Perspectives of the ASHA Special Interest Groups
SIG 11, Vol. 1(Part 2), 2016, Copyright © 2016 American Speech-Language-Hearing Association

Foundational Resources and Terminology for Supervision and Mentorship

Darlene D. Robke

Speech-Language Pathology, EBS Healthcare
Woodbridge, VA

Disclosures
Financial: Darlene Robke has no relevant financial interests to disclose.
Nonfinancial: Darlene Robke has no relevant nonfinancial interests to disclose.

Abstract

Growth in the professions of speech pathology and audiology has led to an increased need for supervision as well as the degree of interest and the request for guidance regarding supervision. Speech-language pathologists (SLPs) and audiologists may be uncertain of the responsibilities of their roles as supervisors, lack necessary training, and develop unrealistic expectations of their supervisees. These new supervisors may have a limited understanding about the complexity of the supervisory process (ASHA, 2008b). This article provides a review of the literature on supervision and offers an initial reference guide for those who are new to supervising professionals and supports their understanding of supervision and mentorship. The review and compilation of information is meant to serve a useful quick start reference guide that may be utilized to help new supervisors navigate through the "collaborative process of supervision" (ASHA, 2008a, p.1). This compendium of information is meant to serve as a general content overview and is not intended to be all inclusive. Instead, it is intended to be a functional resource that provides a glossary of commonly utilized terms, offers some insight into the principals and concepts of the supervision and touches on current issues that may arise across settings.

Supervision is a cornerstone of our development as audiologists and speech-language pathologists (SLPs). No matter what career stage we are in, supervision and mentoring has been ubiquitous and ultimately shaped us as professionals. Each of us received supervision from another SLP or audiologist and many of us may be called upon to supervise students, support personnel, or other professionals during the course of our careers. As our professions have grown over the years, so has the need for supervision and as a result, so has the degree of interest and the request for guidance regarding supervision. The American Speech-Language-Hearing Association (ASHA, 2008b) responded to these needs by developing a position statement on clinical supervision deeming clinical supervision as a "distinct area of expertise and practice" (p. 1).

Despite the significant impact of supervision upon our professions, ASHA requires no specific training in supervision. Supervisory training requirements also vary from state to state as well as work environments. As a result, many SLPs and audiologists who are asked to supervise students, clinical fellows (CF), support personnel, or even other professionals from other disciplines may be left uncertain of their roles as supervisors, lack necessary training, and develop unrealistic expectations of their supervisees. These uncertain supervisors may have a limited understanding about the complexity of the supervisory process (ASHA, 2008b). The Council of Academic Programs in Communication Sciences and Disorders (2013) acknowledged this in its *White Paper: Preparation of Speech-Language Pathology Educators* stating that those who assume the role of supervisor have little preparation or training to assume the necessary responsibilities that are required by the role.

The intention of this resource is to serve as an initial reference tool for those who are unclear about supervising professionals and support their understanding of supervision and mentorship. A brief history of supervision will be provided to aid in understanding the key principals

and philosophies that brought about this distinct area of practice. The evolution of supervision and mentoring will also be discussed and skill acquisition models of the supervisory process will be provided. In addition, the specific concepts of supervision and mentorship will be contrasted, commonly used terminology in the area of supervision and mentorship will be defined, and key elements as well as current issues and special considerations in supervision that are relevant across settings will be reviewed. A list of internet sources (see Appendix A) containing helpful information pertaining to supervision in speech-language pathology and/or audiology will also be provided in order to provide a useful quick start reference tool that may be utilized to help unsure supervisors navigate through the "collaborative process of supervision" (ASHA, 2008a, p. 1). This compendium of information is meant to serve as a general content overview and is not intended to be all inclusive. Instead, it is intended to be a functional resource that provides a glossary of commonly utilized terms and information that offers insight into the principals and concepts of the supervision and discusses current issues that may arise across settings. Although this information is intended to primarily address the supervision and mentorship of audiologists and SLPs seeking clinical competency, the content presented may also apply to a variety of supervisory and mentoring situations (e.g., students, paraprofessionals support personnel, those transitioning within the field, and even other professionals).

