



# Enhancing Leadership and Professionals of Speech-Language Pathology: Perspectives of Korean SLPs on Supervisor Requirements and Supervisory Training Courses

Seong Hee Choi<sup>1</sup>, Eun Kyoung Lee<sup>2</sup>

<sup>1</sup>Department of Audiology & Speech-Language Pathology, Institute of Biomimetic Sensory Control, and Catholic Hearing Voice Speech Center, Daegu Catholic University, Gyeongsan; <sup>2</sup>Department of Speech-Language Pathology, Dongshin University, Naju, Korea

**Purpose:** Clinical supervision is a dynamic and collaborative ongoing process in speech-language pathology. This study aims to prepare the supervisor certification standards of the Korean Association for Speech-Language Pathologists (KSLP) and the contents of the professional development courses.

**Methods:** A total of 611 Korean speech-language pathologists (SLPs) (52 males, 559 females) completed the Google online survey regarding their perception and demand on the qualifications and core competencies of supervisors and supervisor training courses to develop SLP's leadership and professional competencies.

**Results:** 74% of respondents believed that a supervisor training courses was necessary to strengthen the professionalism and competence of SLPs, and 79% perceived they were willing to receive clinical supervisor training. Regarding supervisor qualification requirements, 53% answered that the clinical experience required for supervisor qualification was more than 10 years; the highest response rate was 10 hours (53%) of introductory courses and 10 hours (62%) of advanced courses. Respondents felt that an interval every two years was most appropriate (49%) for professional development requirements. The fundamental concepts of knowledge, skills, core competencies, and supervision that supervisors should have were also addressed and discussed.

**Conclusions:** The current survey identified common perceptions and strong demands for a systematic supervisor training framework. The results derived from supervisees' high demand and awareness can serve as a starting point for developing standards for the supervisee-centered supervisor system of speech-language pathology in Korea.

**Keywords:** Supervisor, Leadership, Competencies, Speech-language pathologist, Clinical supervisor training, Evidence-based practice



**Received:** November 25, 2023

**Accepted:** December 28, 2023

**Correspondence:**

Eun Kyoung Lee

Department of Speech-Language Pathology, Dongshin University, 67 Dongshindae-gil, Naju 58245, Korea  
Tel: +82-61-330-3473  
Fax: +82-61-330-3476  
E-mail: ekle00129@gmail.com

## INTRODUCTION

Since the qualification of speech-language pathology in Korea was changed to a national certificate, the body of the Korean Association of Speech-Language Pathologists (KSLP) has gradually increased to reach approximately more than 15,000 speech-language pathologists (SLPs) to date, and along with such quantitative growth, it has been challenged by leadership and expertise. Recently, many countries have been striving to im-

© 2023 The Korean Association of Speech-Language Pathologists

This is an Open Access article distributed under the terms of the Creative Commons Attribution Non-Commercial License (<https://creativecommons.org/licenses/by-nc/4.0/>) which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

prove the service quality and effectiveness of speech therapy by developing leadership competencies and supervising SLPs coaches. At the same time, international collaboration has also become active in the fields of communication disorders, such as research, advocacy, leadership in practice training, technological innovation for services, and global partnerships [1-3, 15]. In line with this international trend, it is necessary to have a systematic clinical supervision framework to strengthen the professionalism and capabilities of SLPs in Korea.

Supervision is a one-to-one relationship in which one person develops the therapeutic competence of another [4], and the supervisor and supervisee have a shared goal to improve knowledge, skills, and competence [5]. In order to provide high-quality speech-language pathology, evidence-based practice is a guiding principle in clinician decision-making. Evidence-based practice is not simply making clinical decisions based on clinician preferences but integrating current, high-quality research evidence with professional expertise and client preferences, along with values in the clinical decision-making process [6]. It requires actively seeking and critically evaluating evidence for clinical procedures. Feedback and reflection are vital elements of professional growth for those under clinical supervision and supervisors and support professional growth [7]. In addition, beginner-experienced SLPs who are new to clinical practice still feel the need for clinical supervision of speech therapy due to fear of speech evaluation or treatment and lack of confidence, knowledge, and skills in speech therapy, while other SLPs with clinical experience may also need clinical supervision to transition into new areas or reentering the profession.

