PERSPECTIVES AND IMPERATIVES

CLINICAL SUPERVISION: QUACKERY OR REMEDY FOR PROFESSIONAL DEVELOPMENT

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We continue, with this contribution by Noreen Garman, a feature begun in Issue No. 1 of the Journal of Curriculum and Supervision called “Perspectives and Imperatives.” We hope to continue to present essays under this heading in future issues. Readers are invited to submit contributions for consideration in which they offer personal viewpoints and position statements or recommendations persuasively argued for action on matters related to curriculum and supervision and scholarship in these fields. Contributions should be shorter than most regular research articles. The editors will select from among the essays submitted the most well-stated, timely, and significant one for publication in each issue of the Journal. Authors of accepted essays should expect to be asked to revise their work before publication in light of editorial criticism.

With the spotlight on the school these days, teachers are unwittingly the center of attention. Amid the chorus of concern, supervision is often mentioned as a remedy for helping teachers in their professional development. Yet, at the day-to-day level, teachers and supervisors continue the age-old rituals of visitation, judgment, and prescription. Evaluation forms are still the main artifacts of supervisory practice. Blumberg’s "private cold war" continues. It’s time to look seriously at the rituals and face squarely what the practice of supervision means, just as we are being challenged to reconsider what the profession of teaching means.

There has been a substantial interest during the last five years in articulating forms of in-class supervision. Publications and workshops have kept those of us in the field busy developing “training” activities and writing about the potential “use” of Cogan’s cycle of supervision. Clinical supervision is often referred to as a tool, a technology, a strategy—modern day metaphors for efficient intervention into the teacher’s practice. Yet we who teach instructional supervision at colleges and universities often share a sense of frustration, which comes from the realization that, no matter what we do in a brief educational program, the real-world syndrome obtains. Administrators and

1Arthur Blumberg, Supervisors and Teachers A Private Cold War (Berkeley, Calif. McCutchan Publishing, 1974)
2Morris Cogan, Clinical Supervision (Boston: Houghton Mifflin, 1973)
supervisors tell us that they do not have the time nor the disposition to engage in the prolonged involvements and serious inquiry required for genuine collaboration with teachers. Still they are willing to play out the procedures of clinical supervision as if they were really making a difference.

ROOTS OF THE CLINICAL SUPERVISION METAPHOR

Historically, clinical supervision is connected to the issue of the professional status of educators. In the early '50s Morris Cogan, the founder of clinical supervision, wrestled with the criteria for what constitutes a fully recognized profession. A former high school teacher, his primary concern was the status of teachers and the obligation of supervisors to help them toward professional identity. The same theme held for supervisors, who, Cogan believed, must develop competence and understanding in their own practice. For Cogan, supervision was not a side function of administration, but a full-time responsibility. In 1953 he published "Toward a Definition of a Profession," which served as the ground for his later work in supervision.

Cogan admired the medical profession, looking to it as a prototype for understanding how to discuss professional matters. He was particularly impressed with the rapid development of the role of medical practitioners who, in 1900, were regarded primarily as folk healers. By 1950, highly trained surgeons were respected for their scientific skills and knowledge and were in charge of their own professional destinies. Cogan wanted the same conditions for teachers. He recognized that the formal education teachers receive in higher education has only marginal influence on practice. Still, the unlimited hope that education would be a fully developed profession formed the basis from which Cogan fashioned his work in supervision.

In the late '50s Cogan and his contemporaries at Harvard spent their academic time working closely with intern teachers, master teachers, and supervisors at Lexington and Cambridge High Schools. Their intense involvements gave them an insight into the importance of the role of supervisor Cogan named the supervisory practice "clinical supervision" (not a coincidence that it resembled the close alliances in the medical profession) and used the term "clinic of the classroom" to describe the activities of a supervisor and teacher working together daily for a prolonged period of time—a relationship uncommon in other forms of supervision. Cogan also liked the term clinical because it implied extreme objectivity on the part of supervisors fully educated to observe and analyze events in an empirical fashion and predisposed toward inquiry and the generation of knowledge as a formal part of practice. Cogan himself kept carefully detailed notes of significant events.

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Modern versions of clinical supervision have been widely interpreted by educators for their own situations. For the most part, this is a welcome sign. The questionable part comes when educators begin to alter the basic tenets of the practice to fit their own rigid timeframes and mindsets. Clinical supervision is not warmed-over ritual. It represents a drastically different form of professional development for both teacher and supervisor.

