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Knowledge, Skills and Training Consideration for Individuals Serving as Supervisors

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Introduction and Overview

This report was prepared by the Ad Hoc Committee on Supervision, which was appointed by the American Speech-Language-Hearing Association (ASHA) Board of Directors (BOD) in 2012. The committee included audiology and 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 select ASHA boards and committees. The members and their affiliations/areas of expertise included:

In 2012, a subcommittee of the ASHA BOD was charged with responding to input from members and constituent groups regarding the need for formal training for individuals engaged in clinical supervision. The same year, members of SIG 11 and a CAPCSD working group were addressing this issue. The BOD subcommittee recommended—and gained BOD approval for—the appointment of an Ad Hoc Committee on Supervision (also referred to as the *Blue Ribbon Panel on Supervision*) whose members would include individuals with knowledge of the science of clinical supervision and representatives from stakeholder constituencies.

Charge of the Committee

The Ad Hoc Committee was charged with determining the training essential to the development of skills and knowledge required for effective clinical supervision. Additionally, the committee was asked to consider 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.

The committee was also asked to make recommendations for comprehensive and systematic supervisory training mechanisms.

The committee reviewed current ASHA resources on supervision, which included ASHA practice policy documents, ASHA professional development products on clinical education, and *Perspectives* articles pertinent to supervision, as well as resources and materials from other allied health organizations and associations.

In reviewing resources, the committee noted that terminology regarding the clinical supervisor's exact role varies, often in relation to the person being supervised. Graduate students learn from *clinical educators*, while clinical fellows are supervised by *mentors*. Audiology externs often are guided by *preceptors*, and assistants usually report to *supervisors*. In order to be consistent in this report, the term *supervisors* will be used to refer to individuals who are clinical educators, preceptors, or mentors in recognition of their guidance of students or others who are developing clinical knowledge and skills in the profession of audiology or speech-language pathology. The term *supervision* will be used to refer to all of the activities used to guide students and others in developing such skills.

While current supervisors can find information on the supervisory process in both old and new textbooks and online training modules from publishers or providers other than ASHA, little guidance exists on the critical aspects necessary for training effective supervision for specific audiences. This report of the Ad Hoc Committee on Supervision provides a philosophical framework regarding training in clinical supervision; guidance for determining what aspects of supervision require training for which audiences in what contexts and who should provide that training; and recommendations for developing comprehensive and systematic training programs in supervisory education.

Framework

A prevailing philosophy suggests that competency in clinical service delivery translates into effective clinical supervision. However, leaders in supervision have long argued that this is a flawed assumption and that effective supervision requires a unique set of knowledge and skills.

The Ad Hoc Committee acknowledges that supervision is a distinct area of practice and, as in other distinct areas, individuals must receive training to gain competence before engaging in the activity. Education in the supervisory process should begin early, with—as a minimum—an introduction to the subject as part of the graduate curriculum and more extensive training readily available to practicing and aspiring supervisors. Effective education for supervision should focus on unique aspects of knowledge and specialized skills for the supervisory process and should not be limited to regulatory aspects (e.g., observation time, clock hours) of the process. 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.

General assumptions and operating principles were identified.

- A body of literature exists describing necessary knowledge and skills required for effective supervision.
- In all instances, the supervisor should possess the clinical skills necessary to guide the supervisee in the correct course of evaluation or treatment to achieve positive patient outcomes.
- Those engaged in clinical supervision should possess a dedication to lifelong learning specific to clinical education, which is evidenced by participating in relevant continuing education programs.
- Individuals engaging in supervision should adhere to and model principles of ethical practice in accordance with the ASHA Code of Ethics.

In responding to its charge, the Ad Hoc Committee attempted to adhere to the distinctions of the different target groups as identified by the BOD subcommittee, but concluded that similar training was appropriate for certain skills and knowledge required by multiple groups. To that end, in its initial section, the committee addressed overarching training needs for core skills and knowledge, regardless of the supervisee or venue; there was one exception, which is noted below.