As such, many countries are continuously updating the introduction and operation of supervisor systems to promote the development and expertise of clinical careers.

In the United States, professional development courses are operated only for those who meet supervisor requirements. Accordingly, the American Speech-Language-Hearing Association (ASHA) is implementing a supervisor system to strengthen clinical practice skills and provide high-quality speech therapy services through continuous clinical supervision and feedback. The clinical supervisor is responsible for coordinating and overseeing all operational healthcare and clinical aspects of speech pathology and related disability area programs, as well as participating in and effectively implementing departmental programs, policies, systems, and procedures. According to the standard conditions of the clinical supervisors and Clinical Fellowship Mentor of ASHA in the United States, individuals must hold ASHA certification (CCC-SLP), have completed a mini-

mum of nine months of practice experience post-certification, and have earned at least 2 hours of professional development post-certification (one-time requirement) in the area of supervision and/or clinical instruction [8].

In Canada, there is a supervisor system of Speech-Language & Audiology Canada (SAC) that serves as a clinical educator, oversees students, and helps future professionals grow in speech pathology, providing knowledge and skills to future SLPs through volunteer work and contributing significantly to the professional development of speech-language pathologists ([www.sac-oac.ca](http://www.sac-oac.ca)) [9].

The Professional Standards for Speech Pathologists (known as SLPs) in Australia outlines the knowledge, skills, and attributes for entry-level and practicing speech pathologists ([www.speechpathologyaustralia.org.au](http://www.speechpathologyaustralia.org.au)) [10,15,16].

Participating in clinical supervision is essential to being a certified practicing speech pathologist in Australia. In Australia, at Speech Easy, early-career speech pathologists receive 1:1 clinical supervision session once a week. This is a formalized supervision structure that is pre-scheduled for the calendar, and the time is used to discuss everything from customer cases to career goals they need. Early-career speech pathologists typically reduce their supervision time to sessions that are two weeks apart. As clinicians gain more experience and become advanced speech pathologists, supervision is typically done on a monthly basis. Although there is no formal enrollment or training to be completed to provide clinical supervision in Speech Pathology Australia (SPA), it is recommended that all supervisors must have the knowledge and experience necessary to support other phonetics in their area of work, service user age, and division of work.

In Australia, clinical supervision for speech pathologists is specified in the Professional Standards and Code of Ethics documents guiding speech therapist jobs, and clinical supervision achieves reflective practice of speech therapy and contributes to lifelong learning. SPA offers a variety of clinical supervision, including 1:1 supervision, group supervision, peer supervision, and external supervision where necessary [10].

Although many countries have recognized the importance of clinical supervision and introduced professional clinical supervision systems, there are still no standard guidelines for the concept, procedure, and process of professional clinical supervision in Korea. Thus, this study aimed to investigate the qualifications and core competencies of supervisors, as well as the needs and content of supervision, before implementing a supervisor training program.

## METHODS

### Participants

This study voluntarily recruited SLPs who agreed to provide personal information through Google Online Form from October to November 2023 to investigate the perception and demand for the supervisor training program. As a result of the recruitment, 614 people participated in the survey, and 99% responded to the current survey completely. Demographic information is shown in Table 1.

### Questionnaire

The questionnaire consisted of six questions on the applicant's characteristics (demographic information), seven questions on the supervisor's qualification requirements and core

competencies (position, clinical experience, basic job competencies, knowledge, clinical skills, and supervision concepts according to the type of qualification, educational background), and nine questions on the supervisor training curriculum (necessity, demand, curriculum content, training time, qualification procedures, qualification maintenance conditions) (Table 2).

### Data analysis

For data analysis, frequency analysis was performed with IBM SPSS Statistics 24.0 (IBM, Armonk, NY, USA) to calculate the frequency and percentage of responses for each question.

## RESULTS

### Supervisor eligibility requirements

For providing clinical instruction and supervision to individuals, 90% responded a first-level SLP certificate status met standard requirements.

