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ABSTRACT

The teaching clinic is a group of teachers and supervisors working together in an organized way to assist each group member to improve his teaching skills. It consists of five phases: the Planning Session, Observation Session, Critique Preparation Session, Critique Session, and Clinic Review Session. The suggested time for the complete sequence is about 2 hours. Participants include both teachers--either preservice or inservice--and supervisors.. Members of the teacher group have two roles open to them: demonstration teacher and observer. Three roles--clinic leader, resource specialist, and coordinator--are filled by the supervisor group. In a typical sequence the demonstration teacher prepares a lesson plan and shows it to the entire group during the 10-minute Planning Session, while decisions are made as to what type of data observers will collect. Then the demonstration teacher teaches a 25-minute lesson. The 10-minute Critique Preparation Session allows the demonstration teacher to prepare his own lesson critique, while the others assemble their data. During the 40-minute Critique Session, the clinic leader and coordinator guide participants in an objective evaluation of the lesson, using data collected by the observers. During the 20-minute Clinic Review Session, it is the responsibility of the resource specialist to evaluate the clinic itself and to assist in planning future ones. (RT)

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THE TEACHING CLINIC

A TEAM APPROACH TO IMPROVED TEACHING

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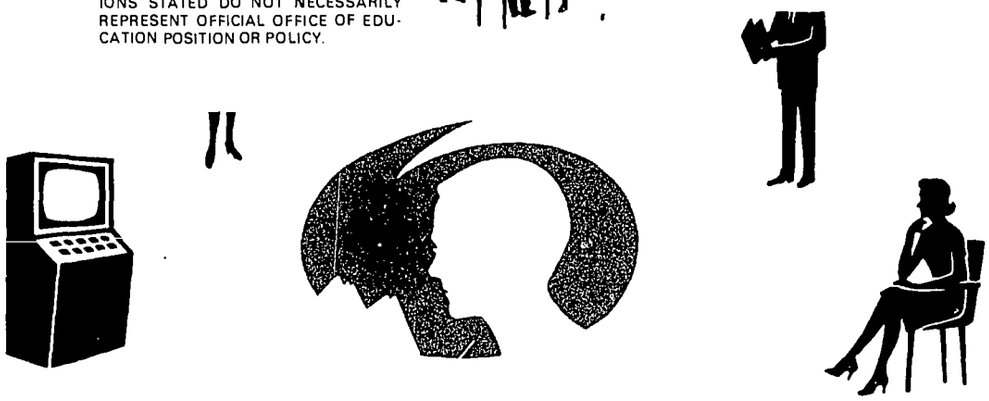

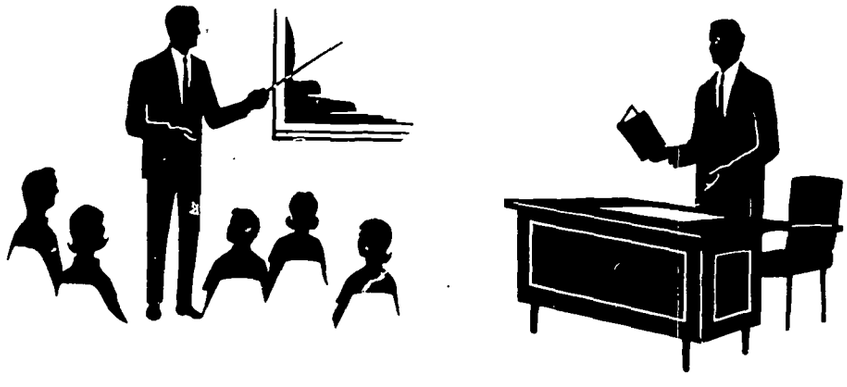

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1971

ASSOCIATION OF TEACHER EDUCATORS

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THE TEACHING CLINIC:

A TEAM APPROACH TO THE IMPROVEMENT OF TEACHING

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FOREWORD

Teacher education is in a period of great change. Courses of study for the preparation of teachers, supervisors, and administrators as well as programs for upgrading the skills of practicing professionals include techniques, content, and structure generally unknown ten years ago. All available evidence indicates that change will continue at an accelerated pace.

The present state of affairs stems, in large measure, from the fact that teacher educators are always on the lookout for means by which they can do an ever more effective job. Throughout its history the Association of Teacher Educators (formerly the Association for Student Teaching) has been active in this continual quest for new and improved procedures and substantive materials. Its publications, conferences, workshops, and clinics have involved the members in the study and refinement of new and promising ideas, practices, and programs for the preparation of professional personnel.

The Association is pleased to present *The Teaching Clinic: A Team Approach to the Improvement of Teaching* as an important contribution to teacher education. We are indebted to authors Hans C. Olsen, Chandler Barbour, and Daniel A. Michalak and to the members of the Communications Committee, under the chairmanship of Dorothy M. McGeoch, for guiding the preparation of the manuscript. We appreciate also the technical editing and production work by Richard E. Collier and Linda Booth of the ATE staff, and Geraldine E. Pershing of the NEA staff.

Mary Ellen Perkins
President, 1970-71
Association of Teacher Educators

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INTRODUCTION

Strident and conflicting demands for change press upon all teachers. Despite new and revised ideas, methods, programs, materials, and facilities that come forth seemingly without interruption, changes in the general level of teaching competence have been less than dramatic. The guidelines for change are seldom clear; many professionals find that simply keeping abreast of changing conditions, recent research, and new expectations is difficult. Faced with these circumstances some teachers thrive, but more find it easy to virtually ignore new developments and new knowledge—they continue to teach as they always have. Most teachers do their best to keep up to date but are often bewildered and frustrated by the situation. They seek direction, assistance, and support. The Teaching Clinic can give this help.

The teaching clinic is a new approach to helping teachers of all degrees of professional sophistication study, revise, and refine their teaching. It structures the situation to permit teachers to deal with problems of teaching that are important *to them.* It brings colleagues together to study teaching and to work out possible solutions to their teaching problems. It does not, however, allow them to stop there. They are encouraged, even pushed, to try these solutions, evaluate them, and report the results to other participants. In the teaching clinic, teachers gain support and insight through work with professional peers. Expert supervisory help is available when and if they want it. Throughout the clinic, emphasis is given to analyzing teaching and discovering solutions to teaching problems. Objectivity and rationality are stressed. Thus the name *Teaching Clinic.*

The Teaching Clinic: A Team Approach to the Improvement of Teaching is written for all practicum students, teachers, supervisors, and administrators who wish to study teaching, improve their teaching skills, and assist others in doing so. It describes the teaching clinic and suggests techniques that have been effective in the several settings where the teaching clinic has been used. It illustrates the adaptability of the teaching clinic to the level of professional competence of the team of participants; they can start "where they are." It shows how the potential within the team may be tapped to facilitate the study and improvement of the professional performance of each member, no matter what role he may be assigned in the teaching clinic.

We hope that all who become involved in teaching clinics will experience the same high degree of professional excitement, satisfaction, and value we have derived from the many teaching clinics in which we have participated.

H.C.O.
C.B.
D.A.M.

Chapter I

WHAT IS THE TEACHING CLINIC?

The teaching clinic is designed to help teachers become more effective practitioners. It consists of a group of teachers and supervisors working together in an organized way to assist each group member improve his teaching skills. *Teaching behavior* takes center stage. In the clinic, an individual member plans a lesson and shares these plans with the others. The other members participate by helping decide which facets of the individual's teaching need to be examined, observing his lesson and recording data, organizing their information, analyzing the individual's teaching actions, helping him develop strategy for making them more effective, and reviewing the operation of the clinic to make the next one better. Throughout the clinic, participants follow specific ground rules and fulfill certain responsibilities in accord with their roles. Each teaching clinic is one in a continuing series; each grows out of the preceding one and leads to the next. In this way participants engage in a sustained program of professional growth.

WHAT IT OFFERS

The *study of teaching* has become popular in professional circles. Those who use this term usually have in mind an objective examination of teaching behavior. Analyzing what teachers actually do has become the basis for many revisions in teacher education programs. It is the basis for what might be called the study-of-teaching approach to preparing teachers.

The teaching clinic, a new development in teacher education, derives much of its power from the study of teaching. It provides a framework within which teachers find support and assistance in analyzing and refining their teaching actions. Almost all of the newer tools in teacher education, such as team supervision, microteaching, interaction analysis, and others, may appropriately be used in the teaching clinic. It is structured to help the teacher find and improve his unique teaching style through cooperative observation and analysis of his own teaching and that of his professional peers.

The teaming of professional peers to observe, analyze, and refine their teaching skills gives special significance to the teaching clinic.[1] While supervisory personnel may be included, their function is to facilitate the work of the group. The cooperative aspects of the teaching clinic place each participating teacher in the role of helping other participants and receiving help from them. He is not alone: his professional peers help him examine his own teaching and allow him to similarly assist them. Together they test ideas and approaches that are new to one or more of the group. Being "in it together" gives reassurance and support. Each participant can feel free to ask for data, reactions, suggestions, or other kinds of assistance in improving his teaching. Whether he is the demonstration

[1] Michalak, Daniel. "Peering at Peer Evaluation." *New York State Education* 53: 18-19; March 1966.

teacher, an observer, or in another role, he can learn more about his own teaching and gain ideas that may help him refine it.

The teaching clinic is designed to focus attention on teaching *behavior*. It is not a forum for examining, discussing, and perhaps attempting to change the personal characteristics of participants. The personal characteristics of any teacher involved in the teaching clinic may change, but these changes should come about as he teaches, receives feedback on his teaching, examines it in light of all the available information, recognizes where improvements are needed, devises actions to strengthen his teaching, and tests those actions. In the process he may or may not change some of his personal characteristics. The purpose of the clinic is to help him become a better teacher. If he also becomes a better person, that is a bonus.

