BINDURA UNIVERSITY OF SCIENCE EDUCATION
FACULTY OF SCIENCE EDUCATION
DEPARTMENT OF CURRICULUM STUDIES

COMPARING CLINICAL AND VIDEO ANALYSIS SUPERVISION AT A HIGH SCHOOL IN NKAYI DISTRICT

BY

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A DISSERTATION SUBMITTED TO BINDURA UNIVERSITY OF SCIENCE EDUCATION
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Abstract

Clinical and video analysis supervision have proven in several studies to foster professional growth of teachers in various ways. However, these approaches to supervision are not well established in Zimbabwean rural schools. This case study investigates how both models compare in terms of professionally developing supervisees and improving learners’ academic growth. This was achieved through implementing both approaches of supervision at a high school in Nkayi District. In a mixed method approach intervention, purposive samples of 13 supervisees, 6 supervisors and 126 learners were investigated, drawing on observations, questionnaires and interviews. Tables and graphs were used to present the data and NVivo 10 helped categorise data into themes for analysis.

The newly introduced clinical and video analysis supervision models have proven to effectively enhance professional growth of the supervisees in this context. Both approaches have promoted shared views, as supervisees and supervisors were engaged in the analysis and discussion of specific aspects (identified in the pre-conference in clinical supervision), and on the reflection of observed behaviour (supported by mutual video analysis). The research participants were of the opinion that both models have the potential to promote learner academic growth.

Clinical supervision has shown to be prone to supervisor control while supervisees detest the pre-observation conference and discussions in the post-conference which are based on memory recall. Video analysis created several challenges for the participants: the camera fails to capture the whole class and the recording of a whole lesson leads to data overload. Based on these findings, it is proposed that the two models of supervision be combined into a single model “video-supported clinical supervision” which may minimise their disadvantages.

For further research, the implementation of video-supported clinical supervision needs to be evaluated. It should be checked whether the challenges identified in this study can be overcome in such a combined approach. Effects of video-supported clinical supervision on professional growth of supervisees and academic performance of students need to be assessed in an experimental research design.
Declaration

I, Chitera Joshua declare that *Comparing clinical and video analysis supervision at a High School in Nkayi District* is my original work that has not been submitted for any degree or examination in any other university and that all the sources I have used or quoted here have been indicated and acknowledged.

Signed: ..................................  Date: .....................................
Approval form

The undersigned certify that they have supervised, have read and recommend to the University for acceptance and examination a research project entitled **Comparing clinical and video analysis supervision at a High School in Nkayi District** submitted by Joshua Chitera in partial fulfilment of the requirements for the award of the degree of Master of science Education degree in Curriculum Studies.

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I can do all things
through Christ which strengtheneth me (Philippians 4:13)
Dedication

I dedicate this piece of work to my wife and my four daughters Daisy, Nyasha, Saneliso and Luyanda. You are the greatest blessing that I always cherish.
Table of Contents

Abstract ........................................................................................................................................... i
Declaration ...................................................................................................................................... ii
Approval form ................................................................................................................................... iii
Release form ..................................................................................................................................... iv
Acknowledgements ....................................................................................................................... v
Dedication ......................................................................................................................................... vi
List of tables ................................................................................................................................... xi
List of figures ................................................................................................................................... xii
List of appendices ........................................................................................................................... xiii

CHAPTER 1: PROBLEM AND ITS SETTING .................................................................................. 1

1.1 Introduction ............................................................................................................................. 1
1.2 The contextual background to the problem ............................................................................. 1
1.3 Statement of the research problem ........................................................................................... 4
1.4 Research questions ................................................................................................................... 5
1.5 Objectives of the research ....................................................................................................... 5
1.6 Assumptions of the study ....................................................................................................... 5
1.7 The limitations of the study ..................................................................................................... 6
1.8 The scope and delimitations of the study ............................................................................... 6
1.9 The significance of the study .................................................................................................. 7
1.10 Definition of key terms ......................................................................................................... 7
1.11 Organization of the dissertation ............................................................................................ 8
1.12 Summary ........................................................................................................................................... 9

CHAPTER 2: REVIEW OF RELATED LITERATURE ......................................................................................... 10

2.1 Introduction ............................................................................................................................................. 10

2.2 Clinical supervision ............................................................................................................................... 10

2.3 Video analysis supervision .................................................................................................................. 12

2.4 Supervisee’s perceptions on the contribution of clinical supervision towards their professional growth ........................................................................................................................................ 13

2.5 Supervisees’ perceptions on the contribution of video analysis supervision towards their professional growth ........................................................................................................................................ 16

2.6 Theoretical framework ......................................................................................................................... 20

2.7 Summary................................................................................................................................................ 22

CHAPTER 3: RESEARCH METHODOLOGY .................................................................................................... 23

3.1 Introduction ............................................................................................................................................. 23

3.2 Research paradigm and research design ............................................................................................... 23

3.2.1 Research paradigm ............................................................................................................................. 23

3.2.2 Research design .................................................................................................................................. 23

3.3 Population, Sample and Sampling ......................................................................................................... 24

3.3.1 Population ......................................................................................................................................... 24

3.3.2 Sample ................................................................................................................................................ 24

3.3.3 Sampling .......................................................................................................................................... 25

3.4 Instruments used ...................................................................................................................................... 25

3.4.1 Questionnaires ................................................................................................................................... 25

3.4.2 Interview Guides ............................................................................................................................... 26

3.4.3 Observation Checklists ..................................................................................................................... 27
3.5 Validating the research Instruments ........................................................................................................28
3.6 Reliability and validity of the observation schedule ................................................................................28
3.7 Data collection procedures .......................................................................................................................29
  3.7.1 Questionnaires ........................................................................................................................................29
  3.7.2 Interview ................................................................................................................................................29
  3.7.3 Observation ..........................................................................................................................................30
3.8 Data analysis techniques used ..................................................................................................................31
3.9 Ethical considerations .................................................................................................................................33
3.10 Summary ..................................................................................................................................................34

CHAPTER 4: DATA PRESENTATION, ANALYSIS AND INTERPRETATION ..................35
4.1 Introduction ..................................................................................................................................................35
4.2 Data presentation and analysis ..................................................................................................................35
  4.2.1 Clinical and video analysis supervision as ways of enhancing supervisees’ professional development and learners’ academic growth .................................................................35
  4.2.2 Advantages of clinical and video analysis supervision ..........................................................................43
  4.2.3 Disadvantages of clinical and video analysis supervision .................................................................49
4.3 Discussion ..................................................................................................................................................55
  4.3.1 Clinical and video analysis supervision as ways of enhancing supervisees’ professional development and learners’ academic growth .................................................................55
  4.3.2 Advantages of clinical and video analysis supervision ..........................................................................58
  4.3.3 Disadvantages of clinical and video analysis supervision .................................................................60
4.4 Summary ..................................................................................................................................................62
CHAPTER 5: SUMMARY, CONCLUSION AND RECOMMENDATIONS ......................63

5.1 Introduction ..........................................................................................................................63

5.2 Summary ..............................................................................................................................63

5.3 Conclusions .........................................................................................................................65

5.3.1 Clinical and video analysis supervision as ways of enhancing supervisees’ professional
development and learners’ academic growth ........................................................................65

5.3.2 Advantages of clinical and video analysis supervision ......................................................65

5.3.3 Disadvantages of clinical and video analysis supervision ..................................................66

5.4 Recommendations .............................................................................................................66

5.4.1 Academic and professional recommendations .................................................................66

5.4.2 Recommendations for further research .............................................................................67

