

CLINICAL SUPERVISION: A TIMELY APPROACH

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Clinical supervision brings a clarity and specificity to in-class supervision that promise to improve the quality of instruction provided to children.

CLINICAL supervision was developed more than a decade ago by Morris Cogan and a group of colleagues working in the Harvard MAT program. Even though the clinical supervision procedure is over 10 years old, it has recently received new impetus with the publication of two books: Cogan's *Clinical Supervision*¹ and Robert Goldhammer's, also titled *Clinical Supervision*.² Recent studies and the tide of professional opinion suggest that after 10 years, the time of clinical supervision has arrived.

It was in the late 1950's that Cogan was working with Harvard MAT students and confronted the fact that the typical supervisory pattern of observing a lesson and then

conferring with the teacher was not perceived as helpful either by the teacher in training or the supervisor. Experimentation coupled with honest evaluation by the Harvard interns over a period of years evolved into what is currently the clinical supervision sequence. This sequence has been described by one authority as "a system of supervision with enough weight to have impact and with the precision to hit the target."³ Clinical supervision is a procedure for observation in the clinic of the classroom. It has been called supervision up close. It rests on the conviction that instruction can only be improved by direct feedback to a teacher on aspects of his or her teaching that are of concern to that teacher (rather than items on an evaluation form or items that are pet concerns of the supervisor only).

³ Cogan, *op. cit.*, p. ix.

¹ Morris Cogan. *Clinical Supervision*. Boston: Houghton Mifflin Company, 1973.

² Robert Goldhammer. *Clinical Supervision*. New York: Holt, Rinehart and Winston, Inc., 1969.

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The clinical supervision sequence begins with a pre-observation conference between supervisor and teacher. The purposes of this conference are to establish or reestablish rapport, get an orientation to the group the supervisor will be observing, receive information on the lesson to be taught (objectives, procedure, evaluation), suggest minor changes that might improve the lesson, and develop a contract, that is, an agreement between teacher and supervisor about the purposes of the observation. Both teacher and supervisor contribute to the contract. The contract must be specific and becomes the basis of the remainder of the clinical supervision pattern.

Following the pre-observation conference, the supervisor observes the specific lesson previously discussed with the teacher. During the observation the supervisor writes down verbatim as many of the verbal exchanges in the classroom as possible. These notes become the basis of the analysis.

Search for Strategy

Analysis and strategy are the next steps in the sequence. The supervisor analyzes the data collected, looking for recurring patterns in the exchanges. While Cogan would use standard category systems such as Flanders' Interaction Analysis, Goldhammer specifically rejects these, preferring to "let the data speak." Both agree that the supervisor must clear his or her mind of all pet theories and biases and deal directly with the data, keeping the contract foremost in mind. Upon completing the analysis, the supervisor must decide on a strategy, a method of presenting the results of the analysis in a manner most likely to result in improved teacher performance. The decision about strategy depends on the supervisor's knowledge of the teacher. Some teachers would prefer a didactic approach, others will respond to a less direct approach, perhaps one that begins with their own analysis of the lesson.

The conference between supervisor and teacher follows. During the conference the supervisor attempts to implement his or her strategy. Generally, the conference is posi-

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itive and productive because it focuses on aspects of instruction previously identified as areas of concern by the teacher. Plans for remedial action may also be a part of the conference.

The final step in the sequence is the post-conference analysis. The supervisor reviews actions taken in each of the preceding steps with regard to whether they facilitated improved instruction and teacher growth toward self-supervision, the two primary goals of clinical supervision.

As can be seen from this discussion, the emphasis in clinical supervision is on enhancing the professional status of the teacher in the supervisor-teacher relationship. It is the teacher who identifies the focuses of the observation, orients the supervisor to the class and the preceding lessons. The subsequent analysis and strategy, conferences, and even the evaluation stage are guided by the concern to give the teacher the information requested about teaching.

Even recent research on the teacher-supervisor relationship, based on what might be called the traditional supervision pattern of observation followed by a conference, has shown that supervisor respect for the teacher as a professional has been missing. A study by Blumburg analyzing the verbal interactions of the supervisor and teacher during conferences revealed that supervisors give their own opinions and ideas four times as often as they ask for the teacher's; supervisors tend to dodge legitimate teacher complaints and concerns; teachers tend to passively accept supervisor opinions, advice; the majority of conference time is concerned with procedural matters rather than instructional concerns; pat statements and answers give

the impression that both teachers and supervisors are playing roles, going through the motions that each expects of the other.⁴

As Teachers See Supervision

Another study by Blumberg in 1974 revealed the following teacher criticisms of supervisors: Supervisors seem to be out of touch with the classroom; much of what is communicated involves procedural trivia; supervisors avoid them, which makes teachers think the supervisors are insecure; supervisors don't seem to like people; supervisors play a democratic game, but don't really mean it.⁵ The results of an informal survey conducted by this writer in his supervision classes (composed primarily of classroom teachers) could be summed up by the com-

⁴ Arthur Blumberg and Philip Cusick. "Supervisor-Teacher Interaction: An Analysis of Verbal Behavior." *Education* 91:129-31; November/December 1970.