Another strength of the teaching clinic is that participants concern themselves with those aspects of teaching and their teaching situations that are of immediate importance to them. No one dictates to them what they should direct their attention to. Supervisors, administrators, other teachers do not tell them what to look at and how to look at it or prescribe answers unless requested to do so by the teachers in the teaching clinic. And even in cases where such outside help is requested, participants may decide not to use the help given. They are under no obligation to use it if, in their judgment, other and more appropriate information and suggestions are available. What participants see as important determines the content of the teaching clinic. Central to it is the notion that teachers will change their teaching behavior and retain that change when they see a need to change and when that need is strong enough.

Close, meaningful examination of teaching behavior requires a systematic framework within which to work. This the teaching clinic provides. Each participant is made familiar with the goals and plans of the teacher; this means that the goals and plans may be studied for clarity, relevance, and usability. On the basis of this knowledge, the congruence of intent and practice can be determined by observation of the lesson or teaching episode. There is danger if the process stops at this point, because judging the effectiveness of teaching and handing down verdicts seldom result in improved teaching. Far more often this is threatening to the teacher and forces him to protect himself, perhaps by quitting or by doing only what the judge prescribes. Teaching is a problem-solving process. All of us know that teachers who feel threatened will not try new or different ideas for fear they will make mistakes, yet problem solving means that mistakes are inevitable. Rather than short-circuiting the process by judging, observational information must be fed back to the teacher and other participants to facilitate their examination of the data. Then appropriate plans for future teaching may be drawn.

THE STRUCTURE

The teaching clinic consists of five phases: the Planning Session, the Observation Session, the Critique Preparation Session, the Critique Session, and the Clinic Review Session. Each phase grows from the preceding one. Each is important to the success of the clinic.

Phase I: Planning Session

The demonstration teacher has, in most cases, been chosen in advance. During the planning session he shares his teaching plan with the other participants and answers any questions they may have about it. Their task is to acquaint themselves with the basic elements in the lesson plan. They strive to understand *what* is planned, not to judge the merits of the lesson. This is crucial because the plan sets the limits and gives direction to the teaching clinic.

When his colleagues believe they understand, the demonstration teacher may ask that they collect specific kinds of data while he teaches the lesson; or he may join with them in determining what kinds of information are needed in view of the plan. Together they will also decide how this information will be collected and recorded. When these decisions are made, observers volunteer for specific responsibilities or are asked by the leader to accept them. Sometimes, especially after participants are accustomed to the teaching clinic, they will jointly plan a lesson during this phase. One will volunteer to teach it and others will serve as observers.

Phase II: Observation Session

During this phase of the clinic the demonstration teacher teaches the lesson as planned. In most cases the observers place themselves in strategic positions in the classroom or class setting to observe for the behavior they have agreed to record Obviously, after positioning themselves appropriately, the observers will carry out their agreed-upon tasks. Although direct personal observation may be preferred in many clinics, in some situations the use of video tape or even audio tape may be more desirable. In any event, observers must be able to gather the hard data required to give appropriate feedback about the lesson.

Phase III: Critique Preparation Session

This is a relatively brief but important period for pulling together relevant information and planning for Phase IV. The demonstration teacher jots down an analysis and perhaps an evaluation of the lesson he has just taught. He does this on his own, away from the classroom and from the other clinic participants. The latter are also meeting during this period to organize and analyze the data each of them has collected. Means of presenting this information to the demonstration teacher in the most meaningful and supportive way must be decided upon.

Phase IV: Critique Session

Frequently this phase will get under way with the demonstration teacher sharing his analysis of his own teaching. On other occasions an observer may start the critique session by giving some of the highlights of the data he collected. But no matter how the session starts, this is the time when the participants receive feedback from all observations. The observers may question, clarify, and suggest, but they must always use recorded data as the basis for their contributions. On the basis of the information that has been collected, the

participants work out a plan of further action for the one who was the demonstration teacher. For instance, it may be decided that he should observe (either live or on video tape) a teacher particularly skilled in a specific facet of teaching; or that he should plan, do, and analyze some microteaching focused upon one teaching move; or that he should use some special materials, either locally devised or commercially prepared, to help him extend his command of a designated skill; or that he should read certain specific materials to increase his knowledge of the content needed in follow-up lessons; or any of many other alternatives. The demonstration teacher is an active participant in this endeavor and has veto power at any point. The other participants do not twist his arm to make him accept the need for a specific course of action to improve his teaching. They may strive to have him recognize this need, but accepting it is up to him. The plan of action must be worked out *with* him. It is not something done *to* him.

Phase V: Clinic Review Session

Usually the resource person who has been a silent observer of the teaching clinic will start Phase V by sharing data he collected during the earlier phases. He gives a picture of what the group did, noting improvements and suggesting changes. All participants are encouraged to thoroughly review and assess the meeting and then plan ahead to make future teaching clinics run smoothly. At this time they often select the demonstration teacher for the next clinic, decide when the clinic will be held, and determine how they can probe more deeply into teaching. Or instead of selecting the next demonstration teacher, they may decide to cooperatively plan the lesson to be taught and, following that, determine who shall teach it. They may even decide to do some team teaching. New instruments for studying teaching or refinement of instruments with which they are already acquainted might be considered.

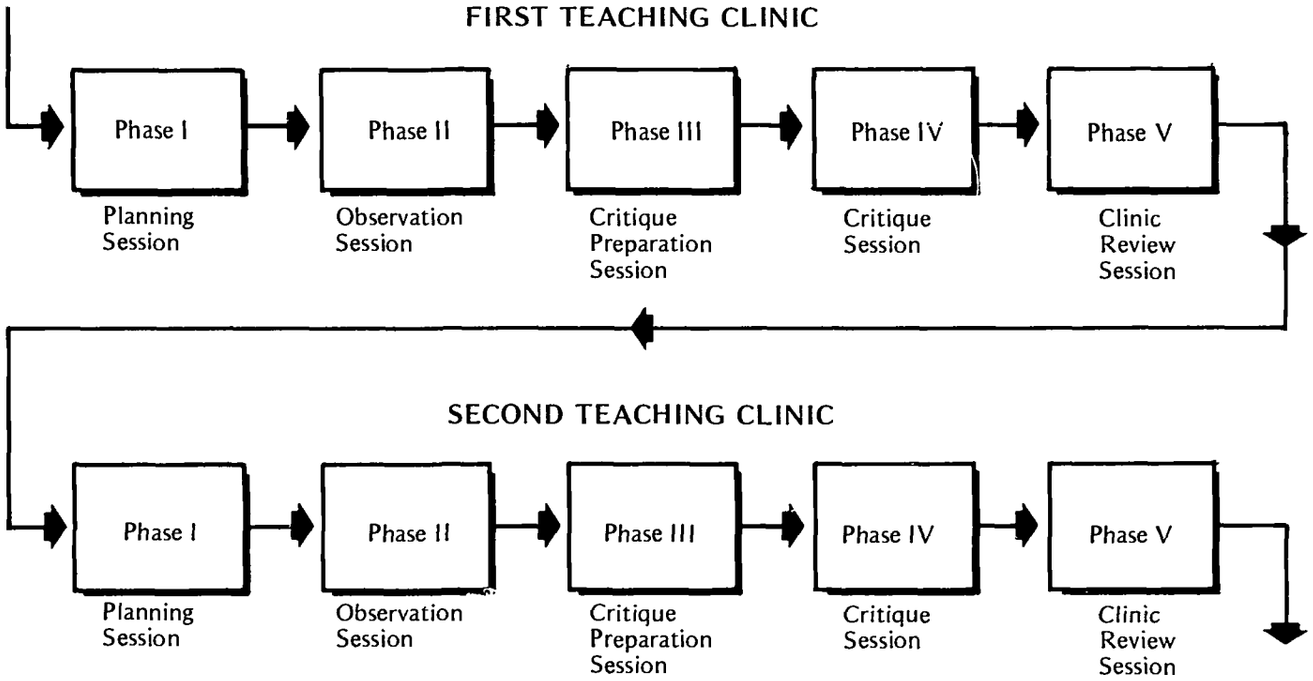
In this description of the five sessions have been sketched the dimensions of the teaching clinic. The five sessions are shown in Figure I, the flow chart of a clinic, which also illustrates how the first clinic leads to additional ones.

THE SETTING NEEDED

Experience shows that the teaching clinic fits neatly into a teacher education practicum setting, such as associate, intern, or pretenure teaching.[2] Groups of in-service teachers and supervisors also find it a very useful approach. It enables them to work intensively on a specific teaching problem or to focus their efforts on the long-range task of improving individual teaching competence. The teaching clinic can be effective in other settings too. School teachers are the

[2]Terminology from: Smith, E. Brooks, chairman. *Guide to Professional Excellence in Clinical Experiences in Teacher Education.* Washington, D.C. Association for Student Teaching, 1970. pp. 17-18. See also, "Definitions of Terms," pp. 32-33 of this bulletin.

Figure I
TEACHING CLINIC FLOW CHART



most obvious group perhaps, but church school teachers, industrial training personnel, college professors, and military instructors are numbered among the other teachers who might profit from its use. In fact, it may be employed by groups of supervisors (who are, after all, simply specialized teachers) who wish to improve their supervisory practices. While its value as a vehicle for the preparation of preservice and beginning teachers seems clear, veteran teachers may benefit as much or more than those with less professional experience.

The teaching clinic can be adapted to almost any teaching situation. The amount of teaching experience of those who participate in it is not crucial. The age and achievement level of the students in the groups taught by the teachers make little difference. Any subject matter can be accommodated: teaching in physical education, physics, reading, social studies, and other subject fields may be studied with equal facility in the teaching clinic.

We tend to think of schooling, and therefore teaching, as going on almost exclusively within the four walls of the conventional classroom. Clearly that is an inaccurate stereotype. Much teaching goes on in laboratories, in seminar rooms, on athletic fields, and on field trips to nonschool locations. Whether teaching is directed to masses of students, classroom-sized groups of from twenty to forty-five, small groups of from two to ten, or individual students does not affect the value of the teaching clinic. Neither is it suited only for use in studying teaching based on one technique such as lecturing, demonstrating, discussing, inquiring, or discovering. The teaching clinic can be fitted to any setting in which teaching takes place.

