceted one that needs to respond to the individual and varying needs of each individual student/supervisee. Both the 1978 and 1985 reports from the ASHA Committee(s) on Supervision detail the complexity of the supervisory process and the array of tasks and competencies (1978) and knowledge and skills (1985) requisite to the appropriate supervision of graduate students as well as other service providers in the continuum of personnel.

Since these early committee reports there have been three others, the most recent of which was approved by the Board of Directors in the spring 2016. In that report, the committee reinforced the perspective that supervision/clinical education is a distinct area of professional practice. The report also acknow-

ledged the complexity of the supervisory process not only within graduate training but also to the supervision of SLPAs, CFs, 4th year audiology students and to already certified members who might be changing job settings. Lastly, it made several recommendations, one of which is that a program of Specialty Certification be sought for supervisors and clinical educators.

Supervision/clinical education is an individualized process that facilitates the application of knowledge about the assessment and management of communication disorders to the independent clinical management of problems of disordered communication. It is grounded not only in knowledge of normal and disordered communication but in theories of leadership, adult learning and interpersonal communication, all of which promote the development and refinement of behavior of those being supervised. Achievement of Specialty Certification by supervisors /clinical educators would indicate to their students and colleagues that they had moved beyond an intuitive approach to supervision to one that is informed and reasoned; that they are invested in providing best supervisory practices to those they supervise; and most fundamentally, that they are also invested in making sure that the services provided to communicatively disordered persons by those whom they supervise are competently delivered.

I enthusiastically concur with the results of the SIG 11 membership survey endorsing an application to seek Specialty Certification in supervision/clinical education. I appreciate the opportunity to speak to it.

Sincerely,

/s/ Elizabeth S. McCrea, Ph.D., CCC-SLP
Clinical Professor Emerita
Department of Speech and Hearing Sciences
Indiana University

Fellow, American Speech-Language-Hearing Association

UNIVERSITY OF MINNESOTA

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December 11, 2016

American Speech-Language-Hearing Association
Council for Clinical Certification (CFCC)
Attn: Committee on Specialty Certification
2200 Research Boulevard
Rockville, MD 20850

Re: Proposal for Specialty Certification in Supervision

Dear Members of the CFCC Committee on Specialty Certification

I am pleased to write a letter of support for the proposal in Specialty Certification in Supervision (SCIS). I have had the pleasure of reviewing an early draft of the proposal and it is my intention to add further unique support to the proposed certification plan that is before you. Admittedly, much of my support comes from my own experiences serving on committees and participating in conversations through the American Speech-Language-Hearing Association (ASHA), the Council of Academic Programs in Communication Sciences and Disorders (CAPCSD), and visiting with programs as a site visitor with the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA). Note, however, that the views and opinions expressed in this letter are my own as an ASHA member and leader in clinical education.

We are currently poised at a time where SCIS is more than a need, it is a necessity. We have an exciting and ever-changing landscape that contributes to our need. This includes:

- a growing number of accredited programs,
- an expanding scope in our discipline and professions,
- further-defined roles of Speech-Language Pathology Assistants, with continued exploration and guidance on the use of Audiology Assistants,
- a growth in the interest in the clinical doctorate in Speech-Language Pathology – with a growing number of professionals expressing the need for Speech-Language Pathology to be “at the table” in a defined supervisory role across environments,
- *and a unique opportunity to “do what’s right” for the next generation of professionals.*

Given where we stand, there are several compelling reasons to move forward with SCIS that warrant discussion:

- *Our members recognize supervision as a specific area of practice. It is time for us to provide them with opportunities to recognize their enhanced skills.* From 2014-2016 I had the distinct pleasure of chairing ASHA’s Speech-Language Pathology Scope of Practice Committee. It was crucial to this distinguished committee that the 2016 document defined supervision as a *distinct area of professional practice*. We moved forward with this commitment and it was positively received in the peer-review process. We

are now poised to build the next step in the bridge of this area of professional practice – and offer our members the opportunity to be recognized for their specialty in supervision.

