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For more information on Clinical Educator Training, contact:

Bureau of Educator Recruitment and Professional Development
Florida Department of Education
325 West Gaines Street, Room 124
Tallahassee, Florida 32399-0400
The Clinical Educator Program provides quality support for developing professionals in the classroom or other educational environments such as the student services area. The supports offered by this program are critical to retaining educators. Teachers who leave the profession early in their careers do so due to several factors, one of which is lack of support and assistance. Experienced educators have much to offer educators who are new to the profession or those who are working to change their professional practice in some area. The Clinical Educator Program is designed to assist experienced educators as they exercise the very critical task of supporting and mentoring developing professionals in a variety of settings.

The Clinical Educator Training Program is based on two premises:

- Developing Professionals need support when they are trying to change their professional practices;
- Developing Professionals at all levels of development can be involved in professional growth activities included in the formative process model.

The Clinical Educator Training Program is designed to provide training for mentors, peer coaches and clinical supervisors as well as training for the preparation of the program's trainer cadres.

The program design provides training modules that develop clinical skills for the following: identification of performance standards; diagnosis of professional performance; diagnosis of student performance; feedback on performance; preparation and implementation of professional development plans; and reflection.

The modules included in this program include overview of the professional literature concerning each clinical component of the formative process; guided skill practice activities with trainer feedback on critical skills; and resources for providing developing professionals with support for continuing professional growth. All the modules have threaded through them, techniques, skills, and questions, which the Clinical Educator can use to maintain focus upon the Sunshine State Standards, student learning and achievement, curricular alignment, and other school-specific improvement areas.

The following provides brief descriptions for each of the training modules:

**Diagnosis of Developing Professionals' Performance**

Diagnosis forms the basis for professional development. This module presents several types of informal and alternative data collection methods for use with developing professionals in a variety of settings, (i.e., group conferences, parent interviews, Child Study Team meetings). In addition, a systematic approach for selecting appropriate data collection methods and strategies for data analysis are addressed in this training module.
Diagnosis of Student Performance

Just as diagnosis forms the basis for professional development, it also is fundamental to managing the learning and development of the students in the Developing Professional’s class. This module provides knowledge and skills that would enable the Clinical Educator in assisting the Developing Professional analyze standardized test data about his/her students. While not dealing with skills for analyzing informal/teacher made test data, the activities, nonetheless, will provide an orientation to an individualized learning gain/growth perspective that can serve as a foundation for the Developing Professional.

Feedback: Conferring With Developing Professionals About Performance

Within an orientation of attention to the Common Core State Standards, New Generation Sunshine State Standards and student achievement, this module presents basic interpersonal communication skills and systematic conference procedures for use in clinical supervision/coaching cycles. The training format engages participants in skill-practice activities and provides opportunities for trainer feedback on the skill practices. Positive models for conducting conferences and simulations used for skill practices are customized to reflect both the student services setting and the regular classroom setting.

Professional Development Plans: Their Design and Implementation

This session introduces factors to consider when planning, designing, and implementing professional development plans for professionals at all levels of professional development. In addition, skills useful in assessing the impact of those professional development plans on the individual teacher and his/her students are also provided. The Florida Professional Development Protocol Evaluation Standards and the Leaning Forward Standards for Professional Learning provide direction for the clinical educator in providing professional learning that increases educator effectiveness and results for all students.

Legal Bases

All school district personnel and instructional personnel who supervise or direct teacher preparation students during field experience courses or internships shall have evidence of Clinical Education training. Additionally, the training provided through this manual satisfies one of the options required of all instructors in postsecondary teacher preparation programs who instruct or supervise field experience courses or internships. The Clinical Educator Training series, developed by the Florida Department of Education, meets the training requirements recommended by the Florida Educator Standards Commission for clinical educator training.

Terms

Several key terms are used throughout the Clinical Educator Training program. While these terms are not new, the terms need to be defined as they relate to our context and purpose.

- formative process
- clinical educator team
- developing professionals
- professional learning
Florida Educator Accomplished Practices (FEAP)
curricular alignment
New Generation Sunshine State Standards
Multi-Tiered System of Supports
Common Core State Standards

The terms are an integral part of the program as these terms define the "players" and describe the context of the professional development process. The following are definitions of terms to be used in conjunction with this training program.

Formative Process

The formative process is a cyclical process designed to provide support and assistance in order to facilitate professional growth. This process is viewed as an ongoing process and reciprocal in that the professionals providing and receiving the assistance are working towards professional growth. The components that constitute this process according to the model used in this series are: selecting performance standards, diagnosing professional performance, providing feedback to the professional about performance, planning for the development of professionals, implementing the professional development plan, and reflecting on the process and outcomes.

Clinical Educator Team (CE)

The clinical educator team provides the developing professional with support and assistance in initiating and completing programs for professional development. The clinical educator team works with the developing professional as they move through the sequential components of the formative process. Clinical educator teams may include members from one or more of the following settings: university faculty, peer teachers, school administrators, district supervisory personnel, and support team members. Clinical educators may be called mentors, peer teachers, coaches or other depending on the district and university program descriptions.

Developing Professionals (DP)

Developing professionals are those professionals who have entered the formative process for professional growth. The term developing professional describes professionals at various professional levels. The professional levels included within this designation are as follows: pre-service professionals and professionals at the entry level, personnel at different performance levels (satisfactory to high-performance) who have chosen to enter the formative process for professional growth, and professionals who have been selected to begin the formative process as they are identified as at-risk in terms of their work performance.

Professional Learning

The standards that are reflected in clinical education include language changes to emphasize the responsibility for professional learning among all members of the school community, and this emphasis is in line with language in 1012.98 F.S. Examples are the use of the term professional learning instead of professional development and the term “facilitator” instead of terms such as trainer, designer, provider, or program managers.
Clients

Clients of professionals are quite varied. They include students, parents, and other family members. School administrators, interns, student services professionals or school based therapeutic personnel, and community agents are also quite frequently seen as clients of professionals. In short, anyone the professional is likely to interact with in a professional capacity is viewed as a "client" within school settings.

Florida Educator Accomplished Practices (FEAP)

The Florida Educator Accomplished Practices (FEAPs) are Florida’s core standards for effective educators and provide valuable guidance to Florida’s public school educators and educator preparation programs throughout the state on what educators are expected to know and be able to do. The Educator Accomplished Practices are based upon three (3) foundational principles. Those principles focus on high expectations, knowledge of subject matter, and the standards of the profession. Each effective educator applies the foundational principles through six (6) Educator Accomplished Practices.

Curricular Alignment

A continuing task of all school-based professionals is the alignment of all student/client functions so that all school functions are working toward the school’s personal and instructional goals. While these goals will vary with the school level (elementary, Pre K, middle, high, etc.), school purpose, and school community, the state and community standards, the defined curriculum, the Developing Professionals’ instructional choices, and the assessment – both standardized and informal must be considered as “areas to be aligned” in each classroom.

Next Generation Sunshine State Standards (SSS)

The Next Generation Sunshine State Standards are a set of standards to which all educators, classrooms, schools, and districts are held accountable. It is expected that the Standards “drive” all instruction and student support activities related to instruction in the schools of the state.

Multi-Tiered System of Supports (MTSS)

A Multi-Tiered System of Supports (MTSS) is a term used to describe an evidence-based model of schooling that uses data-based problem-solving to integrate academic and behavioral instruction and intervention. The integrated instruction and intervention is delivered to students in varying intensities (multiple tiers) based on student need. The “need-driven” decision-making process it uses seeks to ensure that district resources reach the appropriate students (schools) at the appropriate levels to accelerate the performance of ALL students to achieve and/or exceed proficiency.

