



AMERICAN  
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ASSOCIATION

## **Ad Hoc Committee on Supervision Training**

**May 2016**

### ***Final Report***

## **A Plan for Developing Resources and Training Opportunities in Clinical Supervision**

**Vicki McCready, CCC-SLP, Ad Hoc Committee Chair**

**Loretta Nunez, CCC-A/SLP, Ex Officio**

**Stephanie Adamovich, CCC-A**

**Karleung Cornell Cheung, CCC-A**

**Carol Dudding, CCC-SLP, Council of Academic Programs in Communication  
Sciences and Disorders (CAPCSD) Representative**

**Natalie Lenzen, CCC-A**

**Kevin McNamara, CCC-SLP, Special Interest Group 11 Representative**

**Nancy Nelson, CCC-A**

**Samantha Procaccini, CCC-SLP**

**Shari Robertson, CCC-SLP, PA, Vice President for Academic Affairs in Speech-  
Language Pathology (2015)**

**Lynn Williams, CCC-SLP, Vice President for Academic Affairs in Speech-Language  
Pathology (2016)**

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## Executive Summary

### Introduction

This report was prepared by the Ad Hoc Committee on Supervision Training (AHCST), which was appointed by the American Speech-Language-Hearing Association (ASHA) Board of Directors (BOD) in 2014. Due to the delay in the appointment of committee members, this committee did not begin its work until February 2015 and completed its work in May 2016.

The AHCST included four audiology and four speech-language pathology volunteer members from a variety of work settings who had experience and expertise in clinical education. The committee member composition also included representation from the Council of Academic Programs in Communication Sciences and Disorders (CAPCSD) and Special Interest Group (SIG) 11. The overall charge from the BOD was to develop a plan to advance and implement programs and develop resources for supervision training.

### Specific Charges to the AHCST

1. Develop a detailed plan that lays out a well-coordinated, comprehensive, and systematic approach for establishing resources and training opportunities in clinical supervision that incorporate requisite knowledge, skills, and competencies outlined by the committee's predecessor, the 2013 Ad Hoc Committee on Supervision (AHCS), in its final report, [\*Knowledge, Skills and Training Consideration for Individuals Serving as Supervisors\*](#).
2. Assist in the identification of qualified persons to develop resources and provide clinical supervision training opportunities.
3. Contribute to the development of resources for the Practice Portal, and create other training opportunities, such as presentations at conferences, to enhance the breadth and depth of the clinical supervision learning opportunities offered by ASHA.
4. Submit the initial plan that identifies the topics to be addressed and the proposed method of delivery to the ASHA BOD by May 2015 (deferred until May 2016), and complete its work of further refining the implementation plan and developing the learning resources that are planned to be created by the committee prior to the end of 2016.

### Committee Approach

Committee members attended two face-to-face meetings at the National Office and participated in four conference calls. Members initially reviewed the history of the need for training in supervision (noted first in the early 1970s) and then conducted an environmental scan of available resources for supervision training. The focus of the committee then turned to

ASHA resources and training opportunities to be developed. Like many previous committees, members acknowledged that supervision is a distinct area of practice and, as such, warrants formal training.

Members also discussed a plan to develop a systematic and detailed approach for addressing the four charges of the committee. Vicki Deal-Williams, Chief Staff Officer for Multicultural Affairs, presented on ASHA's Strategic Pathway to Excellence that included the *Run, Grow, Transform* model for categorizing and managing work. Subsequently, the committee decided to implement this model as a method to categorize and establish ASHA resources and training opportunities (see Charge 1, page 6). Time was also devoted to consulting with Director of Enterprise-Wide Marketing, Gwen Fortune-Blakely, on marketing the importance of supervision training. The committee agreed that advocacy is vital to the ASHA membership's acceptance of supervision training.

Finally, the committee decided to target for training the same five constituent groups engaged in supervision that were identified by the 2013 AHCS. These groups consist of

- clinical educators of graduate students in university training programs or in externships in off-campus clinical settings;
- preceptors of audiology students in the final externship;
- mentors of Clinical Fellows;
- supervisors of support personnel; and
- supervisors of professionals transitioning to a new practice area or re-entering the workforce.