On first inspection one can easily get the impression that the teaching clinic focuses on just one part of the teaching act—instruction. That, however, is erroneous,. A second look will make clear that other elements such as planning and assessing may come under close scrutiny too. Unless the many facets of teaching are considered, the clinic loses much of its potential. Live teaching is not essential for an effective clinic; it may be recorded on video tape, for example. In fact, such a procedure holds certain clear advantages. Central among these is the immediate and direct feedback to the demonstration teacher, who can see and hear himself in action. Care must be exercised, however, to protect the demonstration teacher from being overwhelmed by this direct feedback and to maintain the focus on those teaching actions decided upon in the planning session.

The teaching clinic will work almost anywhere teaching is done. It requires only a group of teachers who are interested in working to resolve problems that confront them and supervisors who are willing to help. They, of course, must know what the teaching clinic is and what makes it function. It operates smoothly when each participant fulfills his responsibilities and follows the ground rules.

Chapter II

HOW DOES THE TEACHING CLINIC WORK?

An effective teaching clinic moves along in a businesslike manner. Definite rules and expectations regulate the activities of all participants. The participants direct their attention to certain aspects of the teaching of one of their group. They gather observational data to give an accurate picture of these behaviors and feed back this information to the teacher. Planning and teamwork prevent these activities from deteriorating into a wide-ranging, aimless bull session. The clinic functions much as does a symphony orchestra: when each participant plays his part and follows the established rules, movement and harmony result. In this way the unique promise of the teaching clinic may be realized.

THE GROUND RULES

Teachers and supervisors who participate in the teaching clinic must know and accept its unique ground rules. These rules are guides to behavior for participants. Together with the special role requirements spelled out later, they give the clinic great potential for helping to increase teaching effectiveness.

Teachers included in the teaching clinic must be willing to participate fully. They must be prepared to serve as demonstration teachers as well as observers. Occasionally they may be called upon to assume other roles in the clinic. Those who enter without resentment or fear are free, even eager, to examine and work to revise their own teaching and that of their colleagues.

Decisions governing the work of the teaching clinic are made by the teachers involved. Supervisors, when they participate, do have special roles to play, it is true. These roles, it will be seen, facilitate the work of the teachers. Except for the special responsibilities of specified roles, supervisory personnel follow one general rule: make oral contributions only when requested by the teacher participants.

Including too many participants makes the teaching clinic ineffective; proceeding with too few has the same effect. The optimum number seems to be seven: the Demonstration Teacher, three Observers, the Clinic Leader, the Coordinator, and the Resource Specialist. A team of two or three demonstration teachers would increase the number of participants without severely limiting the effectiveness of the clinic. More than four observers, however, makes it unwieldly; only two seriously limits it. Special care must be taken to hold the number of supervisory personnel to three. More than that tends, through sheer numbers, to inhibit teacher participants. Fewer than three may reduce the effectiveness of the supervisors: they try to assume too many duties and to combine roles best left separate.

Everyone has a chance to participate fully. This is especially true of the demonstration teacher and observers. Those who are unsure, self-conscious, and less talkative are drawn out and supported. No one is allowed to dominate the

clinic. The atmosphere must be both cooperative and supportive. Every member of the group has many valuable and useful ideas to contribute as well as important data to share. All of these ideas and the data add to the effectiveness of the clinic.

An agenda should be prepared and placed in the hands of each participant at least one day in advance of the teaching clinic. It should contain this information:

1. Names of participants, both teachers and supervisors, and their roles.
2. Date of the teaching clinic and the starting time for each clinic session.
3. Where each session will be held.
4. The topic of the lesson to be taught.
5. What provision has been made for teaching his class while the demonstration teacher is participating in the clinic.

Other items may be included to meet the special requirements of the group. Many of the details will be developed in the review session of the preceding teaching clinic. In any event, the review serves as official reminder of the coming clinic and helps each participant prepare for his role.

The entire teaching clinic centers around the goals and activities in the lesson plan of the demonstration teacher. This means that, with only one exception, the plan must be prepared carefully before the clinic gets under way. The one exception has already been noted: when the clinic participants cooperatively develop the lesson plan during the planning session. Either way, the lesson plan provides the focus for the teaching clinic. Neglecting it invites a breakdown of the clinic.

Analysis and discussion throughout the teaching clinic are directed to the teaching behavior of the demonstration teacher, not to him as a person. The purpose is to help him improve his teaching. Psychoanalysis stands beyond the province of participants in the teaching clinic. Their concern is examining the demonstrator's *teaching actions* and communicating this information to him.

All comments of the observers must be supported by recorded data. Even speculative comments should derive from these data. This prevents the teaching clinic from getting bogged down in the quagmire of unsupported opinion.

Every participant must have access to all recorded data. Reference to these data may help each one clarify his thoughts and give him better insight into the thinking of other group members. Before the teaching clinic is concluded, all recorded data are turned over to the demonstration teacher so he can use them in following through on the plans for improving his teaching. This usually takes place at the end of the critique session. Attempts at retrieving the data some time after the clinic seldom bring in all such information.

The responsibilities agreed upon and accepted during the planning session should be recorded so that the group may refer to them together. A chalkboard is especially valuable. With it, ideas may be recorded, checked, revised, and referred to with little difficulty. Other devices and techniques may serve just as well. The important thing is that these items be recorded and that they remain clearly before the group. Such a procedure makes it easy to check to see that all important points have been considered.

Time limits help facilitate the teaching clinic. The usual problem is to prevent the clinic from dragging on beyond the point of full productivity. The total clinic should last no longer than two hours. Here are suggested time limits for each clinic session:

Phase I: Planning Session—10 minutes
Phase II: Observation Session—25 minutes
Phase III: Critique Preparation Session—10 minutes
Phase IV: Critique Session—40 minutes
Phase V: Clinic Review Session—20 minutes

Obviously, local conditions may dictate some modifications. It is not wise, however, to lengthen the total time of the clinic beyond two hours.

It is important that after the clinic the demonstration teacher test the plans developed in the review session to help him improve his teaching. Unless this follow-up is done, the value of the teaching clinic diminishes and there is danger that it will become only an interesting exercise. The demonstration teacher needs to try the plans that were developed in the clinic. Simply talking about what he might or ought to do is not enough

Clearly these ground rules demonstrate that the whole relationship in the teaching clinic is a helping one. Certain of the rules obviously are designed to make the clinic run smoothly. Even these, however, suggest that analyzing, recording, sharing, assisting and supporting are key elements. Respect for the integrity of every participant is essential.

Chapter III

INDIVIDUAL RESPONSIBILITIES AND FUNCTIONS

Every participant in the teaching clinic assumes responsibility for a specific role. Certain special duties go with each role; some others remain the responsibility of all participants. The latter fall generally in the category of ground rules. In this chapter emphasis is given to the special duties and responsibilities of individual participants: Demonstration Teacher, Observers, Clinic Leader, Resource Specialist, and Coordinator.

Before spelling out these distinctive functions, however, we must take another look at those involved in the teaching clinic. Basically they come from two groups of professionals. The first group consists of practitioners. In most cases they are teachers; often they are associate, intern, or pretenure teachers. In some instances they are supervisors, administrators, or those preparing for such positions. For convenience we refer to this group as "teachers."

The second group includes those with supervisory or advisory responsibilities. One subgroup in this category is made up of school people such as curriculum specialists, principals, and department chairmen. University people comprise a second subgroup. Usually the latter are university supervisors of practicum students; sometimes they are consultants to the schools. Unless specific identification is required, the teaching clinic participants in these two subgroups are called "supervisors." It should be clear that just as in some instances those holding jobs as supervisors or administrators may be included in the "teacher" group, in other cases those who are teachers may be counted as "supervisors" for purposes of the clinic.

Members of the teacher group have two roles open to them: demonstration teacher and observer. Three roles—clinic leader, resource specialist, and coordinator—are filled by the supervisor group. The special functions of each of these five roles are very important in making the teaching clinic effective.

The Demonstration Teacher

- Prepares a written plan for the lesson to be used in the teaching clinic. He may accept any assistance available. A copy of the plan is submitted to each of the participants at the beginning of the clinic. As indicated earlier, he may teach from a lesson plan cooperatively developed by all participants.
- Teaches the demonstration lesson, following his lesson plan as closely as possible and appropriate. The objectives stated in the plan should guide his teaching behavior in instances where the prepared activities must be altered, unless, of course, these objectives no longer fit the situation that has developed.

- Writes a brief analysis of his lesson. He does this immediately after teaching the lesson, during the critique preparation session. He presents his analysis to the other participants during the critique session.
- Accepts responsibility for carrying out the course of action developed during the critique session. He must have this course of action clearly in mind and approve it before the end of the teaching clinic.

The Observer

- Suggests types of data to be collected during the observation session. His suggestions must derive from the lesson plan submitted by the demonstration teacher. He also recommends ways in which the data might be recorded most appropriately. When agreement has been reached on these items, he takes responsibility for collecting some of the data.
- Collects and records data as he agreed to; he is a gatherer of information. Objective, accurately recorded data is the goal.
- Shares his data with other participants and takes part in analyzing all assembled information. His primary objective is to help the demonstration teacher gain insight into his teaching. The observer joins in planning strategy to be followed by the demonstration teacher to improve his teaching.
- Gives recorded data to the demonstration teacher so the latter may refer to them later. This colleague may gain additional understanding of his own teaching and develop new strategy for improving it by perusing these notes some time after the teaching clinic.