Common Core State Standards

These standards define the knowledge and skills students should have within their K-12 education careers so that they will graduate from high school able to succeed in entry-level, credit-bearing academic college courses and in workforce training programs. The Common Core
State Standards provide a consistent, clear understanding of what students are expected to learn, so teachers and parents know what they need to do to help them. The standards are designed to be robust and relevant to the real world, reflecting the knowledge and skills that our young people need for success in college and careers. With American students fully prepared for the future, our communities will be best positioned to compete successfully in the global economy.

We need standards to ensure that all students, no matter where they live, are prepared for success in postsecondary education and the workforce. Common Core standards will help ensure that students are receiving a high quality education consistently, from school to school. Common Core standards will provide a greater opportunity to share experiences and best practices within and across states that will improve our ability to best serve the needs of students.

Standards do not tell teachers how to teach, but they do help teachers figure out the knowledge and skills their students should have so that teachers can build the best lessons and environments for their classrooms. Standards also help students and parents by setting clear and realistic goals for success. Standards are a first step – a key building block – in providing our young people with a high-quality education that will prepare them for success in college and work. Of course, standards are not the only thing that is needed for our children’s success, but they provide an accessible roadmap for our teachers, parents, and students.
INTRODUCTION

The formative process is a complex and dynamic concept. The process provides the means for professional growth and improved quality of professionals. The formative process in preservice and inservice professional education programs involves the active participation of a clinical educator team and developing professionals. The role of the clinical educator team is to serve as a support base for the developing professional as he/she moves through the formative process, working towards professional growth. Serving in this supportive role requires the clinical educator team to establish a climate of trust and begin building a rapport with the developing professional.

The processes of observation, data collection, and analysis provide a means of identifying areas within the clinical practices of the developing professional that need strengthening and a strategy for formulating a plan for study and practice of knowledge and skills to develop those areas. The guidelines for designing professional development plans with the developing professional provide the clinical educator team with a review of the techniques and skills needed to establish a positive relationship with the developing professional, to maintain a professional climate, and to recognize the developing professionals readiness for change.

The preparation of the professional development plan is a challenging task for the clinical educator team and the developing professional. Activating the plan calls for changes and change may be threatening to the developing professional. Professional growth, however, should be a goal of every professional throughout his or her career. The professional development plan provides the goals and objectives for professional growth, identifies available resources and provides for the practice of skills and techniques targeted for development or refinement. The plan also makes provisions for giving feedback to the developing professional and for monitoring his or her movement through the formative process.

The goal of the formative process is professional self-evaluation and self-improvement. It is the role of the clinical educator team to assist the developing professional in beginning the process of diagnosis and development, and to assure him or her that the necessary resources will be available in order to follow through with implementing the plan. The strength of the formative process and commitment to professional growth comes from the interplay of all phases of the Clinical Education process. It is critical that the process is used as a part of a complete supervision cycle that includes professional development planning. There is a need for refined procedures, established guidelines, and understanding for all phases in the formative process.

Use of the formative process has meaning and potential for long-term benefit when implemented within a context that responds to and considers what change and a readiness for change is all about. Before dealing directly with the diagnosis process, the clinical educator team must be grounded in their own understanding of change. Some ideas about change will be introduced here; others will be considered in the Professional Development Plan module later in these materials.
PROFESSIONAL READINESS FOR CHANGE AND THE CHANGE PROCESS

Mutual trust must serve as the basis for and permeate the entire process of professional development for the process to be effective. Developing professionals and clinical educator team members must develop mutual trust before progress towards goals can be accomplished. Supervisory behaviors of attending, responding, and facilitating establish a helping relationship in which consensual decision-making can occur.

The role of the clinical educator team requires strong interpersonal communication skills and attention to the standards and parameters within which a school functions. Such skills are needed by the clinical educator team in order to establish a supportive relationship with the developing professional, one, which will enhance the developing professional's self-esteem and will enable the clinical educator team to carry out the process of the professional development plan.

A communicative atmosphere is established when the clinical educator team attends to the attitudes and behaviors of the developing professional. Clinical educators operationalize these constructs through the genuine and consistent use of communication skills that clarify information and attitudes of the developing professional, express empathy, and provide the developing professional with concrete examples of observed professional behaviors. Influence that originates in trust motivates others to seek, excel and grow. Influence imposed by position and authority often hinders growth for the developing professional.

Professional Development Requires a Commitment to Change

The motives for personal growth evolve from an awareness of need. Recognition of need is one outcome of the diagnostic and analysis phase of the formative process. Sometimes the “needs” are derived from developing professionals’ behavior; other times from the observation/analysis skills of the clinical educator team; and still others by system changes within a school unit, school or district focus. Successful responses to those needs are dependent upon acceptance and commitment to change. Therefore, awareness of change and of what it requires becomes significant for success.

Change is inevitable. Professionals continuously experience new trends and must incorporate new ideas and new skills in their teaching, counseling, and consultation. They are called upon to effect change in students, professionals, parents, and/or classrooms and, at a higher level, are responsible for their own professional development. Sometimes change is driven by internal needs; sometimes through collective action; and other times through organizational mandates. The impetus for that change doesn’t alter the individual’s, once committed, obligation, reaction, and pursuit of change.

The developing professional needs to have the attitude that change is necessary and inevitable if any professional growth is to take place. To fail to adapt to change is to be left behind professionally. Professionals who fail to keep up-to-date with the changes in their discipline fall behind professionally and eventually become relics of the past. Professional development is complicated by the fact that it operates through each professional’s attitudes and perceptions.
The key to effective change through professional development is that professionals remain open to change and that they realize there is always room for change. Another important aspect of change through professional development is that any change in professional behaviors creates a chain reaction—change in one area inevitably affects other areas. For example, improved interviewing skills generally improve professional and client communication and information exchange, as well as creating an improved atmosphere for client change.

Some thoughts about change:

1. Change is a process and not an event;
2. Change with turmoil is unavoidable;
3. Change is personal and complex; and,
4. Significant-change may take a minimum of two to three years.

The following diagram demonstrates that a person's assessment of the impact of a change on his or her life influences how the individual responds to the change.

A CHANGE MODEL

<table>
<thead>
<tr>
<th>Proposed Change</th>
<th>Individual’s evaluation of impact of change</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>a. opposition – covert vs. overt</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b. indifferent compliance</td>
</tr>
<tr>
<td></td>
<td></td>
<td>c. commitment</td>
</tr>
</tbody>
</table>

Based on the individual's assessment of the change, one of three responses will occur: the individual opposes the change, either overtly or covertly; the individual may comply indifferently with the change; or the individual may commit to making the change.

**Covert Opposition** involves a professional working behind the scenes to undermine the plan for change. A statement such as "If I refuse to do the paperwork, then maybe the administration will not require me to change" or verbally agreeing but purposefully continuing familiar methods are typical responses used when someone covertly opposes a change. **Overt opposition** involves the professional opposing change by expressing his or her opposition openly. "You've got to be kidding! I'd never do it that way!" is an example of overt opposition.

**Indifferent compliance** involves a professional verbally agreeing with the change but not having strong feelings for or against the proposal. It is important to recognize that indifferent compliance does not always imply a negative attitude. It can represent acceptance but without commitment. Statements such as, "It's no big deal" or "Oh, I don't care—whatever you want to do is fine" are some examples of a professional going along with a change but having little or no commitment, either negative or positive. The professional may make a commitment to the
change. Commitment involves a professional agreeing with a change and supporting it openly and strongly. Statements such as "Great idea!" or "That is something I'll get accomplished right away!" are typical responses, which illustrate commitment to the proposed change.

