LITERATURE REVIEW

The literature on clinical supervision, improving student achievement through instructional supervision and effective supervisory practices was reviewed. While there are many approaches to improving instruction and student achievement, we focused on the leadership behaviors of principals and supervisors as the main vehicle for improving teaching and ultimately student achievement.

Leadership Behaviors

Waters, Marzano, and McNulty (2003) identified 21 specific leadership behaviors that correlate with student achievement. Of these 21, we identified the following areas of examination for this study: (1) curriculum, instruction, assessment, (2) knowledge of curriculum, instruction, assessment, and (3) communication. For example, a principal’s competence in working with teachers on instructional issues (curriculum, instruction, assessment) and guiding teachers to use effective classroom practices (knowledge of curriculum, instruction, assessment) is, to a large extent, based on the quality of interpersonal skill that the leader brings (communication) which, in turn, effects student learning outcomes. Therefore, developing effective instructional supervision practices is one key to promoting student achievement.

Clinical supervision is a process that fosters collegiality and is rich with opportunity for increasing effective instructional practices through leadership. It is based on a coaching model that regards teachers as capable of reflecting on and then improving learning outcomes using data collected during a lesson. Pre- and post-conferences focus both the observer and the teacher being observed with regard to effective classroom practices and the means of improving learning (Black, 1993; Nolan, Hawkes, & Francis,
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1993; Veenam, 1996). In terms of the BLF, clinical supervision provides the leadership candidate experience in developing effective communication skills (e.g., listening, paraphrasing, clarifying, encouraging, reflecting, problem solving), curriculum, instruction and assessment (broadening his or her own knowledge base, e.g., increasing the effectiveness of instructional practices and effective teaching behaviors).

Waters, Marzano, & McNulty (2003) aptly stated that, “The literature is replete with examples of bright, powerful, well intentioned leaders who fail in their leadership initiatives because they simply did not understand” fully the role of leadership. Future leaders, influenced by their own experiences may approach their leadership role without adequate models. We have learned, for instance, that many educational leader candidates have never had a proper pre or post conference as teachers, which means that they lack the experience necessary to quickly internalize such a complex process. Many report having received observation reports about the quality of their teaching performance in their mailboxes with a post-it note asking that the form be signed and returned to their supervisor. No conversation. End of report. It’s no wonder, then, that candidates also report that the management style in large urban areas tends to be bureaucratic rather than participatory with minimal effect on either the instructional process or improved student learning.

For non-tenured teachers, the high stakes observation report serves as an evaluation that is tied to continuing employment. No wonder it is often accompanied by both trepidation and anxiety but with little learning. Considering tenured staff, for whom continuing employment is less of an issue, the consequences may not be as dramatic but, at the same time, there is little encouragement or opportunity to improve one’s craft. Such
bureaucratic management style smacks of inspection rather than opportunity for professional development and led us to question the process (Smyth, 1987) and how these issues might be addressed. Could classroom instruction and field experiences using clinical supervision teach educational leaders to use methods that were effective in changing teacher behavior?

Theoretical Framework

Clinical supervision requires a coaching relationship as described in the models developed by Glickman (2002) and Costa and Garmston (1994). The importance of this clinical, process-oriented approach is built on the premise that teachers can improve instruction through meaningful discourse with a knowledgeable supervisor. Since the teacher is an active participant in the clinical observation, it produces teachers who can analyze their own performance, are open to help from others, and are self-directed. It fosters professional growth by encouraging reflection. According to these models, reflective teacher practitioners habitually examine their teaching by critiquing their intentions and comparing them with student learning in order to assess practice and make any necessary changes in instruction. Conscious critiquing enables teachers to discover effective principles of practice and design equitable learning activities.

Clinical supervision may be applied to portions of the BLF in terms of the four types of knowledge required by effective leaders: (1) experiential, (2) declarative, (3) procedural, and (4) contextual (Waters, Marzano, & McNulty, 2003). More precisely, these include:

- Experiential (recognizing why clinical supervision is important to teacher empowerment, student learning outcomes, and to the culture of the school)
Candidates adopt clinical supervision because they understand its effectiveness in improving instruction through teacher engagement, teacher independence, and teacher reflection.

- **Declarative (knowing what the leader needs to do)**
  Candidates need to know the concepts and principles which is what clinical supervision entails, including various communication/conferencing skills, reflection, scripting, effective instructional practices, curriculum development, and assessment practices.