Several of the supervision and mentoring principals discussed in this article may have application to the clinical education setting, the supervision of graduate students in audiology and speech-language pathology in university and off-site settings, as well as the supervision of support personnel and those professionals who are transitioning to a new area of practice.

Evolution of Supervision and Mentoring

A brief historical perspective of supervision and mentoring is provided below to illustrate the impact of supervision and mentorship upon our professions.

As early as 1978, the ASHA Committee on Supervision reported that there was little knowledge available regarding the critical factors necessary for supervision. It was not until 1984 that the association formally recognized the need for guidance in this area and created a Committee on Supervision. The committee developed and subsequently adopted a position paper in 1985 on Clinical Supervision in Speech-Language Pathology and Audiology (ASHA, 1985a). In 1997, the *Certification Handbook of the American Speech-Language-Hearing Association: Speech-Language Pathology for the Clinical Fellowship* was revised. There was an increased focus on the quality of clinical education for audiologists and speech-language pathologists at the dawn of the new millennium (Lubinski & Hudson, 2013). Dowling's (2001) work, *Supervision: Strategies for Successful Outcomes and Productivity,* and McCrea and Brasseur's (2003) publication of *The Supervisory Process in Speech-Language Pathology and Audiology* are credited with providing supervisors with effective supervisory practices that are supported by evidence and research. During the next decade, supervisors then began to seek even more information about supervision. O'Connor (2008) attributed the increased interest in supervision to shortages, an increased scope of practice, and an influx of new professionals. In 2005, ASHA revised the certification guidelines for the speech-language pathology CF experience (Council for Clinical Certification, 2005). The CF time frame previously known as the "Clinical Fellowship Year" (CFY) was extended at that time to allow up to 48 months for the completion of what is now referred to as the "CF experience". The term CF *supervisor* was also replaced by ASHA during that time with the more meaningful term *mentor.* The term mentor more accurately emphasized the supervisory relationship as a collaborative process characterized by shared responsibility (Shea, 1997). This significant change in terminology not only recognized the importance and impact of mentoring but it also illustrated the higher degree of autonomy that is expected from the CF (Lubinski & Hudson, 2013).

Below are three models of supervision that are most often discussed in our professions. They serve as the foundation for the philosophical concepts of both supervision and mentorship. Collectively, these models emphasize the progression of skills during the learning process, the

significance of a trusting working relationship, professional growth for both parties, and the use of problem solving and critical thinking in effectively building the supervisee's capacity during the supervisory process.

Models of Supervision Process

Dreyfus Model of Skill Acquisition (1986)

This model of supervision illustrates how students acquire skills through formal instruction and practice. It utilizes five distinct stages of skill progression to describe the learning process of clinical knowledge as well as the learner's degree of independence: novice, advanced beginner, competent, proficient, and expert. These stages provide a means to assess and support learner (supervisee) progress. This model also provides a definition regarding the learner's acceptable level of performance and degree of competency.

Anderson's Continuum of Supervision (1988)

This conceptual model of supervision is frequently discussed in the literature on communication sciences and disorders. The model is comprised of the following developmental stages (*evaluation-feedback, transitional, and self-supervision*). The supervision continuum is not bound by time and allows the student or supervisee to shift from interdependence to independence. Anderson's model has contributed greatly to professionals' understanding of the critical factors in supervision methodology and how their contributions affect supervision. This model also cultivates the professional growth for both the supervisor as well as the supervisee (p. 2). Anderson first referred to supervision as a "supervisory process" (ASHA, 2008b). She also maintained the following:

> It 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. (p. 12)

ASHA reiterated the notion of the supervisory process in its position statement (1985b) but expanded it further by including the importance of "effective clinical teaching" and also asserted that the supervisory process also involves self-analysis, self-evaluation, promotes critical thinking, and problem solving by the supervisee.