- *Proposed future standards for our discipline recognize the need for supervisor education.* I was pleased to learn of the CFCC's step to open the door to required supervision education in a future version of the standards for the Certificate of Clinical Competence. This conversation demonstrates the CFCC's recognition that our discipline has a long way to go with ensuring that we support our next generation of clinicians. Of course, I understand that our members will have their voice in this matter, but our need is real and this need has moved far beyond Special Interest Group 11's advocacy alone. If our path is one where we look to entertain discussions of "requirements" for supervisor education, we must seriously consider the option of recognizing our peers with specialized knowledge and skill.
- *The competitive environment provides an opportunity for us to step forward.* The American Board of Audiology has recognized the need for specialty certification as well. They currently offer the Certificate Holder – Audiology Preceptor (CH-AP) program. This program is specific to audiology and culminates in a certificate. CAPCSD has also introduced a commitment to series of online education modules in supervision to better educate our supervising clinicians in the art and practice of this unique area of practice. The CAPCSD offering will offer both ASHA and American Academy of Audiology continuing education units, with no certificate. Although I am a firm believer that we need not follow the direction of other organizations, I simply point this out as further documentation of the anticipated need in our discipline. A logical step would be the option for our members to be recognized for going above-and-beyond in the clinical practice of supervision.
- *We have the opportunity to do what is right for the next generation of professionals.* I mentioned this opportunity in the landscape of change. However, it is more than a factor in our landscape. The early experiences of our future clinicians should not be taken lightly. Supervising clinicians have the ability to "make or break" the views of our next generation. I am aware that not every member will obtain SCIS. However, those who do earn the credential will have the opportunity to create the ripple effect that our professions need both today, and into the future.

I am pleased to support the proposal before you. I do so on behalf of the many clinicians who have yet to even discover our professions. If you have any questions, please do not hesitate to reach out to me at the contact information provided below.

Sincerely,



Mark DeRuiter, M.B.A., Ph.D., CCC-A/SLP
ASHA Fellow
Director of Graduate Studies and Clinical Education
derui001@umn.edu
612-624-5755

December 19, 2016

Letter of Support to Establish Clinical Specialty Certification in Supervision

Melanie W. Hudson, CCC-SLP F-ASHA

As a recognized expert in the area of clinical supervision, I have been asked to write a letter of support as part of the application process to establish Clinical Specialty Certification in Supervision. In addition to numerous publications and conference presentations in the area of clinical supervision, I also served as Coordinator of Special interest Group 11, Administration and Supervision (2012-14), and as a member of ASHA's Ad Hoc Committee on Supervision in 2013.

ASHA's AD Hoc Committee on Supervision Training (2016) recommended specialty certification in supervision. It outlined a plan for establishing training opportunities, and a 6-year transition plan toward training individuals who engage in clinical supervision. I support this recommendation, and strongly urge the CFCC to consider the establishment of a Clinical Specialty Certification in Supervision.

Our own professional association has defined supervision as a distinct area of expertise (1985), and has long recognized clinical supervision as an area of specialization requiring a unique set of knowledge and skills that transcend clinical competence (ASHA 1985, 2008, 2013, 2016; CAPCSD 2013). In recognition of this fact, at least two states already require specialized training in the area of supervision for supervisors of SLPs working with a provisional license. This requirement serves to assure the consumer (supervisee) that supervision will be provided in accordance with state law requirements leading to full licensure.

In addition, the Council of Academic Programs in Communication Sciences and Disorders (CAPCSD) has recently developed an on-line instructional website for best practices in clinical education, further evidence of the need for formal training while supporting ASHA's definition of clinical supervision as a distinct area of expertise.

Two of our allied health professions, APTA and AOTA already have standardized voluntary credential programs in place to identify "Clinical Instructors." A clinical specialty certification in supervision would align our professions with these groups of colleagues as we continue our focus on inter-professional education and practice (ASHA's Envisioned Future 2025.)

ASHA's Ad Hoc Committee on Supervision (2013) considered training for supervisory skills and knowledge in relation to five distinct groups who provide clinical supervision:

1. individuals in academic training programs who supervise graduate students,

2. individuals in clinical or educational settings who provide externship or off-campus supervision to graduate students,
3. practitioners who supervise audiology or speech-language pathology assistants,
4. speech-language pathologists who supervise clinical fellows and audiologists who supervise audiology clinical doctoral students in the final externship,
5. speech-language pathologists and audiologists who supervise credentialed colleagues who are changing their primary clinical focus.