Awareness of need, change, and acceptance evolve naturally toward commitment when realistic outcomes and stages of development are recognized and understood by the clinical educator team and the developing professional.
FEEDBACK: CONFERRING WITH DEVELOPING PROFESSIONALS

The feedback component deals with the use of educational standards, coaching strategies, communication skills, and conferring procedures as clinical educators work to help developing professionals improve their job skills. The examples used in the training activities depict interactions between clinical educators and developing professionals that focus on the professionals' work experiences and performance.

The supervisory conference may be the most critical activity of the clinical experience. Through conferences, members of the team exchange information regarding the experiences and performance of the developing professional. They share and analyze data from observations and devise strategies to help developing professionals improve their skills. To function effectively, clinical educators conduct conferences in a systematic fashion. They focus on maintaining a supportive relationship among team members to assist the developing professional with preparing and/or completing selected growth experiences.

Basic Assumptions

To achieve the goal of developing clinical educators' skills in conferring with developing professionals about performance, they must be trained in both the interpersonal skills required for effective conferencing and also procedures recommended for directing supervisory conferences. The specific objectives in each area, educational standards, coaching strategies, interpersonal skills, and conference procedures, reflect the basic assumptions we make about supervisory relationships. The following assumptions are drawn from the literature.

1. The goal of a supervisory relationship is to generate effective professional behaviors.
2. Goals for a developing professional will be determined by the developing professional and the clinical educator collaboratively as they interact in the supervisory relationship.
3. The nature of the interaction is the responsibility of the clinical educator.
4. The decision to change behaviors must come from the developing professional.
5. Data from systematic observation provide the best basis for the developing professional's growth as an effective educator.
6. Skills necessary for effective supervision can be taught, practiced, and implemented.
7. The role of the supervisor will vary with the nature of the issue/concern and needs of the developing professional.
8. The supervisory team must continually monitor the use of New Generation Sunshine State Standards, Educator Accomplished Practices and student achievement as they work through the clinical supervision cycle.

Interpersonal Communication Skills

In order for clinical educators to perform effectively in the supervisory role as it is conceptualized here, they must have strong interpersonal skills. Such skills are needed by clinical educators to establish a supportive relationship with developing professionals, to enhance
developing professionals' self-esteem, and to enable professionals and clinical educators to carry out the conferring process.

Interpersonal communication skills (ICSs) are the basis of effective supervision. Clinical educators must convey empathy, congruence, and positive regard toward developing professionals through effective attending, responding, and facilitating behaviors. The learning climate created by these behaviors has the effect of freeing the developing professional to discuss problem areas and possible solutions in an atmosphere of trust and support. Team members must avoid negative or binding responses that ignore the concerns of developing professionals and avoid statements that are highly judgmental. Effective clinical educators provide information, use concrete examples, and are specific in discussing developing professionals’ needs. They maintain collegial interaction during conferences and encourage the developing professional's self-exploration of his/her work behaviors.

The processes involved in conferring with the developing professional are oriented toward cooperative problem solving with the ultimate goal of helping the professional develop. The cooperative problem-solving approach to supervision is advantageous because it fosters improved relationships and a shift from viewing the developing professional as a subordinate. When developing professionals are trained in a hierarchical manner, they tend to believe that they are, in fact, subordinates. This belief decreases the developing professionals commitment to the entire process of identifying work performance issues or needs as well as developing a plan for addressing those needs. At the same time the supervisory team must be cautious when working with a developing professional who is UNAWARE of problems and situations in their classroom.

**Conferencing Procedures**

In addition to developing interpersonal relationships among team members, the work behaviors of developing professionals must be observed and analyzed. Strengths and weaknesses in demonstrated behaviors must be identified, and alternative strategies to improve work performance formulated. Conferring is intended to be a problem-solving process. The conferring process is described by various authors in somewhat different terms, but all descriptions rely on a fundamental decision-making model as the basis for the procedures used to help shape the behaviors of developing professionals. The decision-making framework is apparent in two types of conferences: the preobservation conference and the postobservation conferences. In each situation, fundamental interpersonal communication skills are implemented in the context of somewhat different step-by-step procedures. Regardless of the type of conference, the goal of the clinical team is to solve problems collaboratively, facilitate effective work behaviors and enhance self-esteem, freeing the developing professional to develop into an autonomous professional.

**Principles of Helping Relationships**

The starting point of many different supervision models that strive to develop a sense of consensual decision-making is Rogers' principles for establishing helping relationships. Rogers argues that the effectiveness of a communication between any helper and helpee rests on the
quality of that interpersonal encounter. According to Rogers, there are three core conditions for quality in the interpersonal encounter:

1. Unconditional positive regard;
2. Empathy; and
3. Congruence.

**Unconditional positive regard** refers to the acceptance of another person, but not necessarily that person's behaviors. The acceptance of another person is nonjudgmental; it does not involve approval or disapproval of the person. The clinical educator can distinguish between acceptance of the person and approval of specific behaviors.

**Empathy** refers to the capacity of one person to perceive the experience of another (Dussault). Empathy is distinguished from sympathy. Sympathy is a state characterized by feelings of pity for another while empathy reflects an understanding of and concern for another's predicament, situation, or position. The analogy of putting oneself in someone else's shoes is an illustration of empathy. Empathetic statements by the clinical educator are those that acknowledge the developing professional's experiences as important and worthy of discussion.

The third concept, **congruence**, means a sense of genuine presence. It refers to a willingness of the person to be himself, to be real, without presenting a front or a facade. Persons in a state of congruence are psychologically well adjusted; that is, they are comfortable about what they do and about their experiences. The effect of being congruent is that clinical educators are genuine and sincere when interacting with developing professionals. They project the impression that they are honest and express their true impressions of the developing professional's performance.

**Burke's Model of Helping**

While Rogers focused on specific attitudes, which translate into specific helping behaviors, Burke constructed a "model of helping" showing the relationship between helping behaviors and helping attitudes. Because attitudes are private, internal states, they must be expressed by specific helping behaviors.

Of course, cognitive behaviorists will point out that the enactment of helping behaviors also serves to strengthen the corresponding helping attitudes. The following table represents the reciprocity between the internal states and external actions of the supervisor's attitudes and behaviors.
Attending Skills

Looking at Burke's model from right to left, the first classification of behavior is attending or active listening skills by which the helper conveys to the helpee the attitude of empathy. Empathy is not an overt behavior. The attitude of empathy can be expressed to another person by active listening behaviors, which communicate to the helper that he or she is understood and is encouraged to speak honestly and directly about his or her concerns.

Table 1

MODEL OF HELPING (Skills and Attitudes)

<table>
<thead>
<tr>
<th>BEHAVIORS (SKILLS)</th>
<th>STRENGTHEN</th>
<th>ATTITUDES</th>
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<tbody>
<tr>
<td>Attending (active listening)</td>
<td>↔</td>
<td>Empathy</td>
</tr>
<tr>
<td>open-ended exploration</td>
<td>↔</td>
<td></td>
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<tr>
<td>paraphrasing/clarifying</td>
<td>↔</td>
<td></td>
</tr>
<tr>
<td>focusing on feelings</td>
<td>↔</td>
<td></td>
</tr>
<tr>
<td>Responding (being with)</td>
<td>↔</td>
<td>Congruence/</td>
</tr>
<tr>
<td>self-disclosure</td>
<td>↔</td>
<td>Genuineness</td>
</tr>
<tr>
<td>&quot;I - messages&quot;</td>
<td>↔</td>
<td></td>
</tr>
<tr>
<td>Facilitating (influencing)</td>
<td>↔</td>
<td>Unconditional</td>
</tr>
<tr>
<td>honest feedback</td>
<td>↔</td>
<td>positive regard</td>
</tr>
<tr>
<td>encouragement</td>
<td>↔</td>
<td></td>
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</table>

This table may be read from right to left or from left to right. The intent is to indicate that helping behaviors strengthen attitudes in the helping relationship and that helping attitudes strengthen helping behaviors.

