Enriching Teaching Practice Experience through Clinical Supervision

By

BUHARI YAHAYA
Department of Curriculum and Instruction,
Federal College of Education,
Zaria.

Abstract

Teacher education is packaged in two composite elements, the theory and the practice components. Series of exercise ranging from laboratory to field experience have been fashioned out to provide trainee teachers with the requisite practical exposure on lesson planning, teaching strategies and teacher instructional behavior. Teaching Practice is one aspect of teacher orientation that continue to receive improvement in terms of duration spent, pattern of supervision and preparation with a view to make the exercise more purposeful and enriching. It is believed that irrespective of the increase in the number of weeks a trainee teacher is to spend on teaching practice and the stage of which the exercise is to be done, it might not yield the desired outcome, until certain activities are not only built into the programme but effectively applied. This paper identifies clinical supervision, as an activity that is capable of enriching teaching practice experience and eventually lead to improved performance. Therefore the paper discusses teaching practice, the concept and process of clinical supervision and fashions out some recommendations towards its effective application on teaching practice supervision.

Education should be conducted in such a way that will prepare the child to function effectively as he becomes an adult. The learning quality of the child today has drastically been flashed down in such a way that predictions of student ability to cope with the new ideas, knowledge and technology and later processing as adult is seemingly uncertain with the current practice in teaching and learning situation.

Obviously, provision of adequate knowledge and skills that could prepare the learners for the challenges that await them in decades to come depends greatly on the quality of the teacher. Significantly, the teacher’s quality could be improved through
certain activities and measures. One such activity is supervision which aims at ensuring the effective use of available resources as means to enhance the quality of educational programmes (Gang, 1990).

Evidently, in realization of the relative importance of supervision to the improvement of our schools, the Federal Government in Section 12 paragraph 103 in the Federal Republic of Nigeria (2004:55) states that: “The success of any system of Education is hinged on proper planning, efficient administration and adequate financing. Administration includes organization and structure, proprietorship and control, inspection and supervision.”

Also, the policy adds that the objectives of the Inspectorate and supervisory services is “to ensure quality control through regular inspection and continuous supervision of instructional and other educational services”.

To ensure effective supervision and inspection of schools, Gang (1990) explains that Government embarked on the expansion of the various inspectorate services, regular training of Inspectors, and the appointment of highly qualified individuals as Principals and Vice Principals for schools as well as for the Inspectorate Divisions of the Ministries of Education. This is quite a laudable step, but then, how this personnel perform the supervisory roles is an important consideration.

There are handful approaches to supervision depending on the existing situation. At present there are five major proven models of supervision, Akpa (1987). These include -:
1. Intra-mural model
2. The skill training model
3. The clinical model
4. The group model
5. The counseling model

The clinical supervision is regarded as a very useful and effective model. Its diagnostic nature and responsive requirement make it greatly valuable and very enriching. Also, the model’s principles could be used in servicing the other four models.

Basically, the model is cost effective and highly promising. The minimum standard for NCE teacher (2009) recognized the significant role of Teaching Practice exercise hence accorded it the vital status as a core course. So the document presents Teaching Practice as a compulsory course that is to be taken after satisfying the requirement for the whole first semester in NCE III. It adds that there has to be series of supervision to the minimum of ten (10).
Enriching Teaching Practice Experience Through Clinical Supervision

Explanation of Concept

Supervision: The concept of supervision has been used to have different meaning depending on the context of usage and the purpose it is been used. For instance, Nwoagu (1980:1) sees supervision as a process or activity in which the individual by means of advising and stimulating interest in teachers and students helps to improve teaching and learning through effective teaching. This definition points out the “co-operative group work” of supervision between the supervisor and the teacher under a democratic human relation. It also shows that the activity involves the learner.

But to Ozigi (1977:5) the idea of supervision is to have a comprehensive view of activities and problems of the institution and to assess the extent to which it is fulfilling its basic obligations. The ultimate aim being the improvement of the overall efficiency and raising the academic standards of the institution. This touches on the diagnostic nature of supervision and provision of solutions for better improvement.

Several other perspectives on the concept of supervision are presented in the definition of the Department of Elementary school Principals of the National Education in U.S.A who defines supervision as:-

1. The appraisal of specific learning situation to ascertain the needs of children and the efficiency of instruction.
2. Technical service to teachers in the form of instructional aids, specific suggestions for the improvement of instruction, and assistance in pupil diagnosis and measurement.
3. Research for the purpose of curriculum development, revision, improvement of materials, techniques and methods of instruction.
4. Professional leadership and cooperation with teachers through individual and group conferences, through stimulation to further professional study and through cooperative development of some programme of in-service education.

From the ongoing, it could be rightly deduced that supervision concerns a cooperative interaction between two or more persons with the ultimate hope of developing and improving the quality of instruction.