⁵ Arthur Blumberg. *Supervisors and Teachers: A Private Cold War*. Berkeley, California: McCutchan Publishing Corporation, 1974. pp. 15-16.

ments of one student: "We neither fear nor look forward to the supervisor's observations; it is just something else that interrupts the day like a fire drill." No practicing teachers indicated they actually expected that their instruction would (could) be improved as a result of the supervisor's observation.

Contrasted with the failure of supervisors to interact with teachers and professionals as indicated in these studies is evidence that the profession of teaching is ready for supervision properly practiced. After an initial period of reluctance, the formal teacher associations are now supportive of instructional assessment. "Evaluation is a complicated activity, difficult to conceptualize fully in all its ramifications and even more difficult to implement with sound substance and fair process. The organized profession must play a leading role in guiding the development of this important and complex activity."⁶ Results of a recent survey

⁶ Bernard H. McKenna. "Teacher Evaluations: Some Implications." *Today's Education* 62:56; February 1973.

The clinical supervision sequence begins with a pre-observation conference between supervisor and teacher where both agree on the purposes of the observation. Both teacher and supervisor contribute to a specific contract which becomes the basis of the remainder of the clinical supervision pattern.



of teachers indicate that the rank and file teacher is in accord with the position taken by the professional associations: They approve of evaluation directed at the improvement of instruction which they enter as respected professionals rather than as workers fearing for their positions.⁷

Limited Acceptance of Evaluation

Properly focused, then, a level of acceptance for evaluation exists among teachers. Recent professional writing reflects this more acceptable focus. Hans Anderson suggests that the supervisor's role should be

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that of facilitating self-evaluation by the teacher and that the relationship should be one of mutual respect.⁸ William Goldstein urges agreement on areas of improvement in teacher performance for the year and periodic observations to render help where possible, with a supervisor-teacher meeting at the end of the evaluation period to assess progress. He suggests further that this procedure gives teachers a voice in their own professional destiny.⁹ Writing in a similar vein, Donald Thomas suggests a conference with the principal early in the year to establish goals for the year. Periodic conferences and/or observations are held to assist the teacher as

⁷ Mel J. Zelenak and Bill C. Snider. "Teachers Don't Resent Evaluation—If It's for the Improvement of Instruction." *Phi Delta Kappan* 55:570-71; April 1974.

⁸ Hans O. Anderson. "The Supervisor as a Facilitator of Self-Evaluation." *School Science and Mathematics* 72:603; October 1972.

⁹ William Goldstein. "An Enlightened Approach to Supervising Teachers." *The Clearing House* 46:393; March 1972.

needed. At the end of the year the teachers are expected to provide data to validate achievement of their objectives.¹⁰

Calling for wide participation in the development of an evaluation program is William H. Drummond. After the evaluation program has been designed, he would organize evaluation trios, with each teacher on the trio serving alternately as a helper, helpee, and observer. The helpee would have to specify aspirations and difficulties to the helper. The observer would provide feedback to the helper and helpee on the clarity and directness of their communication.¹¹

Provided here is a sampling of the emerging consensus on teacher evaluation taken from a variety of professional journals. It may be summarized as follows:

- Teachers should be regarded as professionals.
- Teachers should participate in the evaluation process from its beginning.
- Teachers genuinely wish to improve their instruction when this can be separated from considerations of job termination.
- Teachers should receive continuous feedback on progress toward their goals.

While all of the articles cited have the above factors as their main tenets, they all fall short because of a shallow level of conceptualization. Each writer has his own pattern or variant. But only clinical supervision has been developed for more than a decade and is supported by a substantial body of literature and research. Only clinical supervision has been developed by an elite corps of professionals. Clinical supervision meets or exceeds expectations in the evaluation of instruction. Clinical supervision, providing clarity and specificity in in-class supervision, has the potential to accomplish what all evaluation attempts—to improve the quality of instruction provided to children. □

¹⁰ Donald Thomas. "The Principal and Teacher Evaluation." *NASSP Bulletin* 58:1-7; December 1974.

¹¹ William H. Drummond. "Involving the Teacher in Evaluation." *The National Elementary Principal* 52:32; February 1973.

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