PRETENSE AS A FORM OF QUACKERY IN SUPERVISION

In the 1600s church history described a “clinic” as a bedridden patient. The clinical physician administered at the bedside and often gave the last rites. Eventually the physician became known as the clinicus. By 1752 the lexicon of the time reported that “clinicus is now seldom used but for a quack, or for an empirical nurse who pretends to have learned the art of curing diseases by attending to the sick.” Thus, from the earliest roots, clinical was associated with the act of administering to the patient in close proximity, and the curative process was “empirical” based on actual observation and treatment. Later, the element of pretense appeared when the “clinicus” as quack “pretends to have learned the art.”

The ancient “clinicus” practices of observation and treatment are like the conventional “supervisory act” described by Lewis and Miel as “old habits of evaluating the teaching and prescribing what the teacher ought to do to improve.” The ritual is so deeply embedded in the culture of school that we become resigned to the inevitable. We fail to see the insidious nature of certain school rituals because we have accommodated ourselves to their discrepancies and subliminally have accepted the ritual as literal. In other words, we don’t take rituals very seriously at face value but continue to act on their power. In supervision, what we have previously thought to be ritual may, in reality, be unscrupulous practice.

The taken-for-granted procedure of observation, judgment, and prescription, done in a single visit, makes the supervisor accountable for obvious questions. Is the supervisor a specialist in teaching? Does he or she understand how to characterize the teaching act being observed and to speak the language of instruction? Has the supervisor sufficient understanding of how teachers change their teaching habits? By acting out the role of supervisor, are we pretending to know what effective teaching is while we judge the classroom action and hastily determine what the teacher can do to improve. The infrequent visitations by supervisors only add to the questionable practice. Do we honestly believe we are improving instruction by appearing in the teacher’s life space for a brief moment? The old clichés about unskilled supervision in

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3 Oxford English Dictionary, Vol 1 (Oxford University Press, 1971) with special citations Vaughan, Directives for Health, 1633, and Chambers, Ephram, Cyclopaedia or a Universal Dictionary of Arts and Science, 1751
this era of professional accountability may render that kind of pretense a form of quackery.

RESEARCH ON SUPERVISORS' OBSERVATION AND JUDGMENT

A five-year study at the University of Pittsburgh followed 332 educators as they participated in a supervisory exercise intended to introduce them to clinical supervision. They included seasoned educators such as administrators and teachers, of special interest, 83 of the 332 had been supervising for three years or more. Eighteen groups of educators observed a filmed classroom as if they were supervising the teacher of an 11th grade English class. Next, they discussed their reaction to the teacher's performance and role-played typical conferences. Later they were given copies of the verbatim transcript of the same lesson (as clinical data). Twice during the exercise they were asked to write what they thought was the teacher's intent of the lesson and the extent to which she had achieved her intent. The first time they used their own notes to write, the second time, the clinical data. During the group discussion just after the observation, 82 percent of the participants reacted with firm prescriptions about the teacher ("She shouldn't be sitting on a stool above the class", "The seats should not be arranged in rows"; "The teacher should write directions on the board"). Furthermore, 88 percent exhibited emotional reactions about the way the teacher performed. 65 percent felt negative toward the teacher, and 17 percent praised her performance. Only 12 percent expressed neutral feelings about the teaching.

The educators were formally asked what was the teacher's intent of the lesson they had observed. Using their own notes, less than 2 percent were able to give an accurate account of what the teacher had said. Forty-three percent were partially accurate, and 55 percent were totally inaccurate. Later, when participants were given the transcript as clinical data, they underlined the teacher's statements of intent. Fifty-eight percent identified two statements (totally accurate), and 26 percent identified one of the two statements (partially accurate). Interestingly, even with the verbatim data, 16 percent of the educators chose statements different from the others (totally inaccurate).

It is interesting to note from the data in Figure 1 that the 83 practicing supervisors had only slightly better results than did the total group. When participants were asked, "To what extent did the teacher achieve her intent?" the responses made from their individual notes showed a wide range of interpretation. Using the clinical data, however, the respondents tended to agree with one another, for example, there were four instances in the data wherein the teacher achieved her stated intent (in a six minute episode) Two-thirds of the participants agreed with the evidence.

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Figure 1. Responses of Educators to a Teaching Episode When Asked to Identify the Teacher's Intent of the Lesson by Using Individual Notes and Then Clinical Data

- Total participant group—332 educators
- Supervisors who have been practicing three years or more—83 supervisors
Each time the supervisory exercise was given there were repeated patterns from the participants that provided two major questions and generalizations to illuminate professional issues:

1. What happens when supervisors observe a teaching episode in their own typical way, generally using individual notes, memory, and impressions to guide their judgments?
   - **Random note-taking.** Observers tended to write down isolated impressions of the events as they encountered happenings that "grabbed" them. Later, many reported estrangement at not really knowing what they were observing—"like watching Australian football," as one said.
   - **Strong emotional reaction.** Most observers exhibited negative or positive feelings about the teaching. Didactic opinions about the right or wrong actions of the teacher under scrutiny resulted in quick prescriptions for improvement.
   - **Distorted judgment.** Among other things, the supervisors could not clearly articulate the teacher's stated intent of the lesson, and, for the most part, they had strong emotional overtones when judging the extent to which she had achieved her intent.

