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ABSTRACT

An extensive search of the literature on clinical supervision yielded 29 research studies and 3 works in progress. Studies using comparative measures conducted in K-12 school settings with inservice not preservice personnel were selected. These were grouped into four areas: attitudes toward supervision, effects of training, characteristics of school personnel, and student achievement. While many of the studies reported findings that tended to favor clinical supervision over other supervision practices, these findings were generally not statistically significant. The discussion presented issues involving difficulties in findings references and obtaining copies of research studies, the limited scope and methodological problems in the studies, and the design problems inherent in field-based studies. (Author)

Clinical Supervision: Research in Schools Utilizing Comparative Measures

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Abstract

An extensive search of the literature on clinical supervision yielded 29 research studies and 3 works in progress. Studies using comparative measures conducted in K-12 school settings with inservice not preservice personnel were selected. These were grouped into four areas: attitudes toward supervision, effects of training, characteristics of school personnel, and student achievement. While many of the studies reported findings that tended to favor clinical supervision over other supervision practices, these findings were generally not statistically significant. The discussion presented issues involving difficulties in finding references and obtaining copies of research studies, the limited scope and methodological problems in the studies, and the design problems inherent in field-based studies.

Clinical Supervision: Research in Schools Utilizing Comparative Measures

A critique of three 1980 publications on clinical supervision (Acheson and Gall; Goldhammer, Anderson, and Krajewski; and Sullivan) ended with the following paragraph:

> What needs to be done? Material is available on the concept of clinical supervision and implementation techniques. Studies of current field practices need to be compiled. Much is happening in the field that is not documented. Now we need to move into comparative research studies. The studies referenced in the publications noted above need to be carefully examined. COPIS members [Council of Professors of Instructional Supervision] could assist in finding completed studies. Students and other researchers then should be encouraged to investigate areas where gaps are noted. (Pavan, 1980, pp. 250-251)

While clinical supervision has been in the process of development since the 1950's, it was not until the 1980's that it has received popular acclaim. These three publications presented reviews of research on clinical supervision, but each omitted some vital studies and none contained more recent studies. Because research on clinical supervision is published under other labels, literature searches especially computer searches frequently result in very limited reference lists. This author has been employing a number of strategies over the past five years in an attempt to present as comprehensive a review as possible.

School districts are under pressure to improve the quality of instruction while reducing the cost of education. A number of systems

are implementing clinical supervision programs as a means of improving teacher effectiveness. A review of the research on clinical supervision utilizing comparative measures would assist districts as to the feasibility of such decisions and provide direction for further research.

Methods and Data Sources

Computerized searches through Educational Resources Information Center (ERIC) and Social Science Citation Index (SSCI) from 1966 to December 1984, Dissertation Abstracts with unlimited time and a manual search covering a 10 year period were conducted to obtain references for this project. A letter was sent to all COPIS members on October 7, 1983 to elicit their input. Some items were stumbled upon while reading for another purpose.

Selection of research to be reported was based on the following considerations. Research was conducted in naturalistic settings in public and private schools using teachers, supervisors, or administrators not student teachers. Teachers and students were in kindergarten to grade 12, not in higher education. The studies utilized pre-post test measures or an experimental-control group research design. In a few cases, correlation studies are included, usually when using the same instruments as a study reporting difference measures.

The above criteria yielded 29 studies plus 3 works in progress.

These have been grouped into four areas and are presented in the following order: attitudes toward supervision, effects of training, characteristics of teachers and principals, and student achievement.

Results

Attitudes Toward Supervision

Eleven of the clinical supervision research studies focus on attitudes toward supervision investigating differences between groups clinically compared to traditionally supervised or changes in attitude after the implementation of clinical supervision. Most of the studies reported more positive, though not necessarily statistically significant, attitudes after clinical supervision implementation.

Shuma (1973) supervised nine teachers, three of them clinically. Students noted changes in behaviors of the clinically supervised teachers. Teachers in the experimental group felt more positive about supervision, themselves, their profession, and were more self analytical.

Myers (1975) matched schools and English teachers in the same school district with 4 schools and 16 teachers in the experimental group and a like member in the control group. The principals and teachers in the experimental group received two days of inservice on clinical supervision and writing behavioral objectives. Principals in both groups observed each teacher four times during the five month

period. Clinically supervised teachers participated in pre-and post-observational conferences for each observation. Responses by teachers clinically supervised indicated a more positive attitude toward supervision in general and clinical supervision in particular than those supervised in the usual manner by their principals.