Hudson's CORE Model of Supervision and Mentoring (2010)

This model draws from major contributors to the work on the supervision process: Anderson (1988), Cogan (1973), Dowling (2001), McCrea and Brasseur (2003), Hudson combines these works into one model that encompasses *collaboration, observation, reflection, and evaluation* as its key elements. The *collaboration* element of this model emphasizes the importance of an effective and trusting relationship between the supervisee and the supervisor. The *observation* component involves the recording of data for evaluation and analysis. The reflection component suggests the possible use of portfolios, journals, and self-evaluation checklists to promote reflective practice by the supervisee. The evaluation component uses objective, systematic, data-based, and verifiable feedback in order to motivate and enhance the supervisee's performance (Hudson, 2010).

Resources

The Certification Handbook of the American Speech-Language-Hearing Association (ASHA, 2016)

This reference guide was recently updated by the Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) in 2016. The handbook contains specific

information regarding the application process and forms needed for CFs seeking their Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP).

Audiology Clinical Practicum for Certification in Audiology

The *2012 Standards for the Certificate of Clinical Competence in Audiology* requires the completion of academic course work, a minimum of 1,820 hours of supervised clinical practicum experience, and a conferred doctoral degree from a Council for Academic Accreditation (CAA) accredited academic programs for Certification in Audiology (ASHA, 2012).

Several of the principals discussed in this resource also apply to the mentoring and supervision in the clinical education setting and the supervision of graduate students in audiology and speech-language pathology in university and off-site settings, as well as the supervision of support personnel and those professionals transitioning to a new area of practice. Additional resources and information regarding clinical education and supervision are also provided. Such resources may also be found on the ASHA Practice Portal (ASHA, n.d.-b).

Terminology

Below is a variety of terminology commonly utilized during the supervision and mentorship of individuals with differing developmental abilities and skill levels in the professions of audiology and speech-language pathology.

Supervision of Students and Clinicians

Supervisor Versus Mentor

These terms are often used interchangeably in our professions, yet they are not synonymous (Urish, 2004). ASHA's Position Statement on *Clinical Supervision in Speech-Language Pathology* (ASHA, 2008b) maintains that *supervisors* provide full responsibility and accountability for the supervisee's professional behavior and documenting professional behavior (e.g., providing grades or conducting performance evaluations). *Mentors* "advise, tutor, sponsor, and instill a professional identity in mentees" (ASHA, 2008b, p. 5). It is important to note that though one individual may serve in both capacities as the supervisor and the mentor, these specific roles may be delineated or determined by the regulatory supervisory requirements and the specific needs of the supervisee. ASHA's Technical Report on *Clinical Supervision in Speech-Language Pathology* (2008) cautions that supervisors/mentors must not only be aware of licensure laws and state regulations, but also of ASHA's Certification Requirements for CFs.

Preceptor

The preceptor is a supervisor/mentor who facilitates the extern's clinical proficiency. In its *Clinical Guidelines for Audiology Externships,* The American Academy of Audiology (2004a) refers to a *preceptor* as a licensed supervisor who oversees audiology externs during their fourth year of audiology clinical practicum for 12 months prior to their transition to independent doctoral practice. In *The Hearing Journal,* Newman, Sandridge, and Lesner (2011) further defined preceptors as "experienced clinicians who share professional knowledge by teaching in the real world using a one-on-one tutorial relationship with the student that is focused on interactive learning triads involving the student, clinician, and patient all within the clinical context" (p. 20). Lubinski and Hudson (2013) utilizes the term mentor/preceptors in tandem and purport that they "lead by example" (p. 518).

Clinical Educator or Instructor

This is the preferred term used to describe those individuals who train, supervise, and educate graduate students in the academic setting for audiology and speech-language pathology across the training continuum (Council of Academic Programs in Communication Sciences and Disorders [CAPCD], 2013).