REFERENCES ..........................................................................................................................68

APPENDICES ............................................................................................................................76
List of tables

<table>
<thead>
<tr>
<th>Table</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.2: Effects of clinical supervision on professional development of</td>
<td>37</td>
</tr>
<tr>
<td>supervisees</td>
<td></td>
</tr>
<tr>
<td>4.3: Advantages of clinical supervision as observed by the researcher.</td>
<td>46</td>
</tr>
<tr>
<td>4.4: Supervisee questionnaire responses on advantages of clinical</td>
<td>46</td>
</tr>
<tr>
<td>supervision</td>
<td></td>
</tr>
<tr>
<td>4.5: Advantages of video analysis supervision</td>
<td>48</td>
</tr>
<tr>
<td>4.6: Disadvantages of clinical supervision</td>
<td>52</td>
</tr>
<tr>
<td>4.7: Disadvantages of video analysis supervision</td>
<td>54</td>
</tr>
</tbody>
</table>
List of figures

<table>
<thead>
<tr>
<th>Figure</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1: Interview, questionnaire and Observation data analysis procedure followed</td>
<td>32</td>
</tr>
<tr>
<td>4.2: Effects of clinical supervision on professional development</td>
<td>36</td>
</tr>
<tr>
<td>4.3: Supervisee questionnaire responses to effects of video analysis supervision on professional development of supervisees</td>
<td>38</td>
</tr>
<tr>
<td>4.4: Effects of video analysis on supervisee professional development</td>
<td>39</td>
</tr>
<tr>
<td>4.5: Supervisee responses on advantages of clinical supervision</td>
<td>44</td>
</tr>
<tr>
<td>4.6: Supervisors’ responses on advantages of clinical supervision</td>
<td>45</td>
</tr>
<tr>
<td>4.7: Advantages of video analysis supervision according to supervisors</td>
<td>47</td>
</tr>
<tr>
<td>4.8: Supervisees’ responses on disadvantages of clinical supervision</td>
<td>50</td>
</tr>
<tr>
<td>4.9: Supervisors’ responses on disadvantages on clinical supervision</td>
<td>51</td>
</tr>
<tr>
<td>4.10: Disadvantages of video analysis supervision - Supervisee views</td>
<td>52</td>
</tr>
<tr>
<td>4.11: Disadvantages of video analysis supervision - Supervisors’ views</td>
<td>53</td>
</tr>
</tbody>
</table>
# Appendices

<table>
<thead>
<tr>
<th>Appendix</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: Questionnaire for supervisor</td>
<td>76</td>
</tr>
<tr>
<td>2: Questionnaire for supervisee</td>
<td>79</td>
</tr>
<tr>
<td>3: Supervisor Interview guide</td>
<td>82</td>
</tr>
<tr>
<td>4: Supervisee Interview guide</td>
<td>83</td>
</tr>
<tr>
<td>5: Observation schedule for supervisor</td>
<td>84</td>
</tr>
<tr>
<td>6: Observation schedule for supervisee</td>
<td>85</td>
</tr>
<tr>
<td>7: Consent form</td>
<td>86</td>
</tr>
</tbody>
</table>
CHAPTER 1: PROBLEM AND ITS SETTING

1.1 Introduction

This chapter introduces the background information on why this research was conducted. The chapter includes the research questions which the research will attempt to answer. The research objectives and the significance of the study are also outlined. Potential limitations of the study will be stated and suggestions of how to minimize them are given. On delimitations of the study the researcher will bring out its physical and conceptual boundaries.

1.2 The contextual background to the problem

This section highlights what prompted the researcher to carry out this study. Through personal experience, the researcher has heard supervisees complain that supervision does not help them because it is held in intimidating environment and is mostly done as a fault-finding exercise. The researcher also realized that supervisees are accountable for providing quality education to learners and that this quality is also developed by effective supervision. Unless supervisees benefit from appraisals there is no need of embarking on the exercise. Supervisees must feel that they are benefiting from the process, rather than seeing it as a mere paperwork exercise. Supervision must play a role in personal and professional development of supervisees as well as of learners so as to improve learner academic performance.

According to Glickman, Gordon, and Ross-Gordon (1995), supervisees want more feedback and want to talk more with other professionals about improving learning for their students. They want to be empowered to reflect on their teaching. Gordon (1992) observes that in the past, supervisors took the role of expects, as they told supervisees what to do to improve. Supervisors are required to be facilitators for supervisee-initiated changes and inter-alia, observe the supervisees and give them feedback.

Clinical supervision is one such way to meet this need. It involves two or more people working together to identify areas for improvement. This type of supervision is focused on the teaching quality as posited by Holland and Adams (2002), that clinical supervision when administered in
schools, does help in supervisee professional development. This type of supervision needs a lot of time for its implementation in order for it to be successful as explained by Thomas (2008) who posits that clinical supervision needs more time to be enforced effectively; the practice however, is worthwhile as it increases supervisees’ teaching performance. Mohd (2002) adds to the usefulness of clinical supervision by mentioning that it focuses on teaching techniques, questioning styles, two-way communication between supervisees and students. The two-way communication is the key element in clinical supervision as it allows sharing of views between the two parties. It encourages supervisees to examine and practice the art of teaching that involves observation of supervisees while they interact with their students.

Clinical supervision, allows supervisors to facilitate supervisee professional growth as suggested by the research (Rogers, 1999; Jensen, 1995). This mode of supervision has its own disadvantages such as that it needs more time as posited by (Weidmer, 1995; Rooney, 1993 & Gordon, 1992) who contend that time constraints prohibit the use or maximum value of the clinical supervision process. Gordon (1992) adds that clinical supervision assumes that supervisors are capable of their duties but Tracy & Mcnaughton (1989) found that the supervisor was not necessarily capable or perhaps, not necessarily willing to implement clinical supervision.

Video analysis can support sharing different views based on the observation. It is a new trend in the use of ICTs in supervisee education (Zhang, Lundeberg, Koehler, and Eberhardt (2011) in Carrie & Irene, 2016). A supervisee is video recorded whilst teaching and the supervisee watches the video for the purpose of analysing and reflecting on their own teaching performance. Tripp (2009: P. 728) in Carrie et al. (2016) contends that video analysis is when “a supervisee is recorded teaching a short lesson to his or her peers. He or She then reviews this lesson for proficiencies and deficiencies and re-teaches the lesson.”

The majority of research indicate that the use of video in supervisee professional development assist supervisee learning through reflective practices in which supervisees watch video recorded lessons of their own or others. Masats and Dooley (2011) state that one of the benefits of supervisee videos is that it is used as a tool for practicing supervisees to observe, reflect and critically think on their teaching strategies.
Schon (1983) posits that self-reflection using video analysis of lessons plays an important role in enhancing supervisees’ instructional practice and that supervisees’ self-reflection changes their practice to better meet the needs of their students. The researcher further contends that self-reflection plays a significant role in that supervisees can identify problems, reassess them using pedagogical and content specific knowledge and are able to design solutions. It further allows them to identify “missed opportunities” during instruction and then adjust their practice to improve their teaching. Kumaravadivelu (2006) argues that reflection and autonomy are keyways for supervisees to become researchers in their own classrooms. Supervisees want to be involved in their observations as this brings a sense of ownership of the proceedings of the supervision. Through self-reflection supervisees will be afforded the chance to become researchers in their classrooms by finding solutions to their own problems. From the perspectives of the different researches, self-reflection through the use of video recorded lessons is beneficial when supported by supervisors (Gordon, 1992).