No significant difference was found in the level of satisfaction with supervision between the clinically supervised group and the control group in Arbucci's (1976) study of 25 teachers. Significantly more time was spent supervising the experimental group.

Reavis (1977) reported on seven supervisors each assigned one teacher to be clinically supervised and one traditionally supervised. In the pre-conference the clinically supervised teacher selected an observational focus from the Rosenshine-Furst list of effective teaching behaviors while the control teachers were assigned one by the supervisor. Three cycles of supervision were conducted using equal time with each teacher. Post conferences were analyzed using Blumberg's Supervisor Teacher Interaction System. Supervisors accepted or used teacher's ideas more frequently in the clinical than the traditional patterns. These same teachers rated communication with the supervisor higher than the control teachers.

After 5 1/2 hours of principal training in a structured model of clinical supervision and participation with each teacher in one

observation cycle, more positive perceptions were noted for both teachers and principals by Snider (1978). Pre-post test comparisons made on 11 questionaire items indicated 10 items for teachers and 4 items for principals were statistically significantly different. Observation, conferencing and the role of principal were viewed more positively after clinical supervision.

Krajewski (1976) assigned 41 first year secondary teachers to control and experimental groups. All teachers were visited by the university supervisor for this intern program. In addition, 20 teachers in the experimental group had 5 clinical supervision cycles each utilizing 12 minutes of video taping analyzed in the Flander's Interaction Analysis System (FIAS). The experimental group showed significant gains in indirect verbal teaching patterns. On the Minnesota Teacher Attitude Inventory (MTAI) the experimental group had positive gains while the control group lost. Students rated the experimental teaching group higher on the Stanford Teacher Competency Appraisal Guide (STCAG), but self ratings by both groups were similar.

The STCAG was used by Lafferty (1980) in studying secondary Catholic school teachers. Pupils noted no difference between teachers clinically supervised or those being supervised by regular policies. The experimental teachers' self appraisal improved after clinical supervision as did their attitude toward supervision.

Mattes (1983) surveyed 183 teachers supervised by 10 clinical supervisors and 11 traditional supervisors. Supervisors were principals or assistant principals in middle, junior and senior high schools. Differences were noted on the Stanford Teacher Competence Appraisal Guide (STCAG) only in relation to years teaching. Clinically supervised teachers rated supervision more positively and noted a smaller gap between existing and desired supervisory practices than did traditionally supervised teachers.

Lindstrom (1983) utilized one school district to obtain an experimental group of five principals each supervising three teachers for three cycles per teacher using the five step Goldhammer clinical supervision model. A matched control group from the same district eliminated the first step of the pre-observation conference. Overall ratings of attitudes toward supervision in both experimental and control groups were positive, with means over 6 on a 7 point scale. However, teachers in the group with the pre-observation conference perceived that their teaching had changed and inservice needs had been identified as the result of the supervisory process.

Clapper (1981) randomly assigned 60 secondary teachers to 3 groups: peer clinical supervision, peer supervision, and control. After completing 3 supervision cycles in 12 weeks, no significant differences appeared in results of MTAI for the three supervision groups on

pupil-teacher relations. Results of the Purdue Teacher Evaluation Scale (PTES) found peer supervision superior to no peer supervision in improving teacher competencies, but peer supervision rather than clinical supervision seemed the more important factor. The provision of a common training session in supervisory skills, the usage of forms to guide conferencing and observing, and the amount of time spent on supervision for the peer supervision pairs (whether clinical of not) appear to be the influencing factors. Teachers perceived supervisor's behavior as indicated by the Blumberg-Amidon Teacher Perceptions of Supervisory Behavior Scale (TPSB) in the peer clinical supervisory cycle to be high direct and high indirect unlike the other two supervisory patterns.

Another peer supervision study conducted by Fishbaugh (1983) utilized special education teachers trained in clinical supervision collaborating with regular education teachers. One treatment group consisted of these six special education teachers plus five regular education teachers who received the same training and worked in a reciprocal relationship, alternating as supervisor or supervisee. Six untrained regular education teachers supervised by the six trained special education teachers formed the second treatment group with six other regular education teachers forming the control group. A statistical significant difference among experimental

groups on attitudes toward supervision was found but no differences on attitudes toward mainstreaming or researcher observed differences in effective instructional behavior were found.