Student Externs

According to ASHA's website on externships, this term refers to individuals who are training to enter the professions. Audiology and speech-language pathology students complete externships as part of their degree program to obtain practical experience before they graduate, and before they are licensed by a state or credentialed by ASHA. In 2010, ASHA revised its *Issues in Ethics: Supervision of Student Clinicians* in order to provide members and certificate holders with guidance in the supervision of students during their practicum. This document specifically states that ASHA-certified individuals who supervise should possess or seek training in supervision and may only provide supervision in practice areas for which they possess knowledge, experience, and skills (ASHA, 2010b).

Speech-Language Pathology CF

ASHA's Speech-Language Pathology CF website defines the CF as the mentored professional experience after the completion of academic coursework and clinical practicum. It is the transition period from being a student into becoming an independent provider of speech-language pathology clinical services. The CF experience requires 36 weeks of full-time work (minimum of 35 hours per week) or the equivalent of part time experience, totaling a minimum of 1260 hours over at least 36 weeks. It should be noted that working more than 35 hours per week will not shorten the minimum requirement of 36 weeks. The CF supervisor must complete 36 mentoring activities, including 18 hours of on-site direct client contact observations and 18 other monitoring activities. Additional information on the speech-language CF requirements is available on the ASHA website (ASHA, n.d.-d). Mentorships roles and responsibilities (ASHA, n.d.-c) are available on the ASHA website.

The following definitions may be found in *ASHA's Speech-Language Pathology Assistant Scope of Practice* (2004a):

1. Supervising SLP (of speech-language pathology assistants [SLPA]): An SLP "who is certified by ASHA and has been practicing for at least 2 years following ASHA certification, has completed not less than (10) hours of continuing professional development in supervision training prior to supervision of an SLPA, and who is licensed and/or credentialed by the state (where applicable)" (p. 14).
2. *Speech-Language Pathology Aides/Technician:* These "aides or technicians are individuals who have completed on-the-job training, workshops, and so forth and work under the direct supervision of ASHA-certified SLPs" (p. 13).
3. *Speech-Language Pathology Assistants (SLPA):* SLPAs are "individuals who, following academic course work, clinical practicum, and credentialing can perform tasks prescribed, directed, and supervised by ASHA's certified speech-language pathologists" (p. 13).
4. *Support Personnel:* "Support personnel in speech-language pathology perform tasks as prescribed, directed, and supervised by ASHA-certified SLPs. There are different levels of support personnel based on training and scope of responsibilities. Support personnel include SLPAs and speech-language pathology aides/technicians" States may utilize different terms and definitions for support personnel" (p. 14).
5. *Direct Supervision:* "Direct supervision means on-site, in-view observation and guidance by an SLP while an assigned activity is performed by support personnel" (p. 13).
6. *Indirect Supervision:* "Indirect supervision means the supervising SLP is not at the same facility or in close proximity to the SLPA, but is available to provide supervision by electronic means" (p. 13). Additional information regarding training, qualifications, scope of practice, and ethical considerations for those supervising SLPAs is available on the ASHA website (ASHA, 2013).

7. *Vicarious Liability:* The Legal Institute of Cornell University Law School (n.d.) defines "liability that the "supervisory party…bears for the actionable conduct of a subordinate or associate…based on the relationship between the two parties. This supervisory issue is addressed later in this resource.

The following includes an overview some of the key issues that impact supervision and mentorships as discussed in ASHA's Technical Report on *Clinical Supervision in Speech-Language Pathology* (2008a).

Special Consideration in Supervision

Supervision and Mentorship Across Settings

ASHA's Technical Report on *Clinical Supervision in Speech-Language Pathology* (2008a) also maintains that the supervisory process should remain the same even if the setting demands and methods of supervision vary due to specific operational or regulatory requirements. Regardless of the client population, the developmental need of the supervisee, or even the practice environment; professional growth and development for both supervisor and the supervisee remain the crux of the supervisory process.