Subsequent sections of the report differ slightly from the original charge with respect to groups listed by the BOD subcommittee. The groups addressed in this report include:

1. students in university training clinics or in externship/off-campus clinical settings,
2. audiology students in the final externship,
3. clinical fellows,
4. professionals transitioning to a new area of practice or re-entering the workforce,
5. support personnel.

Note that, though the last group was identified by the subcommittee, the Ad Hoc Committee determined that supervision of assistants would not include goals related to promoting clinical independence, specifically those mentioned in the overarching category.

During the working period for the committee, two reports/guidelines related to supervision and clinical education were published and approved by the sponsoring organizations. These documents included CAPCSD's White Paper: Preparation of Speech-Language Pathology Clinical Educators (2013) and ASHA's Speech-Language Pathology Assistant Scope of Practice (2013). The CAPCSD working group that developed the white paper recommended requiring formal training and preparation of clinical educators and suggested a standard curriculum for such training (CAPCSD, 2013). The ASHA scope of practice document for assistants stated that qualifications for a supervising speech-language pathologist should include an academic course or at least 10 hours of continuing education in the area of supervision (ASHA, 2013).

Overarching Knowledge and Skills

Goal: “... guide and support the learner through hands-on clinical training with the goal of developing clinical and professional knowledge and skills.”

(Newman, 2005)

Areas of training for all persons engaged in supervision will include knowledge and skills development in the following delineated categories.

KNOWLEDGE:

Supervisory Process and Clinical Education—Supervisor will possess:

- Knowledge of collaborative models of supervision
- Knowledge of adult learning styles
- Knowledge of teaching techniques (e.g., reflective practice, questioning techniques)
- Ability to define supervisor/supervisee roles and responsibilities appropriate to the setting

SKILLS:

Relationship Development—Supervisor will:

- Develop supportive and trusting relationship with supervisee
- Create an environment that fosters learning and exploration of personal strengths and needs
- Work within the relationship to transfer decision making and social power to the supervisee, as appropriate
- Educate supervisee about the supervisory process

Communication Skills—Supervisor will define/demonstrate:

- Expectations, goal setting, and requirements of the supervisor/supervisee relationship
- Expectations for interpersonal and modes of communication, including written/oral messages with supervisor, families, clients, referral sources, or colleagues
- Appropriate responses to differences in communication styles and evidence of cultural competence
- Recognition of and access to appropriate accommodations for supervisees with disabilities

- Engagement in difficult conversations, when appropriate, regarding supervisee performance
- Access to and use of technology, when appropriate, for remote supervision

Establishing and Implementing Goals—Supervisor will:

- Develop goals/objectives—collaboratively with the supervisee—that allow for the supervisee’s clinical and professional growth in critical thinking, problem solving, etc.
- Set personal goals to enhance supervisory skills
- Observe sessions, collect and interpret data, and share data with the supervisee
- Give the supervisee objective feedback designed to motivate and improve performance
- Understand the levels and use of questions to facilitate clinical learning
- Adjust supervisory style based on level and needs of the supervisee
- Review relevant paperwork and documentation

Analysis—Supervisor will:

- Examine collected data and observation notes to identify patterns of behavior and target areas for improvement
- Assist the supervisee in conducting self-reflections until independence is achieved

Evaluation—Supervisor will collaborate with the supervisee and continually:

- Assess performance of the supervisee
- Determine if progress is being made toward achieving the supervisee’s goals
- Modify current goals or establish new goals if needed

Clinical Decisions—Supervisor will model and guide supervisee to:

- Respond appropriately to ethical dilemmas
- Apply regulatory guidance in service delivery
- Access payment/reimbursement for services rendered

Performance Decisions—Supervisor will:

- Guide supervisee in using reflective practice techniques to modify his/her own performance
- Assess supervisee performance and provide guidance regarding both effective and ineffective performance
- Determine if progress is being made toward achieving the supervisee’s goals
- Identify issues of concern in regard to supervisee performance

- Create and implement plans for improvement that encourage supervisee engagement
- Assess response to plans for improvement and determine next steps, including possibility of failure, remediation, or dismissal

Research/Evidence-Based Practice—Supervisor will adhere to principles of evidence-based practice and effectively convey applicable research information/analysis to the supervisee and will:

- Refer to research and outcomes data and their application in clinical practice
- Encourage the supervisee to seek applicable research and outcomes data
- Utilize methods for measuring treatment outcomes

Knowledge and Skills Specific to Student Training (in the university clinic setting and in external placements)

Goal: Develop clinical and professional knowledge and skills for entry-level practice.