Effects of Training

Careful analysis of the research on training programs in clinical supervision reveal two distinct models of clinical supervision. One model is based on the work of Cogan and Goldhammer and most frequently uses five stages: pre-observation (planning) conference, observation, analysis and strategy, post-observation (feedback) conference, and post-conference analysis. The terms in parenthesis are from Acheson's work at the University of Oregon. Cooper at the University of Houston is another proponent of this model. Theses from these institutions plus the University of Pittsburgh and Harvard usually involve this model. This is a collaborative model in which the pre-conference is used to refine a teacher-initiated focus for the observation. Supervisors need training in a variety of data collection techniques. The second model is the Hunter clinical supervision in which the pre-observation conference is eliminated or reduced since the focus for the observation has been predetermined as the Hunter clinical instructional model. The observer has a checklist to determine if all seven elements of effective instruction are used for each lesson. While Hunter (1985) indicates this is not the way to use the model, it is what is happening

in practice and reported in the research. In studies where teacher evaluation is mentioned, the Hunter model or a similar model with a predetermined list of effective teaching practices, is being used.

Of the nine research studies on the effects of training in clinical supervision, five utilize the Cogan-Goldhammer or teacher-initiated focus and four the Hunter or predetermined focus model. They will be reviewed in the order noted above.

Wiley (1980) let teachers of incarcerated adjudicated adolescents self select into the experimental group which received inservice and clinical-supervision. Positive mean changes on attitudes toward teaching, students, and inservice were noted for the experimental group but these were not statistically significant.

Snyder (1982) developed an instrument to survey clinical supervision implementation by 412 people in 12 districts where she and Robert H. Anderson had provided training. When she compared participants with 1-4 days training to those with 10 days (Greensboro, NC) significant differences were found. In the district with more training:

1. Central office were more involved.
2. Classroom observation was for coaching not evaluation.
3. During the pre-observation conference, teachers and observers ag[illegible] specifics to be observed and data collection useful to the t[illegible]

Teachers were provided data on what did and did not work during the observation.

5. A specific model of good instruction is used.

Johnson (1983) reported a 24 hour training program for assistant principals at the University of Houston to develop skills in observing, conferencing, and human relations in a clinical supervisions framework. Each assistant principal then worked with two teachers each for a four month period. Statistically significant differences were noted in principals' supervisory behavior, and in teachers' classroom instructional behavior, but no differences in teachers' attitudes toward supervision. Analysis of video tapes were used to document pre-and post-training behavorial changes.

Sears (1984) assessed the effects of 15 hours of inservice training in clinical supervision and data collection techniques for volunteer administrators randomly assigned to the training program. The experimental group consisted of the trained administrators and teachers for whom they had evaluation responsibility. Post-test survey of experimental and control group teachers and administrators revealed that the experimental group felt uncertainty about evaluation was reduced and that a greater number of data collection techniques had been used. Both groups felt more should be used and that the planning and feedback conferences were the most important parts of the clinical supervision cycle.

Bisbee (1983) used Hall's Concerns Based-Adoption model and Stages of Concern (SoC) Questionaire with 19 teachers and the

principal as researcher. Clinical supervision had been adopted by the district one year prior to her study. During the six months of her study, two clinical supervision cycles were conducted with each teacher and inservice workshops on teacher effectiveness were held.

At the close of the study:

11 teachers were at the Awareness Stage (0)
0 at the Informational Stage (1)
4 at the Personal Stage (2)
3 at the Management Stage (3)
1 at the Consequence Stage (4)
0 at Collaboration Stage (5)
0 at Refocusing Stage (6)

Only 8 of the 19 teachers had moved to a higher stage and 3 had moved down to the Awareness Stage. Bisbee had expected a profile which indicated teachers as experienced users of clinical supervision, but results generally showed teachers reacting as nonusers or inexperienced users. Bisbee found a positive attitude change toward clinical supervision in the six months, but only 1 of 24 items was statistically significant, teachers are now more comfortable when the principal writes while observing in the classrooms.