Gordon identified four different ways of listening:

1. passive listening (silence);
2. use of acknowledgment responses (nodding, smiling, verbal cues like ("unhuh, I see --");
3. use of door openers ("That's interesting, want to go on." "Do you want to talk about it?"); and
4. active listening (interaction which lets the client know he is understood and accepted).

Effective educators use all of these ways of listening to clients. In the first three, the speaker has no way of knowing whether the listener understands. In active listening, the speaker feels understood and encouraged to communicate more honestly and directly. To facilitate communication between a clinical educator and a developing professional, the same techniques may be used. Active listening is a method, which may be applied to any helping situation.
There are three communication skills that foster empathetic understanding when listening to the concerns of others:

1. Open-ended exploration;
2. Paraphrasing/clarifying; and
3. Focusing on feelings.

**Open-ended Exploration**

Open-ended statements invite the other person to explore the nature of his or her experiences and describe his or her concerns (Burke).

The statements are short, non judgmental, do not give advice, and encourage the person to further explore his feelings and situation. They may be contrasted to closed statements, which tend to be long and/or abstract, give advice and may relate to the listener's personal experiences or feelings. Closed statements are ineffective; it is important for the concerned person to examine the issues and for him or her to come to his or her own conclusions.

**The following conferencing situation illustrates the difference between open and closed statements.**

**Developing Professional:**

“Things haven't been going too well. I don't feel like I'm part of the faculty of this school. I'm beginning to wonder if I belong in education. Maybe I should look for something else to do.”

**Clinical Educator:**

*(Closed Statements - Ineffective)*

“Education isn't for everyone. If you don't enjoy it, perhaps you should try something else.” *(Advice giving)*

“Some days are pretty discouraging, aren't they? I remember I had the same feelings several years ago. But I decided this is my life and I’d better do the best job of it I can. Now I wouldn't give it up for anything! You'll see things differently tomorrow.” *(Story-telling, reassuring, sympathizing)*

“We all have bad days occasionally. Come on now! You have prepared for this with years of work and study. You certainly can't give it up now. Pull yourself together and go out there and show everyone what a good job you can do!” *(Lecturing, giving logical arguments)*
Open-ended Statements - Effective

“What are your concerns about your work?”
“What do you see as not going well?”
“Tell me more about what you'd like to do.”
“What do you feel has caused this concern?”

The closed statements block further exploration of the professional's concerns. The first (advice giving) confirms the person's feelings of inadequacy in the work situation. The message is, You're right; you don't belong here. Advice communicates an attitude of authority. As the advice-giver has the solution to the problem, there is no further need to pursue the concern.

The second example (reassuring, sympathizing), while seeming to convey acceptance of the person, is really telling the professional that the listener discounts his or her feelings and does not want to talk about his or her concerns, that things will get better tomorrow.

Reference to the listener's personal experiences takes the focus off the problem. Reassuring, sympathetic statements stop communication and does not solve the problem or alleviate the concerns of the person.

The third example (lecturing, giving logical arguments) is likely to evoke defensiveness and resentment since it implies that the listener is illogical or ignorant (Gordon).

Open-ended statements invite the person to explore feelings about the matter of concern, to examine the facts and to arrive at his or her own conclusions. Open-ended statements are tools of effective communication in counseling, in supervision and in everyday situations.

Paraphrasing/Clarifying Responses

The use of paraphrasing/clarifying statements is another tool of effective communication. Instead of assuming that the professional understands what the other person is saying, the listener periodically checks his or her understanding by restating what the person has said:

Are you saying that . . . ? Do I have this straight? Do you mean that . . . ?

Conferencing situations illustrating the use of this communication skill follow:

Developing Professional:

“I was up until 2:00 this morning working on the PowerPoint presentation for the teachers, trying to make it really interesting and informative. But these teachers are impossible! They just want to continue doing things the same way. They don't want to hear about ways they can adapt or meet student needs more effectively.”
Clinical Educator:

“You really worked hard on the presentation and the faculty didn't show any appreciation.”

Developing Professional:

“I don't know what to do about Johnny. He's a bright little boy but he is so withdrawn. I try to involve him in group discussion and I give him all the personal attention I can. But I just can't seem to reach him. Sometimes I just want to yell at him, ‘Johnny wake up and get with it!’”

Clinical Educator:

“I hear you saying that you recognize that Johnny has serious problems, but his behavior really gets to you at times. Is that right?”

Using paraphrasing/clarifying statements acknowledges the developing professional's experiences as important and worthy of continuing consideration and conveys the attitude of empathy. The objective in active listening is to keep the focus on the one who is expressing concerns. To respond, Yes, I see Johnny really has a problem. What can we do about it? misdirects the focus of the communication.

Focusing on Feelings

The third skill in active listening is focusing on feelings. When emotion is expressed in a statement, it is often the feeling or affective part of the communication which is really bothering a person. The willingness of the listener to acknowledge the affective part of the message conveys acceptance and respect for that person's experience. We have been taught to try to cover up our emotions especially in professional settings. When emotional reactions do occur, the listener often avoids dealing with them, preferring to deal with ideas, facts, or cognitive issues instead. Avoiding emotional content is a mistake communicator’s make. Burke contends that focusing on feelings, moods, and sensations is helpful in two ways: it helps the person recognize his or her own emotional reactions and it helps to let the person know you are willing to deal with his emotions.

The following conferencing situation demonstrates ways in which a clinical educator can focus on the developing professional's feelings:

Developing Professional:

“You saw what happened to my group today. The 4th grade teacher always interrupts the start of the group with a list of each of her students’ transgressions since our last meeting and she does it right in front of the group. It makes me so mad! I feel that I have to discipline the students and I take it out on them. And, at the same time, it
disrupts the group and means we start off on a negative when I work so hard to focus on the positives with them. Group work is important and not just for discipline. Doesn't she understand that?"

Clinical Educator:

“You are really angry about this situation. Right?”

“You have some strong feelings about this disruption of your group?”

“It sounds like this is very important to you. Am I right?”

“You are angry with the teacher?”

“You are angry with the teacher and yourself?”

Focusing on the developing professional's feelings gives him/her an opportunity to deal with the emotions involved in the situation before attempting a solution to the problem. Have other incidents added to the feelings? Does he/she want to talk about them? Focusing on feelings is a way to communicate empathy and a willingness to participate in the other person's feelings and ideas.

Responding Skills

There are many ways of responding to another person, which convey to that person that the speaker is a real, genuine, honest individual who wants to understand, in a non-evaluative, acceptant, open way. Burke focuses upon two kinds of responses:

1. self-disclosure, and
2. I-messages.

Self-disclosure statements:

Burke defines self-disclosure as the expression of a person's genuine reactions, both thoughts and feelings, in a current situation in which he or she is involved. Using responding skills can involve self-disclosure statements, which are characterized by three criteria.

- taking responsibility for our thoughts, behaviors, and emotions (owning statements);
- making **concrete** statements rather than those that are vague or abstract; and
- referring to conditions that are **immediate**, rather than distant.
Some examples of self-disclosure, all of which contain the distinguishing criteria, are:

- “I am upset (owning) when I make an appointment to observe a group activity (concrete) and you have changed the activity to an individual activity instead (immediate).”

