

Needed: Resident Clinical Supervisors

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Suggested here is a way to provide supervision in line with needs in competency-based teacher certification programs.

THE accountability and competency-based education movements have led to the concept of competency-based teacher certification (Schmieder, 1974; Villeme, 1974). It is quite possible that competency-based teacher certification (CBTC) presents the most significant challenge to educational leadership since the launching of Sputnik I.

The CBTC concept demands close and continuous supervision of teachers, particularly in the early years of their careers. Different levels of certification, based on attainment of specified competencies, will be granted at intervals *during* one's teaching career. Because existing supervision programs cannot supply the vast number of specially skilled persons needed to work with teachers under the CBTC concept, new supervisory roles and approaches must be defined.

The Resident Clinical Supervisor

The new supervisor must specialize in classroom supervision. Cogan (1973, pp. 8-9) presents a strong argument for using the term *clinical supervision* to de-

scribe this specialty. And he rigidly limits the specialty's domain to "the classroom behavior of the teacher" (p. 58).

The model proposed herein suggests that the clinical supervisor be a master teacher teaching on a part-time basis in the same school where he or she is serving as supervisor; thus, he or she is a *resident* clinical supervisor (RCS). The total number of certified RCSs in each school might vary with the size of the school faculty but there should be a minimum of one per school.

Preparing Resident Clinical Supervisors

The preparation program described here represents a two-year sequence. Upon completion of the sequence, the RCS would be a specialist in teaching *and* supervision. The first year, called externship, is already operational at Emory University. Results indicate that the externship would provide an excellent foundation for the second year, called residency in clinical supervision.

The Externship

This part of the program, described in more detail elsewhere (Riechard, 1974 and

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in press), combines in-service with preservice education. In-service teachers are screened cooperatively by the school systems and the university on the basis of classroom teaching ability, scholarship, and leadership potential. Successful applicants are admitted to degree programs generally at the master's (fifth year) level.

The program consists of five sequential quarters—summer, fall, winter, spring, summer. One major goal is that the in-service teachers, called externs, become more competent in the classroom. To accomplish this they engage in coursework and a wide variety of other activities. A second goal is that externs develop leadership potential. During the first summer, they take an introductory course in clinical supervision. Over the academic year, they engage in clinical supervision practicums and serve as extern clinical supervisors for the university by working in their classrooms with preservice teachers. Thus, in accomplishing the second goal it is hoped that a third goal—providing more and better in-school experiences for preservice teachers—is accomplished also. Externs receive college credit and financial remuneration for the supervision service rendered the university. At the end of the second summer, successful externs receive their master's de-

grees in teaching and certification as supervisors of preservice teachers.

The Residency

This second year of the RCS sequence is still in the planning stage. It is proposed that basic screening criteria for the residency include completion of the externship, recommendation of the applicant by his or her school system, and recommendation of the applicant by the university faculty in charge of the extern program. The residency would be a five quarter sequence (summer, fall, winter, spring, summer) and would work toward three basic goals: (a) to help RCS candidates, called residents, become better classroom teachers; (b) to help residents develop new leadership skills and refine those already acquired; and (c) to help in-service teachers in the residents' own schools toward the attainment of higher levels of teaching competence.

The first goal would be accomplished through individualized programs of coursework and experiences related to classroom teaching. Goals two and three would be met by individualized clinical supervision programs and a residency in clinical in-service supervision. The residency would involve part-time supervision of in-service teachers



Supervisors must have ample time to work with beginning teachers.



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in the same school where a resident is employed as a part-time teacher.¹

Upon completion of the program the resident would receive sixth-year teaching certification and certification as a resident clinical supervisor of in-service teachers. The certified RCS would continue professionally as a part-time teacher and as a clinical supervisor functioning in the new role established by CBTC.

What About the Cost?

Perhaps the most important requisite for effective clinical supervision is the establishment and maintenance of good interpersonal relationships between supervisors and teachers. The RCS model provides candidates a multitude of interpersonal experiences beginning with simulations and role playing during the introductory course in clinical

¹ The specific nature of a resident's program should result from joint planning by the resident, school system, state department of education, and university.

supervision. Next, the externs engage in relatively secure teacher-student relationships as they supervise beginning preservice teachers in the classrooms. Later experiences involve externs in teaching teams with advanced preservice teachers. The last stage during the residency requires the establishment of nearly coequal relationships with fellow teachers.

The extern program has demonstrated the effectiveness of such a stepwise approach in helping teachers gain confidence, security, and ability to function as clinical supervisors. The information also suggests that good relationships are more readily established when skillful clinical supervisors have high credibility as teachers as well. And finally, evidence clearly indicates that supervisors must have ample time for planning, observing, and conferring with teachers. The RCS model provides these essential elements necessary for establishing effective in-the-classroom supervision.

Despite the promises of resident clinical supervision, educational leaders cannot dismiss the possibility that it will be more difficult to administer and will cost more than traditional supervision programs. Some will say "education" cannot afford it. However, if the school systems, universities, and state departments of education cannot afford the resident clinical supervisor (or something similar) then they must not encourage competency-based teacher certification. It is futile, maybe detrimental, to impose changes in certification practices unless practical means of accomplishing the changes are provided also.

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