**Table 1.** Demographic information of participants (N=611)

Variables	N (%)
Sex	
Male	52 (8.5)
Female	559 (91.6)
SLP certificate	
first-level	349 (11.4)
second-level	262 (88.6)
Education (degree)	
Associate	14 (2.3)
Bachelor	206 (34.3)
Master	348 (56.2)
Doctor	43 (7.2)
Institution	
Private clinic	348 (56.2)
Hospitals	146 (24.3)
Social welfare center	54 (9.0)
Education & childcare center	21 (3.5)
University	19 (3.2)
Others	23 (3.8)
Major area (select two)	
Language development disorder	487 (82.3)
Fluency disorder	140 (23.6)
Voice disorder	92 (15.5)
Articulation Disorder	313 (52.9)
Neurogenic language disorder	149 (25.2)
Hearing disorder	104 (17.6)
Others	67 (11.3)

**Table 2.** Questionnaire questions and contents

Item	Category questionnaire content
1-6	Demographic information (sex, certification type, education, workplace, professional area)
7	Certification type for supervisor's qualification requirements
8	Education, position according to workplace for supervisor's qualification requirements
9	Clinical career for supervisor's qualification requirements
10	Basic job competencies required by supervisors (select three redundancies)
11	Knowledge required by supervisors as a qualification (select two)
12	Clinical skills required for supervisor eligibility (select three or more)
13	Supervision concepts required for supervisor eligibility (select three or more)
14	Need for supervisor training
15	Demand for supervisor training
16	Key contents to be included in the Clinical Supervisor Training Basic Courses (select two)
17	Key contents to be included in the Clinical Supervisor Training advanced courses (select two)
18	Education time for the Clinical Supervisor Training Basic Courses
19	Education time for the Clinical Supervisor Training Advanced Courses
20	Qualification procedures to become a supervisor
21	Cycle of training to maintain supervisor eligibility
22	Free comments on the supervisor training courses

As for the educational requirements, a master's degree or higher (required for graduation thesis) was found to be most appropriate (60%), followed by a doctoral course (22.6%), then a Ph.D. degree (17.1%).

When a university professor was in charge of an advisor, 61% responded with more than an instructor, accounting for the most significant proportion, followed by more than an assistant professor (22%) and more than an associate professor (17%).

As for the supervisor qualification requirements in the private clinic, 37% responded that the head of the institution can be acceptable and 63% with the head of the institution and the personnel provided.

In the social welfare facilities, the head of the institution and the personnel provided (65.5%) were identified to be appropriate requirements as supervisors. Lastly, higher primary hospital (hospital, general hospital) SLPs (33%), higher secondary hospital (hospital, general hospital) SLPs (35%), and higher general hospital SLPs (32%) were eligible for hospital

supervisors.

The required clinical experience as a supervisor qualification was more than 3 years (3.4%), more than 5 years or longer (18.4%), more than 10 years (53.1%), and more than 15 years (25.2%), respectively.

### Supervisor core competencies

The primary job competencies required by the supervisor included the ability to understand the personal characteristics of the supervisor and to recognize the development process (77%), communication skills (58%), ability to organize the supervisor (51%), building and maintaining trust and relationships with the supervisor (45%), setting the scope of the supervisor (37%), establishing cooperative relationships with institutions and staff (26%), and others (e.g., professional skills in speech therapy, understanding of speech therapy, and the supervisor's clinical skills) (3%) (Figure 1).

