

DOCUMENT RESUME

ED 411 236

SP 037 527

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 TITLE A Comparison of Clinical Supervision and Evaluation.  
 PUB DATE 1997-01-26  
 NOTE 21p.; Paper presented at the Annual Meeting of the Southwest Educational Research Association (Austin, TX, January 23-26, 1997).  
 PUB TYPE Reports - Research (143) -- Speeches/Meeting Papers (150).  
 EDRS PRICE MF01/PC01 Plus Postage.  
 DESCRIPTORS \*Classroom Observation Techniques; \*Clinical Supervision (of Teachers); Elementary School Teachers; Elementary Secondary Education; Evaluation Methods; Feedback; Formative Evaluation; Secondary School Teachers; Summative Evaluation; Teacher Effectiveness; \*Teacher Evaluation; Teacher Improvement

ABSTRACT

This paper examines the ineffectiveness of evaluation instruments for evaluating teacher instructional performance and compares evaluation with clinical supervision. Supervision identifies what occurs within classrooms, emphasizing teachers' instructional performance, while evaluation also includes other areas such as the teacher's appearance, parent and peer relationships, attendance, promptness, and adherence to school policies. Research indicates that most teachers prefer supportive supervision, agree with the principles of clinical supervision, and prefer it. Clinical supervision is an ongoing, formative process that emphasizes the relationship between classroom performance and the teacher's espoused goals. It includes four basic steps: the pre-observation conference, the observation, analysis and strategy development, and the post-observation conference. Formative clinical supervision emphasizes coaching and feedback; collegiality is the key to its success. The results of an evaluation mandated by state level offices can be very ineffective, with the mandated evaluation tools undermining high quality education. Evaluation and supervision processes can complement and support each other when carried out in a supportive and collegial way. (Contains 19 references.) (SM)

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# A Comparison of Clinical Supervision and Evaluation 1

Running Head: A Comparison of Clinical Supervision and Evaluation

## A Comparison of Clinical Supervision and Evaluation

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Paper presented at the annual meeting of the Southwest Educational Research Association, Austin, TX, January 23-26, 1997.

## **A Comparison of Clinical Supervision and Evaluation 2**

### **ABSTRACT**

The purpose of this study was to determine the ineffectiveness of evaluation instruments used in educational systems in regards to the evaluation of teacher instructional performance. Nineteen sources were examined to compare evaluation with clinical supervision. Results indicated a need for clinical supervision to prepare teachers for summative evaluation. Clinical supervision should be used in a formative way. Hence, educators and administrators do not realize how the processes of evaluation and clinical supervision can complement and support each other.

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### Introduction

A good administrator should devote a large amount of time to the supervision of teachers. Most administrators spend more time on evaluation of teachers, but many view teacher evaluation as lacking in credibility. There seems to be a mismatch between the scientific management approach and the art of teaching.

Most of the supervision today falls into the category of summative evaluation. Often, administrators see the responsibilities of supervision and evaluation as one in the same -- but in truth, they are not. It is important to know the difference between these processes in order for teachers to successfully carry out the instructional process.

### Defining Terms

There is a need to clarify the purposes of supervision and evaluation. Supervision identifies what is occurring in the classroom.

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Its primary purpose is to help and support teachers during the implementation of instructional practices in the classroom (McQuarrie & Wood, 1991). Hoy and Forsyth (1986) define instructional supervision as "the set of activities designed to improve the teaching-learning process" (p. 3). Supervision involves less rating and more giving advice.

In evaluation by contrast, a teacher's performance is being rated. This process involves making decisions about the adequacy of a teacher's job performance. Teacher evaluation is usually the summative result of a one-shot visit where the administrator/evaluator makes one visit during the school year, usually later in the year, to rate the teacher's performance.

Most teachers view evaluation as distasteful and a way to "gather dirt" on them. Teacher performance is sometimes evaluated by student achievement, such as standardized tests. Many times, evaluation is based on a few sporadic, unannounced visits to the classroom with no prior discussion with the teacher on what will be

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taught or any problems that teacher might be experiencing and need help solving.

McGreal (1982) notes the accountability systems used in evaluation are designed to elicit documentation of improper teacher behavior. Supervisors are forced to collect data for these instruments, but there is usually a misunderstanding of the requirements of documentation. There is also a lack of basic information about what is needed for teacher dismissal. Evaluation systems based on accountability produce negative feelings, lack of participation, and less likelihood of altered classroom behavior.