This researcher during the course of his duties as a teacher, has heard supervisee complain that during supervisions, talking is consistently dominated by supervisors. Acario (1994) supports this by stating that, despite the desire to help supervisees to reflect on their practices, post-observation conferences indirectly stifle these opportunities. Supervisors generally control post-observation conferences because it is them that reconstruct the observed lesson based on their notes and memory events. In video analysis supervision, after the video is reviewed by both supervisee and supervisor, they enter the post-observation conference with observation data to discuss the captured lesson on video. Both supervisor and supervisee revisit the lesson together. The supervisor’s notes will then be supported by the video. Issues raised can easily be revisited by rewinding the video to the desired section under discussion. Video review thus has the potential to disrupt typical supervisors-dominated patterns of feedback (Beacher and McCormack, 2012). This is because arguments will be based on the evidence from the video which can be replayed as many times as the parties want to and the supervisee will be afforded the chance to defend his or actions as evidenced by the tape.

Kleinknecht (2013) in Carrie et al. (2016, p. 14), adds that video-based professional development “allows pre- and in-service supervisees to improve their ability to notice and interpret important features of classroom interactions in cognitively and professionally positive ways.” Carey (2012)
posits that an advantage of using video recording is that the collected data is durable, it can be analysed over long periods. Video recordings can be repeatedly viewed and manipulated to be viewed in slow or fast motion. The researcher contends that it can be effectively used to support empirical comparison strategies which makes it worthwhile for this research. It enables supervisors to revisit moments not as a past but as present (Raffel, 1979). The researcher further highlights some disadvantages of this approach, which include that at times it is difficult to make sure that data is understood in context. The supervisors might fail to come up with strategies for managing video data to avoid data overload. This implies collected data should be analysed with set objectives so that it addresses specific issues of the lesson. Decisions have to be made on the scale, to look at the data and how much of the collected data will address specific classroom issues. As a weakness of using video analysis, Carey (2012) states that video collects a large amount of rich data which can be overwhelming and if not managed appropriately, can lead to overly descriptive and weak analysis. These disadvantages can affect supervision resulting in poor judgements and lack of supervisee professional growth.

With so much claims about benefits of each method from research the researcher decided to compare them empirically and suggest a supervision mode that can be implemented at the High School of concern so as to enhance supervisee professional and learner academic growth.

It is because of these contributions to professional growth and learner development highlighted by studies of the two approaches that the following problem was formulated.

### 1.3 Statement of the research problem

While the strengths and weaknesses of clinical and video analysis supervision approaches above have been evaluated thoroughly in other context, an empirical comparison of their application in a rural context is lacking. The studies do not allow for a conclusive judgement on which approach suits the rural Zimbabwean schools’ needs and context better, the researcher has decided to empirically analyse the strengths and weaknesses of both approaches in a rural context at a high school in Nkayi District, in order to recommend one that could improve supervision so that it promotes supervisee professional growth and learner academic growth. Therefore, the study focussed on clinical and video analysis supervision and their contributions to supervisees’ professional development and learner academic behavioural growth.
1.4 Research questions

This study attempts to answer the following research questions:

1. How do video analysis and clinical supervision compare as ways of enhancing supervisees’ professional and learners’ academic growth?
2. What are the advantages of clinical supervision and video analysis supervision?
3. What are the disadvantages of clinical supervision and video analysis supervision?

1.5 Objectives of the research

The overall objective of this empirical comparison is to understand the potential of video analysis in the context of supervision against clinical supervision.

The research seeks to establish how video supported lesson supervision and clinical supervision compare as ways of enhancing supervisee professional development and learner growth. It is also intended to establish the advantages and disadvantages of clinical and video analysis supervision.

1.6 The assumptions of the study

For the study the researcher presumes that:

Supervisors and supervisees are aware of what supervision is and how it’s done also, that the research participants will be cooperative during data collection and honestly answer all questions put to them.
1.7 The limitations of the study

The following are presumed hindrances of the study and how they will be handled.

The sample of 13 supervisees and 6 supervisors will not be representative of all the schools and supervisees in the district. In order to validate the results, further studies need to be conducted at other schools to confirm the results of this research. The instruments to be used are the interviews schedules, questionnaires and observation schedules. Individually these instruments have shortcomings which may compromise the research results such as poor return rate for questionnaires, misinterpretation of questions for questionnaires, researcher presence may intimidate participants during observations and interviews resulting in change of behaviour. The researcher intends to capitalise on triangulation for optimum findings.

1.8 The scope and delimitations of the study

This section explains how the study is narrowed in scope. It states the physical and conceptual boundaries of the study.

Physical boundaries:

The research was confined to only one High school in rural Zimbabwe, Nkayi district.

Conceptual boundaries:

The researcher was limited to supervision of lesson delivery and not any other areas that could be supervised. Focus was on collaborative clinical and video analysis supervision, other types of supervision such as directive, alternative, creative and non-directive and will not be covered in this study.
1.9 The significance of the study

This study has academic and managerial significance to supervisors who include school Heads, Heads of Departments, and District Education Inspectors who may use it to staff develop and manage their supervisees and peers for better teaching experiences and improved service quality. The research is also of significance to researchers who may be stimulated to further the study in other contexts.

1.10 Definitions of key terms

The following are terms that will be used in this study and their definitions according to how they are going to be used in this study.

The researcher will consider a supervisor as someone who is in charge of a school or department and is responsible for monitoring instructional implementation, supervisee professional development and learner academic growth through constructive feedback to the supervisees.

In this study supervision is going to be defined as a process of providing guidance following an observation of a lesson taught by a supervisee, by a supervisor with the intention of promoting professional growth of supervisees.

The study uses the term clinical supervision to refer to one to one contact between supervisee and supervisor with the intention of assisting the supervisee to develop professionally to improve classroom practice following agreed guidelines between the two.

According to the researcher’s perspective, video analysis supervision is the use of recorded video lessons to supervise supervisees through analysis of the recordings.

Supervisee professional growth is enhancement of skills and knowledge in one’s profession, in the study’s scenario, teaching. Professional growth is a result of implementation of proper supervision.

Learner academic growth is enhancement of learner academic achievement. It is a result of implementation of effective teaching methodologies by a skilled supervisee.
1.11 Organization of the dissertation

The rest of the study’s chapters will be structured as follows:

Chapter two

This chapter will review the literature related to clinical supervision and video analysis supervision and how both supervisors and supervisees perceive them. The chapter identifies two approaches to supervision and how they are perceived by supervisors, supervisees and writers and also the affordances of each of the supervision approaches.

Chapter three

The chapter will focus on the methodology for the research. The population and the methods of sampling will be identified. A mixed method approach will be used. The instruments that will be used are questionnaires, observation schedules and interview schedules.

Chapter four

This chapter will present data gathered by means of the interviews and questionnaires and observations. Data will be presented through tables and graphs and NVivo 10 will be used to organise data into categories for easy analysis.