The supervision goals for each of these groups are listed in Appendix A. It should be noted that the individual goals differ according to the particular group—for example, the goal for preceptors of audiology externs and mentors of clinical fellows is to facilitate the transition to independent practitioner, whereas the goal for supervisors of support personnel is to facilitate skill acquisition within the scope of practice under the supervision of a credentialed provider.

### **Terminology**

Consistent with the AHCS, the AHCST agreed to use the term *supervisors* when referring to individuals who are clinical educators, preceptors, or mentors. Likewise, the term *supervision* will be used to describe the activities used to guide those who are developing clinical knowledge and skills in the professions of audiology and speech-language pathology. The more specific terms will be used on documents that will be made available to the ASHA membership for use in training specific groups.

## **Deliverables**

The AHCST created the following deliverables as an outcome of fulfilling the charges that were presented to the committee by the Board of Directors:

- Topics for Supervision Training (Appendix A)
- Plan for Establishing ASHA Resources and Training Opportunities (Appendix B)
- A Sampling of Non-ASHA Resources and Training Opportunities (Appendix C)
- Supervision Training Brand Essence and Positioning Statement (Appendix D)
- Self-assessment of Competencies in Supervision (Appendix E)
- Graphic for Supervision Training (Appendix F)
- Quality indicators for identifying subject matter experts in clinical education/supervision (p.8)
- Timeline for a phased-in transition toward a requirement for training (p.13)

## **Recommendations**

1. That the ASHA-developed brand essence on supervision training be used by academic and continuing education entities to increase engagement in supervision training among ASHA members who supervise.
2. That groups within and outside ASHA continue to coordinate and inform each other about their training resources and/or standards related to training in supervision.
3. That specific resources developed by the AHCST become content on the Clinical Education and Supervision Practice Portal—for example, “Topics for Supervisory Training”—and that any audiologist or speech-language pathologist involved in supervision training be encouraged to use these resources.
4. That ASHA begin to develop the top five priorities for resources and training indicated in the Appendix B titled “Plan for Establishing ASHA Resources and Training Opportunities.”
5. That ASHA use the AHCST’s recommended “quality indicators” for identifying experts in supervision for the development of supervision training activities and resources.
6. That the identified deliverables be disseminated broadly to ASHA members and the academic community in communication sciences and disorders (CSD).
7. That a phased-in transition process be implemented over the next 6 years, culminating in an increased number of audiologists and speech-language pathologists trained in supervision and including consideration by the Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) for a minimum requirement of 2 clock hours, every 3 years, of professional development in supervision training for ASHA members who provide clinical supervision.

## The Four Charges

**Charge 1: Develop a detailed plan that lays out a well-coordinated, comprehensive, and systematic approach for establishing resources and training opportunities in clinical supervision that incorporate requisite knowledge, skills, and competencies outlined by the committee’s predecessor, the Ad Hoc Committee on Supervision (AHCS, 2013).**

Based on the core knowledge and skills necessary for effective supervision that were identified by the AHCS, the AHCST developed supervision training topics (see Appendix A and Charge 4). In an attempt to identify resources for ASHA members to achieve these knowledge and skills, the AHCST laid out a plan for establishing those resources and training opportunities to be developed and curated by ASHA (see Appendix B) as well as a compilation of resources and opportunities available through other related professional organizations (see Appendix C).

### **ASHA Resources and Training Opportunities**

Appendix B outlines the AHCST’s proposed plan for establishing resources and training opportunities for clinical supervision, using the *Run, Grow, Transform* model that has guided ASHA’s strategic planning process. In this model, *Run* encompasses the management of existing, ongoing resources already supported by ASHA that can be maintained at little or no added cost—for example, the ASHA Communities for SIGs 10 and 11. *Grow* envisions innovative expansion and enhancement of existing resources, at some additional cost to the organization—for example, expansion of ASHA Professional Development (APD) opportunities devoted to supervision training. *Transform* aspires to substantive, revolutionary changes to the resources and culture of the professions, at a greater investment of time and effort—for example, the development of an interprofessional knowledge exchange and networking opportunity in clinical education and supervision. The AHCST applied this model in its exploration of existing and potential resources in the areas of professional development, research and publications, and advocacy in supervision.