Influence of Power

Rahim (1989) defines power as the ability of one party to control the behavior, attitudes, opinions, objectives, needs, and values of another party. ASHA Technical Report on *Clinical Supervision in Speech-Language Pathology* (2008a) cautions supervisors to be mindful of the influence of power throughout the supervisory process. A supervisor's ability to control grading, the sign off on clock hours, perform evaluations, and even make promotional decisions may intimidate the supervisee and cultivate reluctance when interacting with supervisor. The influence of power may also lead to ethical dilemmas during the supervisory process. Supervisors and supervisees are encouraged to closely review the updated *Code of Ethics* (ASHA, 2016) which will be discussed later in this resource.

Communication Styles in Supervision

A review of the literature on the interpersonal aspects of the supervisory process in speech-language pathology by McCrea and Brasseur (2003) revealed a correlation between the interpersonal skills of supervisors and the clinical effectiveness of the supervisees. Their work emphasized the importance of effective communication as they indicated that those supervisors who adopted an effective communication style yielded an increase in the supervisee's willingness to participate in conferences, share ideas and feelings, and positively change clinical behaviors. Jean Anderson's styles of supervision (1988) must also be taken into consideration when discussing communication styles in supervision. Her model reflects the full continuum of supervision and mentorship and it also illustrates how the degree of direction required by the supervisor decreases as the supervisee's skill and experience increases over time.

Cultural & Linguistic Considerations

The diversity of the population requires that supervisors interact with individuals of differing backgrounds. Supervisors must consider culturally-based belief systems, values, and behaviors when interacting with supervisees. Coleman (2000) reports that differences in other's cultural values impacts both the nature and the effectiveness of all clinical interaction including the supervisory relationship. ASHA (1998a, 1998b, 2004b, 2005) recommends supervisors develop competencies to aid them in the supervision of supervisees with culturally and linguistically diverse backgrounds. Self-inventories may also be used by supervisors to facilitate better cultural awareness cultural awareness, understanding, and sensitivity during the supervisory relationship.

Generational Differences

Supervision may be impacted by the multiple generations in the workplace. The contrast between one generation's experience and expectations with the other generation may lead to

misinterpretation and misunderstanding by both the supervisor and the supervisee. McCready (2007) supports this assertion and reports that other authors (Kersten, 2002; Lancaster & Stillman, 2002; Raines, 2002, 2003) referenced deeper and more complex disparities between generations in comparison to the past. Lancaster and Stillman (2002) specifically delineate the four distinct and separate generations in today's work place: *Traditionalists* (born from 1900 to 1945), *Baby Boomers* (born from 1946 to 1964), *Generation Xers* (born from 1965 to 1980), and *Millennials* (born from 1981 to 1999). McCready further maintains that the generational experiences caused by the people, places, events and symbols that are present during a particular birth era influences each individual's values as well as their expectations. She also suggests that supervisors not only be aware of these behavioral and attitudinal differences, but also accommodate those differences during the supervisory process.

Feedback

Ende (1983) defines *feedback* is an informed (data-based), non-evaluative, objective appraisal of the student clinician's performance intended to improve his/her clinical skills. ASHA's online resource, *Information for Clinical Fellowship Mentoring SLPs* further supports this and states that the main purpose of the CF is to improve the clinical effectiveness of the CF. Performance feedback is necessary for the CF to receive throughout the CF experience.

Data Collection & Accountability in Supervision

Objective data analysis of both the supervisee's and the supervisor's performance during the supervisory process can yield valuable insight and improve for both individuals. Self-reflection and the study of one's own behavior as a supervisor facilitates accountability and improves their effectiveness in supervision (ASHA, 2008b). McCrea and Brasseur (2003) recommend supervisors use resources within the field or devise their own data method of data collection to self-evaluate.