2. What happens when the same supervisors are subsequently provided with clinical data of the teaching episode to guide their judgments?
   - **Neutral inquiry about the lesson.** The verbatim transcript provided a stable version of the events. The observers began to look for essential evidence about the teaching, exhibiting more inquiry and analysis behavior in the process of dealing with the classroom data.
   - **Self-confrontation.** Many became aware of their discrepant actions, referring to the premature, often distorted judgments they had initially made from their strong feelings about teaching.
   - **Congruent judgment.** Using the teacher's own words, most observers were able to articulate the teacher's intent of the lesson and find evidence in the stable data for pupil achievement.

On the surface the Pittsburgh study seems to point to the nature of observation data, or stable data, as a key factor in sound supervisory practice. Thus, managing clinical data is a primary skill for supervisors. (All too often the efficient checklists and instruments keep the supervisor from doing a thorough inquiry regarding classroom events. In some cases, predetermined observation categories only mask the supervisor's inability to understand the essence of the teaching act.)

But the importance of stable data is only one message in the results of the research. At another level the supervisory patterns that came from those educators participating in the supervisory exercise provide a heuristic representation from which to question unscrupulous practice on one hand and professional skills on the other. As the educators worked with the clinical data, a whole set of realizations began to surface. They became aware of the initial imperatives of a professional approach. Neutral inquiry about the events...
under scrutiny, self-confrontation to combat emotional overreaction and enhance self-understanding, and congruent judgments between or among the people involved. These characteristics were the flip side, so to speak, of the harsh, unskilled consequences—the quackery—they had been acting out early in the exercise.

THE SINGLE-MODEL APPROACH TO OBSERVATION AS QUACKERY

Studies of novice supervisors, such as the one in Pittsburgh, reveal the need for prolonged training and a supervised internship for those who intend to practice clinical supervision. As Doyle reminds us, "Teaching occurs in concrete situations of enormous complexity, and administrative policies, directives or surveillance cannot substitute for the decisions teachers have to make in their situations." As a critical core of their practice, supervisors continually need to enlarge their vision of the teaching act while they and the teachers construct a common language to explain and interpret significant classroom events.

Perhaps one of the most questionable situations is happening currently in American public schools regarding supervisory action. Administrators report that they are "being inserviced" by the introduction of a single model of teaching, a standard version of generic teaching precepts and techniques that are claimed to fit teachers all over the world. Supervisors are advised to pattern their approach to look like clinical supervision, using the model of teaching for observation as a type of checklist—either the teacher demonstrates specific aspects of the model or doesn’t. The model provides a security prescription for those supervisors who have difficulty characterizing teaching. The claim that the model is "research based" is enough to convince many administrators of its legitimacy, yet the working base tends to look more like religious certitude than intellectual inquiry. As one supervisor in the Pittsburgh Public School System stated, "The model says it all. I don’t need any other ideas for my supervising." (In one pronouncement he negated all of the research on effective teaching and classroom processes by his allegiance to the single-model approach to observation.) This ecumenical adherence to one model of teaching coupled with the denouncement of intellectual inquiry as the basis of practice is perhaps the most insidious form of pretense and quackery in supervision.

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*Walter Doyle, "Teaching as a Profession: What We Know and What We Need to Know About Teaching," paper presented at the annual meeting of the American Educational Research Association, Chicago, 1985

*Madeline Hunter, “Mastery Teaching” Videotape Series, Instructional Dynamics, Pacific Palisades, California


*Meeting of Professionals in Higher Education, Pittsburgh Public Schools, Schenley Teacher Center, October 11, 1984
SUPERVISION AS A PROFESSIONAL FUNCTION

The time has come to face the ritual and rhetoric of supervision. If in-class supervision is touted as a service to help improve instruction, then we have an obligation to accept the challenge of that awesome mission. On the other hand, if supervision is really teacher evaluation, then we should say it out loud and insist that those who profess to know about effective teaching also be accountable for their expertise. Moreover, we must make a distinction between clinical supervision and clinical evaluation in the professional literature. They are different functions both in theory and practice. Educational careers are too precious, and people can be seriously hurt.

The results of the Pittsburgh study are encouraging. For the most part the participants realized their own vulnerability because they lacked a professional orientation and skill. They recognized that they were acting out of folk models of what supervisors do. From their discoveries we can begin to formulate some initial propositions.