In reviewing the variety of resources and training opportunities that could be developed and implemented by ASHA, the committee identified its top five planning priorities (see starred items in Appendix B):

1. Advocacy to the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) and the CFCC to consider a standard requirement for supervision training

2. Increased awareness among the academic community and the ASHA membership that clinical education and supervision is a distinct area of practice that warrants training for anyone engaged in supervision
3. Expansion and enhancement of ASHA professional development opportunities and resources on the topic of clinical education and supervision
4. Expansion of publication opportunities related to clinical education and supervision in ASHA journals, *The ASHA Leader*, e-newsletters, and so forth
5. Development of an issue theme in *The ASHA Leader* on the topic of clinical education and supervision

### **Non-ASHA Resources and Training Opportunities**

The AHCST reviewed a variety of non-ASHA organizational resources for supervision (see Appendix C). Potential organizational resources include those from the American Academy of Audiology (AAA), CAPCSD, and state speech-language-hearing associations. A sample of specific non-ASHA resources include the following: Supervisory training modules provided to member academic programs by CAPCSD; the American Board of Audiology (ABA) Certificate Holder—Audiology Preceptor (CH-AP™) Training Program; and publications in the fields of allied health professions, medical education, and other related disciplines.

### **Increasing Awareness of the Need for Supervision Training**

Committee members strongly agreed that more widespread awareness of the need for supervision training among ASHA members is essential to the advancement of quality improvement in clinical training for all five constituent groups identified by the AHCS and listed in Appendix A. To that end, the committee consulted with ASHA’s Director of Enterprise-Wide Marketing, and developed a brand essence to heighten such awareness. This brand essence for supervision training, which is depicted in Appendix D, identifies the core values, benefits, and positioning statement about supervision training. This “deliverable” can be shared with academic and continuing education entities to guide these entities in the development of training opportunities.

**Charge 2: Assist in the identification of qualified persons to develop resources and provide clinical supervision training opportunities.**

### **Quality Indicators**

Rather than identify qualified persons by name, the AHCST decided to provide a long-term solution to meeting this charge by generating a list of specific “quality indicators” that experts in supervision should possess. The following quality indicators were modified from the

recommendations presented in the 2013 AHCS report and are meant to assist in narrowing the process for selecting appropriate candidates:

1. Minimum of 5 years' clinical education and supervisor experience in the profession
2. Evidence of teaching in clinical education and/or training experience (e.g., presentations, webinars)
3. Evidence of ongoing training or education in supervision
4. Evidence of involvement in state, regional, or national organizations related to clinical education and supervision
5. A history of presentations and/or publications in areas pertinent to clinical education and supervision

### **Methods for Identifying Qualified Individuals**

The AHCST also identified suggested methods for locating qualified individuals through appointment and self-identification. Suggested methods for identifying qualified individuals may include the following:

1. Searching the ASHA website for self-identified individuals who hold expertise in the area of clinical education and supervision. Searches may be accessed via an updated ASHA Member Profile, ASHA Volunteer Interest Form, and ASHA link for current volunteer opportunities.
2. Identifying audiologists and speech-language pathologists who have served on former ASHA-sponsored committees, boards, and councils addressing topics related to clinical education and supervision.
3. Identifying audiologists and speech-language pathologists who have published or presented in areas pertinent to clinical education and supervision.
4. Identifying audiologists and speech-language pathologists who have expertise in clinical education and supervision from all SIGs and in particular, SIGs 10 and 11.
5. Creating partnerships within and across education and health disciplines to identify subject matter experts in supervision. Within-discipline partnerships could include, for example, ASHA-recognized specialty certification boards, CAPSCD and AAA. Interdisciplinary partnerships could include, for example, the American Physical Therapy Association (APTA) and the American Occupational Therapy Association (AOTA).

