TEACHER SUPERVISION AND THE CONCEPT OF CLINICAL SUPERVISION

Motcho Prosper ATCHADE
Maître-Assistant
Université d'Abomey-Calavi
Faculté des Lettres, Arts et Sciences Humaines
Abomey-Calavi-Bénin

RÉSUMÉ

Cet article a examiné les possibilités d'application et de gestion de la formation clinique en général et de la formation participative en particulier.
L'examen de ces possibilités a fait apparaître la distinction qui existe entre l'approche autoritaire et l'approche participative, deux approches qui sous-tendent la formation clinique.
Pour l'approche autoritaire, le formateur se comporte comme le seul détenteur du savoir et comme le contrôleur autoritaire de la formation, alors que pour l'approche participative, le formateur éprouve beaucoup d'égards pour l'enseignant qu'il est en train de former. Pour l'approche participative, le formateur ne joue pas le rôle de quelqu'un qui évalue et qui note mais il joue plutôt le rôle de quelqu'un qui comprend, qui établit un rapport de confiance réciproque et qui est soucieux de contribuer efficacement à l'amélioration des pratiques didactiques de l'enseignant dont il a la charge.

Mots clés: Formation clinique, formation participative en clinique axée sur la didactique, approche autoritaire, approche participative.

Key words: Clinical supervision; collaborative clinical supervision; prescriptive approach; collaborative approach.

INTRODUCTION

This article deals with a review of some literature offering possibilities for the implementation and management of clinical supervision in general and collaborative clinical supervision in particular. Indeed, the article draws a distinction between prescriptive and collaborative approaches to clinical supervision by depicting the prescriptive clinical supervisor as an authority figure, an only source of expertise, an assessor in contrast with the collaborative clinical supervisor who acts as a colleague, a co-sharer of expertise with the supervisee, a helper, a facilitator; and through such a collaborative approach, the supervisor might hope to foster the conditions for reflective practice and the long term professional development of the supervisee.

I. DEFINING THE TERM SUPERVISION

Good (1959) defines supervision as

«all efforts of designated school officials directed toward providing leadership to teachers and other educational workers in the improvement of instruction; it involves the stimulation of professional growth and development of teachers, the selection and revision of education objectives, materials of instruction, and methods of teaching and the evaluation of instruction» (p 539).

Instructional supervision is a subject of supervision. As supervision has varied interpretations, the role of the supervisor is not consistent between and sometimes within school systems and in the same way, instructional supervision and the role of the instructional supervisor vary. It may be appropriate to seek more current views related to the definitions of supervision which vary in both content and specificity. Harris (1975) defines supervision of instruction as: «what school personnel do with adult and things to maintain or change the school operation in ways that directly influence the teaching processes employed to promote learning» (pp 10-11).

The principle underlying this definition is that instructional supervision is both a concept and a process to improve the instruction given to the pupil.

Eye, Netzer, and Krey (1971) define supervision of instruction as «that phase of school administration which focuses primarily upon the achievement of the appropriate instructional expectations of educational systems «(p 30).

This definition may remind us of general supervision which refers to what might be called the «administrative» aspects of supervision or «out of class» supervision. General supervision is therefore concerned with such issues as curriculum, syllabus, and the overall management structure of education both outside and within the school. So, General supervision efforts are focused on out-of-class operations that are intended to improve and develop in-class-instruction.

The discussion of the definitions of the term supervision might be misleading because of the wide variety of terms used to describe those engaged in supervision, and the wide range of definitions of the word itself. The consideration of such issues as curriculum, syllabus, education management and administration would take us well beyond the scope of the present article. At this point, it may be helpful to draw a useful distinction between general supervision and clinical supervision since we are concerned almost exclusively with the issue of clinical supervision.

General supervision has something to do with «out-of-class» operations, with «administrative» aspects while, on the contrary, clinical supervision is something much more specific, an in-class support system, the crucial objective of which is to deliver assistance, counselling and guidance by a competent and skilful observer, all of the efforts tending to improve instruction, a teacher's performance and professional growth, the final impact being the improvement of student learning.

Morris Cogan (1973) defines clinical supervision as

«The rationale and practice designed to improve the teacher's classroom performance. It takes its principal data from the events of the classroom. The analysis of these data and the leadership between teacher and supervision for the basis of the programme, procedures, and strategies designed to improve the students' learning by improving the teacher's classroom behaviour» (p. 9).

In the words of Sergiovanni and Starratt (1979), «clinical supervision refers to face-to face encounters with teachers about teaching, usually in classrooms, with the double-barrelled intent of professional development and improvement of instruction» (p. 305).