- **Procedural (knowing how the clinical processes are implemented)**
  Candidates need to skillfully use questioning, paraphrasing, open-ended probing questions, detailed note taking and various observation strategies. They need to be able to translate curriculum, instructional, and assessment practices into specific classroom events.

- **Contextual (knowing when it is appropriate to use varying strategies and techniques in communicating with teachers)**
  Candidates need to learn how to assess the developmental level of teachers so as to meaningfully engage them in the process of clinical supervision. Some teachers are more adaptable and flexible, some more empathic, some more tolerant of tension and change and some more effective working with special needs students.

Clinical supervision can be the first brick in building a learning community that emphasizes the active involvement of teachers in improving their own practices. It can do
this because clinical supervision allows teachers to own their own concerns and develop solutions through shared inquiry and self-reflection that inform practice. Whole schools can learn the process so that teachers coach one another to improve instruction. Thus, clinical supervision can be the impetus for change for individual teachers and for the school as a whole sprouting learning communities and thereby creating the building blocks for increased capacity and improved learning outcomes in students.

In her definition of leadership, Lambert (2003) included both teachers and principals as learners with shared responsibility for school improvement. Clinical supervision creates relationships that are mutually respectful and replete with opportunities for shared learning. Principals who wish to improve teacher effectiveness and student outcomes will find clinical supervision an appropriate approach, in that:

- environments are respectful and open to the exchange of ideas.
- teachers define their own goals and search for possible explanations and options rather than expecting to be told what to do.
- teachers raise questions of their own and evaluate their own performance not just when the supervisor is looking but every day.

Clinical supervision is designed to operate in a collegial and safe environment, allowing the teacher to grow in their ability to reflect on practice and feedback to instruction. Once the process of reflection is practiced, the teacher can move into a problem-solving mode which habituates to every act of teaching (reflection-in-action). As Schon (1983) pointed out, the more the teacher practices, the more automatic the process becomes so that necessary changes occur regularly. Such a teacher is self-motivated to look at his or her practice and make necessary changes. Such a teacher is encouraged to
problem solve rather than to form a dependency relationship with the supervisor and, therefore, such a teacher can engage in meaningful dialogues with colleagues and supervisors.

Clinical supervision can be used as a tool to create a cultural shift. When teachers own the process, “there is no separation between the developer and the user of knowledge – they are one and the same person” (Smyth, 1987, p. 575). A teacher who takes ownership is a teacher with a mission. A school of teachers who take ownership of what they teach, how they teach, and how well their students achieve is an educational community that works together, learns together, and becomes skilled at improving outcomes. Aspiring supervisors must have powerful opportunities to experience on-the-job collegial problem solving so they have a cognitive model from which to draw when helping teachers to reflect on classroom issues. Clinical supervision is that model.

The question was whether the field experience in clinical supervision produced pre-service leaders who (1) recognized the importance of clinical supervision in improving teacher effectiveness (2) knew what processes and procedures to follow, (3) were confident to try various strategies in relation to different teachers and different circumstances, and (4) knew when and when not to implement the process. In other words, would the field experiences in clinical supervision help leadership candidates gain confidence in their own ability to lead?

**DESIGN AND METHODOLOGY**

The Balanced Leadership Framework and the knowledge taxonomy (Waters, Marzano, & McNulty, 2003) provided the structure on which survey questions were analyzed. This was based on the idea that leaders need to understand four different types
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of knowledge: (1) experiential (knowing why they need to know), (2) declarative (knowing procedures and practices, (3) procedural (knowing how to proceed), and (4) contextual (knowing when to use various practices and strategies). Candidate data were analyzed based on these four types of knowledge. For this study the authors created the Taxonomy for Clinical Supervision, Knowledge, and Skills.

Participants in this study were part time graduate candidates enrolled in the educational leadership masters program at an urban university. All 37 participants were full time educators employed by a private or public school. Of these, 26% were males and 74% were females; 74% described themselves as teachers and 26% as other school employees, such as guidance counselor, social worker, and literacy coach. In order to encourage candid responses, student data were collected anonymously. Data were collected from two different sections of the same course, taught in consecutive semesters, by two different professors. The groups (Table 1) were similar with regard to gender and the types of districts in which they were employed. Group B had more teachers than Group A.