Challenging Supervisees

During the supervisory experience, supervisors may encounter either students, clinicians, or even other professions with a variety of experience levels in the workplace. Dowling (1985, as described in Dowling, 2001) specifically described individuals who "cannot work independently, are unable to formulate goals and procedures, have gaps in conceptual understanding, and cannot follow with suggestions" (p. 162). Challenging supervisees such as these may have difficulty evaluating their own level of performance (Kruger & Dunning, 1999 as cited by McCrea & Brasseur, 2003). Use of objective data and providing specific feedback during the supervisory conferences regarding the supervisee's performance is critical to the development of the supervisee's self-analysis and evaluation skills during the supervision process.

Standards & Regulations

ASHA's Certification (previously mentioned under SLP-CF) and supervision requirements are different from individual state requirements for licensure and supervision. It should be noted that states' requirements for supervision may exceed ASHA's requirements (ASHA, n.d.-a). Supervisors must also be aware that payer sources such as Center for Medicare and Medicaid (CMS) may have different regulations and requirements (ASHA, 2008a).

Ethical Considerations

Principal 1 of ASHA's *Code of Ethics* (2016) states that members shall "honor their responsibility to hold paramount the welfare of persons they serve welfare of persons they serve professionally as paramount" (p. 4). Principal 2 addresses certified member's responsibility to maintain the "highest level of professional competence and performance" (p. 6). Therefore, supervisors are responsible for their supervisee's behavior, clinical services, and documentation (Lubinski & Hudson, 2013). The supervisor must continually assess the competency of their supervisee in order to insure public welfare. *Vicarious liability* (Newman, 2001) holds the supervisor ultimately responsible to preserve patient welfare at all times including patient privacy, confidentiality, and documentation during the supervisory process.

Technology in Supervision

Technology such as e-mail, text messaging, social network, and video conferencing has its application in the supervisory process. Technological advances allow the supervisor to be more accessible to the supervisee and permits swift, and in some cases instantaneous, feedback regarding their performance. ASHA's *Practice Portal on Clinical Education and Supervision* defines *telesupervision* as "when a qualified professional observes, from a distance, the delivery of services by the student and provides feedback or assistance as needed." Dudding (2004) refers to telesupervision as the use of two-way digital video conferencing technologies for the purpose of clinical supervision.

ASHA's current definition of *telepractice* does not include supervision at this time. State-by-state regulations on telesupervision may vary as many regulatory boards may not have updated their policies and regulations regarding telesupervision. ASHA (2008a) cautions supervisors to be ever mindful of the issues that may arise with technology and to be aware of and follow regulatory guidelines involving confidentiality when using technology during supervision.

Training & Competencies in Supervision

ASHA's Technical Report on *Clinical Supervision in Speech-Language Pathology* (2008) recommended that supervisors seek training on the supervisory process in order to learn about different styles of supervision and develop competence in supervision. A list of competencies for effective supervision is available at ASHA's *Knowledge and Skills Needed by Speech-Language Pathologists Providing Clinical Supervision* (2008b). In 2013, The *Final Report from the Ad Hoc Committee on Supervision* (AHCS) also recommended that special supervisory training be required of those who engage in clinical supervision. As a result of these recommendations, the 2016 Ad Hoc Committee on Supervision Training (ACHST) was subsequently created and charged with developing a plan to advance, implement programs, and develop resources for supervision training that incorporate requisite knowledge, skills, and competencies outlined by its predecessor, the AHCS. The ACHST also developed a self-assessment tool to assist all audiologists and SLPs engaged in supervision in self-evaluation and reflection of their own competencies. 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. Additional training may also be obtained via the ASHA Practice Portal, course work, continuing education, self-study, peer mentoring, and through other resources.

Summary

Supervision and mentorship have significantly impacted the development of both the professions of speech-language pathology and audiology. Lubinski and Hudson (2013) reported that "research and evidence have demonstrated how effective supervision and mentoring support service delivery and positive outcomes" (p. 511). Research and data have shown that supervisors with training are more effective than those supervisors have not had training (O'Connor, 2008). However, ASHA's Technical Report on *Clinical Supervision in Speech-Language Pathology* (2008) indicates that supervisors in all settings may have unrealistic expectations of supervisees and ASHA's White Paper: *Preparation of Speech-Language Pathology Clinical Educators* (2013) reinforced this notion that "those in supervisor's roles have little preparation for assuming the responsibilities inherent in the role" (p. 5).