Flanders (1976) sees clinical supervision as,

«a special case of teaching in which at least two persons are concerned with the improvement of teaching and at least one of the individuals is a teacher whose performance is to be studied ... It seeks to stimulate some change in teaching, to show that a change did, in fact, take place, and to compare the old and new patterns of instruction in ways that will give a teacher useful insights into the instructional process» (pp. 47-48).

All these definitions have several elements in common. The definition provided by Goldhammer, Anderson and Krajewski (1980) expresses our view of clinical supervision and is consistent with the others and enhances those common elements. Clinical supervision as they see it, is:

«That phase of instructional supervision which draws its data from first-hand observation of actual teaching events, and involves face-to-face (and other supervision associated) interaction between the supervisor and teacher in the analysis of teaching behaviours and activities for instructional improvement» (p.19).

Having established a working definition of clinical supervision, we can now turn to how it can be implemented.

II. VARIETIES OF CLINICAL SUPERVISION

Freeman (1982) points out three approaches to observing in-service teachers: he called **(1)** the supervisory approach, with the observer as authority and arbitrator; **(2)** the alternative approach, with the observer as a provider of «alternative perspectives»; and **(3)** the non-directive approach, with the observer as somebody who «understands».

Gebhard (1984) presents an overview of supervision in which he increases the number of possible models to five, as follows:

(1) Directive Supervision where the supervisor directs, informs model good teaching and finally evaluates;

(2) Alternative supervision where alternatives may be suggested either by the supervisor (as with Freeman), but also by the trainee;

(3) Collaborative supervision, in which the supervisor participates with the teacher in any decisions that are made and attempts to establish a sharing relationship;

(4) Non-directive supervision: the supervisor here does not share responsibility; he simply provides an «understanding response» in Curran's (1978) phrase. An «understanding response» is a «recognised» version of what the speaker has said. In supervision, the supervisor does not repeat word-for-word what the teacher has said but rather restates how he or she has understood the teacher's comments;

(5) Creative supervision, in which the supervisor uses any combination of the above.

Many divisions can be applied to supervision and this explains the various attempts which are made to categorize supervision; for example, Retallick's **(1986)** three-field division is different from either of the ones referred to although it may overlap with them in several ways.

Perhaps one way to simply categorize clinical supervision in Wallace's words (1989) is «to view it as a series of possible supervisory behaviours in which there will probably be detectable a tendency to one of two approaches: these we could call the prescriptive approach and the collaborative approach» (p. 210).

We would like now to have a closer look at these two approaches.

III. THE PRESCRIPTIVE APPROACH TO CLINICAL SUPERVISION

By the prescriptive approach to supervision, we mean the evaluation of teacher effectiveness and the systematic analysis of classroom teaching. In this context, the evaluation of instruction based on predetermined assumptions and values is typical of the scientific model. The evaluator is viewed as the expert who comes to determine the worth of what is going to be observed in a pre-specified way. Intents, rules and behaviours are all predetermined and the evaluator basically applies rating scales other teacher evaluation instruments to measure them. In this kind of evaluation, the evaluator or whatever you may call him, acts in Sergiovanni's words (1977) as «an authority figure, as an only source of expertise; he judges, applies a «blueprint» of how lessons ought to be taught; he talks and the teacher listens». Therefore, the supervisor or evaluator is the one who defines «good» teaching (p.18). Gebhard (1984) says

«people believe that they can identify good teaching when they see it. However, it might not be good teaching that these people see. It is, more likely, their idea of what good teaching should be... Most people accept the idea that good teaching means the learning has taken place but rather in identifying what specific teaching behaviours caused the students to learn» (p.503).

A second problem with this prescriptive supervision concerns humanistic consequences which are destructive to the professional development of the teacher. This type of supervision puts the teacher in the role of subordinate and as such, he may be unable to develop the autonomy and the sense of personal responsibility that characterise the behaviour of the true professional. Even worse, as a subordinate, he may regress to docility in the face of authority, to the detriment of both his own creativity and the development of his own best style of teaching.

In the prescriptive supervision, the supervisor can be seen as a rater, charged with the responsibility for rating the teachers where rating is mandated by state or local authorities. The role of rater appears to hold so much threat that it deforms the supervisor's relationship with the teacher. The image of the supervisor as a person whose main job is to suppress

individual creativity, to rate, to create fear and conformity seems to have remarkable emotional longevity in the teaching profession; and this state of affairs according to Perlberg and Theodor (1975)

«*enhanced by some of the prescriptive supervisor's patterns such as sharp or exclusive criticism, aggressiveness, lack of positive rewards, imposing of opinions and knowing everything better than the teacher, not permitting the teacher to talk, rejection of teacher's action and speech, lengthy monologues, etc... and these native patterns can force the teacher into a defensive position*» (p.208).