Primary knowledge required by supervisors as qualifications

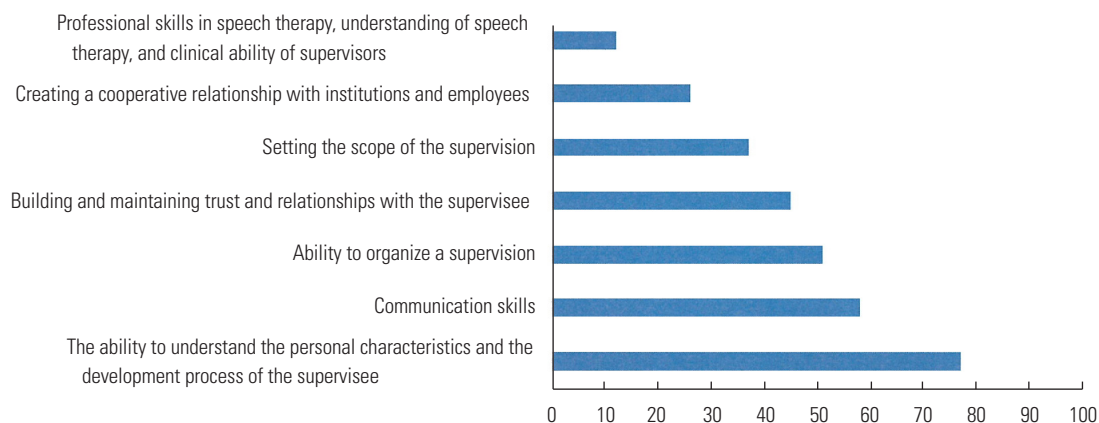


Figure 1. Basic job competencies required of supervisors.

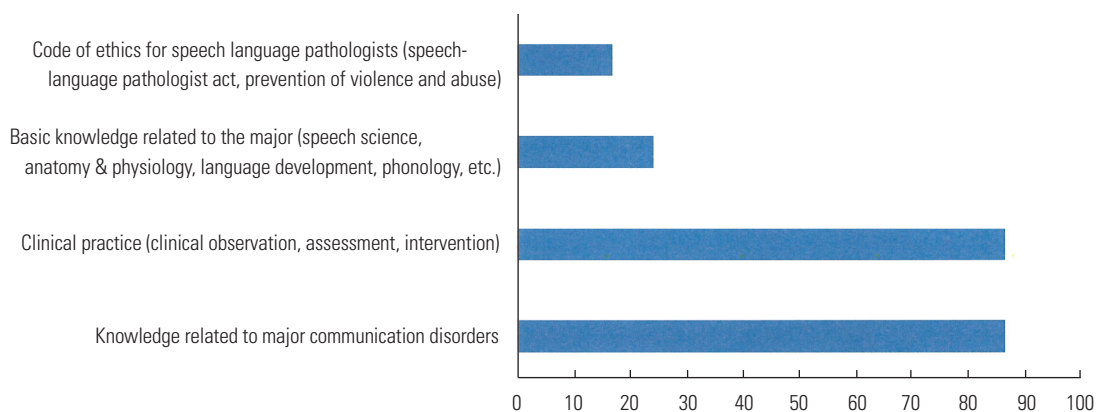


Figure 2. Knowledge required by supervisors as a qualification.

were knowledge related to major communication disorders (language development disabilities, fluency disabilities, speech disabilities, articulation disabilities, neurolinguistic disabilities) (87%), clinical practice (clinical observation, assessment, intervention) (87%), basic knowledge related to majors (speech science, anatomy and physiology related to communication disorders, language development, phonology, etc.) (24%), and code of ethics for SLPs (law related to speech-language pathologist, prevention of violence and abuse) (17%) (Figure 2).

Major clinical skills required for supervisor eligibility were intervention methods for cases (93%), evaluation methods for cases (67%), establishing short- and long-term plans for the case, plan for each intervention session (66%), parental counseling method (44%), various speech-language disorder characteristics (25%), theory and principles of speech therapy (22%), guidance on the application of social security systems (vouchers, etc.) and insurance coverage for cases (16%), and report preparation (11%) (Figure 3).

The main supervision concepts required for supervisor qualifications were the role of supervisor (76%), the change

and development of supervisor (74%), the personal disposition and characterization of supervisor (34%), the method of supervision (60%), the formation of relationships in the process of supervision (31%), and the ethics of supervision (26%) (Figure 4).

### Supervisor training course

Regarding the necessity of the supervisor training course, most SLPs perceived it as 'very necessary' (49%), 'necessary' (25%), 'normal' (11%), 'unnecessary' (6%), and 'very unnecessary' (9%). In response to whether they would be willing to receive an education if a clinical supervisor training course was open, 79% of the respondents answered 'yes' (21%).

The main contents that should be included in the basic clinical supervisor training course were individual supervision (63%), speech therapy in-depth education (56%), group supervision (34%), public case attendance (27%), public case presentation (18%), and speech therapy implementation (10%).