Chapter five

The chapter focuses on the summary of the whole study. Conclusions will be drawn from the findings gathered from the tools used to collect data and recommendations will be made to different stakeholders. The researcher will also make recommendations for further research on the supervision models.
1.12 Summary

This chapter presented an overview of the background of the study. It sought to identify the major attributes of the two methods and found out that theoretically they seem to offer similar contributions to both supervisee professional growth and leaner development. These attributes aroused the interest of the researcher who was then motivated to empirically test them in supervisory practice at one High School in Nkayi District. The gap that the research intends to fill together with the assumptions and potential limitations are discussed. It also discusses the significance of the study and important terms to be used in the study.
CHAPTER 2: REVIEW OF RELATED LITERATURE

2.1 Introduction

The purpose of the review of the literature was to gain understanding of the advantages and disadvantages of clinical and video analysis supervision. Focus was on what other researchers established on the use of video analysis supervision and clinical supervision especially on their advantages and disadvantages. Relationship among related literature and articles were explored. The chapter

2.2 Clinical supervision

This section is based on clinical collaborative supervision, where the supervisor works with the supervisee, but does not direct him. The supervisors and supervise share ideas and effective communication between them. Firstly, an issue is posed in a teaching context, and the parties work together on the definition, examination and the implementation stages (Gebhard, 1984). Clinical supervision is placed as a collaborative model by Gebhard (1984). This model was developed by Goldhammer (1969) and Cogan (1973). These authors postulated that behaviour of supervisees could be increased if they had equal status with supervisors. They claimed that once an enhanced interaction and democratic atmosphere is created, the supervisees’ performance and the students’ performance would improve.

Zepeda (2007) says, clinical supervision is about helping people grow and develop. The supervisor’s job is to work with people to improve the educational process and to aid the growth and development of students. The goal of the clinical supervision is to contribute to better learning experiences that will help people develop. It is a practice focussed on professional relationship that enables one to reflect on his practice with support of a skilled supervisor (Wadesango, 2011).

In other studies, (Ayeni, 2012; Mohd, 2002) contend that clinical supervision is getting facts from observing the real lesson taking place and the provision of face to face communication between
supervisor and supervisee. From this definition, clinical supervision can be considered as a support system designed to deliver assistance directly to the supervisee being observed taking changes into the classroom and influencing supervisee behaviours, as suggested by Sergiovanni (2006). This mode of supervision has five stages namely pre-supervision conference, observation and data collection analysis, post-supervision analysis and post-supervision conference. Gordon and Maxey (2000) explained the phases as follows:

In the Pre-observation conference, the supervisor and supervisee sit together to decide on the objectives, activities and ways to assess students, then they decide the points on which the supervisee wishes to focus during the lesson. The points of focus become the basis for the supervisor’s observations. The main purpose of this stage is to obtain information as to the supervisee’s intentions (objectives of the lesson; planned procedures; criteria of evaluation of student attention and learning)

In the observation phase, the supervisor observes the lesson based on the decided points during the first phase. The whole process depends on mutual trust, the supervisor only gathers information on the previously acknowledged points and through glances on some other areas. Its purpose is to view the lesson as planned in the first stage, secondly, it is meant to develop points, questions, ideas, problems to be raised or elicited during the conference and to determine priorities since not all items can be covered in the conference.

In the third stage the supervisor initiates data analysis using the collected data during observation and decides on the appropriate feedback to inform the supervisee. The data collected is shared in the post conference phase where the supervisee and supervisors review the data together and discuss areas of strength and weaknesses. Together they identify areas for improvements and this plan becomes the basis upon which the supervisee will work on to improve his or her practice. The purpose of this phase is to provide feedback and to provide a basis for the improvement of future teaching, to select a few amenable behaviours on which to work, to invite the supervisee to comment on the observation techniques utilised and focus on the lesson.

The five stages allow for a strong collaboration and careful exchanges of ideas between supervisor and supervisee. Both receive constructive feedback from different perspectives. It incorporates the
pre-observation conference stage which helps the supervisors to focus on the objectives set for the observation.

### 2.3 Video analysis supervision

According to (Zhang, Lundeberg, Koehler, & Eberhardt, 2011) video is one of the many emerging areas of technology that has been widely used as a teaching tool. Allen (as cited in Mashburn, Meyer, Allen, and Pianta, 2014) states that one of the methods of using video to improve supervisee learning is through microteaching, this is further elaborated in the writings of Tripp and Rich (2012: p. 728) who say “a supervisee is recorded teaching a short lesson to his or her peers. He or She then reviews this lesson for proficiencies and deficiencies and re-teaches the lesson”.

1. **Supervisees are video recorded while teaching,**

2. **The video is viewed to reflect or analyse,** and

3. **Supervisees make changes in their instruction to enhance student learning** (Masats et al., 2011).

Trip et al. (2012) contends that video-based supervision is beneficial to supervisees’ professional development, promising positive learning and professional development for participating supervisees. The researcher further adds that, video usage in supervisee education assists supervisee learning through reflective practices in which supervisees watch their own video recorded lessons. Rosaen, Carlise, Mihocko, Melinick, and Johnson (2013) and Masats and Dooley (2011) suggest that analysis of video recorded lessons provides an authentic opportunity to observe real classrooms. The accompanying guidance (by supervisors) gives supervisees a clear purpose and focus for viewing themselves in action, which in turn may promote active engagement. The reflective practices in which supervisees analyse video recorded lessons need to be explored from a collaborative perspective. The authors argue that, from this collaborative approach the role of supervisees is to share knowledge and make changes to their instruction in meaningful ways, positively impacting on student learning. The collaboration is achieved when the supervisees share information with a supervisor or a peer. Trip et al. (2012) notes that there is an increase in the use of video recorded lessons because of the benefits it offers to the supervisees teaching. The increase
in this interest is the realisation that this technique promotes supervisee self-reflection, which is an essential element for supervisee excellence, they contend. Masats et al. (2011: p. 1151) stated, “the use of video serves a double folded objective: as a means for constructing knowledge and developing reflective skills: and as a tool for forming critical video consumers and producers…”.

Among the researchers who have written extensively on the use of video analysis is Jensen (1995) whose contributions also support that video analysis enables supervisees to reflect on the quality of their work, assessing their strength and identifying areas that need improvement.

It allows for collaboration and exchange of ideas between the two parties as posited by (Rahn, 2005) that supervisor observation and post observation conference are important ways for both supervisee and supervisor to reflect on teaching practice. The authors suggested that optimum learning occurs when both supervisor and supervisee view and discuss the lesson being viewed together.

2.4 Supervisees’ perceptions on the contribution of clinical supervision towards their professional growth

This section discusses what some authorities have established as supervisee perceptions on the contribution of clinical supervision towards supervisee professional growth.

Kadziya and Kutamba (2014) and Bondi and Wiles (1996) contended that supervisees who were exposed to clinical supervision felt that a number of problems in clinical supervision were a result of lack of consultation by supervisors, and that there was need to explain their role in clinical supervision to the supervisee. Supervisees appreciated the use of clinical supervision in schools. They however, felt that the role of school heads affected clinical supervision; as they thought heads always wanted to control the post observation conference as they want things to be seen their way. Supervisees suggest that supervisors and supervisees should be colleagues in the process. In other words, they should de-role and assume the same status as the supervisee. Lack of collaboration hinders professional growth as supervisees have to take suggestions from supervisors without their own input to justify their actions in class.

This implies that supervisors do not understand their roles when conducting clinical supervision in schools, its importance and benefits in supervisee professional growth. On the other hand,
supervisees are naïve of the fact that supervisee development is an ongoing process. There is need for continuous improvement on their part in order to improve student achievement.