These prescriptive supervision features are in accordance with the assumptions and practice expressed by McGregor (1960) in his famous Theory X. Although McGregor is mainly concerned with the description of non- school environments, his ideas have wide application in schools. The assumptions behind Theory X are:

1- *The average human being has an inherent dislike of work and will avoid it if he can.*
2- *Because of this human characteristic of dislike of work, most people must be coerced, controlled, directed, and threatened with punishment to get them to put forth adequate effort toward the achievement of organisational objectives.*
3- *The average human being prefers to be directed, wishes to avoid responsibility, has relatively little ambition, wants security above all* (p.41).

Thus, supervisors are pushed on teachers because, they are resistant to change. Supervision seen under such conditions can restrict or even retard teachers' progress in assuming the responsibilities for their own teaching and in developing their talents as professional teachers. Therefore, we can say with Cogan (1973)

1- *The supervisor should clearly divorce himself from the role of evaluator or rater, unless and until he and the teacher agree that such a role would be productive for both.*
2- *The supervisor should not attempt to picture himself to the teacher as being without, above, or beyond evaluation.*
3- *The supervisor should seek to establish a relationship calculated to deal with the teacher's residual anxieties about evaluation, a relationship characterised by mutual trust and confidence* (p.65).

We would like to turn to another type of supervision in which the teacher will be involved in the process of establishing judgement and in which the teacher will be considered as a colleague, his ideas and initiatives duly appreciated, an approach where collaboration is salient.

IV. THE COLLABORATION APPROACH TO CLINICAL SUPERVISION: CONCEPT AND METHODS

This is an Approach in contrast with the prescriptive clinical supervision in the sense that collaborative clinical supervision according to Sergiovanni (1977), gears the collaborative clinical supervisor to:

(a) *act as colleague*
(b) *understand teacher*
(c) *accept lesson in terms of what teacher is attempting to do*
(d) *consider listening as important as talking*
(e) *Create an atmosphere in which supervisor and teacher are co-sharers of expertise* (p.35).

These features express our view of collaborative clinical supervision.

We would like to turn now to the concept and methods of this collaborative clinical supervision.

A. THE CONCEPT OF COLLABORATIVE CLINICAL SUPERVISION

It may be helpful to have an idea of the word «clinical» in collaborative clinical supervision in order to understand the concept of this type of supervision.

The word «clinical» has a kind of mystique surrounding it (Smyth, 1985b). It frequently conjures up images of pathology and disease, and even worse, notions of manipulation in which something distasteful is done to somebody. Goldhammer (1969) sees clinical applied to teaching as referring to something quite different:

«... Close observation, detailed observational data, face-to-face interaction between supervisor and teacher, and an intensity of focus that binds the two in an intimate professional relationship» (p.54).

Smyth (**1986**) states

«clinical had to do with ways of learning about teaching that were solidly embedded in the clinic of the classroom» (p.62).

Goldhammer, Anderson and Krajewski (1980) share this definition of the term «clinical» with Smyth.

In exploring the nature of professional knowledge in teaching, Doyle (1985) argues for the importance of «clinical theories» which emerge from direct attempts to understand clinical practice on its own terms. His comments on the characteristics of clinical knowledge (understanding classroom teaching and learning), in teaching fit well with the underlying philosophy of clinical supervision and particularly with collaborative clinical supervision. In Doyle's (1985) words:

«Clinical knowledge is interpretive and explanatory and not simply predictive.

Clinical knowledge is not limited to information about validated practices. It includes attempts to make sense of what goes on in the classroom.

Its domain is what teachers need to know to do their work rather than what administrators need to know to control teaching» (p.p.14 -15).

The underlying principle of this point is that collaborative clinical supervision objective is to bring about improvements in classroom operation and teacher's behaviour. But, what methods does collaborative clinical supervision use?