These five distinct groups represent the distinct and definable population of consumers that would be better served as a result of Specialty Certification in Supervision. As a former member of ASHA's Board of Ethics, and current member of my state's Board of Examiners in SLP and Audiology, I have witnessed numerous adverse situations that could have been prevented if the consumer had been able to identify supervisors prepared by specialized education and experience in the area of supervision. A Clinical Specialty Certification in Supervision would serve this purpose, thereby allowing supervisors to define more precisely the nature of their expertise relative to clinical practice.

In its final report approved by ASHA's Board of Directors, the Ad Hoc Committee on Supervision (2013) stated that "Effective supervision ensures that new professionals are well prepared and that quality services are provided to individuals with communication disorders. It is by this means that effective supervision contributes to the ongoing vitality of the professions. Formal training in the supervisory process is essential to maximize practitioners' clinical and professional skills in the workplace." A Clinical Specialty Certification in Supervision would demonstrate to the public that the holder of this specialty certification has received such training in the supervisory process, leading to advanced knowledge, skills, and experience beyond the Certificate of Clinical Competence level. It would also validate that the holder has the necessary expertise to provide competent and effective supervision, thereby meeting the needs of the consumer.

Supervision crosses all areas of practice, and most of us have served or will serve as supervisors during our career. Fortunately, most of us have had supervisors who contributed significantly to our own professional growth and development. However, many of us have also witnessed supervisory relationships that were unproductive and ineffective, and in some cases, even destructive. It is for this reason that so many experienced clinicians support training in supervision. In May, 2016 ASHA fielded a study on behalf of SIG 11 (Administration and Supervision) to determine affiliates' interest in establishing Clinical Specialty Certification in Supervision. Two-thirds of the respondents approved of a specialty certification in supervision. The results of this survey represent a hearty endorsement by the membership in support of a Clinical Specialty Certification in Supervision.

I wholeheartedly support the establishment of a Clinical Specialty Certification in Supervision.

To: CFCC Committee on Specialty Certification (CCSC)

From: Monica Gordon Pershey, Ed.D., CCC-SLP, Coordinator,
SIG 10 Higher Education Coordinating Committee

Re: SIG 11 Coordinating Committee Stage I Application for Establishing Clinical Specialty
Certification in Supervision

Date: December 18, 2016

The Coordinating Committee for SIG 11 Administration and Supervision has approached me, on behalf of the Coordinating Committee for SIG 10 Higher Education, to write in support of their Stage I Application for Establishing Clinical Specialty Certification in Supervision. After careful review of their application, I am pleased to offer this letter of support.

Quoting from the application guidelines, “the purpose of Stage I of the Application is to clearly define the specialty area, define the population of consumers, and demonstrate that the Petitioning Group is composed of practitioners who provide service in the area.” The application must demonstrate that “the area of specialization (a) encompasses a particular clinical aspect within the scope of practice ...; (b) achieves a definable outcome related to the uniqueness of an identifiable consumer need; (c) requires advanced knowledge, skills, and experience beyond the Certificate of Clinical Competence (CCC) level....”

The SIG 11 application demonstrates attainment of these purposes by stating that the need for this certification is fundamental to ASHA’s recognition of the importance of supervisory skills. The application states, “Achieving clinical competence does not imply that one has the special skills needed to be a competent supervisor; effective supervision requires a set of unique knowledge and skills (ASHA 1985, 2008, 2013, 2016; CAPCSD 2013).” Supervision, by its very nature, encompasses particular and advanced clinical and professional skills beyond those needed for direct services to clients, and supervision was legitimized by ASHA in 1985 as a distinct area of expertise. The SIG 11 application reviews the extensive history of this process of legitimization from 1974 through the present day, under the auspices of ASHA, CAPCSD, state regulatory agencies, and university programs. Clearly, the application situates this request for specialty certification within ASHA’s longstanding process of bringing supervision to a level of performance that requires advanced knowledge, skills, and credentialing. The application notes that ASHA’s Ad Hoc Committee on Supervision Training (2013, 2016) recommended formal education for supervisors, and that committee’s *May 2016 Final Report: A Plan for Developing Resources and Training Opportunities in Clinical Supervision* recommended mandating training and continued professional development in supervision as part of CAA and CFCC standards. Part of the recommended phase-in includes that “SIG 11 petition CFCC to establish specialty

certification in supervision.” The SIG 11 leadership is to be commended for its timely completion of this application.