Joyce (1982) investigated the relationship between usage of Hunter's clinical supervision model by four elementary principals and their teachers' usage of Hunter's clinical instructional model. Rather than hold a pre-observational conference, principals diagnose

the observed lesson as to fit with Hunter's clinical instructional model. Hall's Concerns Based-Adoption Model dimensions of Level of Use (LoU) and Stages of Concern (SoC) were used with all principals on clinical supervision and all teachers on clinical instruction. Regardless of percentage of teachers in the school trained in clinical instruction, in those schools where principals' LoU of clinical supervision was highest, teachers' LoU of clinical instruction was highest. The lesson components of Hunter's clinical instruction and supervision models are nearly identical. SoC Scale as a whole was a poor prediction of LoU except for the variable of Personal concerns. The higher the Personal concern, the lower the LoU. Users and nonusers of clinical instruction were at a similar SoC. Bisbee and Joyce found similar patterns on the LoU and SoC.

Faast (1982) found 125 Des Moines teacher evaluators more proficient in lesson plan anlysis, data collection, conferencing skills, and writing summative reports after a Manatt training program in these skills. The goal of the training was to have the evaluations produce the same answers as the "experts" who conducted the training. Teachers perceived these evaluators after training as less dominant and hostile and more agreeable and nurturant in the supervisory conference.

Saldana (1983) administrated a Semantic Differential Measure of Educational Concepts which yielded 24 scores and a Principles of

Learning, Diagnostic and Prescriptive Instrument which yielded a knowledge score for the Hunter model of instruction to 75 administrators and teachers who had received Hunter training and 25 who had not. While the mean differences between the groups were small, the trained group tended to rate the concepts higher than the untrained group. Several of the concept meanings appeared to be influenced by Hunter instruction.

Gerard (1984) reported that after Hunter training in clinical supervision, elementary principals noted more teaching behaviors related to criteria in instructional planning and performance category on written teacher evaluations. Pre and post test surveys indicated that teachers and principals reported gains in knowledge and skills after the staff development program.

Characteristics of Teachers and Principals

Five studies investigated the characteristics of teachers and/or principals in relationship to usage of clinical supervision. Preliminary results from a study in progress will be reported also.

Kerr (1976) measured the amount of change in classroom teaching patterns by analyzing pre and post audio tapes using Flanders Interaction Analysis System (FIAS) of 20 teachers receiving clinical supervision. Teachers moved from direct to indirect teaching patterns regardless of level of open-mindedness as determined by Rokeach Dogmation Scale.

However, the more open-minded teachers showed greater willingness to communicate with the supervisor.

Woodruff (1982) conducted her study with the primary classroom teachers in one school district. Of the 122 teachers, 47 volunteered for clinical supervision and 25 voluntarily participated in a resource supervisory activity such as a workshop. Significant pre and post differences in self analytical and self-directive teaching characteristics were not noted for the two treatments by principals, supervisors, or teachers. Even though information on the magnitude of the treatments was requested by the researcher in a survey instrument, results are not reported. Training for the supervisors in clinical supervision was provided for 10 days but no other information is reported on the training. Scoring for the researcher-developed instrument is not given.

Teachers selecting clinical supervision over the "traditional evaluation" in one school district were reported by Winn (1981) to be more flexible, more tolerant, and more achievement via independence oriented as determined by the California Psychological Inventory. These teachers tended to be below 30 years of age, female, and teach primary grades. Their principals were high on responsibility, self acceptance, and achievement via independence. Teachers who opted for clinical supervision rated their principal significantly higher than

traditionally evaluated teachers on principal competence as a teacher, knowledge of teaching and ability to give feedback, motivator, building leader, and communication..

Of the 125 elementary principals surveyed by Clark (1983) in Washington, D.C., 55 or 44% responded. Of these 34 had been trained in the district sponsored clinical supervision program and 21 had not. The instrument used was the Leadership Opinion Questionnaire (LOQ) with scores on two dimensions, consideration and structure. No significant differences were obtained when comparing the percentages of participant and non participants who scored above or below the median on the consideration or the structure dimensions. The author reports different conclusions which are supported by the unexplained addition to her hypotheses of 40 tests based on geographical regions with only 7 reaching significance. Many data problems such as reporting different numbers on different pages, rounding some numbers up and some down, and using different medians for different calculations are noted in this study.