1. An inquiry approach to observation. We need to remind ourselves that in decision-making situations a model of certainty about teaching doesn’t exist. To use Doyle’s words, “It is now possible for teachers to ground some of their decisions about instructional management on information about effects of student engagement and achievement.” At the same time information about practice is limited as a knowledge base... Research on teaching lacks a theoretical perspective for integrating information about teaching effects and reflecting on the application to specific cases in the classroom.” Supervisors need a reasonable approach for their practice—one based on the assumption of uncertainty and deliberation. An inquiring disposition casts the supervisor in a research-like posture so that each observation becomes a case study. Knowledge-generating should not be left to full-time researchers. Supervisors and teachers can collaborate their efforts toward reflection-in-action, that is, formal procedures for studying immediate events in order to understand them and to develop findings for their own useful practices.

2. Self-confrontation as part of making judgments. Although we may acknowledge at a rational level that a model of certainty doesn’t exist, we are, by nature, normative in our responses to events that we care about. We carry with us subliminal patterns of the way classrooms ought to be, the do’s and don’ts from years of academic life. All too often we make quick prescriptions from the subliminal intellect that harbors our educational myths. We need deliberate ways to confront ourselves with powerful enough mirrors to combat these emotional and didactic effects. Sergiovanni and Starratt and Fuller...

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10Walter Doyle, “Teaching as a Profession What We Know and What We Need to Know About Teaching,” paper presented at the annual meeting of the American Educational Research Association, Chicago, 1985

and Manning discuss self-confrontation for teacher growth. Sergiovanni points out that as a form of discrepancy analysis it can be an effective supervisory technique. Likewise, self-confrontation should be considered as a personal ethic by the professional supervisor.

3. **Congruence as a part of making judgments.** Collaboration is a cardinal principle of supervision that has long been taken for granted, at least by authors in the field. Congruence, here, is a characteristic of that kind of genuine participation with emphasis on agreeing, corresponding, confirming—all important qualities for working relationships. This kind of agreeing means that the teacher and supervisor together using stable data must acquire a reasonable language to discuss practice—a common framework that pictures teaching in manageable ways yet doesn’t reduce the larger action to trivial bits of behavior. The skilled supervisor, then, must be a constant student, generating sufficient insight for appropriate understanding and confirmation by all concerned.

Professionalism has been a recurring theme in educational writing. I have addressed the issue of the supervisor’s professional obligations, which in many ways parallel those of teachers. At one level instructional supervision is concerned about the teacher’s professional development, but, in a larger sense, the supervisor is expected to model the same leadership qualities we expect in teachers. Ultimately, our professional orientation will be determined by what we believe to be the mission of supervision. Are we engaged in the delivery of services, or do we strive for personal empowerment for those we work with? Do we attempt to control other people’s actions, or do we help people take charge of their lives, inspiring within them a feeling of self-worth and a willingness to be self-critical?

Personal empowerment is the essential ingredient for a professional orientation. Without a feeling of responsibility for the profession and the sense of empowerment to make a difference, the educator becomes a kind of civil servant in the larger community. Smyth also argues for empowerment as the major purpose in the practice of supervision. He reminds us that “to talk of instructional supervision is to still endorse an impersonal, hierarchical process of inspection, domination and quality control.” His hope for clinical supervision is to think of the practice “in terms of a means of empowerment by which teachers are able to gain control over their teaching as well as their development as professionals.”

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CLINICAL SUPERVISION: A REMEDY?

Is clinical supervision a remedy for the professional development of teachers? There is a good chance that it can make a difference in the professional lives of teachers. The strong emphasis on professional commitment—the skill and responsibility on the part of the clinical supervisor—has been a part of practice since the early Cogan work. Still there are administrators who say "we are doing clinical supervision on our teachers." We must recognize the dangers in the possible pretense. There is a subtle difference between "doing clinical supervision" and "being a clinical supervisor." The professional must be willing to accept the responsibility of both.

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Glickman, Carl D. *Supervision of Instruction. A Developmental Approach* Rockleigh, N.J. Allyn and Bacon, 1985, 425 pp., $22 00

Presents a rational, comprehensive, and practical plan of action that enables supervisors to consider individual and collective needs and goals of the faculty and take steps toward rejuvenating the learning environment. Glickman integrates interpersonal and technical skills with key aspects of adult development and comprehensively discusses the tasks and functions of supervision, adding a new perspective to the practice of instructional supervision.


Articles by Alex Molnar (controversy in social issues), Herbert Kliebard (historical movements in curriculum thought), Gail McCutcheon (the theory-practice gap), Bernice Wolfson (psychological insights and curriculum), Michael Apple (the business of textbook publishing), Decker Walker (technology and curriculum), Vincent Rogers (the use of qualitative data), and Ulf Lundgren (social reproduction theory in global perspective).