Specific areas of training for persons engaged in supervision of students in university clinic settings and in external placements will include knowledge and skills development in the following areas.

The supervisor will:

- Connect academic knowledge and clinical procedures
- Sequence the student's knowledge and skills development
- Facilitate the student's ability to respond to various clinical settings and supervisory expectations
- Build professional identity and engagement
- Facilitate the student's utilization of information to support clinical decision making and problem solving
- Understand the relationship defined by the agreement between the university and clinic site and adhere to the requirements (when applicable)

Knowledge and Skills Specific to Supervisors of Students in the Culminating Externship in Audiology

Goal: Facilitate transition from supervised/mentored student to independent practitioner.

Specific areas of training for persons engaged in supervision of audiology students in the culminating externship will include knowledge and skills development in the following areas.

The supervisor will:

- Understand the relationship defined by the agreement between the university and clinic site and adhere to the requirements
- Develop a multi-faceted experience for the extern across the scope of the profession
- Serve as an effective liaison in the relationship between the university, the student, and the facility
- Provide ongoing assessment and objective (data-based) feedback, including the use of any reporting tools provided by the university
- Allow the student to develop increasing independence in the externship
- Collaborate with other supervisors where and when applicable to ensure meaningful and relevant educational experiences for the student
- Guide the student in reflective practice (goal setting, self-monitoring, knowing when to request immediate vs. delayed supervisory intervention, and using data to guide clinical decisions) to encourage flexibility, growth, and independence
- Facilitate the student's use of information to support clinical practice (problem solving, accessing evidence-based tools/information, and professional development)
- Assist in the development of workplace navigation skills, including becoming a part of the team and adhering to the policies and procedures of the facility
- Establish and maintain professional boundaries and appropriate relationships
- Foster a professional identity and engagement
- Guide the student in developing advocacy skills for clients, himself/herself, and the profession

Knowledge and Skills Specific to Mentors of Clinical Fellows in Speech-Language Pathology

Goal: Facilitate transition from supervised student to mentored professional to certified independent practitioner.

Specific areas of training for persons engaged in supervision of clinical fellows (speech-language pathology) will include knowledge and skills development in the following areas.

The supervisor will:

- Accept and adhere to ASHA roles and responsibilities for mentoring clinical fellows (reference the Roles and Responsibilities of CF Mentor document from ASHA)
- Establish goals for the CF experience through a collaborative process of development/assessment
- Provide appropriate balance of direct observation and other monitoring activities consistent with the clinical fellow's skills and goals while maintaining compliance with ASHA CF guidelines
- Provide ongoing assessment and objective (data-based) feedback, including the use of any required reporting tool
- Provide opportunities to achieve independence in the workplace
- Guide the clinical fellow in reflective practice (goal setting, self-monitoring, knowing when to request immediate vs. delayed intervention, and using data to guide clinical decisions) to encourage flexibility, growth, and independence
- Facilitate the clinical fellow's use of information to support clinical practice (problem solving, accessing evidence-based tools/information, and professional development)
- Assist in the development of workplace navigation skills, including becoming a part of the team and adhering to the policies and procedures of the facility
- Establish and maintain professional boundaries and appropriate relationships
- Foster a professional identity and engagement
- Guide the clinical fellow in developing advocacy skills for clients, himself/herself, and the profession

Knowledge and Skills Specific to Supervisors of Support Personnel

Goal: Facilitate the acquisition of skills needed for the provision of efficient and effective services within the scope of practice under the supervision of a credentialed provider.