Table 1: Demographic Data

<table>
<thead>
<tr>
<th></th>
<th>Group A</th>
<th></th>
<th>Group B</th>
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<tbody>
<tr>
<td></td>
<td>N = 20</td>
<td>N = 17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
<td>Percent</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>6</td>
<td>30</td>
<td>5</td>
<td>29.4</td>
</tr>
<tr>
<td>Female</td>
<td>14</td>
<td>70</td>
<td>12</td>
<td>70.1</td>
</tr>
<tr>
<td>Teacher</td>
<td>12</td>
<td>60</td>
<td>14</td>
<td>82.4</td>
</tr>
<tr>
<td>Other educator</td>
<td>8</td>
<td>40</td>
<td>3</td>
<td>17.6</td>
</tr>
<tr>
<td>Urban</td>
<td>16</td>
<td>80</td>
<td>14</td>
<td>82.4</td>
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</tbody>
</table>
Prior to conducting the formal observation using clinical supervision, candidates were prepared for the experience through readings, lectures and fish-bowl exercises. This latter exercise called for pairs of volunteers to enact the supervisory conference while the rest of the class observed them. This process enabled candidates to identify specific conferencing behaviors, reflect on the way in which they facilitated (or failed to facilitate) communication, and suggest alternatives. Following this preparation, each candidate had several opportunities to role-play a pre-conference and a post-conference following the viewing of videotaped teaching cases. They also learned about effective instructional strategies, researched and critiqued teaching standards using the Internet, and read about various supervisory approaches.

Following the course preparatory sessions, each candidate held a pre-conference with the teacher who had agreed to participate before any observation took place. This was followed by observation of the lesson and, then, by a feedback session or post conference afterwards. Both the pre- and post-conferences were videotaped. Candidates critiqued their own videotape and that of a fellow graduate candidate using a video conferencing rubric and check sheet that had also been used in practice sessions. After critiquing a fellow candidate, they explored reactions to comments which had been made and, later, they exchanged observations and began the cycle all over again. Then they submitted a written reflection on the entire process. Upon completion of their observations, candidates met individually with the professor to review the videotape, critiques, and the written observation report.
At the end of the semester, candidates were asked to complete a survey to measure their perceptions of their classroom observation experience. The survey consisted of 10 items, utilizing a 4-point Likert-type scale (Strongly Agree, Agree, Strongly Disagree, and Disagree). Some items asked general questions about the process (e.g., As a result of this field experience, I better appreciate the role of clinical supervision in the improvement of instruction.) while others were more specific (e.g., My ability to raise questions rather than tell a teacher what to do improved as a result of this field experience.) Of 23 students in one class (Group A), 20 returned the survey while 17 of 20 returned it in the second class (Group B) for a total of 37 participants.

RESULTS

Candidate responses to the survey are summarized in Table 2. Strongly Agree and Agree were combined as were Strongly Disagree and Disagree. Narrative responses to questions 1 through 7 were categorized based on levels of knowledge using the BLF taxonomy of knowledge to elucidate: (1) knowing why clinical supervision is important, (2) knowing what procedures and processes to use, (3) knowing how to implement clinical supervision strategies, and (3) knowing when to use various techniques and practices. Table 3 contains the taxonomy of knowledge and skills developed for this study.

Table 2 Field Experience Survey Responses

<table>
<thead>
<tr>
<th>GROUPS</th>
<th>Percent Strongly Agree/Agree</th>
<th>Percent Strongly Disagree/Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A</td>
<td>B</td>
</tr>
<tr>
<td>1. My experience conducting a pre- and post-conference was beneficial to me as a future leader.</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>
Questions 1, 3, 4 Pre- and Post-Conferences

All candidates felt the conference experience, including the opportunity to critique their own conference, was beneficial in preparing them for school leadership positions. All candidates except one felt the opportunity to critique another student’s conference was beneficial. The one who did not find it beneficial stated that he felt he was too much of a novice to feel comfortable critiquing another candidate’s conference.

Question 2 Observing in an Actual Classroom

All students felt the observation experience was beneficial to them in preparation for school leadership positions.

Question 5 Questioning Techniques

Although most candidates felt confident that they had improved their ability to raise questions during a supervisory conference, nearly 19% percent or three candidates in Group B did not improve their ability to raise questions rather than tell a teacher what to
do. Of these three, two students indicated confidence in their ability to raise questions in the supervisory conference which accounted for their lack of improvement. Inasmuch as some participants were teacher leaders or in clinical roles (e.g., guidance counselors), they may have had prior experience with questioning.

Question 6 Improving Instruction through Clinical Supervision

Every student, except one, understood the connection between clinical supervision practices and the improvement of instruction.