Evaluation is used for making personnel decisions; therefore, it encompasses more than just instructional practices. Evaluation includes the teacher's appearance, parental relationships, peer relationships, attendance, promptness, and adherence to school policies which are matters other than instructional performance. Clinical supervision, on the other hand, only concerns itself with a teacher's instructional performance.

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Sergiovanni and Starrat (1983) explain clinical supervision as concerning itself with improving professional practice through refined teaching and learning as the ultimate aim. The word clinical is used to indicate face to face interaction between teacher and supervisor (Goldhammer, 1969).

When discussing clinical supervision, one would envision a relationship between a supervisor and a teacher which is built on mutual trust (Krajewski & Anderson, 1980). Clinical supervision is a structured system of observing teachers and conferencing with teachers in order to improve teaching and school effectiveness. Mosher (1972) implies that clinical supervision focuses on what and how teachers teach while they are teaching.

Beach and Reinhartz (1989) refer to research findings about the effectiveness of clinical supervision. These findings include (a) teacher preference for supportive supervision; (b) agreement with the general principles of clinical supervision; (c) preference for clinical supervision over other types of supervision; (d) capacity of clinical

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supervision for changing teacher instructional behaviors in desired directions; (e) tendency of supervisors using clinical supervision to be more open and accepting in post-observational conferences; and (f) the preference of new teachers for more directive supervision and the preference of experienced teachers for less directive supervision.

### **Focus on Models**

Clinical supervision focuses on the relationship between classroom performance and the teacher's espoused goals. The clinical supervision model includes four basic steps, although there are variations of the model. These four components are the pre-observation conference, the observation, analysis and strategy development, and the post-observation conference (Cogan, 1973; Goldhammer, 1969). Most evaluation models consist of components similar in name to these, but they are not carried out in the same manner.

In the pre-observation conference of clinical supervision, the

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teacher and the supervisor determine what criteria and procedures will be used during the classroom observation. By contrast, in an evaluative pre-observation conference, the criteria for what is to be observed have been predetermined, and the supervisor relays the information to the teacher.

During a clinical supervision observation, many different types of instruments can be used to gather data. The choice of the instrument is determined by the pre-observation conference criteria. In the evaluative observation, usually a formal checklist has been provided by either the school, the school district, or the state department of education.

Many teachers feel the "sanctity of the classroom" should not be breached by observation visits. Evaluation procedures and criteria have fueled this feeling of obtrusion. Clinical supervision works to change this mentality through trust.

The analysis and strategy development period, also called the reflective period, has differences as well. In clinical supervision, the

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analysis and strategy development period is used to organize the data for the teacher and to prepare recommendations for any improvements needed. According to Schon (1987), this is probably the most neglected part of clinical supervision. Administrators should reflect on their effectiveness as supervisors just as teachers should reflect on their effectiveness as instructors. The analysis and strategy development period in evaluation is used to complete the evaluation instrument which will become part of the teacher's permanent record.

Possibly the most important part of the clinical supervision process is the post-observation conference. This is a time when the teacher and supervisor discuss the data collected during the observation and the information from the analysis and strategy development period.

Both clinical supervision and evaluation involve collecting and using data from classroom observations. In clinical supervision, the data are used to assist the teacher in improving instructional

practices. On the other hand, the data collected for evaluation purposes are used to judge and make decisions about a teacher's effectiveness (McQuarrie & Wood, 1991).

Another important difference is the interpretation of data from the observation. The administrator interprets the data in the evaluation process and makes judgements based on the data. During clinical supervision, the teacher interprets the data and determines how it can be used to improve instruction.

### **Formative v. Summative**

Evaluation is a critical area that causes anxiety for both the teacher and the administrator. A formative focus on the evaluation process (clinical supervision) suggests a climate of openness and trust where the teacher can admit deficiencies and request feedback that would lead to improved instructional performance. However, when teachers feel that information from formative conferences will

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be used during the summative, personnel decision-making evaluation, communication and trust are often lost (Daresh, 1989).

Considering these dual purposes of the formative evaluation process, supervisors frequently face a conflict between the role of supervisor and the role of evaluator. Teachers also feel this conflict in whether to rely on the supervisor for assistance or instead to fear criticism. Teachers must realize that they are caught in this same dilemma when dealing with their students. They have the responsibility to help their students learn but are required to evaluate students' progress (Acheson & Gall, 1980).

