Open Statement to the Professions on Behalf of the Clinical Instructors in Speech-Language Pathology & Audiology

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In Search of Self

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We are a people without definition. Without definition there is no recognition. It was perhaps as an afterthought that we were created. But now our existence is unquestionably essential. We are the clinical supervisors in speech-language pathology and audiology. We provide the necessary clinical instruction within the ivory towers of academe. But where within its structure lies our essence—the permanent versus transient element of our existence, the import of our identity?

At some critical point in the history of our professions, it was rightfully discovered that the practical component could best be implemented by those of us who practice what we preach. PhD members of the faculty, consumed with enigmatic theories and research on the intimate, elusive truths of human existence, had become far too esoteric, and too busy, for clinical supervision.
By necessity, a new professional was created. Never before in the history of the academy, except in the halls of medicine, had there been a separate level for those who teach without conducting research. Reserving the hallowed rights and privileges for the "faculty" we were given the title of "clinical supervisors."

What's in a name? Webster describes a supervisor as an administrative officer in charge of an operation. The value of our service exists not in the daily operation of the clinic, but in the practical transfer of knowledge, the nurturing guidance, and the translation of abstract ideas into workable procedures, the lifeblood of clinical education.

This uncharacteristic misnomer has forever dictated our image and worth in the professions, as well as our own self-perception. From parent to child, or master to slave, a name is bestowed upon its recipient by a power at least temporally greater than itself. A name empowers or subdues. A name can open doors of opportunity, orlegate its bearer to theself-imposed confines of a mediocre existence. Words definitely shape perceptions, hence the distinction between training and educating. Training is conducted by supervisors, since it involves merely instilling automatic job skills to be used respectively at a subconscious level. Education is enlightenment of the mind. Reserved only for humans, education allows us to use knowledge in a creative fashion.

Unquestionably, we are educators. We teach our students to effect the applications of theory and research, to doubt and question, and find solutions to human problems.

As the name testifies, clinical supervisors own no place within the structure of higher education. Often we are not even extended the right to vote on issues involving the policies and procedures we must implement. We are not treated as faculty because it is believed that the master's level education that most of us have received has neither equipped us with the ability to make important decisions nor adequately prepared us for the research requirements for tenure.

The fact that we are not recognized in the academic structure means that there are no universal standards for employment, retention, or career mobility. As well, there is no consistency among institutions as to position, title, term of appointment, salary, or responsibility. Above all, there is no required training for the job. A few progressive institutions offer courses or specialization sequences in "supervision." But these are luxuries, and in few cases are they presently considered as requisite credentials for the position.

It is not likely that the highly revered structure and traditions of academia will be changed by our singular voice. But within ASHA, we are a viable force for fostering the evolution of our profession. When we choose to consider that, through external site linkages or clinical fellowships, almost every master's level practitioner has been or will become a clinical
instructor, our ranks are approximately three-quarters of the professionals in the field. Through our collective efforts, the status quo can be changed.

But first, we must relinquish the cloak of our own perceived inferiority. We must recognize and communicate to the academic community that we are researchers. We apply the mechanisms of scientific inquiry constantly in all that we observe and do. The growing acceptance of single-subject research designs in our professions provides a vehicle to document our findings and publish them in respectable forums. Through our pedagogic experience, we are able to make appropriate decisions about the curriculum, student concerns, tenure, promotion, and all other academic affairs.

When we are perceived as educators and vested as “clinical instructors,” we will have the license to prove our worth to the professions, as well as to administrators of higher education. We will be able to move through the ranks of academia as assistant, associate, and full professor. The name change is only a beginning. We foresee a new era in the making, an era where there is no separation between faculty and clinical staff, only rungs on the career ladder of opportunity. In this era, everyone will accept the role of clinical instructor. Thus, clinical education will not be viewed as a supplement to the knowledge imparted in the classroom, but as an extension of the classroom, perhaps more important than reading books and articles and writing research papers. In this era, all students will be taught to become instructors.

In a profession that exists to impart humanitarian service and to improve the human condition, members can ill afford to ignore internal human discontent. Nor can we continue to place hierarchical value on any individuals or functions. We must strive to continuously evolve, to rectify the injustices of the past. As clinical instructors, we herald the dawn of a new era.