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 improve their systems of 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.
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 minimum 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) [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) [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 their 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.
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 2).
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

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**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 required), 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 (KHPLEI). In addition, since it is a job that requires high professionalism, one must complete eight hours of refresher training organized by the KSLS 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 rehabilitationists. 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