B. METHODS OF COLLABORATIVE CLINICAL SUPERVISION

The principal method of this type of supervision is an incisive, detailed analysis of the teaching performance whose general aim is objectivity in perception and criticism of the teaching and acceptance of such criticism. What the teacher intends to do, as evidence in the plans he makes for the lesson, what he actually does in the classroom and the outcome of the teaching (i. e ., what the pupils do and learn) are subjected to rational analysis by the supervisor and the teacher. Analysis in this context means systematic, disciplined, practical thinking about the wide range of factors which affect the process of formal instruction and its outcomes. Collaborative clinical supervision can be undertaken with a number of teachers who jointly plan, observe and analyse the teaching of one or several members of the team. In other words, these supervision methods can include group supervision between several supervisors and a teacher or a supervisor and several teachers. This technique is appropriate to «traditional» teaching and one-to-one supervision or to team teaching or team supervision within a particular school. Whether the collaborative clinical supervision is done individually or in a group, it tends to evolve in three stages which correspond to the stages in the process of formal instruction:

The plan of the objectives, content and pedagogy;

1) The instruction proper ; and
2) An after-the-fact analysis of the effect of the teaching.

Thus, an ongoing cycle of systematic planning, observation and critical analysis of teaching is the characteristic form of collaborative clinical supervision.

In the process of collaborative clinical supervision, goals and objectives are very important and as such, they should create some relationship between supervisor and teacher in a larger context. When the teacher has developed goals for himself, the supervisor becomes freer to offer help because the help is directed toward the fulfilment of these goals. Even when the goals have been established, the schema will not work unless both supervisor and teacher agree on the nature of the data to be collected, when and how they will be collected, and how will be used. .In this context, the supervisor, instead of trying to make the teacher's style a model of his own, concentrates on helping the teacher achieve his objectives regardless of style, within limits. If the supervisor and the teacher are concentrating on the results of the teacher's work with the students, the question of whether or not his methodology or teaching style suits the tastes of the supervisor fades into the background, and the supervisor and teacher can relate to each other as adults who share a common concern, who respect each other's skills, and who can communicate openly with each other in a mutually helpful way. According to Cogan (1973), «This relationship between teacher and clinical supervisor is maintained in force as long as they can work together productively as colleagues» (p.63).

Clinical supervision as mentioned by Cogan means for us, collaborative clinical supervision and it is in this sense that we also use it.

In collaborative clinical supervision, the teaching performance is regularly observed by the supervisor and by other teachers. Mosher (1972) says» this observation is not casual; it has specific purposes; the professional objective is its study modification of its effects. The supervisor's first job, while the actual instruction is going on, is to make a detailed record of what the teacher says and does and what the students say and do in order to analyse them objectively at the supervision conference stage «(p.89). At this stage, predictions made in advance of the lesson about the suitability of content, the correctness of its communication, its motivational characteristics are studied in terms of actuality. In summary then, collaborative clinical supervision has both eyes focused on teaching in process and on its components: content, pedagogy and the interpersonal effect of the teacher. It aims to help the teacher capitalize on his strengths, compensate for his weaknesses and develop his own individual and «best» teaching style.

Usually, collaborative clinical supervision follows a cycle. I would like to share one cycle with you. It refers to Goldharmmer's cycle.

D. GOLDHAMMER'S CYCLE (1980)

Goldhammer, Anderson and Krajewski have identified five stages as follows:

Stage 1: Pre-observation
Stage 2: Observation
Stage 3: Analysis and strategy
Stage 4: Supervisory conference
Stage 5: Post-conference analysis

1. The pre-observation conference: Its purposes are to help the teacher plan the lesson, define his objectives and ways of achieving them, identify a particular teaching problem raised by the teacher and on which he needs feedback.
2. The observation: The objective here is to view the lesson as planned in the Pre-observation phase.
3. The analysis and strategy: Goldhammer (1969) says «the purposes of this stage are to reconstruct the observed events, to assess the observed lesson in terms of (a) «the teacher's own intention, (b) pedagogical criteria and to develop a strategy for helping this teacher» (p.209).
4. The supervisory conference: The objective is to provide feedback and basis for the improvement of future teaching.
5. The post-conference analysis: At this stage, the events of the conference are reconstructed, the conference is assessed, and the supervision techniques are evaluated in order to enable the teacher to discover the importance of the conference.

Besides Goldhammer's cycle, there are other patterns of cycle in regard to collaborative clinical supervision such as Cogan's (1973) eight-phase cycle, Bowers' (1987). Teaching counselling guide, etc.

We think that any cycle of collaborative clinical supervision adopted should be systematically followed; however, the supervisor may find it necessary to introduce or omit some stages according to a particular teacher's needs, experiences, self-growth, motivation and amount of time available for him.