**Charge 3: Contribute to the development of resources for the Practice Portal, and create other training opportunities, such as presentations at conferences, to enhance the breadth and depth of the clinical supervision learning opportunities offered by ASHA.**

#### **Development of Resources for Practice Portal**

Practice Portal content in the Professional Issues section related to clinical education and supervision was developed by a team of ASHA National Office staff. Although it was not intended that members of the AHCST serve as subject matter experts in reviewing the Practice Portal content, five members on the AHCST were invited and served as reviewers.

The AHCST recommends that the following four primary resources from this final report be accessible on the Practice Portal:

1. Topics for Supervision Training (Appendix A)
2. Supervision Training Brand Essence and Positioning Statement (Appendix D)
3. Self-Assessment of Competencies in Supervision (Appendix E)
4. Graphic for Supervision Training (Appendix F)

#### **Creation of Other Training Opportunities**

Although the timeframe allotted for this committee did not allow for the creation of continuing education opportunities in supervision training, the AHCST did develop a set of resources (i.e., deliverables) that were a direct outcome of work on the four charges (see page 4 of the Executive Summary). In addition, as described earlier, in order to promote the development of opportunities for supervision training by ASHA and other entities, the AHCST created a brand essence to aid in those efforts. Committee members plan to present the work of the committee and the new brand essence at future conventions and conferences in order to raise awareness and generate interest in the topic of supervision training and to promote existing training opportunities.

**Charge 4: Submit the initial plan that identifies the topics to be addressed and proposed method of delivery to the ASHA BOD by May 2016, and complete the committee's work of further refining the implementation plan and developing the planned learning resources prior to the end of 2016.**

#### **Goals and Topics for Training**

As noted previously, supervision training targets five constituent groups of audiologists and speech-language pathologists who are supervising graduate students, audiology externs, Clinical Fellows, support personnel, and those transitioning to a new area of practice or re-entering the workforce. The specific goal of supervision for each group—along with both the

general and specific topics for supervisory training among the five constituent groups—is listed in Appendix A. The topics are organized within five broad categories, based on the knowledge and skills developed by the 2013 AHCS, the CAPCSD White Paper: Preparation of Speech-Language Pathology Clinical Educators (2013), and the expertise of the AHCST. The five broad categories are as follows:

- Supervisory Process and Clinical Education
- Relationship Development and Communication Skills
- Establishment/Implementation of Goals
- Analysis and Evaluation
- Clinical and Performance Decisions

In addition to the general topics for supervisory training, specific topics are recommended based on the goals and needs of the five constituent groups of those who are supervising. The topics can be developed into individual and/or collective professional development offerings. Each of these topics should be modified according to the needs of the five constituent groups of supervisors, preceptors, and mentors. The document titled *Knowledge and Skills for Individuals Serving as Supervisors* (AHCS, 2013) should be referenced in creating learning objectives for each of these topic areas. Materials should be developed to address the introductory, intermediate, and advanced needs of the learners.

### **Proposed Method of Delivery**

It is recommended that training materials be developed according to best practices in professional development. Products should address a variety of learning styles, be accessible in a range of formats, and be appropriate for adult learners in a variety of academic and clinical settings. Offerings should have clear learning objectives, be based on identified core knowledge and skills, include opportunities for self-assessment, and infuse best practices in clinical education and supervision from within and outside the CSD discipline. Proposed delivery formats include face-to-face, online, and hybrid offerings. A “train-the-trainer” model may be of interest to certain constituent groups. Asynchronous offerings would allow trainees to access content at a time and place to meet their needs. Venues for delivery include national and state conferences, university programs, and employment sites.

### **Incentives**

It would behoove professionals and/or organizations that offer supervision training to provide extrinsic and/or intrinsic incentives. *Extrinsic incentives* are tangible types of rewards such as certificate programs and specialty certification to recognize the qualification of the supervisor. *Intrinsic rewards* are internal to the individual and, in many ways, are less tangible. Intrinsic

incentives promote advocacy and core values and provide great opportunities for those who desire to meet the need within the professions and give back to the professions by training and mentoring future professionals.