The Clinic Leader

- Makes sure that all arrangements have been worked out prior to the teaching clinic. He checks to see that the agenda has been placed in the hands of all participants at least one day before the date set for the clinic. He verifies that the designated rooms, equipment, and materials have been reserved.
- Chairs the teaching clinic. He enforces the ground rules and makes sure that each participant performs the duties required by his role. He also seeks to establish and maintain free and responsible interaction among participants.
- Takes his cue from the other participants while guiding their work during the teaching clinic. He can help to assure the clinic's effectiveness by asking questions to ascertain participants' preferences, to raise points they have not considered, and to clarify their thinking. He rarely answers questions put to him; rather, he tries to *help* the teacher participants discover answers and resolve problems. Yet his job is to prevent stagnation and the sharing of ignorance by the group.

The Resource Specialist

- Helps, when requested by the group, to resolve questions related to school policy, types of teaching behavior, and curriculum matters. Also, when requested, he may stimulate group interaction by raising points not yet discussed by the participants.
- Assesses the effectiveness of the teaching clinic and assists in planning future ones. During Phases I, III, and IV of the clinic, he studies the direction taken by the group, takes note of the skills exhibited, and prepares his analysis of what he has observed. His suggestions for future teaching clinics can be most helpful to other participants.

The Coordinator

- Serves as a consultant to the clinic leader and helps arrange a smooth-running clinic. He takes responsibility for briefing participants new to the teaching clinic, providing them with copies of the ground rules and role responsibilities and answering their questions.
- Counsels the group (only at their request) when procedural issues arise. Before the start of the teaching clinic he does everything he can to prevent such problems from developing. Of all the participants, however, he is the authority on the workings of the teaching clinic.
- Accepts responsibility for collecting data during the observation session and records these data. He shares this information at the request of the teacher participants but leaves to them the task of drawing any implications and assessing its usefulness. He gives his recorded data to the demonstration teacher at the conclusion of the teaching clinic.
- Prepares a brief, written summary of the teaching clinic. It should include the agenda, the list of observation tasks accepted by observers, highlights of the resource specialist's analysis of the clinic, strategy planned for helping the demonstration teacher improve his teaching, and decisions concerning the operation of future clinics. He sends a copy of this summary to each participant and keeps one on file for future reference by any authorized person.

The various roles and the special functions of each clinic participant are illustrated in Figures II and III The two diagrams show the distribution of responsibility, participation, and resource functions among the participants through the teaching clinic. For greater clarity and accuracy, two items have been added to the picture: the preparation period and the follow-up activities. These additions make plain the preparatory and follow-up functions that are basic to an efficient, effective teaching clinic. Note that some participants seldom take part in certain portions of the clinic. The diagrams show the optimum number of participants.

Some additional dimensions of the three supervisory roles need to be considered briefly. The coordinator tends to be the continuing person in the series of teaching clinics. As such he promotes stability and smooth operation of the clinics. When a professor takes part, he is usually assigned the coordinator's

Figure II
"TEACHER" ROLES AND FUNCTIONS IN THE TEACHING CLINIC

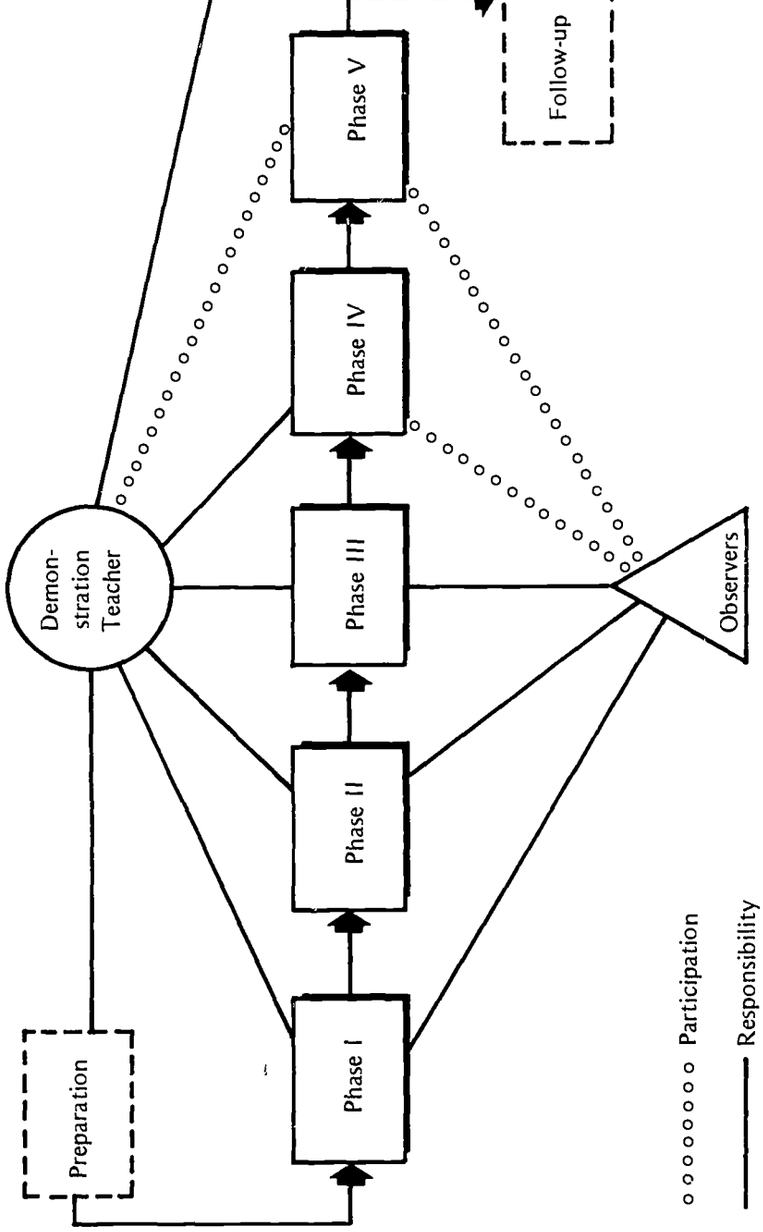
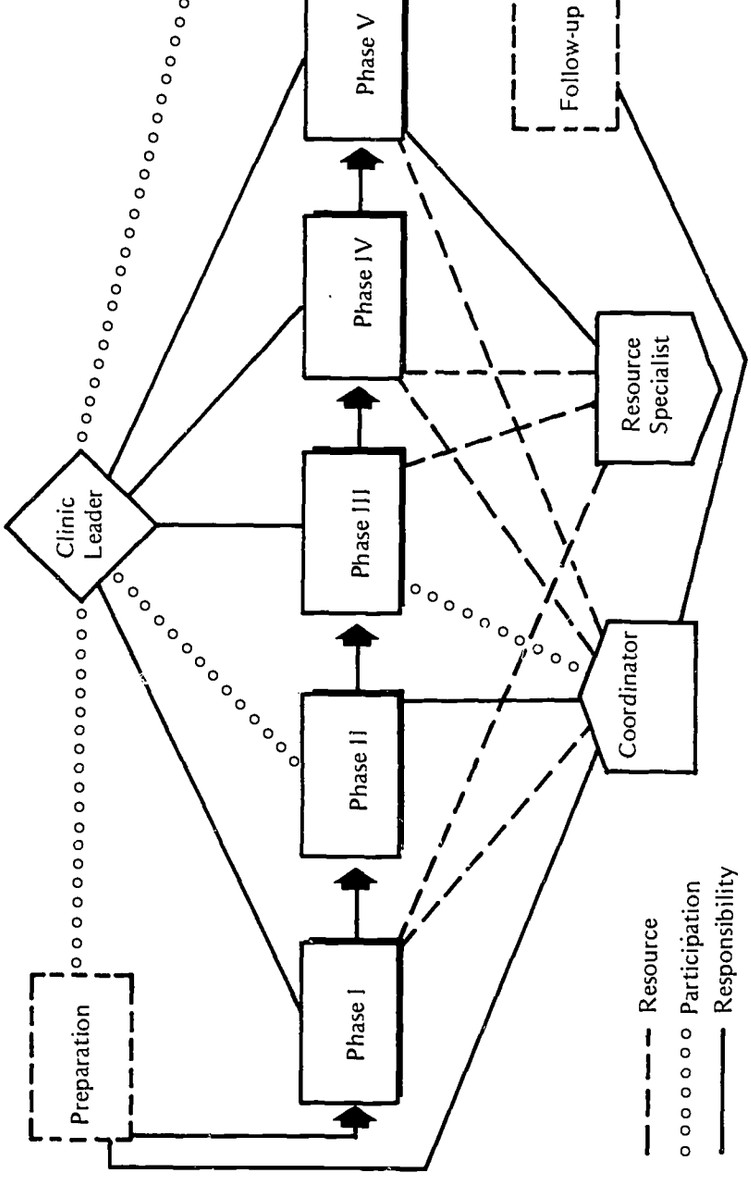


Figure III
"SUPERVISOR" ROLES AND FUNCTIONS IN THE TEACHING CLINIC



role. It is not mandatory, of course, that a university person be included in all groups. The role could be taken by a school supervisor with responsibility for in-service education or curriculum development or by an experienced teacher.

The resource specialist seldom sits in on the observation session, thus giving the observers more opportunity and reducing the number of outsiders in the classroom. He can effectively perform his duties as consultant and clinic evaluator without attending that session. There are times when the clinic leader also stays away from the observation session. Since he often has direct responsibility for the work of the demonstration teacher, his presence may affect the classroom atmosphere more than might that of another, less involved observer. If it is an associate teaching situation, he is the clinical teacher. If it is an intern teaching setting, he is the consultant teacher. And if it is an in-service situation, he is probably the department head or principal. Obviously, when video tape or observation rooms are used, his presence should cause no problem.

Supervisor participants have another important function in the teaching clinic. They work to prevent the demonstration teacher from being overwhelmed by data by helping participants focus on certain aspects of his teaching rather than on the whole gamut. During their early experience with the clinic, group members tend to want to look at too many different facets of the demonstrator's teaching. Later they learn to concentrate on a narrower segment of teaching behavior but to probe it in greater depth. For example, during their first clinic the group may help the demonstration teacher look at his teaching by recording a variety of data. After more experience they might build the entire clinic around his skills in asking questions.

