

Clinical Supervision

The discussion of supervision can be quite confusing because of the wide variety of terms used to describe those engaged in supervision, and the wide range of definitions of the term itself. The word *supervisor* is used in a very broad sense to cover a variety of other terms. A supervisor is anyone who has, as a substantial element in her or his professional remit, the duty of monitoring and improving the quality of teaching done by other colleagues in a given educational situation. Among the people who might have such a function are: inspectors, teacher trainers, educators, advisors, counselors, heads of departments, head-teachers, consultants, field supervisors, curriculum specialists, regents, supervisory teachers, and of course(but all too seldom), classroom teachers themselves.

General and Clinical Supervision

A useful distinction has been drawn between *general supervision* and *clinical supervision*. General supervision refers to what might be called the 'administrative' aspects of supervision or 'out of class' supervision. It is therefore concerned with such issues as curriculum, syllabus and the overall management structure of education both outside and within the school. Clinical supervision, on the other hand, is concerned with what goes on inside the classroom. In the words of Sergiovanni and Starratt (1983: 292) clinical supervision 'refers to contact with teachers with the intent of improving instruction and increasing growth'. It is better to quote Goldhammer's phrase that clinical supervision implies 'supervision up close' (Goldhammer, 1969: 54). Of course the two areas of supervision are interdependent.

What is Clinical Supervision?

- a) a conference with the student teacher to preview objectives and the lesson plan,
- b) direct observation of the lesson, and
- c) a follow-up conference with the student, with feedback on strengths and areas of improvement.

What is the theory behind clinical supervision?

A successful student teaching experience is the keystone of pre-service teacher preparation. Clinical supervision is a means of ensuring that student teaching is carried out most effectively through systematic planning, observation, and feedback. The clinical supervision model is designed to help teachers grow. It systematically builds on strengths while eliminating counterproductive approaches. It recognizes that each student teacher is different. No candidate will be a carbon copy of "the ideal teacher" or teach every lesson exactly according to a given model. Clinical supervision

develops the student teacher's ability to reflect on experience and apply principles and concepts to self-improvement efforts.

Three actors must play their roles well for clinical supervision to succeed. The student teacher must plan lessons early enough that the supervisor and master teacher can review them before class. The master teacher and supervisor must find compatible strategies in supporting the student teacher. When clinical supervision is a cooperative endeavor, the results can be rewarding to all.

'Clinical supervision' is often used not only to describe a certain mode of professional learning (i.e. face-to-face and classroom-centered), but also to imply a certain attitude as to how that mode ought to be conducted. It implies a rejection of the 'applied science' model and an acceptance of the 'reflective model' of professional development. Clinical supervision is a particular mode of training, namely face-to face interaction between a supervisor and a teacher, or group of teachers, with reference to some classroom teaching that has previously been observed, the aim of the interaction being to discuss and analyze the teaching with a view to professional development of the teacher or teachers concerned.

What is the process of clinical supervision?

Clinical supervision is a continuous series of cycles in which the supervisor assists the student teacher in developing ever more successful instructional strategies (not necessarily the mentor's pet methods). The approach was first published by Goldhammer (1969) and Cogan (1973) but effective supervisors had been using similar methods for some time. In *Clinical Supervision: A State of the Art Review* (ASCD, 1980), Cheryl Sullivan describes clinical supervision as an eight-phase cycle of instructional improvement:

- 1) Supervisor establishes the clinical relationship with the teacher by explaining the purpose and sequence of clinical supervision. (No secrets; this is not "snoopervision.")
- 2) Planning of the lesson(s), either independently by the student teacher or jointly.
- 3) Discussion/evaluation of the lesson plan.
- 4) Observation of the lesson, recording of appropriate data.
- 5) Teacher and supervisor analyze the teaching/learning process, especially "critical incidents and pattern analysis." Questions are preferable to lectures: "Why do you think the students started to talk when you . . . ?" (Step 5 should follow the observation as soon as possible so that both participants have a clear recollection of what happened.)

- 6) Teacher makes decisions about his/her behavior and the students' behaviors and learning.
 - 7) Supervisor and teacher decide on changes sought in the teacher's behavior, then create a plan for implementing the changes.
 - 8) Arrangements for the next pre-observation conference.
- Obviously these may be modified, but the significant elements of each should be addressed. The process is assessment-formative, not summary-evaluative. Subsequent evaluation may be based on progress toward the goals set in the post-observation conference.

Varieties of Clinical Supervision

In an interesting article, Freeman (1982) notes three approaches to observing in-service teachers. They are:

1. *The Supervisory approach* with the observer as authority and arbitrator.
2. *The alternative approach* with the observer as a provider of 'alternative' perspectives.
3. *The non-directive approach* with the observer as 'understander'

In a subsequent article, Gebhard (1984) presents a stimulating overview of supervision in which he increases the number of possible models to five, as follows:

4. *Directive supervision*, in which the supervisor's role is to direct and inform good model teaching and finally evaluate.
5. *Alternative supervision*, in which alternatives may be suggested either by the supervisor (as with Freeman, or by the trainee
6. *Collaborative supervision*, in which the supervisor 'actively participates with the teacher in any decisions that are made and attempts to establish a sharing relationship.
7. *Non-directive supervision*, in which the supervisor is similarly non-judgmental as in (6) ,but does not *share* responsibility: that resides with the trainee to whom the supervisor simply provides an 'understanding response'.
8. *Creative supervision*, in which the supervisor uses any *combination* of the above, or shifts the responsibility to another source (e.g. another teacher), or uses insights from other fields.

We realize that supervision, like many other human processes, supervision is capable of almost infinite division. This is reinforced by other attempts to categorize supervision . It is clear that three-field division is different from either of those referred to although it overlaps with them in various ways.

Perhaps one way to categorize clinical supervision usefully, yet simply is

What do supervisors look for in the classroom?

In the pre-observation conference, the objectives of the lesson will be established. During observation, the supervisor will record performance and pupil response in relation to the objectives. The supervisor will also note critical incidents that impact on teaching effectiveness. In the pre-observation conference, the student teacher may ask the supervisor to watch for particular things.

The supervisor may want to delay discussing all the negative aspects of the student teacher's performance in the first session. A person can handle only so much criticism at one time. This is especially true when using videotaped reviews, where the student teacher may see many things that are wrong. The role of the supervisor is to support the teacher and point out what went well rather than dwelling too long on the errors. As student teaching progresses, and the major problems have been addressed, there will be time to introduce secondary considerations.

CLINICAL SUPERVISION

- Supervision to help the teacher improve his or her instructional performance
- in this instance, clinical refers to meeting face to face - not a sterile environment

Three stages of clinical supervision

1. Planning conference - plan what is going to be observed, when, by whom. Lots of teacher input.
2. Classroom observation
3. Feedback conference - can be directed or open. Directed controlled by supervisor. Open involves lots of questions of the teacher by the supervisor

Goals of clinical supervision

- To provide teachers with objective feedback on the current state of their instruction.
- To diagnose and solve instructional problems.
- To help teachers develop skills in using instructional strategies.
- To evaluate teachers for promotion, tenure or other decisions.
- To help teachers develop a positive attitude about continuous professional development.

Resources:

- **Keith Acheson and Meredith Gall's *Techniques in the Clinical Supervision of Teachers* (Longman, 1987).**
- **The Association of California School Administrators (ACSA).**
- **A Practical Guide for Instructional Supervision**
- **Bruce Joyce and Marsha Weil's *Models of Teaching* (Prentice-Hall, 1987)**
- **Goldhammer, 1969 :540**
- **Sergiovanni and Starratt (1983:292)**