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LEADERSHIP IN INSTRUCTIONAL SUPERVISION

ASPECTS OF CLINICAL SUPERVISION IN THE EDUCATIONAL SYSTEM.

Departure:

Depending on the area of supervision one wishes to emphasize, the responsibilities of a supervisor are varied and multi-faceted. A supervisor works on human relations, curriculum decisions, instructional strategies, staff development and orientations, budget concerns, assessment and evaluation. Wiles and Bondi 2000 affirm thus: "We see supervision in schools as a general leadership function that coordinates and manages those activities concerned with learning."(p.3). Hence supervisors must have vision and willingness to help changes take place in the schools entrusted under their professional watchful care. In other words supervisory activity crises-cross different levels of human operation; the social, the physical, the psychological etc.

It is to be noted that some educators are reluctant to use the word "supervision," because they incorrectly associate it with a hierarchical relationship rooted in an industrial model of schooling. On the contrary, Edward C. Elliot, an early 20th century educator, described supervision in schools as being closely related to democratic motive of American education" (Elliott, 1914, p.2). He clearly distinguished "centralization of administrative power," which he said stifled creativity and individuality in school, from decentralization, expertise, cooperative, and supervisory dimensions as models of collaborations in any administration destined to bear enough fruit. It is with and in this traditional democratic approach and understanding of supervision in education and its long-standing respect for creativity, cooperation, decentralization, and individual difference that we now set out to offer the meaning of Clinical Supervision and its aspects.

What is Clinical Supervision in relation to Education?

Clinical supervision is a method of supervision whereby the supervisor is involved with the teacher in a close, "helping, relationship". Essentially, clinical supervision in education involves a teacher receiving information from a colleague who has observed the teacher's performance and who serves as both a mirror and a sounding board to enable the teacher critically examine and possibly alter his or her own professional practice. Within the context of such supervision, ideas are shared and help is given in order to improve the teacher's ability through the analysis of objective data that is collected during the observation. It might interest us to note

that the use of clinical supervision as a method for improving instruction has a fairly recent history in the United States. The earliest application began with Morris Cogan and Robert Goldhammer at Harvard University in the 1960s and continued later at the University of Pittsburgh and other institutions. As recorded by Glickman et al., (2001 p.324) Congan's Clinical Supervision 1973 and Robert Goldhammer's book, also entitled Clinical Supervision (1969), are publications resulting from this pioneer work. Their efforts were stimulated by frustrations they encountered as university supervisors trying to help teachers who were beginners succeed.

Goldhammer and Cogan borrowed the term "clinical supervision" from the medical profession, where it has been in use for decades, to describe a process for perfecting the specialized knowledge and skills of practitioners. Although Clinical supervision is used almost in all levels of school of thought, it is increasingly used and successfully too by mentor teachers, peer coaches, and teacher colleagues who believe that a fresh perspective will help to improve classroom success.

However to make this model of supervision work, supervisors must be willing to spend considerable time working with individual teachers on classroom problems or issues that the teachers themselves have identified and about which they want more information. In doing so, the supervisor must have better planning, data-collecting and good analysis of same, and then human relations skills to boost his/her efforts. (Goldhammer, Anderson, and Krajewski, Clinical Supervision: 1980 p.19).

Differentiating Clinical Supervision model from other traditional models:

The most notable difference between the clinical supervision model and other more traditional models of teacher supervision is that the supervisor and the teacher discuss and agree upon the focus for the observation, i.e. the area of concentration on the observation. For example, if the focus of the observation is to be teacher-student interaction and the supervisor notes that the problem is that of class management, then the reference point has be localized. That would mean that the supervisor and teacher have got specific and mutually desired data to discuss. This then would form the basis for a cooperative relationship in which the supervisor helps the teacher to develop strategies for improving his or her performance in future lessons. Factors inhibiting good performance are sought be they on the part of the teacher himself/herself or the students on the other hand and possible solutions mutually suggested and followed up. This notion of mutual relationship between the supervisor and the teacher is explicitly discussed by Cooper J.M., (1984

p.2), when he notes that, Clinical supervision is based on the proposition that the relationship between supervisor and teacher is mutual, and that the two work together as colleagues rather than in a supervisor-subordinate relationship.

One of the significant merits of this model is that it reduces much of the anxiety usually associated with classroom observation or inspections by the supervisor. If the objectives are clearly stated before the observation and the method of data collection is discussed in a full participatory manner of all key actors during this pre-observation period, there would be no secrets about what the supervisor is doing which can put the teacher off ease, and thereby counterproductive in its desired effect. Everything works better in a climate and environment devoid of tension and mutual suspicion.