The role responsibilities presented here are vital to achieving maximum success in the teaching clinic. No matter what the setting or who is involved, the special duties assigned each role remain constant.

Chapter IV

GETTING STARTED

Being ready for the teaching clinic is important. The unknown can be frightening, or at least worrisome. Thorough preparation usually cuts down such feelings. Before the first clinic all participants need to become familiar with the ground rules and role responsibilities. It is not enough simply to know the rules and duties—they must be understood. The coordinator has an important responsibility in assisting participants in developing this understanding and in helping them know what to expect. Preparing the agenda together is especially valuable, because then everyone knows the plans for the coming teaching clinic. After the group becomes experienced in the clinic approach, one or two new members might be inducted into the group. They would replace the same number of veteran members. In this way membership might be on a rotating basis, giving everyone a chance to participate.

Selecting participants for specific roles gives a measure of certainty to the first clinic. Well-balanced, interested individuals should be sought; domineering, shy, flighty, gossipy, self-conscious, or rigid people can turn the first clinic into a shambles. A call for a teacher participant to volunteer to be the demonstration teacher usually works well. He does not need to be a particularly strong teacher, simply a reasonably secure one who wants to improve his teaching and is willing to be the first demonstration teacher. Often, knowing that all teacher participants will take a turn in this role helps.

Sometimes it may be wise to select the clinic leader first and then ask his supervisee to be the demonstration teacher. Remember that in most cases the immediate supervisor of the participant who is the demonstration teacher serves as clinic leader. For example, in an intern teaching setting the consultant teacher becomes the clinic leader when his intern accepts responsibility for being the demonstration teacher. A professionally mature, secure, calm clinic leader does especially well in the first clinic. Leadership experience is quite helpful. Perhaps most important is his willingness to serve in this role.

During the early teaching clinics the coordinator may have to play a more direct role than usual. It may be necessary to stop a clinic session during a moment of particular difficulty or uncertainty and give direction. This may mean that he calls attention to ground rules that have been forgotten or coaches participants in meeting their role responsibilities. He should, however, keep these interruptions to a minimum and leave direction of the clinic in the hands of the clinic leader as much as possible.

The physical arrangements play an important part in the success of the teaching clinic. A workroom that can be posted to prevent interruption and distracting noise is needed for Phases I, III, IV, and V. It should contain a large table, enough comfortable chairs for all participants, and a conveniently placed chalkboard. For Phase III, the demonstration teacher needs an area free of distractions where he can prepare his written analysis of the lesson. This space should *not* be in the classroom (unless no one else is there), nor should it be in the workroom in which the rest of the participants are meeting. The classroom

in which the demonstration lesson is taught should be large enough so that from five to seven clinic members can be accommodated easily, with the required number of extra chairs provided, unless the lesson is to be video taped. In the latter case, arrangements must be made for taping and viewing it. These arrangements are important for any teaching clinic, but they are crucial for the first one.

Several problems may be encountered during the early teaching clinics. First, it is difficult to hold the various sessions to the time limits described earlier. The clinic leader should be especially conscious of the timing; there is danger in allowing any clinic to drag on. It is important to keep the first one moving but also to realize that uncertainty, lack of skill, and inexperience will probably mean that time limits may have to be extended somewhat.

Another problem is that many teachers and supervisors have little knowledge of observation systems that are available to help them collect and record teaching data. Because this is so, deciding what to look for during the observation session will probably go slowly at first. Group members are apt to find it more difficult to record relevant information than they anticipated. During the teaching clinic they may devise new (to them) means of collecting data and also become familiar with more sophisticated schedules. The former may simply be a matter of tallying the number of times the demonstration teacher said "Uh huh." Or it could consist of recording the number of seconds consumed by teacher talk each time the demonstration teacher held the floor. Several of the more formal systems are well known and easy to come by.[1] Here is where the supervisors can be quite helpful.

At some time during their first teaching clinic nearly all participants will find themselves thinking, "Gee, I don't want to say anything to hurt his feelings." The clinic leader and coordinator will have to be on their toes to prevent this inhibiting feeling from dominating the clinic. Every other group member shares this responsibility with them. Openness, honesty, objectivity, *and* tact are a crucial combination in the initial teaching clinic; a full measure of each is needed. Letting timidity prevail can destroy any clinic. A balanced approach can be maintained if all participants follow the ground rules spelled out earlier.

During the clinic the participants must make a determined effort to remain as objective and supportive as possible. It is sometimes difficult for them to remember that the teaching clinic ought not to be used for evaluating teaching; focusing on the goodness or badness of the teaching blunts the effectiveness of the clinic and frequently brings it to an abrupt end. This obviously endangers any future clinics. Group members should keep in mind that their function is to gather and present data to help the demonstration teacher examine his own teaching.

Most participants will become somewhat frustrated at times during their early teaching clinics. This is partly because the clinic approach appears to be rather inefficient. In schools, teachers usually get a rather direct answer when they question supervisors, and most supervisors have their answers ready when

[1] For a brief but useful presentation of some of these, see: Bebb, Aldon M.; Low, Arlene F.; and Waterman, Floyd T. *Supervisory Conference as Individualized Teaching.* Bulletin No. 28. Washington D.C.: Association for Student Teaching, 1969. pp. 10-19.

questioned. In the clinic, however, teacher participants must work out answers to the problems they encounter pretty much on their own. It is often frustrating to have a "supervisor" answer by asking another question. Supervisor participants find it equally frustrating to sit and watch a group unknowingly miss important points and try to implement inefficient strategy. It is difficult to have the answer but not be asked the question. Learning by developing and testing ideas rather than being told may seem clumsy and foolish, yet it is important if future clinics are to be fully effective. "Supervisors" certainly may give advice and information when asked. But they should strive to help the "teachers" work out their own problems. This often means that a direct answer may shut off exploration and learning rather than enhance them. Good judgment is crucial in handling these situations.

It is especially important that participants in the early teaching clinics see evidence of their progress. This helps show the value of the clinic and reduces worry about taking part in future ones. Frequent summaries of decisions made and actions taken can be very helpful. The clinic leader can insert these summaries unobtrusively at appropriate spots during Phases I, III, and IV. The review of the teaching clinic conducted as a part of the clinic review session can also point up the progress of the group. For example, reminding the group of how they developed means of collecting relevant observational data carries the clinic forward. Often this will be one of the first times the participants have used such instruments and they can easily see their progress.

Participants in their initial teaching clinic frequently think of each clinic as distinct and separate from any other. They fail to see that marked improvement in teaching can be made only through a continuing series of clinics. The first one sets the stage for those that follow and leads directly to the second one. Group members must take care not to downgrade the importance of the clinic review session of their initial teaching clinic. To fall into that trap would deprive them of an excellent opportunity to prepare for future clinics. Review and analysis of this clinic can lead to sound strategy for improving subsequent ones. "Supervisors" should use the opportunity to develop and get agreement on arrangements for another clinic in the near future. This follows naturally from the discussion of the first clinic and occurs while enthusiasm and involvement are at their peak. It develops continuity in the teaching clinics and shows that they are not each a one-shot deal.

Getting off to a good start is important. The first teaching clinic sets the stage for all that follow. But group members should not give up if it runs less smoothly than they anticipated or wished. Neither should they figure that they have it made if they encounter fewer difficulties than they expected. Each successive clinic will present new problems. The problems and difficulties in any clinic can be reduced by a thorough understanding and particular observance of its structure, ground rules, and role responsibilities. Careful planning beforehand further decreases the difficulties and problems. These points are especially important in making the initial teaching clinic a good one. The teaching clinic, most particularly the first one, does not just happen; it requires planning and preparation.

Chapter V

THE TEACHING CLINIC IN ACTION

The following excerpts from a teaching clinic give an idea of how a typical clinic moves along. The setting is a fairly large elementary school that serves as an affiliated school of a nearby college.[1] The teacher participants are intern teachers and the supervisor participants are a consultant teacher, a clinical professor, and the affiliated school principal. The covering teachers, those who take over the regular classroom responsibilities of the teacher participants, are associate teachers who have been assigned to this elementary school for part of their teacher education practicum experience.

* * *

Phase I: Planning Session

Nancy and Mrs. Green, her consultant teacher, came into the teachers' workroom with an air of expectancy.

"The others should be here in just a minute. I gave each of them a copy of the agenda [Figure IV]. I'll get these chairs arranged while we're waiting. Why don't you get a copy of your lesson plan ready for each person," said Mrs. Green as she arranged chairs around the table.

"Let's see, there will be seven of us, won't there?" asked Nancy, while she moved around the table putting materials at each place.

"That's right: Sally, Don, Jean [intern teachers], Mr. Jordan [clinical professor], and the two of us. Mr. Wallace [affiliated school principal] said he'd be here too. Hello, Don."

"Hello, Mrs. Green, Hi, Nancy. The others are on their way."

The participants in the teaching clinic took chairs around the table. Mrs. Green, as clinic leader, was seated near the movable chalkboard she had brought near the table. Mr. Wallace, in his role as resource specialist, pulled his chair a few feet away from the table and settled into it.

Mrs. Green started the planning session. "I'm glad to see that each of you brought your copy of the agenda. As you can see, Marjorie [another intern teacher] has agreed to take Nancy's class both before and after she teaches her lesson. You will remember that last time it was agreed Nancy would be the demonstration teacher today. She brought copies of her lesson plan and I see that you all have one. Nancy, are there things you would like to explain or add to it?"

"No, I don't think so. Do any of you have questions or is everything clear to you?

"Just one question," replied Don. "Will this lesson involve the whole class?"

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[1]The terminology in this chapter follows that established in: Smith, E. Brooks, chairman. *Guide to Professional Excellence in Clinical Experiences in Teacher Education.* Washington, D.C.: Association for Student Teaching, 1970. See also, "Definitions of Terms," pp. 32-33 of this bulletin.

