Clinical supervision is a commonly accepted model used by supervisors of local school district teachers. Schools of Education at Harvard University (Massachusetts), the University of Virginia, and the University of Kansas, among others, have initiated clinical supervision projects using e-mail and the Internet, and have also created problem-solving networks open to pre-service teachers, beginning teachers, cooperating teachers and college supervisors. What has been learned with pre-service teachers can be applied to local school districts. With telecommunications, greater opportunities are provided for teacher reflective decision making; formative feedback from supervisors; joint supervisor and teacher problem solving; acquisition of lesson plans and student project ideas from numerous sources; and the improvement of instruction. (Contains 12 references.) (Author/AEF)
Paper
Increasing Reflective Instructional Decision Making by Clinically Supervising Teachers Using Telecommunications

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Abstract

Clinical supervision is a commonly accepted model used by supervisors of local school district teachers. The clinical supervision model is also used with pre-service teachers and has been enhanced by the use of e-mail and the Internet. What has been learned with pre-service teachers can be applied to local school districts. With telecommunications, greater opportunities are provided for teacher reflective decision making, formative feedback from supervisors, joint supervisor and teacher problem solving, acquisition of lesson plans and student project ideas from numerous sources, and the improvement of instruction.

Introduction

Clinical supervision began at Harvard University with pre-service intern teachers and was described by Morris Cogan in 1973. In K-12 teachers and supervisors are familiar with the steps in the clinical supervision process: preconference, observation, analysis and interpretation of the observation, postconference, and critique of the process. Clinical supervision is time intensive, but it is the most commonly accepted method of observing teachers in K-12 school districts. In this model, the primary purpose of supervision is grounded in the notion that instruction improves as the teacher critically examines the teaching learning process and applies what has been learned to the teaching process. As school districts advance technologically, it is quite possible to extend the use of telecommunications and/or e-mail to the clinical supervision process. Telecommunications and/or e-mail is not expensive and more frequent observations can be done with the expectation that the frequent feedback will improve teacher satisfaction (Dornbush and Scott and Natriello).

Using E-Mail and the Internet with the Pre-Service Teacher

Schools of Education at Harvard University, the University of Virginia and the University of Kansas, among others, have initiated clinical supervision projects using e-mail and the Internet, and have also created problem-solving networks open to pre-


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service teachers, beginning teachers, cooperating teachers and college supervisors. During the 1994–1995 academic year, the authors were involved in a 16-week pilot project designed to allow triads of college supervisors, student teachers and cooperating teachers to communicate frequently using the William Paterson College e-mail and Internet access system and Mac PowerBooks.

Each triad, consisting of a college supervisor, a student teacher, and the student teacher's cooperating teacher, was given two Mac PowerBooks paid for through a William Paterson College-funded program improvement grant. Printers were not included with the equipment distributed. The college supervisor used one PowerBook and the student teacher and cooperating teacher shared another. Two training sessions were held prior to the start of the project and all of the participants received instruction on the use of the equipment. At a later date, a third training session was held to enable the participants to access the resources of the Internet. A final session was held to evaluate the project using feedback from all of the participants.

Both successes and failures occurred. The failures of the project related to two variables. If the triad experienced equipment problems and were unable to effectively use the equipment to communicate, the originally designed process failed. The second and the more important variable was the initial competence level of the student teacher. If the student teacher lacked entry level skills to teach effectively communicating about the problems experienced was very threatening. In one case the student teacher had so many problems that the cooperating teacher and the college supervisor decided to stop the project and substitute a concentration of intensive direct assistance strategies.9

The successes of the William Paterson project occurred when the college supervisor used clinical supervision strategies with a student teacher. Clinical supervision is not always the norm when student teachers are supervised. College supervisors are often separated from the student teacher by large geographic distances and communication prior to a lesson is frequently limited. Sometimes the college supervisor and the cooperating teacher provide different feedback to the student teacher. When the college supervisor and the cooperating teacher used the clinical supervision process, the feedback to the student teacher was less confusing. All commented that the opportunities for problem solving and for sharing what had been learned increased dramatically as the project progressed. That result may have occurred because the individuals had to type their responses and send those responses through e-mail. Not only does writing often help to crystallize what is learned, a common set of experiences and expectations for reactions is shared by all.

Using Telecommunications and/or E-Mail with the In-Service Teacher

While the student teacher experience in the college and university setting is different from the employed teacher's experience in the K–12 setting, some of what was learned in the William Paterson example can be transferred to the K–12 setting for use by the in-service teacher and supervisor.

Commonly non-tenured teachers are formally observed a maximum of three times during the school year. Tenured teachers may be observed once or twice a year, and in some school districts, teachers identified as outstanding are not observed. While the teachers usually wish to be observed more often, the supervisor usually cannot find


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enough time to do more. If telecommunications and/or e-mail is used, the frequency of observations can be increased. Part of the time problem—i.e., finding the time and arranging for the preconference—can be eliminated by using a computer and a modem to communicate.

The teacher can easily share a lesson plan with the supervisor several times before the lesson is actually taught. Without telecommunications and/or e-mail, the teacher and the supervisor may meet and discuss the lesson in a preconference, but the supervisor may not have the opportunity to schedule a second conference to give reactions to the teacher's revisions of the lesson plan that stemmed from the discussion. With e-mail the supervisor and the teacher have the opportunity to share individual written responses to revisions as frequently as they wish before the lesson is taught. When the supervisor produces the final written observation, it can reflect not only what the supervisor wrote, but also what the teacher wrote. If a plan for improvement follows from the postconference, it can be written jointly.

Increasing Reflective Decision Making

A pre-service or an in-service teacher who has the opportunity to communicate regularly with a supervisor in a clinical supervision process will have an increased opportunity for reflective decision making. As Schulman\(^\text{10}\) tells us, teachers need to learn from their experiences and they need to share those learnings with others. However, with the isolation of the teacher in a single classroom, the opportunity to share what is learned is almost impossible. The use of e-mail may solve a part of this problem. As the teachers and the supervisors become more proficient in the use of e-mail and as it is more readily available, local school district teachers may form networks or forums to provide opportunities for sharing what has been learned, new ideas and plans of action. Traditionally supervisors and principals used observations of teachers to make teachers aware of additional resources. Using e-mail, the supervisor or principal can tell teachers about existing chat groups for subject area school district teachers or all teachers in a particular state, nation or group of nations. Or, the teachers can share resources and ideas with other teachers, the supervisors and the principal.

Peer coaching\(^\text{11}\) using e-mail is possible in school districts. In this situation, the communication can be done through the use of e-mail thereby eliminating the problems that often arise when teachers do not have regularly scheduled common planning periods. Extension of this idea to the mentoring of first year teachers is also possible.

School districts often rationally plan\(^\text{12}\) a focus for instructional improvement during a given school year. Increasing the communication about what is learned during the school year is possible with the use of e-mail. Those learnings can be compiled into a report with suggested possibilities for further analysis and action in a subsequent school year. The report might be used in the same fashion that case studies are used in pre-service education.

Conclusion: Formative Versus Summative Evaluation

Clinical supervision is a formative type of evaluation. As the student teacher or the in-service teacher develop during the semester or the year, the emphasis is on growth, not summative judgments. At the end of the student teaching experience and/or the

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academic year, student teachers and in-service teachers are judged in a summative evaluation. If the same categories or foci are used in the summative evaluation that have been emphasized during the clinical supervision process, final evaluations should not be threatening to the evaluatee or gut wrenching for the evaluator.
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