Witt (1977) surveyed 156 teachers for perceptions of their 18 administrators' supervisory conferencing behavior and leadership dimensions using the Blumberg-Amidon Teachers Perceptions of Supervisory Behavior Scale (TPSE) and the Halpin-Winer Leadership Behavior Description Questionnaire (LBDQ). No relationships between the leadership dimensions of consideration and initiating structure with the usage of directness

or indirectness (TPSB) in the clinical supervisory conference were obtained. Mean scores for each administrators on both instruments fell within a 14 to 15 point range which indicated similar behaviors for all administrators in this school district.

A study in progress by Sarah Moore seeks to determine the relationship between the leadership characteristics of elementary principals and usage of clinical supervision practices. The instruments used were the LBDQ and a revised version of Snyder's Clinical Supervision Questionnaire (1982). A dozen COPIS members provided input on the original version which was also piloted on three groups of teachers, supervisors, and principals who had not received training from Snyder. The word clinical was removed in all places and the survey retitled Supervision Practices to remove possible bias toward clinical supervision. The final survey instrument, which was sent to the Superintendent, Principal and teachers in a random sample of elementary schools in Pennsylvania, was combined with the LBDQ and used that format except for a few items.

Fifty complete sets including the principal, the superintendent and at least three teachers from each school have been received. Preliminary results show a ststistically significant ($p < .002$) relationship between leadership dimensions of elementary principals and their practice of clinical supervision as reported by their superintendents, their

teachers, and the principals themselves. Further analysis will look at school district and school information, personal background of repondants, and will detail clinical supervision practices in the participating schools.

Student Achievement

The relationship between clinical supervision and student achievement is probably the most difficult, if not impossible, to determine given the enormous number of possible intervening variables. Only four researchers have published reports on this relationship, but two studies are currently in progress. The first three published studies reported below used the Hunter model of clinical supervision and instruction.

An Orange County, California study sought teachers' and principals' perceptions of the effects of a Hunter Instructional Theory into Practice (ITIP) inservice on student and teacher performance. Among Congdon's (1979) many findings was this: "There was no significant difference in student reading performance on the California Assessment Program in grades 2, 3, 6 and 12 during the period from 1974-1978 as compared with the number of principals and teachers trained in the ITIP Program during that period" even though teachers and principals believed student achievement was increased.

Mayfield (1983) entitled her thesis "The Effects of Clinical

Supervision ·· Pupil Achievement in Reading." She reported significant differ· between the CS group and the NCS grou with the students wh· ere clinically supervised scoring higher on the reading comprehension test of the California Achievement Test. Significant differences were attributed to teacher effects in both the CS and NCS groups. While I am pleased to see these results, careful reading of her thesis causes one to be puzzled. Four schools in Detroit were involved with each principal to clinically supervise two third grade teachers and to supervise one third grade teacher in the traditional district manner. The experimental teachers and the principals were trained in Hunter's Seven Step Lesson Plan. Principals observed in each CS classroom once a week for 20 weeks. No mention was made as to visits to control classrooms, but one cannot believe that more than two visits during the semester would be district policy. No information is provided on usage of pre-observation conference for the CS group, but 18 samples of observation sheets are included in the thesis. The observation data is the observer·' rating of the degree of compliance by the teacher to the Hunter model along with positive reinforcement to the teacher for example, "Everything went well." Little or no teacher or student behavior data was recorded and more in objective terms. Under next steps the principal would tell the teacher to do something. In other words, no information provided in the thesis

indicated any teacher input in the conferencing process. In fact, one of the clinically supervised teachers was eliminated from the study for not following the Hunter model! Note she also reported significant differences in pupil achievement based on teacher effects. It appears this study demonstrates that the Hunter 7 Step Lesson Model fully implemented with weekly monitoring visits by the principal will raise reading comprehension scores when compared to teachers given no training and very little supervision.

Spaulding (1984) studied the first year of an implementation program of clinical supervision and the Hunter elements of instruction in the 10 elementary schools in one California school district. Principals were provided eight days of inservice prior to program implementation. Pre-and post-tests of principals' self-perceived competence in clinical supervision showed that principals were comfortable with the model. Only 4 of the 14 items referred to clinical supervision, the other items were on Hunter's instructional model. Some of Spaulding's findings are listed below:

1. More time spent on clinical supervision, the less positive the change in teacher attitude as measured by the MTAI.

2. More time spent in clinical supervision, the lower the reduction in teacher absenteeism.

3. Correlation with student academic achievement on the

Comprehensive Test of Basic Skills (CTBS) with time spent on clinical supervision was only significant at the fourth grade level but in the wrong direction (more time, lower achievement).