Instructional Supervision

Supervision of instruction is a subset of supervision. Though seemingly a plausible term, instructional supervision has not, in the past, been adequately defined. However, there are definitions that express the idea that instructional supervision connotes. For instance Haris (1975) defined supervision of instruction as: What school personnel do with adults and things to maintain or change the operation in ways that directly influence the teaching process employed to promote pupils learning.
Inherent in this definition is the idea of co-operative effort where an experience person works with comparatively less experience ones. According to Eye G. G, Lawrence A. N, and Robert J. K in Robert, G, Robert H.A and Robert J. K (1980), supervision of instruction is “that phase of school administration which focuses primarily upon the achievement of the appropriate instructional expectations of educational system.” The idea in this definition is that instructional supervision is a process that improves the instruction given to the pupils.

Furthermore, the term supervision of instruction is used to describe those purposeful activities or process that are determined and directed toward stimulating professional growth for improved instruction and facilitating students’ learning. It concerns purposeful release of energies in appraising learning situations, and creatively solving teaching problems. It has to do with provision of technical service to teachers such as in the area of instructional materials and assistance in students diagnosis and measurement; it is also said to include improving curriculum and developing in service education (Nwagu, 1980).

It could be summarized therefore, that supervision of instruction is a process or an activity that aims at improving the quality of teaching and learning in an educational institution through co-operative and purposeful efforts.

Clinical Supervision

Clinical supervision is a sub-category of the general term supervision and of course a sub-set of instructional supervision (Robert et al, 1980).

The adjective clinical, which was appropriated from other sciences for education in about 1958 by Moris Cogan conveys the idea that such efforts are based upon data collection in actual classroom (or other instructional) situations where the teacher is working directly with the learners and the supervisor is present as a witness if not a participant. The word clinical which has a medical connotations is used metaphorically for classroom, presenting a supervisor as a part of the ongoing activity, and as a result the supervisor carries away a more accurate and complete understanding of what actually occurred. In the succeeding events, to pursue the clinical analogy, the supervisor and teacher meet face to face for purpose of reviewing the occurrences and their import.

On the definition of clinical supervision Cogan (1973) define it 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 relationship between teacher and supervisor form the basis of the programme, procedures.
and strategies designed to improve the students learning by improving the teacher’s classroom behavior. On the other hand, Flanders (1976) saw 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 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.

Furthermore, Sergiovanni and Starrat (1979) opined that Clinical Supervision concerned “face-to-face encounters with teachers about teaching, usually in classroom, with the double barreled intend of professional development and improvement of instruction”.

Thus, clinical supervision as a phase of instructional supervision is conducted through analysis of teacher instructional behavior based on the actual observation of the teacher’s instruction and face to face interaction between the teacher and the supervisor. (Robert et al 1980)

Putting all together Robert et al (1980: 26-27) associates nine characteristics with clinical supervision, it:

1. Is a technology for improving instruction.
2. Is a deliberate intervention into the instructional process.
3. Is goal-oriented, combining school and personnel growth needs.
4. Assumes a working relationship between a teacher and a supervisor.
5. Requires mutual trust, as reflected in understanding support, and commitment for growth.
6. Is systematic, yet requires a flexible and continuously changing methodology.
7. Creates productivity tension for bridging the real-deal gap.
8. Assumes the supervisor knows more about instruction and learning than the teacher.
9. Requires training for the supervisor.

**Philosophy Underlying Clinical Supervision**

The philosophy behind clinical supervision is built on the idea that personnel – the learner, student, administrator etc, that are involved in the education process are believed to be endowed with unique and varied ability (talents and skills); and clinical supervision is primarily directed towards recognizing the interest of the individual through the process of constructive criticism, clarification, advice and verification of educational concept, terms, methods and principles (Nwaogu, 1980).
It is characterized by the spirit of promoting teaching/learning which does not compromise principles. Happily, both the supervisor and the supervisee appreciate each other point of view.

The purpose of the activity is to improve and to create a conducive atmosphere for instruction with the ultimate goal of facilitating learning.

**Clinical Supervision Tools**

The concept of diagnostic supervision is one recent innovation that is practiced in Education. It emphasizes on efficiency and effectiveness in its five stages beginning with pre-observation conference and ending with post-conference analysis, therefore provide the necessity for the mediation of the situation.

Media materials such as the Audio tape recorder, the Video an even computer have been in use as adequate means of recording data. The system is not far-fetched from the Micro-teaching situation that requires video coverage or at least audio recording which could be made to carry home criticism and more significantly to make comparison between an initial performance and later to determine improvement. The teacher would now have the opportunity of practical viewing and self-assessment on a particular behavior which by far would help both the supervisor and the supervisee in the conference, the analysis of the weakness and possible approach to solve the problem. Infact, in such a setting, the video programme of a model on a particular instructional behavior (problem area) could be watched and considered as a demonstration for the supervisee.

Often, mechanical devices such as computer are now in use for storage and retrieval of the conference data. With the trend of innovation in the world, time could come when a supervisor can stay in his room and receive through satellite a lesson of a supervisee.