Let it therefore, be clearly stated that the Clinical Supervision model is based on several assumptions:

- Teaching profession is not random but is characterized by regularity in style and approach.
- The pedagogical skills used by the teacher can be classified and studied.
- If the teacher is conscious of his/her behavior, the learning environment is greatly enhanced as is the teacher's overall instructional ability.
- Through careful and systematic observation, analysis and dialogue with a supervisor, effective teaching can be reinforced.

The Clinical Supervision Model is based on the participation of two people who can be described to be fundamentally equal in being, aim and objective as they share in a common call and purpose but differentiated by functional inequality- the teacher and the supervisor, in that each within the school administration has his/her specific function to play for the good of the entire system. The model consists of four phases which can be modified according to the needs of the teachers and the supervisor and the fifth is but a critique of the four scopes. The stages are briefly described below as:

1. Pre- observation conference
2. Classroom observation
3. Analysis and strategy session
4. Conference stage
5. Post- conference observation or what can be called a Critique of foregoing four steps

The task of the teacher and the Supervisor during each stage and the key questions that both ought to occupy themselves with can be articulated below in these ways without any pretext however of being too exhaustive.

Stage 1— Pre-observation Conference

Teacher's Task: To mentally rehearse and orally describe the upcoming lesson, including the purpose and the content, i.e. what the teacher will do, and what students are expected to do and learn from the lesson.

Clinical Supervisor's Task: To learn about and understand what the teacher has in mind for the lesson to be taught by asking probing and clarifying questions, not however with the view to floor or embarrass him/her but for clarity and assistance where need be.

Questions to consider: What type of data will be recorded (e.g., teacher's questions, students' behaviors, and movement patterns)? How will data be recorded (e.g., video or audio recording, verbatim transcript, anecdotal notes, checklist)? Who will do what in the subsequent stages? According to Goldhammer, how supervisor manages Stage 1 depends very much upon what he already knows about the teacher from their earlier work together. Among other things, "it is important in pre-observational activity not to do any thing that is likely to unsettle the Teacher before he steps into the class, as we noted above. If there is nothing that the Supervisor can do to enhance Teacher's probabilities of success- perhaps nothing needs to be done — at the very least, Supervisor should not reduce Teachers chances (P.74).

Stage 2 —Classroom Observation

According to Goldhammer, "the principal purpose of Observation is to capture realities of the lesson objectively enough and comprehensively enough to enable supervisor and teacher to reconstruct the lesson as validly as possible afterwards, in order to analyze it. (p. 83). Summarily, classroom observation has two concerns:

Teacher's Task: To teach the lesson so well; or as well as possible.

Clinical Supervisor's Task: To invent or document the occurring during the lesson as accurately as possible.

There are numerous ways the record takings can be done in a classroom observation:

- **Verbatim recording:** Where the Supervisor records everything that is said and done by the teachers as accurately as possible.
- **Specific Verbatim:** Where the Supervisor selects specific areas to record in as much

detail as possible.

- **General Observation:** Where the supervisor selects areas that he/she will record and focus on during the observation.

- **Video Taping:** is an effective technique where an agreed upon lesson or segment is video-taped for later review.

- **Audio Taping** of teacher and student responses is also a valuable technique if it has been so agreed upon before the lesson.

Most supervisors tend to use the General Observation recording.

Stage 3 — Data Analysis and Strategy

Teacher's Task: To help make sense of the data (if directly involved in this stage).

Clinical Supervisor's Task: To make some sense of the raw data and to develop a plan for the conference.

Questions to Consider: What patterns are evident in the data? Are any critical incidents or turning points obvious? What strengths did the teacher(s) exhibit? Were any techniques especially successful? Are there any concerns about the lesson? Which patterns, events, and concerns are most important to address? Which patterns, events, and concerns can be addressed within the time available? How will the conference begin? How will the conference end?

Stage 4 — Conference session.

One way of viewing the conference between a supervisor and a teacher is in the context of a helping and healthy relationship and never competition or a show of authority or subjugation. With respect to the Supervisory conference, the supervisor's objective is to help the teacher make more functional use of his own resources and therefore perform more effectively within the classroom.

For effective supervisor-Teacher conference, Arthur Blumberg (1970) suggests this of the supervisor: "the helping person is more likely to make the relationship a growth-promoting one when he communicates a desire to understand the other person's (Teacher) meanings and feelings. This attitude of wanting to understand is expressed in a variety of ways. When he talks, the helping person is less inclined to give instruction and advice, thus creating a climate, which fosters independence. He (she) avoids criticism and withholds evaluative judgments of the other person's ideas, thoughts, feelings, and behavior. He listens more often than he talks and when he speaks he strives to understand what the other person is communicating in thought and feeling.