The application requires “[d]efinition of the population of consumers and description of how consumers will be better served as a result of such specialty certification consumers whose needs require a distinct body of knowledge, skills, and experience.” The application defines this population as SLPs working in a variety of supervisory capacities, from supervisors of university students to supervisors of professional colleagues. The specialty recognition will provide quality supervision across the professional lifespan of SLPs and audiologists. This consumer need was identified by ASHA’s Ad Hoc Committee on Supervision Training, CAPCSD’s 2013 white paper, and a 2016 ASHA survey where 66.6% of 777 respondents identified a need for this specialty certification, with about half of these respondents expressing an interest in pursuing this professional development. The application indicates that the need for qualified supervisors to prepare SLPs and AuDs allies with the professional preparation of physical therapists, occupational therapists, and K-12 educators, and would thus enhance and bring into balance the quality of interprofessional education.

The certification of supervisors could further ally the efforts of SIG 11 with the higher education initiatives promoted by SIG 10. An important outcome of this specialty recognition could be that universities could expand their programs to offer the courses or other experiences needed for specialty certification. This might mean that more clinical professionals would begin to teach in higher education settings. I foresee that the specialty certification will be of benefit to the charge of SIG 10, in that many SIG 10 affiliates will benefit from earning this certification and will bring this advanced knowledge and skills to their roles in higher education and to building their programs’ strengths.

My support of this application stems not only from the important professional need for this certification, but also from my own very positive experiences with SIG 11’s leadership. During the past several years that I have served on the SIG 10 CC, SIGs 10 and 11 have partnered on ASHA convention short courses and invited sessions. I have worked with the SIG 11 leadership at BSIG meetings and via email. As a SIG 11 affiliate, I have attended its convention affiliates meetings, received a SIG 11 small grant, published in SIG 11 Perspectives, and participated in its online Community. Throughout these experiences, I have found the SIG 11 leadership to be dedicated, organized, inclusive, creative, and in tune with the supervisory needs of practitioners, be they supervisors or supervisees. I have every confidence that the SIG 11 CC will move forward with the clinical specialty certification process with the diligence and care that they bring to all of their efforts.

Again, I endorse the SIG 11 application without reservation and wish them the best of success.



MedStar Good Samaritan Hospital

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December 13, 2016

Re: Letter of Support for Specialty Certification in Supervision

Dr. Dan C. Halling

Chair, Council for Clinical Certification in Audiology & Speech Language Pathology (CFCC)
ASHA Committee on Specialty Certification (CSC)
American Speech-Language-Hearing Association (ASHA)
2200 Research Boulevard
Rockville, MD 20850-3289

Dear Dr. Halling

I have been asked to submit a letter of support on behalf of ASHA's Special Interest Group 11 (SIG 11) Coordinating Committee. SIG11 Administration & Supervision is in the process of submitting a Stage I Application seeking Clinical Specialty Certification in Supervision and I enthusiastically endorse their application for Specialty Certification in Supervision.

I am currently retired and serving as a Rehabilitation Consultant with Medstar Health. For five years prior to my retirement in January 2014, I served as the Chief Operating Officer and Compliance Officer at the Medstar National Rehabilitation Hospital (MNRH) in Washington D.C.. I was the inaugural Director of MNRH's Speech Language Pathology Service in 1985 and served in that role for 10 years before moving into administration for the next 18 years of my career. As An ASHA Fellow, I have had a long standing interest in and service to ASHA during my stint at MNRH. Interestingly and perhaps with a touch of kismet, I was the inaugural Co-ordinator of then SID 11 and also served as the Chair of the first Board of Division Coordinators and never contemplated such growth in expertise and interest in administration and supervision within our clinical discipline. Needless to say, I am delighted with the mission and vision of SIG 11 and its thoughtful and timely expression of interest in Specialty Certification. I continued to be an ASHA volunteer, from serving on a committee in the '80s to develop the Functional Communication Measures (forerunners to NOMS) as well as Chair the Boards of Ethics and Honors. Then in 2011, I served as ASHA President and now serve as a member of ASHA's Government Relations and Public Policy Board. I have been in the field for over 46 years and served as Visiting Professor to three area universities during my clinical, administrative and teaching career. My major area of clinical expertise is adult language disorders and my area of administrative expertise is leadership/management/supervision. I currently sit on several boards, including the University of Maryland's Board of Visitors and TranZed/The Childrens' Guild of which I am Vice Chair and I also sit on the Editorial Board of Topics in Stroke Rehabilitation.