Specific areas of training for persons engaged in supervision of support personnel will include knowledge and skills development in the following areas.

The supervisor will:

- Model and develop appropriate relationships with the support personnel and within the organizational structure
- Understand, and communicate to others in the setting, respective roles and responsibilities, including appropriate ASHA guidelines (ASHA 2008a, b, c) and state regulations
- Facilitate collaboration with multiple/joint supervisors
- Adapt to changes in the service delivery environment
- Hold appropriate credentialing for the professional and supervisory roles
- Assign responsibilities to support personnel based on skills assessment
- Analyze existing skills of the support person
- Match/develop skills with job assignments
- Delegate responsibilities effectively
- Evaluate support personnel through performance-based measures rather than developmental assessment
- Conduct ongoing and measurable competency assessment
- Identify needs for basic and continuing education and develop a plan
- Know and ensure compliance with state federal, regulatory, and ASHA guidelines for duties and responsibilities, reimbursement, and legal and ethical repercussions in relation to the scope of practice of the supervisor
- Facilitate efficiency, team building, and interprofessional relationships
- Focus on client-centered care
- Empower support personnel to work at top potential and to continue to develop relevant additional skills

Knowledge and Skills Specific to Individuals Who Are Transitioning to a New Area of Practice or Re-entering the Profession

Goal: Facilitate the acquisition of knowledge and skills needed for the professional in transition.

Specific areas of training for persons engaged in supervising/guiding professionals in workplace transition will include knowledge and skills development in the following areas.

The supervisor will:

- Explore existing skills and knowledge, including transferable skills
- Identify the need for continuing education and training and develop a plan for achieving necessary skills/knowledge
- Assist in the development of workplace navigation skills, including becoming part of the team and adhering to the policies and procedures of the facility
- Promote self-reflection to learn new skills and hone existing skills
- Provide ongoing collaborative assessment

Development of Training Programs

Fundamental Considerations

The committee determined that there are fundamental considerations that should inform the process of designing and disseminating curricula or products for supervisory education. As a distinct area of practice, supervision is fundamental to the professions of audiology and speech-language pathology and requires special training (ASHA, 2008b). Knowledgeable individuals and key stakeholder groups, as cited earlier, have urged required supervisory training for all individuals engaged in clinical education; this ad hoc committee agrees. However, the committee recognizes that compulsory training in clinical education and supervision would need to be phased in over a period of time in order to avoid a dramatic impact on graduate education programs as well as on clinical facilities that employ/accept graduate students, clinical fellows, and audiology externs.

This committee also suggests that it would be desirable to build on the consensus of what constitutes best practice in the area of clinical education and supervision to advise the development of programs for supervisory training (ASHA, 2008a, 2008b, 2008c). Such a foundation would help ensure that clinical educators develop the skills and knowledge cited in this document, as well as those abilities identified in other practice and policy documents. Clinical education literature across all allied health fields should be employed for the development of training materials—notably the information related to the scholarship of teaching and

learning, adult learning, and successful models for training clinical educators in related disciplines. Thus, a comprehensive, systematic review of the science of clinical education would be a useful undertaking. If supervisory training is determined to be essential and required, the standards community—Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA), Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC), and Board of Ethics (BOE)—as well as other stakeholder groups, such as the Council of Academic Programs in Communication Sciences and Disorders, will need to engage in discussions and partnerships to determine guiding principles and standards to address such a potential requirement.

The following sections address issues more specific to the development of training, with the understanding that the aforementioned standards and professional bodies will work within their autonomous roles and scopes to address the question of whether the committee recommendation for required training in supervision will be implemented.

In addition, the committee chose to address specific issues in regard to

- development of and options for the delivery of educational products,
- utilization of a cadre of persons skilled in supervisory education as trainers and product developers,
- identification of potential consumers for the training,
- development of outcomes and perhaps incentives for those who engage in supervisory training.