Behlol, Yousuf, Parveen, and Kayani (2011) noted that every administrative position has clinical supervision as one of its most significant facets. This thinking is justified by Ayeni (2012) who states that if supervisees lack positive perceptions towards the role of the heads in clinical supervision programs, progress in this endeavour cannot be achieved. Mhlanga, Wadesango and Kurebwa (2012) suggested clinical supervision as the best supervisory practice to improve the performance of supervisees. In a study of primary schools in Hurungwe district, Zimbabwe, Chihota (1997) found that there was heated debated on the role of clinical supervision among school heads. Heads of schools viewed clinical supervision programmes as a waste of time since supervisees acquired the necessary knowledge and skills at colleges to cope efficiently and effectively with classroom situations. However, this contradicts the findings of (Holland et al., 2002; Radi, 2007; Zepeda, 2007) who posited that clinical supervision is still needed in schools because supervisees have not reached the level of being dynamic, knowledgeable and skilful. Without guidance supervisees will not be able to improve teaching methods to be at par with the development of teaching quality, contends Sullivan and Glanz, (2000).

Veloo, Magdalena, and Khalid (2013) in a study conducted in Malaysia, found that clinical supervision increases teaching quality through positive effects on development of lessons, questioning techniques, student participation, consolidation, student practice, lesson closure and class control. From the studies of these researchers it is apparent that clinical supervision improves teaching greatly, in terms of teaching methods and approaches. In essence this contributes to the current study as the researcher would like to study the effect of clinical supervision and perceptions held by supervisees and supervisors in Nkayi district on clinical supervision.

In another study Kadziya et al. (2014) in Makonde district, Zimbabwe, investigated supervisees’ perceptions on the role of primary school heads in the application of clinical supervision programmes. They discovered that a number of problems in clinical supervision emanated from the fact that there was lack of consultation by supervisors and that there was need for better methods in these programmes and that there was need for clear explanations on the role of the supervisors during the process of clinical supervision.
By lack of consultation the researcher meant that supervisors did not engage their supervisees to explain the roles of the two parties especially the role of the supervisor and that the exercise was not a fault-finding exercise but to professionally develop the supervisee. Quoted in the same study Mhlanga et al. (2012) emphasises that supervisee staff developing through clinical supervision enables staff to keep abreast with educational developments and changes.

The significance of Kadziya et al.’s (2014) study to the current study is that it gives guidelines on how clinical supervision is done. Supervisees need to be involved in the programme, they need to know their roles and those of supervisors. Awareness of the benefits of this programme should be made on the onset.

Mayrma and Mary (1992) posits that clinical supervision leads to development of supportive and sharing culture in the school. It allows supervisees to realise that everyone has weaknesses and strengths. It gives them confidence that they can work collaboratively to improve. The reports that go into the supervisee’s file are more positive and relate to supervisees’ professional development aspects.

Supervisees’ behaviour is improved and they become effective and feel good about the whole process. On the other hand, students tend to feel more positive in their learning. This is because, when supervisees improve in their practice, learners tend to value the content delivered to them. This hopefully, changes the student performance (Mayrma et al., 1992). Ahmad, (2017) in a study conducted in Jerusalem to investigate the effectiveness of clinical supervision on technology, supervisors found that clinical supervision leads to improved supervisee practice through self-reflection. In the same study it was posited that there are improved communication skills, and teaching practices as well as reflection and self-assessment skills.

Several research findings have established some effects of clinical supervision on learner academic growth. Knezek (2001) posited that supervision helps improve students’ academic achievement. In the same study the academic achievement of students was found to be high for supervisors who practiced clinical instructional supervision. Similarly, Kwinda (2002) also adds that students’ high academic achievement was a result of clinical supervision. Kwinda goes on to say, in high performing schools, collaborative supervisory (clinical) systems were in place and that fostered supervisee reflection on instructions as well as collaboration among supervisees and with the
supervisor. Green (2010) adds that clinical supervision is one of the cornerstones of instructional leadership which leads to improved student academic achievement. Supervision provides support for supervisees and so supervisees who are not supervised may have a difficult time improving instruction and consequently students’ academic achievement. Glickman, Gordon and Ross-Gordon (1998) alludes that clinical supervision will ensure that supervisees are teaching the prescribed curriculum and using proper methodologies. When supervisors’ co-ordinate the curriculum in terms of teaching and learning processes, their students’ performance improves (Wiles & Bondi, 2007). In that study clinical supervision is concerned about improvement of supervisees and learners through addressing areas of weaknesses in supervisees’ classrooms. Activities for clinical supervision should be aimed at improving supervisees’ weaknesses. This leads to improved teaching experiences which helps learners to develop academically.

2.5 Supervisees’ perceptions on the contribution of video analysis supervision towards their professional growth

Tremendous work has been done by several authorities on establishing perceptions held by supervisees on the contribution of video analysis supervision. This section discusses what they have established on video usage as a supervisory tool in promoting supervisee professional growth.

Of the many contributions on the perceptions of supervisees on video analysis supervision, Rosaen et al. (2013) state that supervisee’s perceptions on the use of videos in supervisee professional developmental programs are that video analysis of authentic classroom videos accompanied by experts’ guidance, benefitted supervisees in examining specific features of classroom instruction and analysing teaching strategies that are contextualised with students’ needs. This approach, offers opportunities to study the lessons with the assistance of a supervisor and the analysis of the lesson features, contribute to overall quality of teaching.

Rosaen et al. (2013) posit that, supervisees agree that video recording could capture the essential things happening in the lesson, showing how they teach. However, supervisees have concerns that the recording will miss some of the interactions with children that could demonstrate their personal qualities. Supervisees were also worried that though the recording could capture different parts of the learning environment, difficulties were still found in presenting it as a whole. Several
supervisees exposed to video analysis said they realised their areas of strength and weaknesses. Levels of trust in video recorded lesson analysis were greater as supervisees could communicate better with supervisors. During the video review with a supervisor they could clarify situations and provide explanations. In their study Rosaen et al. (2013), posit that supervisee relationship with students, students control and involvement ultimately lead to learner academic growth in several dimensions, including academic performance which is closely correlated with supervisee effectiveness.

From the literature reviewed, it can be ascertained that clinical and video analysis supervision contribute to improvement of supervisee professional development and student achievement in various ways. The benefits of using either of them include that they both contribute to critical thinking development. This is due to the fact that both methods engage the supervisee in the post observation conference phase. The discussion between the supervisee and supervisor helps the supervisee to critically think on his or her actions and works on improving the lesson deficiencies.

The supervisee is allowed to reflect on his or her practice through active engagement. Because the supervisee is given the opportunity to take a look at his or her classroom behaviour there is an increase in self-reflection. The supervisees reflect on their practice and self-correct, resulting in improved instruction. Improved instruction benefits the student and leads to better academic achievement because of improved methods, communication and class control. Both modes encourage strong collaboration and careful exchanges of ideas between supervisor and supervisee during the post observation conference.

During post lesson conference, supervisors could provide more concrete and in-depth feedback as they could stop the recording at a particular point to review, and focus on a specific aspect for reflection. However, some of the supervisees expressed reservations on the use of video lesson analysis saying that video cannot capture aspects such as learner emotions. Sewall (2009) supports the views of some supervisees that class recordings are used to supplement observation data.

Carrie and Irene (2016) established that there was need for awareness and training to help supervisees analyse and utilise video recordings for professional development. Their study
explored the extent to which the guided video analysis process facilitated the supervisee’s professional development. Analysis of video recorded lessons, followed by discussions with a supervisor, promotes reflection of their practice through observing themselves teaching. Carrie and Irene (2016) propose the need for promoting awareness of the video recorded lesson analysis and the need to train supervisees and supervisors on how to analyse and utilise the recordings for professional development. It is established from their findings that there is need for guidance in video analysis. The guidance is from peers or supervisors. These peers help the supervisee reflect on their practice and supervisors to make suggestions for improvements. The findings are supported by Zhang et al. (2011) who posit that video has been one of the most widely used teaching and learning tool as quoted in the same study. The results of the studies imply that supervisees should know how to use their own videos for the purpose of improving their teaching skills as well as that of their students.