The treatment actually given by the principals was that of monitoring teachers to see if using Hunter's instructional model. Less than one third of the classroom observations were preceeded by conferences, although over 91% were followed by conferences. The results of this well documented study need to be viewed not as the effects of the usage of clinical supervision (time spent by principals varied from 33 to 96 hours), but as the results of a district imposed model of effective instruction. It might also have been useful to have some measure of leadership or school climate as a variable in this study.

Huskey (1977) utilized language arts gain scores on the CTBS to test the hypothesis that third or sixth grade children in classes of clinically supervised teachers would achieve more than matched third or sixth grade children in classrooms of traditionally supervised teachers. Ten third grade and ten sixth grade teachers participated with five of each grade level randomly assigned to either treatment or control teachers were paired by grade level with four male and four female students in each treatment class matched with four male and four female students in each control class. The 80 students

involved at each grade level were therefore divided equally between treatment and control groups. Three observations in language arts classes were completed for each treatment and control teacher by the six principals. Treatment and control teachers received about the same amount of supervisory time. An analysis of variance on the gain scores from April 1976 to April 1977 resulted in no significant difference for either grade level or gender. Huskey provided written guidelines and collected data on principals' implementation of clinical supervision which were consistent with the Goldhammer-Cogan model. Methodological concerns are: (a) usage of combined math and language arts scores for pre-test measure and combined reading and language arts scores for post-test measure; (b) usage of Stanford rather than CTBS in one school; (c) usage of average gain scores by school. sex, and treatment for statistical comparison; (d) selection of eight students per class rather than using total class; and (e) usage of analysis of variance rather than covariance.

Wilburn and Drummond (1984) are conducting a research study in Florida which began in September 1982. Approximately 300 beginning teachers were paired with 300 peer teacher supervisors on 17 school districts to assist the new teachers to develop the teaching competencies needed to obtain regular teacher certification. After the first year of implementation both beginning and peer supervisory teachers

indicated an overwhelmingly positive response that the program had accomplished the attitudinal objectives of the Florida Beginning Teacher Program. Responses in the second year indicate that both groups felt very confident about their skill level of perfor ance. A phone call to Wilburn on February 22, 1985 indicated that the current and third year is being spent analyzing audio tapes of the supervisory conferences. Most important of all it was learned that the student achievement and behavioral data had not been collected. While teachers were willing to share this data, school administrators were not. Wilburn is continuing the study and hopes that eventually such data will be made available.

Larry Anderson began a study to determine if clinical supervision makes a difference in the standardized reading and mathematics achievement scores of second and fifth grade students. The treatment group was to consist of 13 principals in a six county area of Pennsylvania who recorded the highest clinical supervision scores on Snyder's revised instrument also utilized in Moore's Study and 13 second and 13 fifth grade teachers and their classes whom the principals would clinically supervise. The control group was to be composed of the same 13 principals and the 13 second and 13 fifth grade teachers and their classes whom the principals would supervise in their districts normal, non-clinical, method. Each of the participating 13 principals was

to supervise two second and two fifth grade teachers. One of each pair would be a member of the treatment group, and the other half of the grade pair would be a member of the control group. In each grade pair the teacher whose name was first alphabetically was to be assigned to the treatment group, the other teacher was to be assigned to the control group. This would provide a sample of 13 principals, 52 teachers, and 1300 students.

The pre and post test measures with one year time difference were to be student achievement scores controlled for differences in intelligence. Additional clinical supervision training would be provided to the principals and logs would be kept to determine if treatment and control teachers actually were supervised differently. Participating principals would be within driving range so schools might be visited for data collection, interviews, and observations needed to verify treatments.

A sufficient sample of principals could not be obtained even when the sample size was reduced, the design amended to make it a one district study, and a public description of the study which eliminated mention of student achievement was developed. The present climate in Pennsylvania of accountability in terms of student achievement made even superintendents who felt the study would be valuable, afraid of the possible political consequences.

Discussion

Eleven of the clinical supervision research studies focus on attitudes toward supervision investigating differences between groups clinically compared to traditionally supervised to changes in attitude after the implementation of clinical supervision. Most of the studies reported more positive, though not necessarily statistically significant, attitudes after clinical supervision implementation. The collaborative clinical supervision model of Cogan-Goldhammer was indicated as the treatment in the six complete reports and five abstracts read. The time interval between pre and post testing of attitudinal measures varied from three to ten months with a number of different standard or researcher-designed instruments being employed. Descriptions of the actual clinical and other supervision treatments were often inadequate.