**Clinical Supervision Model**

The basic model of clinical supervision consists of five stages referred collectively as the “Sequence of Supervision”. While a collection of such sequence is referred to as “Cycle of Supervision”. According to Robert et al (1980) the five stages include the following:

1. Pre-observation
2. Observation
3. Analysis
4. Supervision Conference
5. Post conference analysis
Stage I: Pre-Observation

This stage provides mental and procedural framework for the supervisory sequence to follow. The phase serves the following purposes:

a. Confirming and nurturing the teacher – Supervisor Relationship

If the sequence that is about to occur is the first, at least for the particular person, various prior events serve to initiate a relationship within which, it is hoped, both parties will begin to feel comfortable with each other. If the sequence represents continuation of an ongoing relationship, the trust already earned and the history already recorded provide a basis for re-establishing, and perhaps raising to higher level, the bases for productive supervision.

b. Fluency

Technically, this refers to both the teacher and the supervisor been conversant with the teacher’s intentions – both means and ends. ‘The supervisor must know the teacher’s intentions in order to share a framework of meaning and to understand the teacher’s reason, premises, doubts, explicit professional motives, and the specific payoff envisioned.’

At this level, based on the teacher’s frame of reference, reasonable and justifiable modifications on the teacher’s plan may occur. This is with the view to perfect the plan and isolate possible defects.

c. Rehearsal

This concerns rehearsal of the plan, at least conceptual rehearsal. For instance, in anticipation of difficulties to be posed by the learners such as non response to some specific verbal questions, the teacher and supervisor need to replay that episode with the view to provide a solution to the problem. The purpose is for the teacher to sharpen his resiliency and heighten readiness to tackle those indications. However, both the teacher and supervisor cannot role-play every unanticipated response.

d. Revision

This provides the teacher not only an opportunity to revise the major aspects of his instructional plan but to have a last minute revision on the lesson plan.

e. Contract

The supervisor and teacher should reach a clear agreement why the supervision should take place, the activities and the involved procedure.
Stage 2: Observation

The main reason for observation is to provide a reliable base for interaction. As such, the presentation and the data collected are essentially to be recorded as true and accurate as possible. A good representation of what took place provides a solid base for analysis.

Stage 3: Analysis and Strategy

“Observation is seen as a fundamental element in clinical supervision while analysis is its heart”. This stage is intended for two general purposes: To base the analysis on the data collected, to be intelligible and manageable, and to plan on the supervision conference by specifying what to be done, who should do what, and the goal to achieve, how to begin and end.

Stage 4: Supervision Conference

All roads lead to the conference whereas it is sometimes appropriate to omit earlier stage of the clinical sequence for special reasons, and whereas even on certain occasion shortages of time may preclude any supervisory contact except a conference, once a sequence begins, it is almost never acceptable to quit that sequence before conference.

If a lesson does not happen, or if things go very poorly, it would generally be indicated that a conference of some kind, even a very abridge one, should hold. Such a conference might be used, first of all to help supervisor test impressions of teachers condition.

Additionally, it might serve simply as a time to offer reassurance and to make decisions about what should happen next. It might be used for planning future teaching without including systematic analysis of the observed teaching, and the like.

Stage 5: Post Conference Analysis

This stage is to provide an opportunity for supervisors to examine the supervisory behavior of other members that are involved in a group supervision. It occurs after the supervision conference is over and it’s a solo activity.

It could therefore be summarized that pre-observation serves largely to set the contract, observation takes place to capture realities of the lesson; analysis is intended to make the data intelligible by unearthing logical relationships among them, while strategy, produces an operational plan for supervision. In essence, the conference Analysis serves as clinical supervision’s superego – its conscience.

Conclusion

It is certain that high standard of education is the result of good instruction. For good instruction to be obtained, clinical supervision should be well established and organized. Undoubtedly, its diagnostic nature has the capability of over-hauling
Enriching Teaching Practice Experience Through Clinical Supervision

teachers knowledge and skill. The achievement of that is very obvious, because the concept of clinical supervision has provided a situation where teachers anxieties and mistrust on supervision can be alleviated.

Its responsive approach makes it essentially a rational practice, with logical reasoning strategy and forthright analysis. Robert et al (1980:38) added that “it incorporates neither the sanctions nor the mysteries nor the vagaries that have made them so helpless, so disquieted, and so independent in the past. Also it does not act as agent of wrath vengeance.”

Recommendation

1. There is the need to incorporate the idea of clinical supervision into the teacher education Curriculum. This would make it possible for both the trainee teachers and the supervisor to be familiar with the concept, the process and the benefit of clinical supervision.
2. The government should organize seminars and workshops in order to equip school supervisors with the essential lessons on clinical supervision.
3. To practice clinical supervision in schools is a demanding task. Hence there is the need for supervisors to be greatly motivated remunerated on the job.
4. Schools supervising Unit and Department, should be reinforced both in terms of personnel and resources.
5. The data generated from clinical supervision activity should be utilized for teacher professional development such that the data can point to the direction of the training need.

References