Implications of the studies to the current study is that when conducting video recordings of authentic classrooms, supervisors need to know how to utilise video recordings and its benefits in their practice. To benefit from video usage, there is need for guidance in video analysis and hence the supervisor should be knowledgeable on video analysis usage. This calls for supervisor training or staff development on video analysis for fruitful implementation of the programmes.

Contributing to the effects of video recorded analysis of lessons during supervision (Clark, 2012) noted that supervisees can learn a lot about their teaching practice when using video recordings of their teaching during collaborative learning with a supervisor and or peers. Four benefits are outlined by this researcher. Firstly, he posits that supervisees learn a great deal watching themselves teach, especially after they watched themselves several times. Videos are a good follow up to professional learning by increasing the likelihood and quality of implementation after training, the researcher adds. Clark (2012) further contends that the dialogue that occurs during video study deepens group members’ understanding of how to teach the targeted practice and often introduce them to other teaching practices while listening to team members’ and or supervisor’s comments. This implies supervisees benefit from suggestions made by supervisors or peers who would have watched the lesson on video with the recorded supervisee. Suggestions on improvement are made and both supervisor and supervisee benefit from the discussions. When supervisees come together for such discussions a meaningful bond is formed because the video
structure compels each participant to stand and engage in constructive supportive, and appreciative conversation (Clark, 2012).

Trip and Rich (2012) comment that using video was beneficial in several ways. Supervisees after observing and reflecting on their teaching they were able to identify gaps between their beliefs about good teaching and actual teaching. Supervisees also notice things about their teaching that they did not remember. In addition to these aspects they are able to assess their strength and weaknesses.

Tesfaw and Horfman (2014, p.1) says that schools aim is to improve students’ learning and supervisees aim to achieve this goal as their performance has an impact on students’ learning achievement. Supporting the same idea, Mizell (2010, p. 19) stated that “when educators learn, students learn more.” These researchers support that with the development of supervisee practice the learner benefits tremendously. Video captures the supervisee’s actions and behaviours as well as those of students. During video analysis these two variables are discussed. As an example, learner behaviour is analysed and discussed. Suggestions on how to improve this behaviour are given thereby developing the learner. Several aspects related to the learners can be analysed as well. These include supervisee relationship with students, students control and involvement. Suggestions pertaining to learners ultimately leads to learner academic growth in several dimensions, including academic performance which is closely correlated with supervisee effectiveness.

From the literature reviewed, it can be ascertained that both modes of supervision contribute to improvement of supervisee professional development and student achievement in various ways. The benefits of using either of them include that they both contribute to critical thinking development. This is due to the fact that both methods engage the supervisee in the post observation conference phase. The discussion between the supervisee and supervisor helps the supervisee to critically think on his or her actions and works on improving the lesson deficiencies.

The supervisee is allowed to reflect on his or her practice through active engagement. Because the supervisee is given the opportunity to take a look at his or her classroom behaviour there is an increase in self-reflection. The supervisees reflect on their practice and self-correct, resulting in
improved instruction. Improved instruction benefits the student and leads to better academic achievement because of improved methods, communication and class control. Both modes encourage strong collaboration and careful exchanges of ideas between supervisor and supervisee during the post observation conference. Both receive constructive feedback that promotes professional development to each of them.

2.6 Theoretical framework

In carrying out this investigation, the research was informed by the leadership and organizational theory, which outlines how individuals impact an organization. The leadership and organizational theory providing this theoretical framework is based on the studies of Durfour and Durfour (2003), Hair, Bush and Ortinau (2003), Gallos (2008), Marzano, Waters and MucNulty (2005).

Durfour and Dafour (2003) also discuss several leadership and organizational theories and single out the participative leadership model as being important. “Participative leadership is one of the most important of the shared leadership models” (Hair et al., 2003, p. 39). The participative model is underpinned by four arguments, that:

- Participation increases school effectiveness as supervisees’ “own” decisions.
- Participation is justified by democratic principles within a professional context.
- Participation serves to bond staff together, working towards agreed goals.
- Participation leadership assumes that all members of an organization should have equal opportunity to contribute to decision making. With this model there is a uniform culture reinforced through collegial activities (Hair et al., 2003).

Hair et al. (2003, p. 76) identified three models that “support collegiality”, these include transformational leadership, participative leadership, and interpersonal leadership. Transformational leadership focuses on school outcomes whilst participant leadership brings staff together, and interpersonal leadership “stresses the importance of collaboration and interpersonal relationships.” These collegial models provide the foundation for the implementation of effective observations.
Hair et al. (2003, p.64) also stipulates some features of collegial models, suggesting that, “power and decision making should be shared among some or all members of an organization.” Collegial implies that supervisees and supervisors should be at par during the supervision process, they should be colleagues willing to learn from each other. The researcher states that decisions taken are agreed upon through conversation not through any form of conflict. The collegial models as outlined by Hair et al. (2003) match those of Marshall (2005) which are about reflective conversation after lesson observation. The discussion that follows the observation is meant to share power and views about specific aspects of the lesson observed. In other words, there should be some form of collaboration between the supervisee and supervisor.

Supervisors play a great role in making sure that supervisees perform to their best, they have several responsibilities and Marzano et al. (2005) identified some responsibilities of school leaders and also how this correlate with student achievement. From the author’s findings, monitoring and evaluating school practices has one of the highest correlations with academic achievement. This means that the more supervision done, the higher the student academic achievement. Supervision should be carried out taking into consideration the leadership theories proposed by these authors in order to achieve the best out of it.

Other leadership and organizational theorists are Bolman and Deal (2008) and Gallows (2008) who posit that leadership should be viewed from multiple perspectives and they offer the human resources as one of them. “Human resources theorists advocate for openness, mutuality, listening, coaching, participation and empowerment.” These qualities are at the heart of the two supervision approaches that the research is about: clinical and video analysis supervision.

The two models encourage a collegial approach based on mutual understanding, willingness to listen to the other part and empowerment of the supervisee. The supervision process is shifting from the context of evaluation and documentation of performance to that of reflective conversation where the supervisor asks questions and listens to help supervisees to grow professionally. Gallos (2008, p.163) identifies three steps in supervision, “noticing something, deciding what to make of it, and determining what to do about it.” These steps are essentially part of the two supervision models that the researcher is comparing. They point out that during supervision data is gathered, to notice those issues that merit the post observation conference then reflecting on them and taking steps to deal with any anomalies as identified by either the supervisee or supervisor.
This theory has influenced this research in that leaders need to shift and focus their supervision guided by participative leadership theory. The supervision that they carry out should have the characteristic of clinical supervision and video analysis supervision as outlined by researchers. As described above supervision should encourage collegiality, supervisees should own the improvements achieved, supervision should bond supervisees through mutual trust, and supervisors should encourage active participation of supervisees in the whole process. With these characteristics of supervision, it is worth considering the two supervision models: clinical and video analysis supervision as they have been described as models that promote collegiality and cooperation between supervisor and supervisee and hence leads to supervisees’ professional development and consequently improved learner performance.