Clinical supervision is an ongoing (formative) process and should have two goals. One goal should be to improve instruction. The other should be to provide professional growth for the teacher to correct any deficiencies uncovered in the process.

This formative style of clinical supervision emphasizes coaching and feedback. The emphasis is on assisting teachers in doing a better job rather than penalizing them for what they might do

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incorrectly (Blake & DeMont, 1990).

### **Supervisor Role**

The clinical supervision process does not necessarily mandate that supervision must be carried out by an administrator. Effective clinical supervision can involve the building principal, another building administrator, a peer teacher, or another district faculty member. The key element to effective supervision is not who the supervisor may be, but rather what level of collegiality exists between the parties involved.

Collegueship must exist in order for clinical supervision to be successful. It allows the human resource factor of a school to join together in an effort to improve instructional practices.

Collegueship does require leadership and makes the introduction of innovative instructional ideas more likely to be accepted by teachers.

Peer coaching has been implemented in many schools as a form of clinical supervision. It addresses many of the issues related

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to school culture, such as support, experimentation, honest and open communication, collegiality, and utilization of the knowledge of effective teaching.

One area of supervision that is often overlooked and that should serve as the focus of administrator and teacher training is the area of self analysis. Teachers should be trained and encouraged to make judgements about the effectiveness of their own teaching. The supervisor cannot physically be in the classroom to observe every lesson; therefore, the teacher needs training in the reflective part of clinical supervision in order to make appropriate changes in instructional procedures.

Evaluation is generally conducted by an administrator, usually the building principal. Sometimes it is conducted by another administrator either at the building level or school district level. Rarely is it conducted by a peer teacher since it results in personnel decisions.

### **Mandated Teacher Assessment Programs**

One of the stated purposes of teacher evaluation is the improvement of classroom instructional performance. Many studies have shown that this is not occurring. There is much negativism regarding evaluation because arbitrary evaluative criteria have been developed and then imposed on the teaching profession (Pine & Boy, 1975). Many of the criteria being used by schools were developed at other institutions. Often these criteria were for application to circumstances other than those for which they were developed (Rosenberger, 1991).

Frequently, the teacher evaluation processes that govern instructional practices have been mandated at the state level. These mandated systems do not always match the instructional program or goals of a particular school or school district. When this type of mismatch occurs, the results are ineffective and extremely frustrating for both teachers and administrators.

Many states have adopted teacher evaluation instruments and

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have had great confidence in the ability of these instruments to promote excellence in the teaching profession. There has been a great deal of criticism of these instruments.

These mandated evaluation tools seem to undermine high-quality education. This type of evaluation views teachers as infants in the instructional process and threatens any sense of professionalism.

This annual appraisal motivates teachers by fear only. Focus is on the end product rather than the problems teachers might be experiencing. State legislatures claim to want to make teachers better, but instead of providing incentives, they use a big stick to hit teachers with annual appraisals (Block, 1992).

One final concern regarding these state mandated programs is that teacher education programs will be dictated by the mandated models. Instead of being exposed to a broad scope of instructional ideas and teaching styles, prospective teachers will be trained according to one evaluation program. Milner (1991) finds superficial

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evaluation models encourage teachers to be mundane rather than humane.

Teachers voiced complaints that one could be babbling nonsense while using the correct procedure and earn high marks on the instrument. On the other hand, a teacher could be probing a concept in a manner not prescribed by the instrument and be marked down. Teaching has a subjective dimension which gives it creativity that cannot be measured by an objective instrument (Milner, 1991).

### **Conclusion**

The failure to provide assistance, such as clinical supervision, sends the wrong message to teachers. Without supportive supervision, teachers feel that their work is unimportant and occurs in a very isolated situation (Glickman, 1990).

Many problems occur with the ways in which schools implement supervision and evaluation. Educators do not realize how these processes can complement and support each other. Many

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supervisors see clinical supervision as impractical due to the time required to provide adequate supervision. The problem is that the entire faculty must be involved in the process.

Supervision should be viewed, in part, as a means of preparing teachers for evaluation. Teachers should have the opportunity through supervision to improve their skills for the evaluation process. Supervision also provides administrators with skills as well as the opportunity to practice these skills that are essential for the role of evaluating teachers (McQuarrie & Wood, 1991).

Evaluation is needed in schools in order to eliminate those who do not belong in the profession. Education holds the future of society in its hands and thus cannot afford incompetency. Anderson and Knight (1987) note that since public funds are being spent on public education, there is a demand for verification of effective instructional performance.

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