Training in clinical supervision by itself or in conjunction with other training was investigated by nine of the researchers with four of these studies indicating usage of the pre-determined focus or Hunter model of clinical supervision. With the exception of the Snyder study, each study appears to be conducted in one school district and one was a case study in a single school. Precise descriptions of the actual training program, the length of the training, the implementation of clinical supervision, and who received the training are often not

clearly indicated. Usage of two distinct clinical supervision models, collaborative and directive, was especially evident here. No study covered a period of over one year and most were considerably shorter.

The characteristics of principals and/or teachers in relation to usage of clinical supervision was the major focus of six studies. The three studies (Kerr, Winn, and Woodruff) which looked at teacher characteristics used noncomparable samples and differing instruments. The three studies of principals investigated the dimensions of consideration and initiation of structure. Clark asked principals to respond on the LOQ while Moore and Witt asked principals to respond on the LBDQ with Moore also including teachers and superintendents responses on the LBDQ. Clark and Witt each looked at a single district with Moore reviewing responses from 50 different districts. Complete analysis of the data collected in this comprehensive study which compares the degree of implementation of clinical supervision to the principals' leadership as perceived by teachers, superintendents, and the principals themselves should provide direction for practitioners and researchers.

The four completed student achievement studies were doctoral theses analyzed by this author. The caliber of presentation ranged from excel..t (Spaulding) to highly questionable (Mayfield). Congden, Mayfield, and Spaulding examined student achievement and the usage of the Hunter clinical supervision model in which the principal

monitors the teachers' usage of the Hunter seven elements of effective instruction in each lesson. Huskey's principals used the collaborative model and while her study is detailed and clearly presented, there are some methodological concerns. Of the four, only Mayfield claimed to find statistically significant higher achievement by students whose teachers were clinically supervised. Re-analysis of her data suggests that teacher and principal effects and gross differences in supervisory time have more influence on student achievement than clinical supervision. With the exception of Congden who investigated six districts in one county, each study was conducted in one district during a one year period. Whether the lack of effect on student achievement is due to nonequivalent treatments for experimental and control groups, short time span rather than longitudinal studies, or the impossibility of separating out the effects of other variables which influence student achievement, is not clear at this time. What is clear is that studies on student achievement are both methodologically and politically difficult.

Summarization of the research on clinical supervision utilizing comparative measures is most difficult. It appears that staff feel more positively toward clinical than traditional supervisory methods and that a predetermined focus model such as the Hunter model is useful to monitor implementation of training programs. Whether any

relationship can be established between clinical supervision and professional staff characteristics or student achievement has not yet been determined.

This researcher did not anticipate the difficulties which would be encountered in discovering the possible studies and then reading them. While computer searches have produced many titles, many of these are not even related to education. A number of authors do not use the term clinical supervision in their titles even though the study or abstract will discuss clinical supervision. All but 4 of the 32 studies mentioned in this paper are or will be doctoral dissertations. At least six of these dissertations are not available to Interlibrary Loan by their university libraries. It is not only difficult to discover what research has been conducted, but it is even more difficult to actually read it.

Once a thesis was obtained, it was dismaying that so many were written in such a way that the reader could not replicate the study. In a few cases, the sample, the treatment, and the data analysis really could not be understood. In contrast the three completed non thesis studies (Krajewski, 1976; Reavis, 1977; and Snyder, 1982.) were clear.

The 32 studies were limited in scope with 5 conducted by 1 supervisor, 16 in 1 district, 3 locations unknown, and 8 ranged from

4 to 50 districts. The three largest studies are presently incomplete. If it is important to know whether clinical supervision is worth the extra resources of time and money, studies spanning larger numbers of districts over longer time periods are needed. This would require the combined efforts of a number of university researchers and practitioners rather than relying on individual doctoral students trying to complete their theses in reasonable time periods. Research monies would be needed to support such an endeavor.

Probably the first question which needs to be addressed is: Is it possible to design and implement a study in the public schools which could account for the influences of variables other than the implementation of clinical supervision? Unless this is possible, comparative research along the line described in this paper may be futile.

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