The comments of the helping person are aimed at assisting the other individual to clarify his own meanings and attitudes"

According to Goldhammer, Clinical Supervisory conference embodies the following:
Teacher's Task: To critically examine his or her own teaching with an open mind and to tentatively plan for the next lesson.
Clinical Supervisor's task: To help clarify and build upon the teacher's understanding of the behaviors and events that occurred in the classroom.
Questions to consider: What patterns and critical incidents are evident in the data? What is the relationship between these events and student learning? Were any unanticipated or unintended outcomes evident? What will the teacher do differently for the next class meeting (e.g., new objectives, methods, content, materials, teacher behaviors, student activities, or assessments)?

The observation phase is designed to obtain specific data that will be analyzed and used for Discussion on re-instruction. Tools for collecting and recording this data are varied. Often, the new teacher and supervisor's observation (specific or general) are the tools that will be used to provide the most useful feedback.

It is interesting to note that Goldhammers' proposal for effective clinical supervisory conferencing tallies with view of Madeline Hunter (Feb. 1980), as she notes that, "no instructional conference will be successful unless the observer utilizes and models those cause-effect teaching and learning relationships that promote both teachers' and students' achievements."

Stage 5 **— Post-conference Analysis**

This is the time when the teacher and the supervisor meet alone to discuss the observation and the analysis of data relative to the teacher's objectives. If the data is collected and presented in a clear fashion, the teacher will be more likely to use the data and evaluate his/her teaching and classroom performance by himself/herself. It is necessary to furnish the teachers with the feedback of their observation. It augurs with the research conducted by Dornbush and Scott (1975) and Natrello (1982) which has shown that teachers who receive the most classroom feedback are also most satisfied with teaching. It is important to try to elicit the feedback directly from what the teacher sees from the data. This is accomplished only after a feeling of trust and communication has been established.

Teacher's Task: To provide honest feedback to the clinical supervisor about how the clinical supervision cycle went.

Clinical Supervisor's Task: To critically examine his or her performance during the clinical supervision cycle. In doing this the clinical supervisor should address the following issues:

a. Ask the teacher to analyze the data and tell the supervisor about the lesson. (Rather than having the teacher sit passively by while the supervisor tells the teacher about the lesson).

b. Ask questions to focus the teacher on certain aspects of the lesson. (Since it may not always be possible for a teacher to successfully evaluate his/her own teaching, there may be occasions where the supervisor needs to be more directive seeking collaborative kills for a detailed discussion of giving and receiving feedback and critiquing. In general, every effort should be taken to elicit the analysis of the data from the teacher).

c. Discuss ways to improve the lesson and whether the focus of the next observation is going to remain on the already agreed upon objective. (This part of the meeting can serve as a part of the next pre-observation conference).

d. Request feedback from the teacher as to how effective the supervision cycle has been and how to improve the next supervision cycle.

Questions to Consider: Generally, how well did the clinical supervision cycle go? What worked well? What did not work well? If you could do it again, what would you do differently? What will you do differently during the next clinical supervision cycle?

Clinical Supervision And a measure of resistance:

At this juncture we must do well to observe that this model, because it is sufficiently different from traditional ways of supervision, attracted a measure of resistance. The reason for this resistance at times is because people are not conversant with this model, and as such doubt its usefulness. This concern was well acknowledged in the article, "Clinical Supervision," as the article articulates: "You may experience some resistance to this model initially. Often, however, as teachers became more familiar with the rationale behind the model and see results from the use of clinical supervision, their resistance decreases." Despite many variations that have lingered over the years, the basic five-stage clinical supervision sequence suggested by Goldhammer (1969) remain most-widely known and appreciated.

Nevertheless in carrying out stages of clinical supervision, it is encouraging to be mindful of the concern of Stoller (1978, p.254) as he notes, “although a supervisor should make a full-scale PAT analysis of an observed instructional situation, his (her) agenda should be restricted to the identification of that single element (or, at most, two elements) which seem (to the supervisor) to stand in the way of professional growth by the teacher. Stoller invariably is suggesting that one thing should be done at a time for optimum result. In other words one problem after the other should be investigated so that issues would not be confused or muddled up.

Conclusion

The Clinical supervisor is transformation from a conventional top down executive approach to one that entails, as well as gives opportunity to the teachers to improve themselves so as to contribute in the excellence of school administration and optimum assimilation of the youngsters in their learning pursuit. The clinical supervisor ought to remind himself or herself every day that this center of attention created in and around him/her and assistance to the needs for a good functional education system is a task to be given the adequate approach and realized with a maximum cooperation on the part of all and every key player in the venture, underscored with a good sense of responsibility and devotion. Indeed this is a model which when used properly not only creates a feeling of trust and common purpose between supervisor and teacher, but also builds skills in teachers, which, in turn, allows them to monitor their own classroom behaviors and that of fellow teachers for better productivity in the entire educational polity and policy.

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