Question 7 Effective Instructional Practices

Although most candidates felt confident that they had improved their ability to identify effective instructional practices, a small proportion in both groups did not. Those who did not feel that they had improved their ability to identify effective instructional practices included four candidates out of 37. Two commented that they needed to learn more about instructional practices, especially in fields outside their teaching expertise.
Question 8 and 9 Volunteers and Confidentiality

Although most candidates did not experience difficulty obtaining a volunteer teacher for the pre- and post-conference videos made for this exercise, 10% in Group A and 23.6% in Group B reported problems in finding teachers who would be comfortable. Those who experienced difficulty obtaining volunteers indicated that they needed to approach more than one teacher in order to find a teacher willing to be videotaped.

Question 10 Recommend the Experience

Both groups unanimously agreed that they would recommend the clinical supervision experience be continued. Their comments indicated a high level of satisfaction based on usefulness for their career choice:

* It was truly thought provoking, challenging and meaningful and excellent preparation for my future work.
* I got to apply knowledge to a real life situation I hope to find myself in.
* The experience prepared me with real life strategies.
* It proved to be an excellent field experience and a way to reflect on teaching styles.

Free Response Questions

The first seven questions are relevant to the four types of knowledge used in the taxonomy. Table 3 applies the taxonomy of knowledge and skills for clinical supervision in the BLF to candidate responses. Overall, candidates:

(1) indicated a change in perception about the role of the educational leaders,
(2) tried out new concepts and made the transition between theory and practice.
(3) differentiated between individual needs of teachers and various conferencing techniques,
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(4) assessed personal strengths and areas for growth.

Table 3: Taxonomy for Clinical Supervision Knowledge and Skills

<table>
<thead>
<tr>
<th>Survey Question</th>
<th>Knowledge and Skills</th>
</tr>
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| 1. My experience conducting a pre- and post-conference was beneficial to me as a future leader. | Why pre- and post-conferences are important  
What steps to take  
How to adjust communications  
When to use practices and strategies in pre- and post-conferences |
| 2. My experience observing teaching in an actual classroom was beneficial to me as a future leader. | Why observation skills, including note taking/scripting, is important  
What to do during observation, including scripting  
How to use collected data  
When based on differences in classroom environment, student needs and teacher experience |
| 3. My experience critiquing my pre- and post-conference video was beneficial to me as a future leader. | Why reflection is useful  
What questions need to be asked  
How to be open and willing to make change  
Self well enough to know when to make relevant judgments |
| 4. My experience critiquing a colleague’s pre- and post-conference video was beneficial to me as a future leader. | Why practice in analyzing the process is important  
What techniques to use: open ended questioning, reflection, etc. to help colleague improve effectiveness  
How to apply clinical supervision techniques to a colleague’s work  
When feedback is appropriate based on colleagues experiences and readiness |
| 5. My ability to raise questions rather than tell a teacher what to do improved as a result of this field experience. | Why various questioning strategies are effective  
What questions will engage the teacher in self-reflection  
How to respond to teachers and create appropriate follow-up questions during the conference  
When to raise reflective questions |
| 6. As a result of this field experience, I better appreciate the role of clinical supervision in the improvement of instruction. | Why clinical supervision leads to improved instruction  
What clinical supervision procedures/process to use  
How to effectively use clinical supervision to improve student outcomes  
When to adjust clinical supervision techniques in relation to teacher readiness and willingness to change |
| 7. As a result of this field experience, I am better able to identify effective instructional practices. | Why effective instructional practices make a difference  
What effective instructional practices make a difference  
How to better identify effective instructional practices  
When to expand repertoire of effective instructional practices |
Candidates demonstrated acquisition of all four types of knowledge. For example, for question 3, (My experience critiquing my pre- and post-conference video was beneficial to me as a future leader), candidate responses included the following comments:

Knowing why reflection is useful
- By critiquing myself I am now more aware of various aspects of my supervisory style and can do so again
- This was beneficial because it gave me a chance to see myself, my mistakes, my attributes, and how I communicate with others.

Knowing what questions need to be asked
- Practical – I practiced and then revised my questions.
- I think I can ask better follow up questions now
- I gained knowledge of what questioning works and what not to do.

Knowing how to be open and willing to make change
- Helped me to be more critical of myself as a means to improve.
- Being able to see myself in the video as a supervisor showed me my strengths and weaknesses and what to work on in the future.

Knowing self well enough to make relevant judgments
- Prepared me for future conferences; raised questions that will help me understand how I work and think; can now improve upon or get rid of them
- I know I must always think about my values and how that might interfere with supervision.