This foundational resource and compilation of terminology may facilitate improved preparedness for new supervisors across settings by increasing their overall awareness about the supervisory process and providing them with a road map to the requisite knowledge, skills, and competencies necessary for effective supervision and mentorship. Including the principles of the supervision and discussing current key issues within this distinct area of practice in this single resource, may also enlighten those who are uncertain about their role as supervisors and increase their understanding about supervisory process. Centralizing many of the core resources, concepts,

and terminology used in supervision and mentorship into one document may also quicken the development of more realistic expectations, expedite professional growth and development for both the supervisors and their supervisees, enhance the effectiveness of the experience, and more rapidly build the capacities for both parties during the supervisory relationship.

References

American Academy of Audiology. (2004a). Three- versus four-year AuD educational programs. *Audiology Today, 16*(5):15.

American Speech-Language-Hearing Association. (n.d.-a). ASHA state-by-state. Retrieved from http://www.asha.org/advocacy/state/

American Speech-Language-Hearing Association. (n.d.-b). Clinical education and supervision. Retrieved from http://www.asha.org/Practice-Portal/Professional-Issues/Clinical-Education-and-Supervision/

American Speech-Language-Hearing Association. (n.d.-c). Information for clinical fellowship (CF) mentoring SLPs. Retrieved from http://www.asha.org/certification/CFSupervisors/

American Speech-Language-Hearing Association. (n.d.-d). Speech-language pathology clinical fellowship. Retrieved from http://www.asha.org/certification/Clinical-Fellowship/

American Speech-Language-Hearing Association. (1978). Current status of supervision of speech language pathology and audiology [Special Report]. Asha*, 20,* 478–486.

American Speech-Language-Hearing Association. (1985). Clinical supervision in speech-language pathology and audiology [Position Statement]. Available from www.asha.org/policy

American Speech-Language-Hearing Association. (1985b). Clinical supervision in speech-language pathology [Position statement]. Available from www.asha.org/policy

American Speech-Language-Hearing Association. (1998a). Students and professionals who speak English with accents and nonstandard dialects: Issues and recommendations [Position Statement]. Available from www.asha.org/policy

American Speech-Language-Hearing Association. (1998b). Students and professionals who speak English with accents and nonstandard dialects: Issues and recommendations [Technical Report]. Available from www.asha.org/policy

American Speech-Language-Hearing Association. (2004a). Guidelines for the training, use, and supervision of speech-language pathology assistants. Available from www.asha.org/policy

American Speech-Language-Hearing Association. (2004b). Knowledge and skills needed by speech-language pathologists and audiologists to provide culturally and linguistically appropriate services [Knowledge and Skills]. Available from www.asha.org/policy

American Speech-Language-Hearing Association. (2005). Cultural competence [Issues in Ethics]. Available from www.asha.org/policy

American Speech-Language-Hearing Association. (2008a). Clinical supervision in speech-language pathology [Position statement]. Available from www.asha.org/policy

American Speech-Language-Hearing Association. (2008b). *Knowledge and skills needed by speech-language pathologists providing clinical supervision*. Retrieved from http://www.asha.org/policy/KS2008-00294/

American Speech-Language-Hearing Association. (2010b). Supervision of student clinicians [Issues in Ethics]. Available from www.asha.org/policy

American Speech-Language-Hearing Association. (2012). 2012 Standards for the certificate of clinical competence in audiology. Retrieved from http://www.asha.org/Certification/2012-Audiology-Certification-Standards/

American Speech-Language-Hearing Association. (2013). Speech-language pathology assistant scope of practice [Scope of Practice]. Available from www.asha.org/policy

American Speech-Language-Association. (2016). Certification handbook of the American Speech-Language-Hearing Association. Retrieved from http://www.asha.org/uploadedFiles/SLP-Certification-Handbook.pdf

Anderson, J. L. (1988). The supervisory process in speech-language pathology and audiology. Austin, TX: Pro-Ed.