### **Preparation of Persons Supervising**

Those supervising should be adequately prepared by completing a minimum of 2 clock hours of continuing education activities on the topic of supervision or preceptor training every 3 years. Other means of preparation that might not yield continuing education credits include the following:

- Mentorship by an experienced supervisor or preceptor
- Completion of readings of articles and textbooks related to clinical education and supervision
- Completion of the Self-Assessment of Competencies in Supervision (see Appendix E)

The AHCST developed the self-assessment tool to assist all audiologists and speech-language pathologists engaged in supervision in self-evaluation and reflection of their own competencies. The competencies listed are based on the knowledge and skills for supervision developed by the AHCS. Clinical educators, preceptors, mentors, and other supervisors are encouraged to use the tool not only to assess competencies but also to develop goals for training to improve clinical supervision abilities.

### **Timeline for a Phased-In Transition Toward a Requirement for Training**

The summary recommendation of the 2013 AHCS was that “supervisory training be required of those who engage in clinical supervision” and that there be “careful planning, assessment at every phase of implementation, and a thoughtful phase-in of any such requirement” (p. 18). The present ad hoc committee undertook this task and offers a transition plan to occur over a 6-year period in two phases. A specific outcome of the plan is a required minimum of 2 clock hours of professional development in supervision training every 3 years, and the overall outcome is an increased number of trained supervisors, clinical educators, preceptors, and mentors. Phase I is designed to ensure that an infrastructure is in place prior to any requirement.

### **Phase I: Years 1–3 (2016–2018)**

- ASHA expands professional development opportunities (e.g., online webinars, sessions at ASHA conferences) for supervision training based on the established knowledge and skills and based on the brand essence.
- ASHA expands dissemination of information and resources on the topic of supervision (e.g., Practice Portal, ASHA journals, *The ASHA Leader*, e-newsletters, *Perspectives of the ASHA Special Interest Groups*).
- ASHA members voluntarily complete supervision training as part of their professional development.
- The CAA considers
  - incorporation of supervision knowledge and skills within accreditation standards for graduate students (3.0 Curriculum) and
  - faculty qualifications for clinical educators (on site and off site) to encompass supervision training (2.0 Faculty).
- The CFCC considers
  - a recommendation (as part of certification standards implementation language) for graduate students and Clinical Fellows to be supervised by individuals who have had supervision training and
  - incorporation of knowledge and skills related to supervision training for graduate students to prepare them to supervise support personnel.
- SIG 11 petitions the CFCC to establish specialty certification in supervision.

### **Phase II: Years 4–6 (2019–2021)**

- ASHA continues to develop and offer professional development opportunities in supervision training.
- ASHA members continue to voluntarily complete supervision training as part of professional development.
- The CFCC considers requiring a minimum of 2.0 clock hours every 3 years of professional development in supervision training as part of certification maintenance for ASHA members who provide clinical supervision. (*Note: ASHA webinars are all 2.0 hours in length.*)
- CFCC specialty certification program in clinical supervision is established and operational.

## References

American Speech-Language-Hearing Association. (2013). *Knowledge, skills and training consideration for individuals serving as supervisors* [Final report, Ad Hoc Committee on Supervision]. Available from <http://www.asha.org/uploadedFiles/Supervisors-Knowledge-Skills-Report.pdf> [PDF]

## Resources

American Board of Audiology. ABA Certificate Holder—Audiology Preceptor (CH-AP™) Training Program Available from [www.boardofaudiology.org](http://www.boardofaudiology.org).

American Speech-Language-Hearing Association. (n.d.). *Clinical Education and Supervision* (Practice Portal). Available from <http://www.asha.org/Practice-Portal/Professional-Issues/Clinical-Education-and-Supervision/>.

Council of Academic Programs in Communication Sciences and Disorders. (2013). *Preparation of speech-language pathology clinical educators* [White paper]. Retrieved from <http://www.capcsd.org>.