Figure IV

TEACHING CLINIC AGENDA

TIME: Wednesday morning, April 20

TOPIC OF THE LESSON: Fifth-Grade Social Studies–"Pioneers: The Westward Movement"

DEMONSTRATION TEACHER: Nancy

OBSERVERS: Jean, Sally, and Don

CLINIC LEADER: Mrs. Green

RESOURCE SPECIALIST: Mr. Wallace

COORDINATOR: Mr. Jordan

COVERING TEACHER: Marjorie

GENERAL MEETING PLACE: Faculty Workroom, Hall B

SCHEDULE:

8:50 - 9:00	Planning Session–Faculty Workroom
9:05 - 9:30	Observation Session–Room 101 (Fifth Grade)
9:30 - 9:40	Critique Planning Session–Faculty Workroom Nancy–Storeroom
9:40 - 10:20	Critique Session–Faculty Workroom
10:20 - 10:40	Clinic Review Session–Faculty Workroom

"Yes, it will."

No other questions were raised, so Mrs. Green asked Nancy if there were things she wanted the observers to gather data on.

"Yes, there are two things. I would appreciate having one of you record which pupils participate orally and how often each one does. I brought along a seating chart to help."

Don volunteered. "I'll do that because I've worked with these students and I know their names. It would be hard to record that information if you didn't know them, even with a seating chart. Is it OK if I use a tally mark in the appropriate box on the seating chart for each time an individual speaks?"

"Sure, that will be fine."

"What is the other thing you would like us to look for, Nancy?" asked Mrs. Green as she wrote on the chalkboard: *Oral Participation–Don.*

"It goes along with the first one, and I brought another seating chart to help with it. Ronnie, Bill, Jim, Frances, and Heather have been problems for me. I don't seem to be able to keep them interested. They don't cause trouble; they just mentally drift away from the lesson. This lesson will last about 25 minutes, and I would like one of you to record when each 'tunes out,' if he does, and when he regains interest. As you can see in the lesson plan, I'll be working on that especially."

"I have that same trouble," said Jean. "I'll take that one."

"I've thought about it and I think it would be best to record the data this way." Nancy arose and put this on an unused portion of the chalkboard:

	Tune Out	*Tune In*
Ronnie		
Bill		
Jim		
Frances		
Heather		

Mrs. Green wrote on the board: *Ronnie, Bill, Jim, Frances, and Heather for Interest–Jean.* Then she asked, "Anything else, Nancy?"

"No, I don't believe so."

"That leaves you, Sally. I see you have recording sheets for the BOS [Barbour Observer Schedule]. Is that what you would like to do?"

"Yes, it is, Mrs. Green. Marjorie used it during our last teaching clinic when I was the demonstration teacher. It gave me a lot of useful information. Mr. Jordan has helped me learn to use it, and I think I'm ready now."

"Sally, why don't you take just a moment to go over the BOS because a couple of us have never used it?"

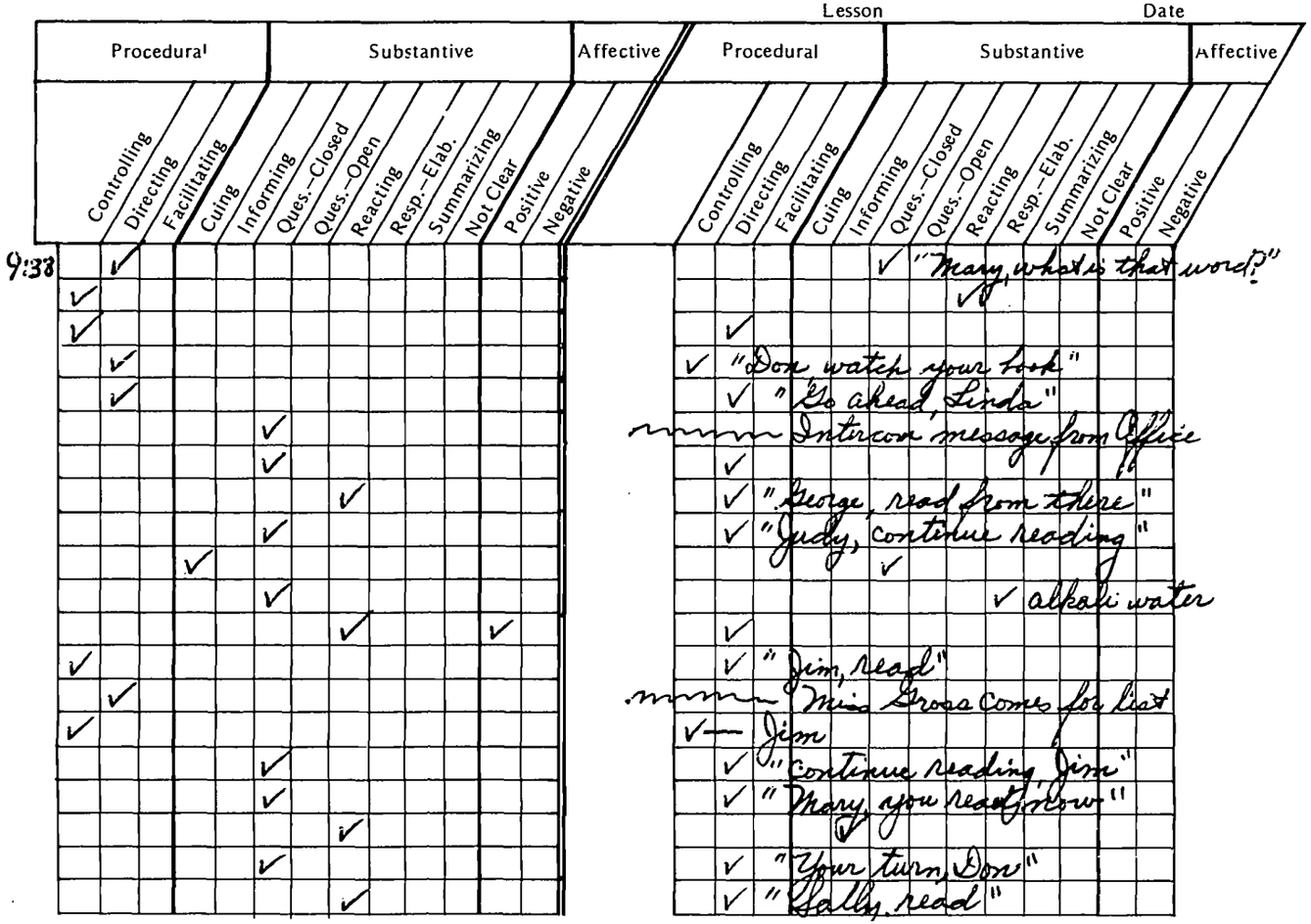
"OK. Mr. Jordan used the BOS when he observed a lesson I taught three weeks ago [Figure V]. He made several copies for the follow-up conference, and I think there are enough so that each of you may have one.

"Notice that the teacher's behavior may be divided into three types, each with two or more categories within it. These are shown at the top of recording sheets. Here are two more pages [Figures VI and VII] that give descriptions of the kind of behavior included in each category and the symbols used in recording the teacher's 'moves.' Each move of the teacher is an action, usually verbal, that is part of the instructional process. For example, a move might be a short command such as, 'John, you sit down!' Another very frequent move is a question. Placing a challenging problem on the chalkboard is a nonverbal move.

"Once you have the categories in mind, using the schedule is relatively simple. For each move you put a check in the appropriate column and drop down one row in preparation for placing the next check. The moves are recorded sequentially so that, as you can see on the recording sheet of my lesson, they provide a profile of teacher action. The only time two checks appear in the same row is when the last two categories are used. This is because many moves made