Besides holding my CCCs, I am also a certified Healthcare Executive (FACHE) as well as a Certified Professional in Healthcare Quality (CPHQ). I have been a devotee of specialty certification in the administrative arena for over 16 years, and applying for and becoming certified in 2000 in these two administrative healthcare specialties was personally daunting,

rewarding and beneficial. The certification criteria for these two credentials were similarly challenging and comprehensive, requiring a certain number of years of experience, related CEUs, an exam, and an interview followed by requisite related annual CEUs. As the healthcare field has exploded in scope, accountability, levels of care and complexity, the credentials of administration and patient safety/quality have become ever more necessary and expected for proficiency in professional healthcare practice. My experiential and professional expectation is that the credential of Supervision in ASHA will have a similar far reaching and positive impact on the various supervision stakeholders as well as on the prospective certified supervisors who will achieve this unique and valued credential in supervision.

The SIG 11 Coordinating Committee has clearly defined the Specialty Area of Supervision and provided a brief, chronological and topical history and list of pertinent references that well documents the journey of supervision in our field from rudimentary supervisory conference with students to state of the art, cutting edge supervisory practice with each consumer group in both Speech Language Pathology & Audiology. In December of 2013, ASHA's Board of Directors approved the Ad Hoc Committee on Supervision's: *Final Report: Knowledge, Skills and Training Considerations for Individuals Serving as Supervisors*. This most recent ASHA document on supervision describes and defines the overarching needs for core skills and knowledge regardless of venue and then as they relate to the following consumer venues:

- Student Training;
- Students in the Culminating Externship in Audiology
- Mentors of Clinical Fellows in SLP
- Supervision of Support Personnel
- Supervision of Credentialed colleagues in SLP and Audiology

I view this ground breaking, comprehensive analysis of the requisite Knowledge and Skills in Supervision as the foundation necessary for the systematic development of the certification standards and exam content in supervision. There are ample illustrations of certification criteria and examination topics and questions in other fields that may form the review of best practices as well as the evidence based practice where supervision is already in practice e.g., some states already reportedly have special certification requirements for program supervisors in schools.

Let me close with my personal plea that the CSC approves the Stage I Application for Certification in the specialty of Supervision. The CSC application discusses the outcomes and practices that relate to the consumers of supervision e.g., students and CFs. However, it is paramount to point out that the true direct beneficiaries of certification in supervision will be our patients/clients in every age and venue of care and instruction. We are now over 188,000 ASHA members and if we can raise the bar in supervision in every interaction and clinical venue, then truly the most valued outcome will be that those we now serve will be better served. It has been my experience that the best supervisors in our field have been those who first and foremost have adopted supervision as their "career" and who have been schooled in the current practice and training in the discipline of supervision. It was not until I sought certification in healthcare

practice and quality that I began developing an appreciation for the art and science of supervision. The etymology of the word supervision literally means to oversee. Well the job of the supervisor today is much, much more than oversight, Today and tomorrow, it is the responsibility of supervisors to have honed and practiced the supervisory knowledge and skills that are necessary to be a true coach, mentor, model, counselor, disciplinarian, teacher, advocate, and resource. Certified Supervisors will hopefully be current not only in the myriad of clinical diagnostic and therapeutic practices but more importantly, the “go to” local expert in the professional practice areas of ethics, compliance, cultural competence, reimbursement, documentation, patient/client safety, performance improvement, and volunteerism in student and professional organizations. In short, certified supervisors will be the facilitators and proctors of our best practices in all of Audiology & Speech Language Pathology.

Should you require greater testimony or evidence in this letter of support for certification of supervision in our field, you can reach me via e-mail at paul.r.rao@medstar.net or via my mobile phone at 410-591-3021. I look forward to hearing a favorable decision in Stage I of the SIG 11 Application for Specialty Certification. Thank you for your professional attention in this important and ground breaking endeavor.

Sincerely,



Paul R. Rao Ph.D. CCC F CPHQ FACHE
Rehabilitation Consultant
President, American Speech-Language Hearing Association (2011)
Visiting Instructor, University of Maryland
Vice Chairman of the Board, The TranZed Alliance

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