- “I'm impressed (owning) by the thoroughness of your preparation and the clarity of your presentation (concrete) in this meeting (immediate).”

- “I am at a loss to understand (owning) the role-playing activities in which you engaged your students (concrete) in this group session (immediate).”

- Statements that accept ownership, state the problem in concrete terms, and refer to the here-and-now situation facilitate communication between the clinical educator and the developing professional.

Some samples of statements which lack self-disclosure:

- “You make me angry when you do not follow through on plans (blaming).”
- “Meetings usually go well when carefully planned (abstract).”
- “You did not choose activities, which were appropriate for the faculty presentation (judging), which you presented last week (distant).”

I - messages

Another tool of communication that has a high probability of promoting willingness to change is proposed by Thomas Gordon as I-messages. Developing professionals often use you-messages with their students:

- “You can do better than that!”
- “You had better get to work!”
- “Why did you do that?”

Supervisors likewise may say:

- “You didn't follow your plan.”
- “You should have stopped the talking at the back table.”
- “You should have told the parent about other counseling services.”

Gordon asserts that I-messages do not carry the negative impact that accompanies you-messages, freeing the recipient to be cooperative and helpful, not resentful and angry. Effective I-messages have three components (Dembo):

1. A nonblaming, nonjudgmental description of the client's behavior.
2. A description of the tangible or concrete effect the behavior is having on the speaker; and
3. A description of how this behavior is making the professional feel.

Each of these components can be seen in the following examples of effective I-messages as they might occur in communication between a clinical educator and a developing professional.
1. “When you do not give me your plans (descriptive behavior), then I cannot anticipate what you expect of your students (tangible effect) and I get frustrated (feeling).”

2. “When you do not follow your presentation outline (behavior), then I cannot assess your presentation skills as we had planned (effect) and I feel that I’ve wasted my time (feeling).”

3. “When you do not stop the dangerous horseplay in the group (behavior), then I have to step in (effect) and I am afraid that will destroy your authority (feeling).”

I-messages are a special case of self-disclosure (Gordon). They are effective because they describe what is happening from the speaker's point of view in a direct, straightforward way:

“When you do not give me your plans. . .”

They state the tangible or concrete effect on the speaker of the specific behavior in the message's first part:

“. . . I cannot anticipate what you expect of your students . . .”

The third part of the message states the feelings generated within the speaker because he is tangibly affected

“. . . I get frustrated. . .”

I-messages do not judge, criticize, blame, ridicule, interpret, or diagnose. Neither do they praise, reassure, sympathize, probe or question. They are genuine, sincere statements of act. The use of I-messages in supervision conveys to the developing professional the impression that the clinical educator is a congruent, genuine colleague.

**Facilitating Skills**

Facilitating the growth and development of adults’ calls for exceptional skills on the part of a supervisor (Burke). Less effective supervisors tend to stay on the surface in communicating with the developing professional, never reaching the level of interpersonal intimacy needed to identify the real problems, to deal with emotions and to lead the developing professional to self-evaluation and development. When there are specific problems to be dealt with, honest feedback communicates to the other person by honestly describing what the facilitator perceives is happening. Encouragement communicates to the other person that he or she has the resources and the options to apply to a given situation and to his or her own personal and professional growth. These facilitative skills enable the supervisor to communicate to the developing professional his or her unconditional positive regard. Honest feedback and encouragement foster self-esteem and confidence, which enable the developing professional to assume the responsibility for the improvement of his or her own skills and professional growth.

**Honest Feedback**

Honest feedback accurately describes the here-and-now situation and matches the emotional level of intensity that the other person seems to be experiencing (Burke, 1984). For example,
rather than saying to a developing professional who was obviously not prepared, Well, I thought the parent session went fairly well... considering... A clinical educator providing honest feedback might say, This parent session did not go well because you were not fully prepared. You needed to review the case material and background information before you started the interview. Can we talk about why you weren't prepared?

An effective facilitator deals with the situation and behaviors regardless of the difficulty and provides direct communication with the same level of intensity, as the listener seems to be experiencing. There is no attempt to lighten the atmosphere by understating the emotional climate of the interaction. When clinical educators deal with inappropriate work behaviors demonstrated by developing professionals, they express exactly how they perceive the situation. For example, rather than saying, We need to work on your student management a little more... to a developing professional whose group is totally out of control, an effective supervisor might say, I've identified some patterns of behavior that are contributing to the disruption of your group. Let's go over the data I have collected and examine some areas that indicate a need for improvement. Then we can develop a plan of action for you to implement.

**Encouragement**

Encouragement is the acknowledgment that another person has the skills and behavioral repertoire to overcome problems and to extend existing skills to higher performance levels. Behaviors that express encouragement help to build and maintain self-esteem and should increase the probability that similar positive behaviors will be demonstrated in the future.

Importantly, statements of encouragement need to include specific, descriptive praise. Such statements describe the observed behavior and the observer's response to it. When a clinical educator observes that a developing professional has displayed an effective behavior and comments on the behavior and his or her impressions of its effect, then descriptive praise is being used. For instance, the clinical educator might say, I thought it was very effective when you redirected the parent back to the description of the child's problem and stopped her blaming teachers.

<table>
<thead>
<tr>
<th>BEHAVIORS THAT CREATE A TRUSTING ATMOSPHERE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Attending</strong></td>
</tr>
<tr>
<td>Listening actively by maintaining eye contact, clarifying, understanding, exploring in an open-ended manner, addressing feelings.</td>
</tr>
<tr>
<td><strong>Responding</strong></td>
</tr>
<tr>
<td>Conveying genuine interest, expressing open acceptance in a non-judgmental manner.</td>
</tr>
<tr>
<td><strong>Facilitating</strong></td>
</tr>
<tr>
<td>Expressing honest feedback and offering encouragement.</td>
</tr>
</tbody>
</table>
INTERPERSONAL COMMUNICATION SKILLS THAT INCREASE
THE EFFECTIVENESS OF CONFERENCES

Clarification □ Statements or questions used to gain further information about how the developing professional is thinking.
Perception □ Statements or questions used to gain further information about how the developing professional is responding emotionally.
Checking □ Statements that identify with and express understanding of the feelings, situation or motives of the developing professional.
Empathy □ Statements that refer to specific events, behaviors or provide specific instances of observed behaviors.
Concrete Examples □

BEHAVIORAL STYLES OF CLINICAL EDUCATORS

Direct vs. Indirect Supervision Styles

The underlying constructs of interpersonal relations (Rogers) and the expressive behaviors that characterize them (Burke) are related to the behavioral styles of supervisors described by Blumberg. Simply stated, these styles refer to the balance between a supervisor telling professionals what they are doing correctly or incorrectly (i.e., direct style) and probing professionals in order to have them evaluate their own strengths and weaknesses (i.e., indirect style). In a series of studies Blumberg and his colleagues identified four specific combinations or styles of supervision:

Table 2

<table>
<thead>
<tr>
<th>SUPERVISORY STYLE</th>
<th>TYPE</th>
<th>PROFESSIONAL'S PERCEPTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Style A</td>
<td>High direct, High indirect</td>
<td>The professional sees the supervisor emphasizing both direct and indirect behavior: he or she tells and criticizes, but he or she also asks and listens.</td>
</tr>
<tr>
<td>Style B</td>
<td>High direct, Low indirect</td>
<td>The professional perceives the supervisor as doing a great deal of telling and criticizing but very little asking or listening.</td>
</tr>
<tr>
<td>Style C</td>
<td>Low direct, High indirect</td>
<td>The supervisor's behavior is rarely direct (telling, criticizing and so forth); instead, he or she puts a lot of emphasis on asking questions, listening and reflecting back the professional's ideas and feelings.</td>
</tr>
<tr>
<td>Style D</td>
<td>Low direct, Low indirect</td>
<td>The professional sees the supervisor as passive, not doing much of anything. Our hunch is that some supervisors may appear passive as they try to engage in a rather misguided democratic role.</td>
</tr>
</tbody>
</table>