Figure V
BARBOUR OBSERVER SCHEDULE
RECORDING SHEET

Lesson _____ Date _____



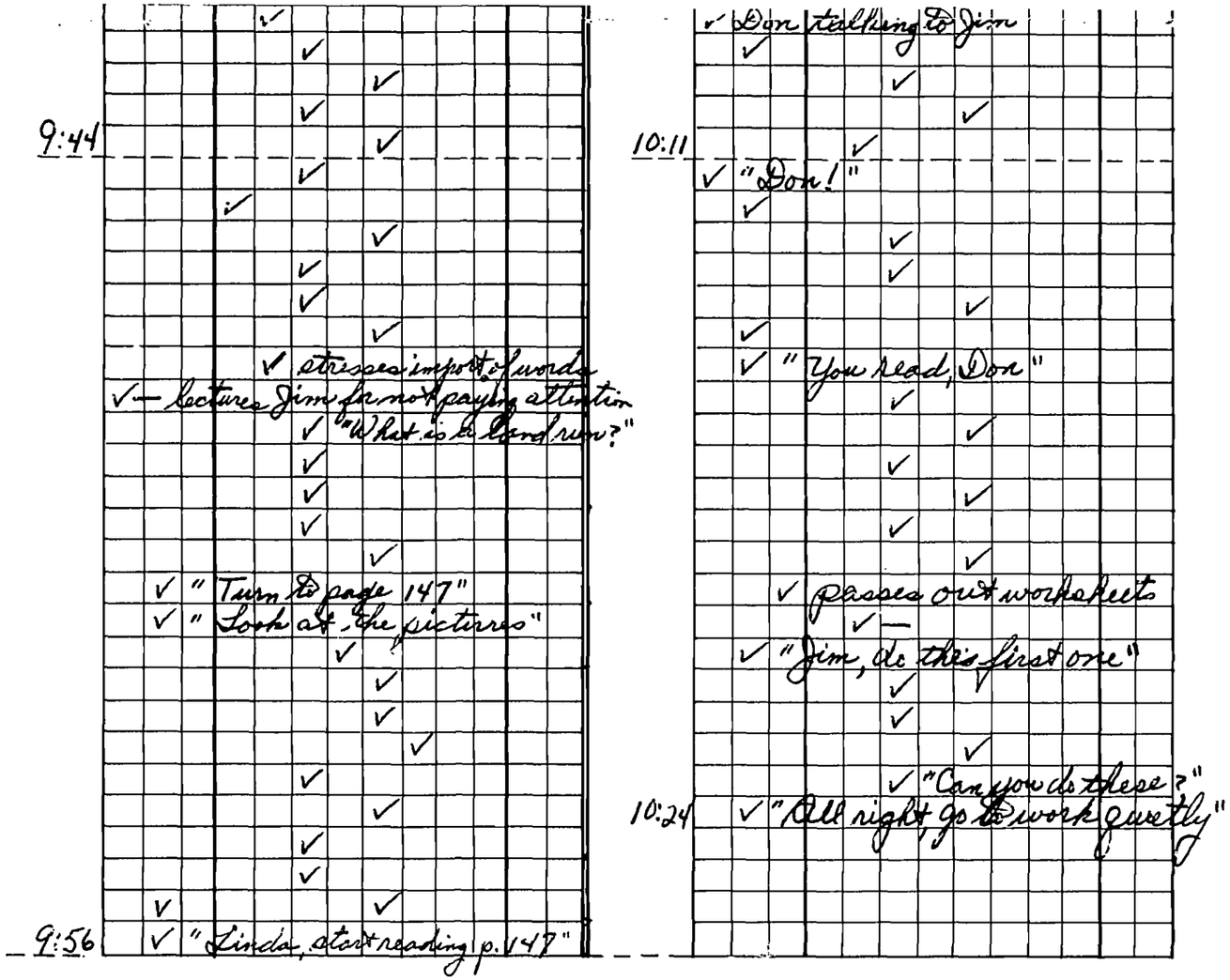

9:44
✓ stresses important words
✓— lectures Jim for not paying attention
✓ "What is a land run?"
✓ "Turn to page 147"
✓ "Look at the pictures"
9:56
✓ "Linda, start reading p. 147"
✓ Don talking to Jim
10:11
✓ "Don!"
✓ "You read, Don"
✓ passes out worksheets
✓— "Jim, do this first one"
10:24
✓ "Can you do these?"
✓ "All right, go to work quietly"

Figure VI

BARBOUR OBSERVER SCHEDULE

EXPLANATION OF CATEGORIES

PROCEDURAL. Elements of classroom management, structuring, or overseeing.	*Controlling:* Settling the group, injunctions to class, maintaining order, setting standards.
	Directing: Assigning work, giving instructions, checking.
	Facilitating: Indirect management, appeals. Acting to help out the functioning of the room but emphasizing pupil goals.
SUBSTANTIVE. Content development, the activities in developing a lesson.	*Cuing:* Motivating, steering, demonstrating, challenging, helping to discover.
	Informing: Lecturing, relating, defining, presenting material.
	Question–Closed: Regulating or seeking a specific answer.
	Question–Open: Soliciting, inviting a variety of answers, attempting to spark conversation.
	Reacting: Accepting or rejecting an answer, stating an answer, repeating an answer.
	Respond-Elaborate: Opening up an answer, clarifying an answer, explaining, stressing, redirecting.
	Summarizing: Making generalizations, reviewing the work, recapitulating, interpreting, tying up.
	Not Clear: When in doubt put the move here, or when a comment is missed. An alternative is writing in the undecided item in quickhand.
AFFECTIVE. Indications of feeling are involved here.	*Positive:* Supporting, encouraging, accepting, warmth.
Note: These categories are not always used, but when they are, another dimension is added. If used, they are linked to the other moves.	*Negative:* Rejecting, accusing, coldness.

Figure VII

BARBOUR OBSERVER SCHEDULE

DIRECTIONS

The moves are recorded sequentially as they occur in the lesson. One check is placed in each row (except when recording affective qualities of the various moves, in which case there would be two checks in a row).

√ notes a particular move.

√— indicates a continuation of the original move. (A frequent use of the dash following the check is for an extended lecture; rather than recording each informing move separately, the first is recorded with a check and the following ones indicated by the dash.)

~~ shows a break or interruption in the lesson.

Quickhand notes can be written directly along the appropriate rows to give a more complete record of the individual teacher moves. This is useful to show that something unique happened, to explain a long continuation of a move (shown by a check followed by a dash), or when the observer has difficulty in assigning a move to a specific category.

The first step in recording a lesson or part of one is to put down the time at the top lefthand margin. When the dotted lines in the middle and at the bottom of the page are reached, the time is jotted in the lefthand margin at those points. This gives a rough idea of the pace of the lesson. It is often useful to put down the time when a break or interruption in the lesson occurs (~~).

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by the teacher not only fit in one of the first eleven categories, they also have a discernible affective quality. Most people do not use the positive and negative categories very much until they are rather proficient in using the BOS.

"Now look at the record of my lesson. See that Mr. Jordan began by noting the time he started recording. When he came to the dotted line in the middle of the sheet he put down the time then. He did this again when he reached the bottom of the page, and so on. This gives the teacher some idea of the pace of his moves.

"Mr. Jordan also jotted quickhand notes in many of the rows. That is a good memory jog to help you reconstruct the flow of moves.

"One other thing. Do you see that I had two interruptions? The intercom completely broke up the lesson once, and Miss Gross came and I had to stop everything to get the booklist for her.

"That is a quick overview of the BOS.[2] Have I covered everything, Mr. Jordan?"

"Yes, that was a good explanation," he replied.

"All right, thank you, Sally," said Mrs. Green as she added *BOS–Sally* to the chalkboard. "Mr. Jordan, will you use the BOS too? That way you and Sally could compare your findings."

"Yes, I'll be glad to."

"Fine." Mrs. Green placed his name on the board after Sally's.

"Oops!" she exclaimed. "I almost forgot my own assignment. Nancy and I have discussed her use of instructional aids, so I'll record which ones are used during the lesson and by whom." Under the other items on the board she wrote *Instructional Aids–Mrs. Green.* Then she reviewed the responsibilities listed on the board with the observers and checked to make certain that each had the method of recording data clearly in mind.

"Remember, Mr. Wallace is our resource specialist today. He'll meet us when we get back here at 9:30. Are we all set?"

"Just one thing I forgot to mention," Nancy added. "The chair in front of the room is for you, Jean. You can see the faces of the children from there. The chair near the front and over by the windows is for you, Don. There are other chairs around the room for the rest of you. Don't hesitate to move them if you need to; the children are used to visitors."

Mrs. Green said, "That seems to be it. We have about three minutes to get into the room so Nancy can start the lesson at 9:05. We'll meet back in this room as soon as it is over. That should be just about 9:30."

Phase II: Observation Session

Mrs. Green helped Marjorie conclude the opening exercises, then turned the class over to Nancy. As Jean and Don took the seats Nancy had placed for them, Mrs. Green checked with Marjorie to make sure that she would return at 9:30. Mr. Jordan spoke with Marjorie for a moment before she left the room, then took a chair across the room from Sally, who had seated herself near the door.

Nancy started the lesson as Mrs. Green moved to her desk at the back of the room. "I'm glad to see that everyone is ready for social studies today. Yesterday, you will remember, we discussed the Louisiana Purchase and how this huge area became United States territory. We found that much of it was unexplored by the white man at the time we got it.

"Today we are going to look at the natural resources in the new territory and the problems the pioneers encountered as they moved into it during the early 1800's. Remember the film we had last week and the reading materials we had

[2]For more information about the Barbour Observer Schedule, contact Chandler Barbour, Towson State College, Baltimore, Md. 21204.

the day after the film. Also, those of you who have been working in the geography learning center will have some things to share.

"Ronnie, you start us off by going to the map and pointing out the Louisiana Purchase, then show the various types of land. . . ."

Phase III: Critique Preparation Session

Back in the teachers' workroom, Mrs. Green was anxious to start the critique preparation session. She glanced at her watch. "Nancy will have her evaluation ready and join us here shortly. That means we have just about 10 minutes to get ourselves organized. Did any of you have difficulty in observing or recording the behavior you were looking for?"

"I missed some things on the BOS," answered Jean. "But with Mr. Jordan's help I think I can give a pretty good picture of the lesson."

"I probably missed some things too, Jean. Don't be afraid to share your schedule sheets with Nancy. If there are places where you have some doubts, I'll be glad to help," said Mr. Jordan.

Mrs. Green asked if anyone else had difficulties.

"Well, I had a hard time keeping track of all five of the students I agreed to watch," admitted Sally. "I'm sure I missed several times when one or maybe two of them tuned out or tuned in to the lesson. But I think I have enough to give Nancy a fairly accurate picture."

"All right." Mrs. Green paused for a moment before continuing. "No one else seems to have had problems. Is all your information recorded so you can present it easily and so it will make sense to Nancy?"

There were nods of assent.

"The data seem to be ready. Now we have to decide how we should start the critique session, how we should present the data, and what major points we want to make during the session. Let's start with the last item first. Don, what major point or points do your data suggest? I'll write them on the board."

"Well, I have only one point. . . ."

Phase IV: Critique Session

Nancy opened the door and asked, "Are you ready?"

"Sure. Come on in," replied Mrs. Green. "You're right on time."

Nancy took a chair at the table and opened her notes in front of her.

Mrs. Green got things under way by telling Nancy that the participants thought she might like to give her evaluation of the lesson and then the whole group would discuss the data gathered by the observers.

"I prefer that because then you will have my reactions to my lesson," responded Nancy. "Why don't you each follow along on your copy of the lesson plan because I arranged my evaluation around it. First of all, I wanted to get the class to see the relationship between the types of land in the Louisiana Purchase and the progress of settlement in the early 1800's. I thought they would be able to see how the general characteristics of the land influenced the pattern of settlement. I expected them to see how rivers and ease of transportation were important in determining where settlers chose to live. But I have a feeling that

those basic ideas were not really grasped by many of them. The discussion seemed to bog down and I had to tell them a lot of it."