2.7 Summary

This chapter described the concepts clinical supervision and video analysis supervision and their constituencies. Each model has been elaborated in terms of the stages that need to be followed when using either method. Several authorities reviewed, gave perceptions that supervisees hold about these models in promoting supervisee professional growth. Some effects of these supervisory models on learner development and supervisee professional development have also been outlined. The chapter also summaries the contributions of the models to supervisees’ professional growth and learner development. The theoretical framework guiding the research has also been discussed. The next chapter discusses the research paradigm and design, instruments used for data collection and data analysis procedures. It culminates by outlining ethical considerations of the research study.
CHAPTER 3: RESEARCH METHODOLOGY

3.1 Introduction

The purpose of this chapter is to describe the research paradigm and the adopted design, what they entail and why they are the most appropriate. The research instruments used, data analysis and ethical considerations made in pursuit of the research objectives will be described.

3.2 Research paradigm and research design used

3.2.1 Research paradigm

In this research, an interpretivist paradigm was used, the main aim being to understand the subjective world of human experience (Guba & Lincoln, 1989). Through interactions with participants in a natural setup, the researcher gathered primary information, inferred and constructed meanings from the data gathered. As such, the interpretivist paradigm subscribes to the idea that reality is socially constructed (Bogdan & Biklen, 1998). The paradigm insists that the subjects are the primary source of information, rather than the viewpoint of the researcher. The researcher intermingled, dialogued, questioned and listened to different ideas from the research participants.

The paradigm was used because it helped choose appropriate instruments for collecting data, which were interviews guides, observation guides and questionnaires. The interviews and questionnaires allowed for the subjective expressions of the participants’ perceptions about the supervision modes under study whereas the observation method was used to validate the responses from the other two methods.

3.2.2 Research design

In this research, the case study was used, according to Robson (as cited in Saunders et al., 2009), a case study is defined as “a strategy for doing research which involves an empirical investigation of a particular contemporary phenomenon within its real-life context using multiple sources of evidence”.

23
In this research, the case study fitted well because it examined a single case of a high school in Nkayi district. A mixed method approach to data collection was used to acquire data through questionnaires, observations and interviews, to gain an in-depth understanding of this specific context.

3.3 Population, sample and sampling

This section describes the population, sample and sampling techniques that were used for the research.

3.3.1 Population

For this study the criteria of inclusion were:

- Qualified supervisees at this High School (Supervisees)
- Heads of departments (supervisors)
- Students taught by the supervisees

The criteria helped to identify the categories in the population, and these are supervisees, supervisors and learners in the school. Since the research is about supervision these categories were chosen because they are directly related to the research problem. The categories are made up of 20 supervisees, six supervisors and 512 students.

3.3.2 Sample

Polit and Hungler (2001) posits that a sample is a proportion of a population. For the study, the sample was chosen from the population of supervisees, supervisors and learners in the school. A representative sample provides data representative of the population from which it is selected and generalisations are made. From the category of supervisors, 6 participated and from the supervisee category 13 participants were selected. The category of learners consisted of 126 learners.
3.3.3 Sampling

The 13 supervisees were purposively selected because they were all involved in an ICT programme in which they were video recording each other for peer coach, hence were suitable participants for the video analysis supervision. The 6 supervisors were all selected by virtue of being the supervisors of the 13 supervisees. The 126 learners were participated on the basis that they were taught by the selected supervisees; hence it was easy to track changes due to the impact of each of the supervisory modes on those learners.

3.4 Instruments used

During clinical and video analysis supervision the researcher used observation guides as data collection instruments, while after the implementation, the researcher administered questionnaires and interview guides as instruments and these are described below.

3.4.1 Questionnaires

Two questionnaires were constructed, one for the supervisors (Appendix 1) and the other for the supervisees in the sample (Appendix 2). The questionnaires were designed to capture quantitative data in the section where the participants were asked to indicate the degree of agreement by checking one to 5 categories on a Likert scale and to answer open ended questions. Answering open ended questions generated qualitative data.

The questionnaire for the supervisors sought the supervisors’ contributions in terms of professional development. Issues to do with supervision were asked, such as, if they supported collaboration among supervisees, encouraged peer coaching and planned professional development according to supervisees’ needs. They were also asked about the frequency of supervision they conducted and also whether they discussed lessons before supervision and after supervision. Furthermore, the questionnaire sought to elicit the supervisors’ opinion on the effectiveness of clinical and video analysis supervision models towards supervisee professional growth and learner development.

The supervisee questionnaire on the other hand, sought to find out from supervisees if supervisors planned their supervision according to their needs and if they supported collaborative supervisees’
activities such as peer coaching. They were also asked about the frequency of supervision by the supervisors. Their opinions on whether supervision had any impact on their teaching were also sought. Supervisees were asked if they usually received any form of feedback after supervision and whether supervisors accepted their input during the post observation conference. Opinions on the effects of the supervisory models to both professional development and learner academic growth were elicited.

The two groups responded to 5 similar open-ended questions on how video analysis of lessons compared with clinical supervision of lessons in enhancing supervisee professional development and on how the two supervisory modes compared in enhancing learner academic growth.

The choice of this instrument was informed by that with a questionnaire, highly structured data are attained and is good for collecting information quickly and easily. Uniformity of questions enables the research to yield data which is more comparable than from interview schedules.

### 3.4.2 Interview guide

The second instrument used for data collection was the interview guide which consisted of questions that the researcher wanted the participants to answer in a face to face question and answer session.

Two guides were designed, one for supervisors (Appendix 3) and the other for supervisees (Appendix 4). Interview guides were used by the researcher to solicit supervisor and supervisee perceptions on clinical supervision and video analysis models, how each impacted supervisee professional development and how it influenced learner growth. It also sought how supervisors and supervisees compared the models. These questions generated qualitative data for the research and were constructed such that they were open ended, enabling the interviewer to add more questions as follow up questions to clarify responses. The questions complimented questionnaires so as to clarify responses from questionnaires.

The information from the interviews was used to answer all the research questions proposed for the study. The interviewer wanted to understand the effectiveness of the supervisory models from
the perspectives of the interviewees and how they compared clinical supervision and video analysis supervision in terms of professional development and learner academic growth.

Reasons for data collection using this instrument were that it is much easier to find out patterns and also proves flexible and has a good response rate as compared to questionnaires. Above all, it provides control over the environment and order of questions. Another advantage is that it is more personal compared to questionnaires, allowing for the achievement of higher response rates.

3.4.3 Observation checklist

The third instrument used for this research is the observation guide (Appendix 5) and for supervisees (Appendix 6). This is a checklist of the behaviours to be observed during the implementation of the supervisory models. Some aspects such as changes in supervisee and learner behaviour could not be ascertained through questionnaires and interviews hence there was need to develop an observation guide to help compliment the other two methods described above.

The observation guides were meant for supervisors, supervisees and learners. The researcher had to participate in supervisory sessions to gain first-hand information about professional development of supervisors, supervisees and learners’ behaviour change as a result of the clinical and video analysis supervision models. The instrument also helped in checking consistencies in responses given by research participants in questionnaires and interview sessions.

The changes to be observed were how the supervisory recommendations influenced change of supervisors’ practice, supervisees’ practice and learners’ behaviour. After each supervisory session, supervisors and supervisees had to agree on what was to be improved and the next supervisory session would then be used to check on whether the recommendations and agreed changes are put into practice or whether the supervisory models had any observable changes in both supervisees and learners as well as that supervisors had changed their approaches to supervision.

The instrument addressed the three research questions, which sought to compare the clinical supervision method and video analysis of lessons as ways of enhancing professional development
of supervisees and promoting learner academic growth. The observation guide helped to observe the notable changes that were attributed to supervisory models to both supervisees and learners.

The observation guide helped to maintain the observer’s focus while observing the supervisors, supervisees and learners. It reminded the observer of the key observation points.