DISCUSSION

The results of this study suggest that the clinical supervision experience had a positive effect on the skills of pre-service principals. The candidates indicated increased competence and confidence with respect to using clinical supervision. The Taxonomy for Clinical Supervision Knowledge and Skills provided a useful analytic structure. The classroom and field experiences were found to improve candidate knowing:

(1) why clinical supervision processes were beneficial,
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(2) what specific concepts and principles were important,
(3) how to implement them, and
(4) when conditions allowed for differentiated use of the process.

Knowing why refers to strengthening candidate understanding and appreciation of the reasons clinical supervision is important for encouraging independent, reflective teachers and improving student achievement. Knowing what refers to the candidate’s ability to remember the steps in the process, to script notes in the observation, and to relate these appropriately to curriculum, instruction, assessment and the level of the teacher’s motivation. Knowing how refers to the specific skills and process involved in clinical supervision and candidate ability to use them appropriately. Knowing when conditions are suitable refers to candidate ability to discern the uniquness of people and the environment and acting accordingly.

This final “knowing” (knowing when) is critically important for the entire process to work effectively. Candidates had had substantial classroom practice and knew the rationale and steps they needed to use in order to proceed. However, once out in the field, they needed to adjust their behavior to the subtleties presented by the individual classroom and teacher with whom they chose to work. For example, candidates had practiced formulating open-ended questions and using follow-up questions to help clarify thinking in order to move toward problem framing and identification of solution options. However, formulating follow-up questions is not formulaic and requires candidates to appreciate the teacher’s thought processes and concerns. Our candidates demonstrated their understanding and appreciation of classroom and teacher differences although they also indicated their need to be more “tuned in” to the teacher to prompt greater teacher
reflection and independence. While it is important to know why and how to conduct clinical supervision, ultimately principals must be sensitive and flexible based on the context in which conferences and lessons take place. Pre-service principals who are aware of these differences could become more effective leaders by not simply being well-intentioned, but by adjusting their level of expertise to the situation.

CONCLUSIONS

Because the quality of school leaders is crucial to student success, this research evaluated the pre-service principal’s assessment of teaching and learning, thereby creating a much needed bridge between theory and practice. The focus of this experience was on increasing conferencing and observation skills and extending candidate appreciation of the connection between effective instructional practices, clinical supervision and improved instruction. The overall positive ratings from the candidates with respect to clinical supervision skills and the field experience indicate their value for improving candidate competence and instructional outcomes. Given the importance of closing the achievement gap, pre-service leader abilities can be strengthened by providing additional focus on the elements of effective instructional practices (Iwanicki, 2001). In this context, the McCREL taxonomy (Waters, Marzano, & McNulty, 2003) serves as a useful tool in analyzing thinking as candidates go through the supervisory process.

Principal preparation programs have come under fire for being irrelevant, poorly designed, and lacking in rigor ((Farkas, Johnson, Duffett, 2003; Farkas, Johnson, Duffett & Foleno, 2001; Levine, 2005)). In part, these attacks may be the reaction to the growing sense of frustration that schools are not making good on their promise to educate all children. This fundamental issue of confidence in our ability to find solutions to
educational problems brings us back to the need for practitioners and professors to research practices directly aligned with student achievement. Linking evaluation to student achievement and using systematic evaluation to identify effective and ineffective personnel are two examples of such practices.

More and more principals are being judged by the achievement of students in their schools. Principals must be knowledgeable about the use of data and about influencing faculty to improve instructional practice for purposes of accountability, including closing achievement gaps. Future research might investigate the relationship between improved data analysis and improved clinical supervision and student achievement. Inasmuch as communication skills are a vital component of clinical supervision, researchers might include communication issues that lead to distorted communication between principals and teachers. Such research would require direct observation and additional analysis of the clinical experience between principals and teachers. It would be directly relevant to the interpersonal skills required of principals in their day-to-day interactions.

The more we can identify what it is that principals do that helps teachers become more effective in their teaching and ultimately improve student achievement, the better we can incorporate the findings into our leadership programs for principal candidates. It is no longer enough for candidates to study process (i.e. clinical supervision) void of practice nor void of results. Practice is needed to inform process and process must inform results or new processes must be found. It is in this context that schools of education are to provide meaningful, authentic experiences by professors who are themselves expert in
P-12 learning (Levine, 2005) and to create a balance between theory and field experiences.

References


http://www.edschools.org/reports_leaders.htm