Cogan, M. (1973). Clinical Supervision. Boston: Houghton Mifflin.

Coleman, T. J. (2000). *Clinical management of communication disorders in culturally diverse children*. Needham Heights, MA: Allyn & Bacon.

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

Council for Clinical Certification in Audiology and Speech-Language Pathology. (2005). *Membership and certification handbook of the American Speech-Language-Hearing Association*. Available from http://www.asha.org

Dowling, S. (2001). Supervision: Strategies for successful outcomes and productivity. Boston, MA: Allyn & Bacon.

Dreyfus, H. I., & Dreyfus, S. E. (1986). Five steps from novice to expert. In *Mind over machine*. New York: Free Press.

Dudding, C. C., & Justice, L. (2004). A model for e-supervision: Videoconferencing as a clinical training tool. *Communication Disorders Quarterly, 25*(3), 145–151.

Ende, J. (1983). Feedback in clinical medical education. *Journal of the American Medical Association, 250,* 777–781.

Hudson, M. (2010). Supervision to mentoring: Practical considerations. *Perspectives on Administration and Supervision, 20,* 71–75. [Article] doi.org/10.1044/aas20.2.71

Kersten, D. (2002). Today's generations face new communication gaps. *USA Today*. Retrieved March 20, 2007 from http://usatoday30.usatoday.com/money/jobcenter/workplace/communication/2002-11-15-communication-gap_x.htm

Lancaster, L., & Stillman, D. (2002). *When generations collide*. New York: Harper Business.

Lubinski, R., & Hudson, M. (2013). Professional issues in speech-language pathology and audiology. New York: Delmar Cengage Learning.

McCrea, E., & Brasseur, J. (2003). The supervisory process in speech-language pathology and audiology. Boston: Allyn & Bacon.

McCready, V. (2007). Generational differences: Do they make a difference in supervisory and administrative relationships? *Perspectives in Administration and Supervision, 17*(3), 6–9.

Newman, S. A., Sandridge, C. W., & Lesner, S. A. (2011). Becoming a better preceptor part 1: The fundamentals. *The Hearing Journal, 64*(5), 20–27.

Newman, W. (2001, June/July). The ethical and legal aspects of clinical supervision. *California Speech-Language Association Magazine, 30*(1), 10–11, 27.

O'Connor, L. (2008). A new focus on supervision: Looking to the future. *Perspectives on Administration and Supervision, 18,* 17–23.

Rahim, M. A. (1989). Relationships of leader power to compliance and satisfaction with supervision: Evidence from a national sample of managers. *Journal of Management, 15,* 495–516.

Raines, C. (2002). Managing millennials. Retrieved October 18, 2005 from www.generationsatwork.com

Raines, C. (2003). Connecting generations: The sourcebook for a new workplace. Berkeley, CA: Crisp.

Shea, G. F. (1997). *Mentoring: A practical guide* (2nd ed.). Lanham, MD: Crisp Publications.

Urish, C. (2004). Ongoing competence through mentoring. Bethesda, MD: American Occupational Therapy Association.

History:
Received September 10, 2016
Revised October 25, 2016
Accepted October 25, 2016
doi:10.1044/persp1.SIG11.57

Appendix A. Internet Sources

American Academy of Audiology. (2016). *Clinical education guidelines for audiology externships.* Retrieved from www.audiology.org/publications-resources/document-library/clinical-education-guidelines-audiology-externships

American-Speech-Language-Hearing Association. (n.d.). *Student externships.* Retrieved from http://www.asha.org/Students/Externships/

Cornell University School of Law. (n.d.). Vicarious liability. Retrieved from https://www.law.cornell.edu/wex/vicarious_liability