Directness or indirectness of a clinical educator's style is related to the degree of emphasis given to the task at hand. That is, directive clinical educators tend to spend a good deal of their attention on **telling** developing professionals what their strengths and weaknesses are and how to improve their performance. Telling is usually a more efficient means of identifying problem areas and strategies to remediate them. With direct supervision, however, little attention is sometimes given to the developing professionals' self-esteem or the development of their self-evaluation skills. In indirect supervision, on the other hand, clinical educators ask the developing professionals questions in order to lead them to recognizing problem areas and deducing possible solutions. Under this indirect style, developing professionals tend to feel more in control of their performance, accept ownership for the diagnosis and intervention strategies, and develop self-evaluation skills.

Productive interpersonal work seems to be achieved best by maintaining an overall balance between improving developing professionals' working skills and establishing a good interpersonal relationship among team members. Effective supervision appears to be a combination of both direct and indirect approaches. The result of a study by Blumberg indicates that educators evaluated positively their supervisory interpersonal relations when they perceived their supervisor's behavior as being high direct, high indirect (Style A) or low direct, high indirect (Style C).

How the degree of directness is balanced with indirect approaches appears to be a function of the skill level of the developing professional. Copeland points out that developing professionals early in their internships tend to prefer a more directive style of supervision. However, as their skills and confidence improve, indirectness by their supervisors is valued more. The progression over time, illustrated in Figure 1, should be one of high directness during the initial stages of a supervised clinical experience with the degree of directness reduced and indirectness increased toward the final stages.
Developmental Progression Across the Supervision Cycle

Developmental Yardsticks that influence the Progression across the cycle:

- Feedback on Work Performance
- Clinical Educator’s Questions
- Developing Professional’s Response
Another construct that can describe supervisory style is that introduced earlier in these materials – Four Models of Coaching Styles. The reader will note that Model B has been patterned after the Blumberg model presented here. Each of the constructs suggests that the supervisor must assess the condition and needs of the developing professional and select a style appropriate to the situation. The four models include:

**COACHING STYLES**

<table>
<thead>
<tr>
<th>Model A</th>
<th>When the Developing Professional Needs:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Instructional Coaching</td>
<td>To learn new skills</td>
</tr>
<tr>
<td>Collegial Coaching</td>
<td>To develop new uses for skills already known</td>
</tr>
<tr>
<td>Visionary Coaching</td>
<td>To explore new ways to do things</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Model B</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Coach as Teacher</td>
<td>To learn new skills</td>
</tr>
<tr>
<td>Coach as Sponsor</td>
<td>Support</td>
</tr>
<tr>
<td>Coach as Counselor</td>
<td>Talk through issues and concerns in his/her classroom</td>
</tr>
<tr>
<td>Coach as Confronter</td>
<td>Change his/her behavior quickly</td>
</tr>
<tr>
<td>Coach as Enabler</td>
<td>To be freed from real or imagined constraints</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Model C</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Coaching to Inform</td>
<td>To learn new knowledge</td>
</tr>
<tr>
<td>Coaching for Awareness</td>
<td>To discover what he/she isn’t noticing</td>
</tr>
<tr>
<td>Coaching for Techniques</td>
<td>To learn new skills</td>
</tr>
<tr>
<td>Coaching for Alternatives</td>
<td>To explore different options available in his/her classroom</td>
</tr>
<tr>
<td>Coaching for Routines</td>
<td>To instill order and consistency in professional behavior</td>
</tr>
<tr>
<td>Coaching for Resources</td>
<td>To obtain materials or support for classroom needs</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Model D</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>The Informal Coach</td>
<td>Casual spontaneous advice</td>
</tr>
</tbody>
</table>

**The Coaching Continuum**

Depending on the developing professional's maturity and on the intensity of the resistance, the effective clinical educator approaches the coaching function differently. The coaching styles presented above provides one set of concepts to interrupt that concept. Another set of concepts that interrupt that process is presented by Austin and Peters in their study of effective organizations and leaders reported in A Passion for Excellence. The authors identify five modes of behavior in which coaches engage depending on the context: educating, sponsoring, coaching, counseling, and confronting. For each mode the timing, tone, consequences, and skills vary.
<table>
<thead>
<tr>
<th>Coaching Roles</th>
<th>Passion for Excellence</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Timing</strong></td>
<td><strong>Passion for Excellence</strong></td>
</tr>
<tr>
<td>• When goals, roles, or business conditions;</td>
<td>• Persistent performance problems not resolved;</td>
</tr>
<tr>
<td>• To orient a newcomer;</td>
<td>• An individual is failing in his/her current role.</td>
</tr>
<tr>
<td>• When you are new to group;</td>
<td>• When problems damage performance;</td>
</tr>
<tr>
<td>• When new skills are needed.</td>
<td>• After education and coaching;</td>
</tr>
<tr>
<td>• To let an outstanding skill speak for itself.</td>
<td>• To respond to setbacks and disappointments and speed recovery.</td>
</tr>
<tr>
<td>• To make simple brief corrections.</td>
<td>• Persistent performance problems not resolved;</td>
</tr>
<tr>
<td>• When and individual can make a special contribution;</td>
<td>• An individual is failing in his/her current role.</td>
</tr>
<tr>
<td>• Feature focus; Polishing, fine tuning.</td>
<td>• Positive, supportive;</td>
</tr>
<tr>
<td>• Emphasis on long-term development and contribution to the company;</td>
<td>• Firm clear focus on need to make a decision and time which decision will be made;</td>
</tr>
<tr>
<td>• Ability to articulate performance expectations clearly;</td>
<td>• Calm</td>
</tr>
<tr>
<td>• An eye for recognizing real life “learning laboratories”;</td>
<td>• Reassignment;</td>
</tr>
<tr>
<td>• Ability and willingness to reinforce learning.</td>
<td>• A chance to succeed in another position;</td>
</tr>
<tr>
<td>• Debureaucratizing; Dismantling barriers to performance;</td>
<td>• Current job is restructured, responsibilities curtailed;</td>
</tr>
<tr>
<td>• Ability to develop collegial relationship; Willingness to provide access to information and people.</td>
<td>• Dismissal.</td>
</tr>
<tr>
<td>• Ability to express genuine appreciation; Ability to listen.</td>
<td>• Willingness to listen; Ability to give clear, useful feedback.</td>
</tr>
<tr>
<td>• Ability to give direct, useful feedback;</td>
<td>• Listening;</td>
</tr>
<tr>
<td>• Ability to discuss sensitive issues without over-emotionalizing them.</td>
<td>• Positive, supportive;</td>
</tr>
<tr>
<td>• Emphasis on problem-solving; Positive, supportive, encouraging; Structure; Two way discussion.</td>
<td>• Firm clear focus on need to make a decision and time which decision will be made;</td>
</tr>
<tr>
<td>• Encouraging; enthusiastic; Preparatory; Explanatory.</td>
<td>• Calm</td>
</tr>
<tr>
<td>• Positive, enthusiastic; Emphasis on learning and applying specific new knowledge.</td>
<td>• Positive, supportive;</td>
</tr>
<tr>
<td>• New Skills acquired;</td>
<td>• Firm clear focus on need to make a decision and time which decision will be made;</td>
</tr>
<tr>
<td>• Confidence increases; Perspective on company or organization is broadened.</td>
<td>• Calm</td>
</tr>
<tr>
<td>• Showcase for outstanding skill, contribution; Greater experience; Promotion.</td>
<td>• Reassignment;</td>
</tr>
<tr>
<td>• Enhanced confidence, skills, better performance.</td>
<td>• A chance to succeed in another position;</td>
</tr>
<tr>
<td>• Turnaround; Enhanced sense of ownership and accountability; Renewed commitment.</td>
<td>• Current job is restructured, responsibilities curtailed;</td>
</tr>
<tr>
<td>• Debureaucratizing; Dismantling barriers to performance;</td>
<td>• Dismissal.</td>
</tr>
</tbody>
</table>
Systematic Clinical Conferences