CONCLUSION

This article illustrates that there is a wide choice of supervisory behaviours and approaches which teacher educators can select from. There are no claims being made regarding the best model of supervision or the best supervisor behaviours and approaches. This task of discovering which supervisor behaviour and approach work well for the supervisor is left to the supervisor. However, it is our belief that collaborative clinical supervision, understood as a training mode which involves a formative face-to-face interaction between a supervisor and a teacher with reference to classroom teaching, is a constructive tool for teacher education; we suggest this tool should be handled in a more collaborative approach which ought to be a goal of clinical supervision both for affective and for longer-term professional developmental reasons. In this context, the supervisor should actively participate with the teacher in any decisions that are made and should attempt to establish a sharing relationship and responsibility. We think that the teacher and the supervisor should work together in addressing a problem in the teacher's classroom teaching. They pose a hypothesis, experiment, and implement strategies which appear to be a reasonable solution to the problem under consideration.

BIBLIOGRAPHIC REFERENCES

1. BOWERS, R.G., 1987. «Developing perceptions of the classroom.» In R. Bowers(Ed) *Language Teacher Education: An integrated programme for ELT teacher training*. London: Modern English Publications. The British council.

2. COGAN, M. L., 1973. *Clinical supervision*. Boston: Houghton Mifflin.

3. CURRAN, C.A., 1978. «*Understanding: a necessary ingredient in human belonging*». East Dubuque Illinois: Counselling-Learning.

4. DOYLE, W., 1985. «Teaching as a Profession: What we know and what we need to know about teaching». Austin, Texas: *Research and Development Centre for Teacher Education*, University of Texas at Austin.

5. EYE, G. C., NELZER, L. A., & KREY, R. D., 1971. *Supervision of instruction*. 2nd Ed. New York: Harper & Row.

6. FLANDERS, N. A., 1976. «Interaction Analysis and clinical supervision.» *Journal of Research and Development in Education,* vol. 9, n° 2. pp. 47-56.

7. FREEMAN, D., 1982. «Observing teachers: three approaches to in-service training and development.» *TESOL Quarterly*, vol. 16, n°1, pp. 21-29.

8. GEBHARD, J. G., 1984. «Models of supervision: choices». *TESOL Quarterly,* vol.18, n°3, p.501.

9. GOLDHAMMER, R., ANDERSON, R. H, & KRAJEWSKI, R. J. 1980. *Clinical supervision: special methods for the supervision of teachers*. 2nd Ed. New–York: Holt/Rinehart/Wiston.

10. GOLDHAMMER, R., 1969. *Clinical supervision: special methods for the supervision of teachers*. 1st Ed. New-York: Holt/Rinehart /Wiston.

11. GOOD, C. V., 1959. *Dictionary of Education*, 2nd Ed. New-York: Mc Graw.

12. HARRIS, B. M., 1975. *Supervision Behaviour in our Education,* 2nd Ed. Englewood Cliffs, N. J. Prentice – Hall.

13. MCGREGOR, D., 1960. *The Human Side Enterprise*. New-York: McGraw-Hill.

14. MOSHER, R. L., 1972. *Supervision: the Reluctant Profession*. Boston Houghton Miflin Company.

15. PERLBERG, A., & THEODOR, E., 1975. «Patterns and styles in the supervision of British» *Journal of teacher education,* vol.1, pp 203-211.

16. RETALLICK, H., 1986. «Clinical supervision: technical collaborative and critical approaches», in W. J. Smyth (Ed.). *Learning about teaching through clinical supervision*. London Croom Helm.

17. SERGIOVANNI, T. J., & STARRETT, R. J., 1979. *Supervision: Human Perspectives*. 2nd Ed. New-York. McGraw-Hill. p.305.

18. SERGIOVANNI, T. J., 1977. «Reforming teacher evaluation: naturalistic alternative educational leadership». Vol. 34, n°8.

19. SERGIOVANNI, T. J., & STARRETT, R. J., 2002. *Supervision and Redefinition*. 7th Ed. New York. MC Graw-Hill.

20. SMYTH, W. J., 1985b. ''An alternative and critical perspective for clinical supervision in schools'' *in K. Sirotnik and J. Oakes* (eds), *Critical Perspectives on the Organisation and Improvement of Schooling*. Massachusetts: Kluwer- Nijhoff

21. SMYTH, W. J., 1986. «Learning about Teaching through Clinical Supervision». London: Croom Helm. Curriculum, policy and research series.

22. WALLACE, M. J., 1989. ''Clinical Supervision and School Experience''. Mimeo Sceo Moray House College, Edinburgh.

23. WALLACE, M. J., 1989. «Classroom observation recalling and analysing the data». Mimeo Sceo Moray House College, Edinburgh.