Development and Delivery of Educational Products

Educational content, regardless of mode of delivery, should be accessible, engaging, and appropriate for adult learners. There are model programs in the allied health arena (American Occupational Therapy Association [AOTA] 2013; American Physical Therapy Association [APTA] 2009) that could serve as models for program development and for delivery options. Core assumptions for the design and implementation of supervisory education include:

- materials should be developed to address a variety of learning styles;
- content should be developed in modules or segments that have clear learning outcomes, but certain modules could be taken in sequence to build toward a logical “whole”;

- content must include the core knowledge areas identified earlier in this document—some of that knowledge can be gained through didactic instruction, as well as interactive opportunities to model and modify behaviors;
- whenever possible, collaboration between providing entities, such as universities and clinical settings, is recommended, as it may enhance learners’ access and success in achieving desired outcomes.

Curricular development is critical in that supervision permeates all areas of practice, and all practitioners are products of supervision. Education in the roles and responsibilities of supervisors should include and support ethical practice and decision making.

Product Recommendations

1. Develop comprehensive learning modules that reflect sufficient depth and breadth of the knowledge and skills identified in the overarching section of this report.
2. Develop separate modules to reflect the specialized knowledge and skills needed for each of the identified target audiences.
3. Consider the development of modules related to core theories of supervision, reflective practice, cultural competence, and other fundamental concepts.
4. Develop means for pre-assessment and post-assessment of learning to gauge effectiveness of content presentation and need for modifying module content.

Delivery Recommendations

1. Face-to-face training is recommended as the initial delivery mode to facilitate product development and assessment of efficacy.
2. Multiple delivery models would ensure accessibility and affordability.
3. For face-to-face delivery, additional training curricula would be necessary to “train the trainers.”
4. For hybrid delivery, online modules might be followed by face-to-face practice or face-to-face training might be followed by online assessment.
5. Online-only delivery should have versions that facilitate individual learning, as well as versions that might be more useful for learning in groups.

Venue Recommendations

1. Conferences
 - a. National—Consider pre-conference options at the ASHA Convention and at other ASHA conferences, such as the Schools, Health Care, and

Audiology Conferences. Consider creating a new conference dedicated solely to supervision (perhaps in collaboration with CAPCSD and using the Summit construct, Lessons for Success/GRRT, and/or Leadership Development programs as models).

- b. State—Conduct supervisory training at state association meetings with the same type of rotation as the ASHA leadership schedule for the president’s attendance at state meetings and/or utilizing trained trainers within the state.
 - c. Local—Use training materials and trainers for groups that exist at the local level, such as regional/metro associations or groups formed with a special interest in a particular area of practice.
2. University programs—Consider holding training events for supervisors who support student training by participating in supervision.
 3. Employment sites—Consider providing training for supervision of clinical fellows and for students who are accepted for placements in the respective settings.
 4. Partnerships—Consider creating partnerships between employers and university programs in a region/area.

Qualified Persons to Develop Materials, Provide Initial Training

Individuals who have expertise and a history of training supervisors will be needed to consult and assist in the development of curricular materials. While it is assumed that educational materials for supervision might be developed by a variety of vendors, it would also be expected that ASHA, perhaps in partnership with CAPCSD, would develop curricular materials that would be readily available to members. A group of subject-matter experts in supervision would not only have the knowledge to develop such training materials, but could also assist in the actual training of the initial cadre of trainers for face-to-face delivery of a curriculum. In the initial development of training, valuable information can be derived from other supervisory training programs. For example, APTA has implemented a successful clinical instructor training program (Clinical Instructor Education and Credentialing Program (CIECP). According to K. Stoneley, APTA’s director of academic and clinical education affairs and manager of CIECP and M.Emery, Chair of DPT program at Sacred Heart University and an author of the CIECP curriculum, 35,000 physical therapists have completed the program over the last 19 years. As in any such endeavor, a means for assessing efficacy of

training and the development of a plan for logical expansion of the offerings will be needed on an ongoing basis.