On the other hand, significant contents that should be included in the clinical supervisor training in-depth curriculum

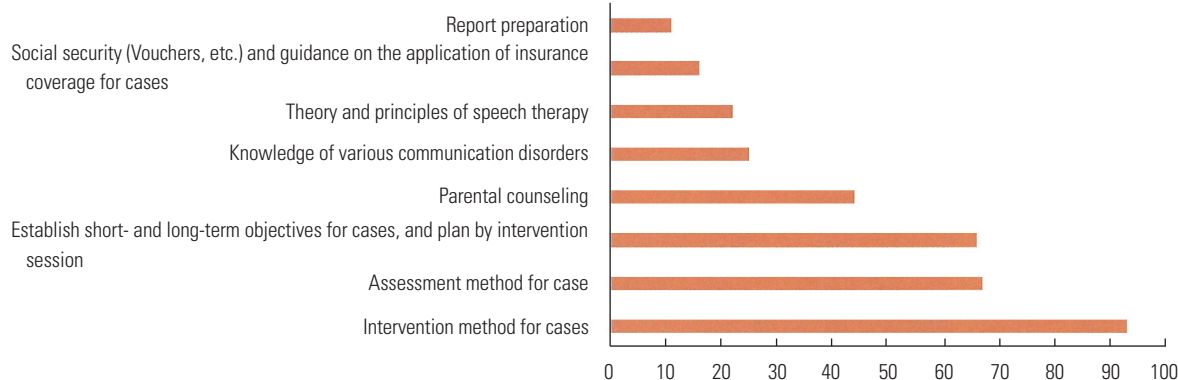


Figure 3. Clinical skills required for supervisor eligibility.

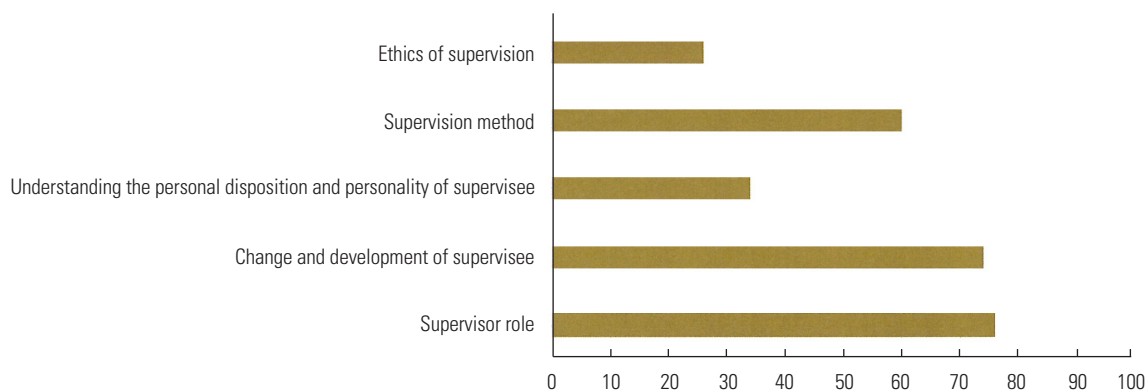


Figure 4. Supervision concepts required for supervisor eligibility.

were individual supervision (49%), advanced education for speech therapy (45%), group supervision (41%), public case attendance (31%), public case presentation (40%), Speech therapy implementation (22%).

For the appropriate time of the primary clinical supervisor training course, respondents answered 3 hours (7%), 5 hours (11%), 8 hours (29%), and 10 hours (53%), respectively. In addition, for the time of advanced clinical supervisor training courses, 62% responded 10 hours, followed by 8 hours (24%), 5 hours (8%), and 3 hours 34 (6%).

To be a supervisor, they must undergo document screening (25%), interview screening (12%), written tests (6%), and all of the above items (55%) for appropriate qualification procedures.

In order to maintain supervisor qualification, the appropriate training cycle was annually (10%), every 2 years (49%), every 5 years (33%), and every 10 years (4%), respectively.