Application of research and theoretical perspectives of experts in supervision provide the foundation for systematic clinical conferences illustrated in Figure 2. The model's name implies a structured process, rather than an arbitrary or casual process, designed to facilitate the professional growth of developing professionals. The focus of the model is on the role and responsibilities of clinical educators in the program. It includes the procedures to be followed within each of the steps as well as the interpersonal communication skills used throughout the sequence.

Both conference procedures and interpersonal communication skills are needed to enhance developing professional's perceptions of themselves and to improve their performances. By following systematic procedures in monitoring performance and enhancing self-esteem, the clinical educator assists the developing professional in acquiring effective attitudes and behaviors. Both the developing professional's self-esteem and performance skills are developed primarily through a series of conferences with clinical team members and through practice.

Conferences among team members are the primary tool used to shape the attitudes and behaviors of developing professionals. The model is based upon a set of assumptions that guides the development of interpersonal relationships and controls the procedures to be followed by the clinical team. Systematically building a collaborative communication network among members of the team is required for the process to be effective.

Procedures for Conducting Effective Conferences

Conferring with developing professional is a critical aspect of the supervisory process. A successful conference requires that effective conferencing techniques be employed in an atmosphere of trust and cooperation. While interpersonal communication skills aid in establishing a positive relationship among team members, the procedures for conducting conferences focus on the activities that need to be accomplished. Initially, conferences involve defining team members' roles, scheduling conferences, and observations, and important work related variables (e.g., types of clients, group rules and schedules). After the first few weeks, however, conferences focus on assisting developing professionals in improving their work and management performances.

Establishing Roles

During the initial phase of a clinical experience, the members of the clinical team establish the foundation of their interpersonal working relationship. The patterns of behaviors established at this point affect the entire course of the experience. Clinical educators set the pattern of behaviors by taking on both supervisory and leadership roles that authorize and enable them to direct the beginning steps of the clinical experience. This is expected by the developing professional and is a necessary step to initiate the supervision process.
Figure 2
The Clinical Supervision Sequence

Preobservation Conference

Observation

Data Analysis
And
Strategy Session

Postobservation Conference

Postobservation Analysis
As professionals develop their skills, and their self-confidence builds, they become more involved in making decisions. With increased participation of the developing professional, the clinical team should use a more indirect style that incorporates participatory management of developing professional behavior. That is, instead of suggesting to developing professionals what they should do or what is wrong, clinical educators guide them through reflective self-evaluation of their performances, to identify their own strengths and weaknesses, and to plan ways of improving their work performances.

Many of the procedures incorporated in the system are derived from behavioral principles and decision-making systems. These general procedures are designed to help define roles, functions, and goals of the team throughout the course of the supervised clinical experience. The three general procedures outlined below underlie the entire conference process and are applied at every step of the process.

**Operationally Defining Behaviors**

A system for specifying and operationally defining the sets of observable behaviors to be exhibited by team members is necessary to provide a framework from which all members can work. The key to communication among members is to describe accurately the behaviors that each member will demonstrate. Such clarity helps to avoid misunderstandings and time wasted in determining whether or not members have performed the tasks assigned to them.

In addition to specifying behaviors, the conditions and consequences of behaviors need to be stated. For instance, it may have been agreed upon by the team that the developing professional would praise students under the condition that they provide an accurate response to a question and not when students simply respond with any answer. If the procedure is followed, then the observer will be able to record this behavior as a positive indicator (i.e., the consequence).

When a change in a specific behavior is targeted, the desired level (i.e., greater or lesser) or direction (i.e., increase or decrease) of the change should be made clear. Behaviorally descriptive statements are those that operationally identify a behavior in specific, accurate, and concise terms. They may include quantities or frequencies of behaviors. Behavioral statements do not contain subjective descriptions that imply a judgment of the behavior. For example, a statement like "The developing professional is not empathetic," is imprecise and may lead to poor communication. Vague statements should be avoided or backed up with a more objective statement of observable behaviors in order to indicate clearly the basis for the statement. Within the system, the application of these principles occurs during the initial conferences that focus on role clarification and orientation to the work site. The use of behavioral statements is critical during pre and post observation conferences in order to assess demonstration of targeted behaviors and to provide feedback to the developing professional. In this way, documentation and monitoring of changes in behavior is made easier and more objective.
Scheduling

Scheduling and maintaining schedules are necessary for consistency and to automate procedures. One of the principal reasons cited in the literature for the failure of schools to provide effective supervision is that clinical educators do not have the time to supervise their developing professionals (Bennie). Clinical educators get caught up in fulfilling other job responsibilities that use the time available for direct observations and conferences. Unless clinical educators make the time by setting goals and scheduling observations and conferences, they are likely to defer these activities in favor of others.

Setting and honoring a mutually determined schedule communicates commitment to the entire supervision process and respect among team members. Difficulty in establishing or maintaining a schedule needs to be addressed by the entire team. It may signal resistance or organizational issues (i.e., time allowed for supervision or school schedule difficulties) that will need to be addressed by the clinical educator.

Without practice and consistent use of schedules during the early stages of the clinical experience, the system breaks down. Team members begin to deviate from their planned course of activities and this deviation could result in increasing deviation from the preset course. Conversely, when schedules are set and maintained, progress toward established goals is continuously monitored. Goals can be re-adjusted to meet changing needs and adjustments can be made before any deviation from the plan is too extensive. To ensure that schedules are maintained, it is important not only to write the series of activities to be completed, but also to set a time and date to engage in each of these activities. This written schedule serves to prompt individuals to perform the series of activities. Schedules should be established during the initial phase of the clinical experience for conferences, observations, and transfer of responsibilities from the clinical educator to the developing professional. Each subsequent conference should end with the confirmation of the next interaction as well as projected meetings that are to follow in the near future. Following this strategy insures that the schedule is constantly used, reviewed and modified throughout the clinical program.

To summarize, schedules are necessary:

- to establish a consistent routine and timeline for team activities,
- assist in identifying when modifications are necessary to planned activities and/or goals,
- to facilitate the developing professional's responsibility for his or her own growth,
- to communicate commitment and respect for various team members and process.

**PRE-DIAGNOSIS CONSIDERATIONS**

**THE DEPTH PROCESS**

**DEPTH** is the mnemonic for the pre-diagnosis considerations that occur prior to the beginning of the preobservation conference. It is appropriate to review **DEPTH** now. If you can't recall the **DEPTH** process, take time to review page 16 in the Diagnosis of Professional Performance Participant Manual before beginning the preobservation conference procedures.
PREOBSERVATION CONFERENCE PROCEDURES

The diagnostic teaching model provides the framework for two types of conferences during the clinical process: the preobservation conference and the postobservation conference. Each type of conference entails completing a different set of activities.