Specific recommendations for a core curriculum include:

- Explore potential sources for developing the curriculum and possibly utilize an RFP.
- Collaborate with other allied health organizations, such as APTA, who have a history of clinical instructor training.
- Partner with CAPCSD to identify subject-matter experts to serve as initial trainers.
- Develop an application and review process for potential trainers.
- Conduct and assess the efficacy of training.

In selecting applicants for training, consideration should be given to identification of required credentials for participation, ensuring a commitment to teach others (specified number of classes within a timeframe), possession of considerable supervisory experience in the professions, and evidence of ongoing teaching/training experience in supervision.

Potential Consumers of the Training

While the various groups of supervisors were identified in the initial charge to the committee (and the skills and knowledge specific for training those groups are described in earlier sections of this report), there are considerations for delineating levels of training that may supersede those categories. Additionally, review of data regarding supervision (e.g., percentage of the ASHA membership engaged in supervision) would inform the development of modules to meet the needs of specific groups of supervisors. The consumers of training identified below reflect a realistic framework for the development of training content:

- (1) Students in clinical graduate programs—Those in training for clinical degrees have the potential to participate in supervision at some point in their careers. Some graduate programs currently include such content, and such training is a requirement in the credentialing standards for the Certificate of Clinical Competence in Audiology. Training modules specific to graduate students could benefit university programs wishing to offer supervisory training content to meet their own requirements or possible

future standards. Individuals who supervise students in clinical programs is clearly the largest potential audience for the educational programs.

- (2) Early-career supervisors—New professionals who have not yet supervised or are not yet eligible in their workplaces to supervise would benefit from training in preparation for a time when they will serve in a supervisory capacity.
- (3) Experienced supervisors—Those who currently engage in supervision may have had little or no formal training in clinical education and are often motivated to improve their skills/knowledge in supervision. These individuals would benefit from readily accessible training specific to their supervisory needs. Training programs would be of particular benefit to experienced supervisors whose supervisory skills have been identified as needing improvement.
- (4) Individuals who are reluctant to supervise—Experienced or inexperienced supervisors who are being asked/required to engage in supervision, and are reluctant to do so, might be more willing to provide clinical education if supervisory training is available to them.
- (5) Individuals who train/manage staff—Those who are in positions requiring management of professional personnel would benefit from access to supervisory training materials specific to certain employment settings (hospitals, schools, universities).

Where training is currently required (in some state regulations, for speech-language pathology assistant supervision, for CCC-A requirements), readily accessible training tools will assist in the development of a predictable and desirable set of skills and knowledge in clinical supervision. Where supervisory training remains voluntary, highly engaging training tools would motivate individuals to seek training on their own.

Outcomes/Incentives

A long-term goal is that all supervisors would engage in supervisory training. For those who do participate and complete the program or programs that are developed, a certificate of completion or attendance could be considered. Such a recognition might be referred to with a term such as *clinical educator-basic* or *clinical educator-advanced* and include an opportunity for registration with ASHA, a listing which could be made available to stakeholders upon request. As with the question of requiring supervisory training, such a registry could be phased in over

time and in collaboration with standards bodies, as appropriate. A future consideration regarding a supervision credential might also be warranted.

Summary

The Ad Hoc Committee on Supervision operated with the philosophy that clinical supervision is fundamental to the professions of audiology and speech-language pathology and requires special training. This report provides recommendations for the training of clinical supervisors in regard to overarching skills and knowledge as well as specific training necessary for supervision of targeted groups of supervisees, including students in clinical training programs, audiology students in the culminating externship, speech-language pathology graduates in the clinical fellowship, professionals transitioning from one area of practice to another, and support personnel. The committee also makes recommendations for development and implementation of comprehensive and systematic training in supervision. These recommendations are specific to the development of educational products, the determination of qualified persons to develop materials and provide initial training, expected audiences for the training, and potential incentives and anticipated outcomes for trainees. The committee offers this report of its work with the recommendation that supervisory training be required of those who engage in clinical supervision and also recognizes the need for careful planning, assessment at every phase of implementation, and a thoughtful phase-in of any such requirement.

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