## DISCUSSION

Although many clinicians believe they are responsible for overseeing students, outside staff, and other clinicians, there are still few formal training courses in clinical education and supervision in Korea. In addition, while it is essential to have competence as a supervisor in order to develop supervisory behaviors and activities that are essential for training professionals, there is no such clinical supervision course in Korea before and after obtaining a national certificate. The current survey was conducted to define supervisor qualifications and core competencies, highlight vital issues reflecting the core content and process of supervising speech and language pathology supervisors, and provide exemplary supervisor training programs in Korea. Through this process, Korean SLPs are provided with continuous training opportunities to become supervisors and seek to establish standards by collecting information on their experiences, skills, knowledge, and competencies to become supervisors. Supervision is a process consisting of various behavior patterns whose appropriateness is determined by the needs, competencies, expectations, philosophy, and specificity of the situation (work, client, setting, and other variables) of the supervisor and the supervisor himself/herself [11]. The goal of the supervisory process is the professional growth and development of the supervisor, which can ultimately provide optimal service to the customer [12].

According to the current investigation, the certificates required for supervisor qualification have been identified as first-degree certificates, master's degrees (master's thesis re-

quired), and more than 10 years of clinical experience. In the workplace, universities need more than a university lecturer, and individual clinics and social welfare facilities require institutional heads and provision personnel. At the same time, medical sites have recognized that the requirements of SLPs working at secondary hospitals (hospitals, general hospitals) or higher should be met.

The qualifications for SLP in Korea have been converted to the national qualification system since 2012. In order to obtain a certificate, an individual must graduate from the speech-language pathology programs qualified by the Ministry of Health and Welfare and pass the national examination for first-level or second-level certificate organized by the Korea Health Personnel Licensing Examination Institute (KHPLI). In addition, since it is a job that requires high professionalism, one must complete eight hours of refresher training organized by the KSLP annually, even after obtaining the certificate [13].

However, above all, the current system is far from sufficient to improve the qualities of early-career SLPs and to build up the leadership and expertise of existing speech rehabilitators. Like other countries, it is time for a standard clinical supervision system through official clinical mentors or supervisor curricula. In the United States, all clinical supervisors and clinical fellowship (CF) mentors providing supervision or clinical instruction for students and/or clinical fellows for purposes of ASHA certification should complete a minimum of 2 hours of professional development in the area of supervision/clinical instruction after being awarded the CCC-SLP one time [14]. The CF system enables clinical fellows to transfer between students enrolled in the Communication Sciences and Disorders (CSD) program and independent providers of speech pathology clinical services, which plays a vital role in preparing students for SLPs, evaluates clinical fellows who demonstrate skills and knowledge suitable for independent practice, and provides professional support and personal guidance to clinical fellows during the CF period.

In addition, for professional development requirements, all individuals who hold the CCC-SLP at least 2 hours must be in cultural competency, cultural humility, culturally responsive practice, or diversity, equity, and inclusion (DEI) out of 30 required professional development hours for certification maintenance with each 3-year maintenance interval [14].

In addition, all individuals with CCC-SLPs must have at least one hour in the ethics domain with a maintenance interval of 3 years of the 30 essential professional development time for maintaining their certificates in relation to ethics [14].

As a result of this study, 74% of respondents recognized the necessity of the supervisor training curriculum, and 79% were willing to receive education on the demand for supervisor training education. In Korea, there is no separate CF or supervisory course after clinical practice in the university academic coursework and after obtaining the national certificate, so it was found that most SLPs felt the need for training. In particular, early-career SLPs who received their certifications immediately thought they were insufficient to qualify as independent speech therapy providers.

As a result of this study, 53% of the clinical experience required for supervisor qualification was over 10 years, the highest response rate was 10 hours each for basic and advanced courses, while the course training to maintain supervisor qualification was every 2 years (49%). These are equivalent or similar requirements with the US, Canada, and Australia's clinical supervisor qualification standards.

In addition, the Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) divides professional training courses into four domains (DEI, Ethics, and Supervision/Clinical Education) and regularly reviews whether approved professional development courses meet the criteria [14]. In the current study, recognition and development of supervisor roles (75.7%), change and development of supervisors (74.3%), supervisory methods (60%), understanding and relationship formation of supervisors, and establishing supervisory ethics were recognized as important supervisory concepts required for supervisor eligibility. Respondents also believed that the ability to understand the personal characteristics of the supervisor and to recognize the development process (77%) was the most important basic job competency required by the supervisor and that communication skills (58%) and the ability to organize the supervision (51%) and trust and relationship with the supervisor (45%) were key job-related competencies.