During the preobservation conference that occurs at the beginning of the clinical cycle, team members focus on obtaining baseline information on relevant situational variables involving the clients and developing professional (if not already fully discussed in previous conferences). The team members discuss anecdotal observations of the members, most importantly those of the developing professional. Areas of possible concern to the developing professional may set the agenda for the observation by clinical educators. Areas to which the observer will be attending such as planning, student conduct, management of group, interview skills, and building rapport should be reviewed with the developing professional.

Next, the means for collecting data on targeted professional or client behavior needs to be devised, selected, or reviewed. In systematic observation models, some form of data recording is used to monitor behavior and to provide feedback. Recordings of professional behavior can take a variety of forms, using either formal or informal systems. Judgments about the situation and type of information sought from an observation dictate the type of recording system to be used. In any case, the recorded data provide the basis for discussion between the observer(s) and the developing professional.

Used in conjunction with specific operational definitions of behaviors, observation-based data provide a clear, quantifiable picture of developing professionals' behavior. Observation records also serve as a prompt in follow-up conferences. For instance, after having observed and conducted a postobservation conference using a systematic observation record, clinical educators can use the record in the next preobservation conference to remind the developing professional of past performance levels in order to guide them during the upcoming observation.

If a pre-designed observation instrument is to be used then the team members should simply review the target behaviors on the instrument and the recording method to be used. If an informal instrument is to be designed and used, the team should design the form and recording method together, incorporating the principles of interpersonal communication and participative decision-making outlined in previous sections.

The final step in the preobservation conference is to schedule the specific time and place of the observation and the postobservation conference. This helps to ensure clear communication of when and how interactions are to occur. The observation should be scheduled as soon after the preobservation conference as possible. The observer(s) and developing professional should be sure to use a date book or calendar to confirm agreed upon observations and conferences.
Preobservation Conference Steps

1. Identify session objectives and relevant situational information.
2. Identify/review areas of focus to be given special attention:
   - behaviors to maintain/increase,
   - behaviors to reduce/eliminate,
   - strategies/activities to explore or try
3. Select observation method.
4. Agree on observation time and logistics.

Preparation for the Postobservation Conference

An important aspect of the conference process occurs without the developing professional. After each observation, the observer needs to prepare for the postobservation conference by reflecting on what has occurred in the observation and by determining how the data will be presented to the developing professional. The first step is to construct a data display so that the information can be communicated clearly to the developing professional. Tallies may be summed, notes may be more clearly written and the overall observation record should be made legible. Behavior patterns should be identified so that the observer may more easily guide the developing professional in recognizing patterns of behavior. The data from the latest observation should also be examined in light of previous observation data in order to determine if patterns are emerging across observations. The observer should also determine whether criteria for success identified in previous conferences were satisfied.

Finally, summary statements should be written down in order to organize thoughts, perceptions and strategies. The information derived from these steps is for the benefit of the observer in working with developing professionals in postobservation conferences. Observers should be careful not to walk into a postobservation conference and immediately disclose their perceptions or judgments of the data. Instead they should keep the written documentation for their own records, but use the content in helping to guide the developing professional to draw his or her own conclusions about what the data indicate.

Data Analysis and Strategy Session Procedures

1. Construct data display;
2. Identify related patterns of behavior;
3. Make comparisons with previous observations;
4. Determine if criteria for success were satisfied;
5. Make summary statements; and
POSTOBSERVATION CONSIDERATIONS
The STEP Process

**STEP** is a mnemonic device designed to remind the Clinical Educator of the steps needed to analyze and synthesize the data gathered from the preobservation conference. If you don't recall the procedures of the **STEP** process review page 46 in the Diagnosis of Professional Performance Participant Manual.

POSTOBSERVATION CONFERENCE PROCEDURES

The postobservation conference is the most important component of the clinical process because of its recurrence throughout the supervised clinical experience and the substantive nature of the conference. During the postobservation conference, objective data reflecting the developing professional's behavior is shared and discussed.

**Identifying Patterns of Behavior**

Providing situation-specific feedback regarding work performance is an effective means to assist developing professionals in improving their skills. Observers should present the data and explain how they were collected but should avoid making any value judgments about the developing professionals' performance. The observer(s) and the developing professional should then discuss the data and analyze it to discern any recognizable patterns. Patterns in the data may reflect whether or not a specific behavior occurs in the context of any antecedent or consequent events. This may become evident to the observer(s) and developing professional when a recurring pattern is noted on the data records. As developing professionals become more skilled at analyzing data, more responsibility should be shifted to them for identifying patterns with increasingly less direction from the clinical educators. For instance, assume that every time the developing professional poses a direct question about feelings to a group, he or she gets no response. Direct questions about feelings may serve to decrease client verbalization. This pattern may first be identified with assistance of the clinical educator; however, over time, the developing professional would be expected to identify the patterns independently. This gradual fading process will help to develop self-evaluation skills. In addition, by analyzing the data with developing professionals and helping them to identify patterns, clinical educators create an atmosphere that is less defensive and more productive in locating problems and devising solutions.

**Specifying Behaviors to Maintain or Increase**

Once patterns of behaviors have been identified, team members need to specify those behaviors to maintain or increase and those behaviors to reduce or eliminate. Here again the emphasis is on behaviorally stating target behaviors that the team will focus on in the future. A parallel is the use of behavioral objectives to specify the goals of the supervised clinical experience.
Identifying Strategies

The team members should determine alternative strategies for modifying the behavior of the developing professional. These strategies may involve observing other professionals. The developing professional may suggest alternative procedures or strategies, activities, methods or materials to be used or these suggestions may come from the clinical educator(s).

Documentation

Finally, the responsibilities of each member for the next observation and conference should be documented. For instance, if the strategies for changing developing professionals' behavior include the clinical educator's modeling a specific professionals technique, then arrangements for doing that should be made. If the clinical educator is to lend the developing professional some reference books, then the arrangements for getting those books to the developing professional need to be made. This documentation helps to ensure that the activities identified by the team are carried out. Included within this step is the scheduling of the next observation and conference.

Postobservation Conference Steps

1. Review preobservation conference agreements;
2. Discuss data and analyze identifiable patterns with the developing professional;
3. Guide the developing professional to identify behaviors to:
   a. maintain or increase
   b. reduce or eliminate;
4. Discuss strategies or activities to explore or try;
5. Specify and document everyone's responsibilities; and
6. Schedule next observation or conference.

Reflection and Analysis of Conferences

Supervisory Self-Evaluation

Another step in the clinical process is the postobservation analysis. During this step, clinical educators review their own performance throughout the clinical process and the performance of the other team members as it relates to the conferences held. They need to examine the type of coaching style used. They should determine how effective the coaching style they used was. They should discuss other coaching roles that could have been used to assist the Developing Professional. Then they should determine the areas of strengths and weaknesses in the conduct of the clinical observation/conferencing sequence. Conferencing strategies to be maintained or increased as well as those to be reduced or eliminated should be identified. The outcome of this reflection should be an overall strategy for conducting the next interaction of the sequence.
Flexibility in Applying Procedures

Although this discussion has been focused on specific procedures for conducting conferences, clinical educators should strive to practice these procedures without becoming mechanical in applying them. Goldhammer, et. al., caution that individuals in a supervisory role need to plan carefully and structure conferences, but they need to avoid proceeding with a conference in an automated fashion. Clinical educators must be sensitive and responsive to the individual differences of developing professionals and the differences in the topics that may arise in conferences. The intent of outlining the above procedures, therefore, is to provide a flexible basis for interacting with developing professionals. Changes in the sequence and careful omissions and additions of steps in the procedures are often warranted.
REFERENCES


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