Mrs. Green said, "What you just said is very important, Nancy." Turning to the others she asked, "Do any of you want to pick up on that last idea?"

Sally offered, "Nancy, according to your lesson plan one of the things you were working on was to make the lesson a full-fledged discussion. You just pointed out that there wasn't as much participation by the class as you had wanted. The BOS schedule sheets show that you did some rather extended lecturing four times and that you expanded upon students' answers five times. I think maybe those data indicate that you did more talking than you intended and the students had less of a chance."

"Going along with that point," said Don, "five students did most of the talking, and Ronnie and Heather were two of them."

"Ronnie and Heather both tuned out seven times," interjected Jean.

"Yes, I noticed that they tended to do that when I was talking," responded Nancy. "Does that fit in with what you observed?"

"Yes, it does," agreed Jean.

"Well, that's why I called on them so many times. That explains why Don recorded such a large number of participation times for each of them."

"It may also give a clue as to why seven students didn't participate orally in the lesson at all," explained Don. "They were. . . ."

The discussion continued to move freely over the topics listed on the board. Mrs. Green unobtrusively guided the proceedings so that recorded data were the basis of the discussion. Broad judgments of the value of Nancy's lesson did not enter into the deliberations of the group. At one point Mr. Jordan was asked to share his data. Other than that, however, he was a silent participant. Mr. Wallace, acting as the resource specialist, observed intently and collected relevant data he would share with the other participants during the clinic review session. To be as unobtrusive as possible he had taken a chair somewhat outside the circle around the table. He said nothing during the critique preparation session or the critique session.

Mrs. Green sensed that most of the data had been presented. "Let's see what it is that Nancy might work on in her next lesson. We've already suggested a couple of things that you might concentrate on, Nancy. Why don't you tell us what you think is important for you?"

"All right. The data you observers collected has shown me some things I wasn't fully aware of. First of all, I must reduce the amount of informing I do if there is going to be a full-scale discussion. Mr. Jordan's BOS recording sheet shows that I didn't do much cuing. With this class and this kind of content it seems to me that I should do quite a bit of it."

Sally exclaimed, "I agree that cuing can help a discussion! Mr. Jordan has used the BOS to show me that I was having the same trouble."

"That's right," observed Mr. Jordan. "Maybe one of our next clinics might focus on that particular teaching move. In the meantime I have some materials on it that I think you'll find helpful. I'll see that you get them tomorrow."

"That's a good idea. Let's keep Mr. Jordan's suggestion in mind as we plan our future clinics," said Mrs. Green. "Anything else, Nancy?"

"Yes, I made two notes on the participation of. . . ."

Phase V: Clinic Review Session

"We're moving right along," reported Mrs. Green as she looked at her watch. "As we've done in other teaching clinics, let's start the clinic review session by having Mr. Wallace's assessment of this clinic. Are you ready, Mr. Wallace?"

"Yes, I am. First of all, the data I collected indicate that each of you observers was working to avoid the use of value words such as *good, effective*, and *lousy* in sharing information with Nancy. My records show that there were only six instances when you slipped and on two occasions Jean caught herself, so the total was really only four. You were quite objective in your comments and relied upon the data you had collected. Remember the problems we had on this point during our first clinic a few weeks ago?

"A second related point is. . . ."

Following Mr. Wallace's report, the points he raised were discussed by the full group of participants. Mrs. Green and Mr. Jordan raised additional items for consideration as well as presenting their own views on those contributed by Mr. Wallace. The intern teachers shared their reactions too.

This discussion resulted in agreement that they might examine the objectives set for the lesson in addition to the instructional activities of the demonstration teacher. Another thing they agreed upon was that they needed to examine the kinds of verbal interaction in a lesson. Sally volunteered to brush up on the Flanders system and be ready to use it during the next clinic. They also concluded that. . . .

After this review of the teaching clinic, Mrs. Green asked who would be the next demonstration teacher.

Don immediately volunteered, "I've talked with Mr. Abbott [his consultant teacher] and we agreed that there are some things a teaching clinic could help me with. One of them is an analysis of the verbal interaction while I'm teaching. Sally's use of the Flanders system will fit right in."

"All right. When do you want it?" responded Mrs. Green.

"Next Wednesday morning would be best for us. How does that fit into the schedules of the rest of you?"

"Do you want to start at the same time we did today?" asked Nancy.

"Yes. It will be a reading lesson and we have reading first thing in the morning."

"Then Don, you and I must talk with Mr. Abbott this noon so we can work out the schedule and get it to each participant by Monday at noon," said Mr. Jordan.

Jean spoke up. "I've been in on three of these clinics and Marjorie's had only one chance. Anyway, I would like to take over Don's class for a lesson or two. I'm sure Shirley [an associate teacher] will take my place that morning. I'll arrange it with her and check it with Mrs. Simpson [Shirley's clinical teacher]."

"That means that Don will be the demonstration teacher. Mrs. Abbott will be group leader, and Sally, Nancy, and Marjorie will be observers. Of course, Mr. Jordan will be the coordinator and Mr. Wallace will be the resource specialist," said Mrs. Green. "I see you are checking your calendar, Mr. Wallace. Is there a conflict?"

"Yes, I'm sorry, there is. The principals have a special meeting that morning, but I'll arrange for Mrs. Vail to be the resource specialist. Mr. Jordan and I will brief her on her responsibilities."

Mrs. Green concluded, "Then I think we are all set for next Wednesday morning. Nancy, do you have all the data that were collected today?"

"Yes, I do."

"Good. I think this has been a good session."

* * *

Only the flavor of the teaching clinic can be gained from such a brief example. Yet it does give an idea of the pattern of the clinic and who takes part.

Chapter VI

THE TEACHING CLINIC IN REVIEW

The teaching clinic is based on the idea that teaching can be improved. It gains its power by involving individual teachers in resolving their own teaching problems. By carefully observing its ground rules and role responsibilities, participants have a vehicle for making themselves more effective teachers.

Dramatic refinements of teaching behavior take time to develop; small changes built up over a period of time become major revisions. This is the way of the teaching clinic. Since progress takes time, one clinic rarely does the job. It should not be expected to; it must be seen as one in a continuing series. Only a limited number of teaching actions can be studied profitably in a single teaching clinic. This accounts for what are usually relatively small changes that come out of each one. Taken together, though, they make quite a difference.

An extended series of clinics makes it possible for more people to benefit. As many as ten or twelve different professionals might take part in the series. Probably very few of them will share in every one. Participation in the initial clinic does not mean any one person is locked in as a permanent group member. Some will be involved in several clinics in a row and then be replaced. Others will follow an in-and-out pattern. Mixing veteran participants with those who are less experienced clinic group members usually works well.

The teaching clinic takes place in the regular teaching setting. Insofar as possible, it is not an artificial situation. Participants deal with slices of real teaching. The clinic is not a game; it is a framework for improving teaching.

This, then, is the teaching clinic. Throughout this description of it we have stressed participation by small groups of teachers. These small groups of professional peers determine the direction of their teaching clinics. They decide what they will concentrate on and how they will do it. When supervisors participate, they do it as resource persons who facilitate the work of the group. The teaching clinic is simply a framework for helping group members examine their teaching in depth rather than relying on superficial impressions. The improvement of teaching demands objective data considered honestly and acted upon judiciously. This is the function of the teaching clinic.

The goal is to help teachers become more effective practitioners than they were before. The teaching clinic cannot work miracles. It carries no guarantees. It simply draws together small groups of professionals in a setting where they can work cooperatively to improve their teaching skills. In the teaching clinic, each participant can find support that enables him to look objectively at his own teaching and to try what for him are new techniques. His peers can bolster him through their concern for him as a group member, their respect for his individuality, their help in analyzing his teaching, their allowing him to watch them teach, and their acceptance of the legitimacy of the data he gathered while doing so. These things make it possible for him to grow professionally. In fact, they make it hard for him to resist growth.

Appendix

DEFINITIONS OF TERMS[1]

Program Components

Clinical experiences. Direct and simulated experiences which are an integral part of the program of professional studies. Laboratory experiences and all phases of the practicum are included.

Laboratory experiences. Direct and simulated experiences which illustrate and demonstrate principles of practice and involve the application and testing of teaching and learning theory. May include situation analysis, simulation packages, microteaching, and beginning experiences with children and youth. The education student may be assigned to a school as an *assisting teacher* during laboratory experiences.

Practicum. Professional practice which represents sequential phases of increasing professional involvement and responsibility.

> *Associate teaching.* A sustained, continuous experience of responsible teaching in a school setting under supervision of school and college personnel. Focused on analytical approach to the development of teaching skills.
>
> *Intern teaching.* A period of responsible professional practice under supervision, with increased experience in all aspects of the teacher's work. Continued opportunities for integration and extension of clinical study.
>
> *Pretenure teaching.* Regular employment as a member of a teaching staff. Characterized by a continuing professional development program supported by school and college.

Supervisory Personnel

Clinical teacher. A teacher who, as part of his regular teaching assignment, supervises students placed with him.

Consultant teacher. A teacher assigned to supervise two or more interns or pretenure teachers.

Clinical professor. A member of a college faculty who is a teacher of practicum students and a member of a supervisory team.

Affiliated school principal, assistant principal, or department chairman. A member of a school administration or faculty who shares responsibility, as a member of a supervisory team, for the clinical experiences of students in his building or department.

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[1]Excerpted from: Smith, E. Brooks, chairman. *Guide to Professional Excellence in Clinical Experiences in Teacher Education.* Washington, D.C.: Association for Student Teaching, 1970. pp. 38-40.

Teaching Positions

Associate teacher. A clinical student who performs the tasks of a teacher and analytically examines what he does.

Intern teacher. A clinical student who assumes major responsibility for a group of pupils while having the support and guidance of a consultant teacher, a clinical professor, and other personnel from the school and college.

Pretenure teacher. A probationary teacher who works with a school staff and supporting personnel from the school and college in assessing and developing teaching strategies and styles.