On the other hand, the requirement of essential clinical skills for supervision was evidence-based practice (92.7%), which was required in the practical clinical field, covering evaluation methods (66.8%), short- and long-term goal establishment for cases, intervention session planning, and parental counseling methods. Therefore, training content must be developed and delivered from the SLP's perspective, including the concepts of the significant supervision mentioned above.

## CONCLUSION

In conclusion, for a supervisor to become a successful clinical

supervisor, it is necessary to identify the needs of the supervisees before starting a supervisor role and then provide clinical guidance for supervisee-centered supervision through this professional development training, which could ultimately contribute to strengthening the professionalism and leadership of SLPs in Korea.

## REFERENCES

1. McNeilly LG. Educating globally conscious speech-language pathologists for collaborative professional practice. *Folia Phoniatrica et Logopaedica*. 2015;66(4-5):206-211.
2. Sommer CL, Crowley CJ, Moya-Galé G, Adjassin E, Caceres E, Yu V, et al. Global partnerships to create communication resources addressing sustainable development goals 3, 4, 8, 10, and 17. *International Journal of Speech-Language Pathology*. 2023;25:167-171.
3. Williams AL, Louw B, Scherer NJ, Bleile M, Keske-Soares M, Trindade IEK. Academic and clinical preparation in speech-language pathology and audiology: a global training consortium. *Contemporary Issues for Communication Science and Disorders*. 2013;40:40-49.
4. Sansbury DL. Developmental supervision from a skills perspective. *The Counseling Psychologist*. 1982;10(1):53-57.
5. Falender CA, Shafranske EP. *Clinical supervision: a competency-based approach* (2nd ed.). American Psychological Association; 2021.
6. Dollaghan CA. *The handbook for evidence-based practice in communication disorders*. Paul H. Brookes; 2007.
7. Branch WT Jr, Paranjape A. Feedback and reflection: teaching methods for clinical settings. *Academic Medicine*. 2002;77(12 Pt 1):1185-1188.
8. American Speech-Language-Hearing Association. (2008a). *Clinical supervision in speech-language pathology* [Position Statement]. Available from [www.asha.org/policy](http://www.asha.org/policy).
9. Speech-Language & Audiology Canada (SAC). *Clinical educators*. Available from [www.sac-oac.ca](http://www.sac-oac.ca).
10. Speech Pathologist Australia (SPA). *Supervision for speech pathologists in Australia: SPA Guidelines*. Available from [www.speech-therapy.net.au](http://www.speech-therapy.net.au).
11. Watkins CE Jr, Callahan JL, Vîcu LI. The common process of supervision process: the supervision session pyramid as a teaching tool in the beginning supervision seminar. *Journal of Contemporary Psychotherapy: On the Cutting Edge of Modern Developments in Psychotherapy*. 2020;50(1):15-20.
12. Callahan JL, Love PK, Watkins CE Jr. Supervisee perspectives on supervision processes: an introduction to the special issue. *Training and Education in Professional Psychology*. 2019;13(3):153-159.
13. Park HR, Hwang BM, Kim HH, Chang SA, Choi SH, Kim J, et al. National Survey on Curriculum of Speech-Language Pathology Programs in Korea. *Communication Sciences & Disorders*.

2018;23(3):788-806.

14. American Speech-Language-Hearing Association. Professional development requirements for the 2020 audiology & speech-language pathology certification standards. Available from [www.asha.org/certification/prof-dev-for-2020-certification-standards/](http://www.asha.org/certification/prof-dev-for-2020-certification-standards/)
15. Australia's speech-language pathology. Profession and its global impact. *Perspectives*. 8(4):793-798.
16. McAllister S, Lincoln M, Ferguson A, McAllister L. A systematic program of research regarding the assessment of speech-language pathology competencies. *International Journal of Speech Language Pathology*. 2011;13(6):469-479.