3.5 Validating the research instruments

In order to improve the quality of the questionnaire, pretesting and piloting of the questionnaire was carried out. To pre-test the questionnaire, it was administered to 5 respondents (supervisees) and to 2 supervisors. Experienced lecturers were consulted on the quality of the questionnaire, its content, language and purpose. After inputs from pre-testing were gathered, modifications to the instruments were done. Pretesting was done to ensure reliability of the questionnaires in order to identify and solve confusing points. For the pilot test, 5 respondents were randomly selected from the sample to find out how the questionnaire might be answered by the whole sample and to be able to identify potential problems with the instrument.

3.6 Reliability and validity of the observation schedule

Reliability certifies that observations will be consistent across time or observers, while validity ensures that an instrument measures what it is intended to measure.

To establish reliability of the observation schedule, the researcher had to enlist the services of another observer during observations and during video analysis discussions so as to compare notes and check for consistence. The other method that was used was the video/audio recording of lessons to allow for revisiting what the observer documented, allowing for consistence checking.

Validity of the instrument was established through use of multiple sources of data and also through validation by individuals being observed to ensure that conclusions of the observer match with what actually happened during the observation.
3.7 **Data collection procedures**

This section outlines the data collection procedures used in the research.

3.7.1 **Questionnaires**

To collect data using the questionnaire, the researcher personally distributed the questionnaires to the supervisors and supervisees. The researcher explained that confidentiality is going to be upheld to protect the image of the participant and that they were supposed to answer the questions as faithfully as they could. The participants were given one week to complete the questionnaires. After one week the questionnaires were personally collected by the researcher from both supervisors and supervisees. There was 100% submission of questionnaires and all questions were answered by the supervisors and supervisees.

3.7.2 **Interviews**

The data generated through the interaction of the researcher and respondents needed to be documented, hence interviews were recorded using a voice recorder and notes were taken to compliment the recording. These recordings and notes were then reviewed and important quotes were written down.

When setting up the interview, the researcher ensured that the interview was conducted where the interviewee was comfortable, thus in their own place of choice. To ensure that the participants did not feel intimidated, the place was private. Respondents were assured of the confidentiality of the information or data provided. To ensure this, pseudo names were used for each respondent. Permission to record was sought prior to recording. The researcher explained the purpose of the interview and this assisted in ensuring informed consent of the process. A letter of consent was signed by all parties.

During the interview, the researcher took the role of a facilitator so that all contributions were from the interviewee. A friendly atmosphere was created with the researcher asking interviewees to seek clarifications of asked questions if they did not understand them. Interviews yielded qualitative data that was mostly text, transcribed from recordings of the respondents’ responses
3.7.3 Observations

In order to collect data using observation guides, the researcher designed two observation guides, one for supervisees and learners. Another one was for supervisors guiding the researcher on points to be noted. As the researcher observed supervisees teach, he noted any changes that were a result of the recommendations from the supervision models. Concurrently, learner related behavioural changes and interactions were noted since these were closely related to supervisees’ professional development. The researcher also noted how supervisors implemented both models of supervision and whether they had understood their applications in practice. In both cases the researcher documented the observations by taking down notes of aspects noted, especially noting changes in supervisees’, supervisors’ and learners’ behaviour as a result of either supervisory approach. The data was grouped into supervisee, supervisors and learner behavioural change categories.

To be able to implement clinical supervision and video analysis supervision, the researcher took advantage of the supervisors’ workshops that were ongoing every Wednesday during the third term. The workshops were on the use of ICT in peer coaching. Supervisors were recording each other teaching and then analysing the videos as a group. The researcher seized the opportunity to seek supervisors’ participation in using video analysis in supervision together with clinical supervision. A request was made to the administration to conduct two workshops on how to do clinical and video analysis supervision. During the workshops, the researcher explained how the process of supervision was to be implemented. Within the sessions, rehearsals were conducted. After the two workshops, supervisors were asked to implement the two supervision models over a six-week period, with the researcher participating in the supervision sessions. There were two supervision sessions for each supervisee for both models (clinical and video analysis).

1. Firstly, the supervision sessions were followed by recommendations from post observation conferences which then formed the basis for the next supervision session.
2. The second supervision session was aimed at checking whether supervisees implemented recommendations from the previous supervision sessions as documented by the supervisors in the first session.

3.8 Data analysis techniques used

Data analysis is the process of turning data into information. Hair et al. (2003) said that analysis of qualitative data involves three concurrent stages of data reduction, data display, and drawing and verifying conclusions. The authors went on to deduce that data reduction includes summarizing and simplifying the data collected and/or selectively focusing on some parts of this data. Descriptive methods such as percentage and frequency were also used in the research for the quantitative data from questionnaires.

In this research, data analysis was done with the help of NVivo 10 software. NVivo 10 is a qualitative analysis software that gave word frequencies and key words in the context of clinical supervision and video analysis supervision, allowing for identification of data patterns in the context of supervision. It allowed the researcher to organise and analyse the content to discover insights and also to query the qualitative data from questionnaire, interviews and observations. This software helped find connections and understanding of underlying themes and patterns that informed decisions.
The following diagram illustrates the methodology used for data analysis using the NVivo 10 software.

![Methodology Diagram]

**Figure 3.1: Interviews, questionnaire and observation data analysis procedure followed (QSR Private Ltd, 1999)**

Figure 3.1 above illustrates how data in this study was analysed. The first stage involved transcription of the data collected through the method of observation, questionnaires and interviews. The data was then imported into NVivo 10. The researcher then explored the data, coded themes, made queries and created visual representations of results. Finally, the findings were summarised in framework matrices using the software. Sarantakos, (1998) proposed the following similar five step thematic data analysis procedure which the researcher adapted for this study.

**Step 1: Transcription**

The researcher transferred recorded data from interviews onto paper and read to understand what the data was about.

**Step 2: Coding**

The qualitative data from interviews, questionnaires and observations was coded and organised into the corresponding nodes as follows:
1. effectiveness of either clinical supervision and of video analysis supervision
2. comparison of video supported lesson supervision and clinical supervision compare as ways of enhancing supervisee and student professional growth?
3. advantages of clinical supervision
4. disadvantages of clinical supervision
5. advantages of video analysis supervision
6. advantages of video analysis supervision

This was achieved through reading the responses and recording the themes from every participant. The researcher then grouped the responses into respective themes in their nodes as outlined above.

Step 3: Analysis and Interpretation

Psychological meaning was used to interpret the themes from step 2. The researcher’s understanding of the themes was used as facts.

Step 4: Generalization

The researcher summarized the findings from the different themes as grouped in the corresponding nodes.

Step 5: Validation

By going through the transcripts and allowing another supervisee to read through again helped to validate the data.

3.9 Ethical considerations

The identity of the respondents was protected. An informed consent form (Appendix 7) was given to the respondents so that they were fully aware of their participation in the research. Referencing guidelines were strictly followed so as to acknowledge all material obtained from other sources. Responses obtained from participants were used for academic purposes only. Confidentiality was
one of the main considerations that the researcher observed as part of the ethical considerations. Questionnaires were filled based on anonymity or without any form of identity information. This was important as it helped the participants to freely respond to the questionnaire, which was essential for acquiring all important information.

3.10 Summary

This chapter described the research paradigm, design, population, sample and sampling procedures. It also described the data collection procedures and data analysis techniques used in the research, ethical considerations were highlighted. The next chapter discusses presentation, analysis and interpretation of the collected data.
CHAPTER 4: DATA PRESENTATION, ANALYSIS AND INTERPRETATION

4.1 Introduction

This chapter presents and analyses the data which was collated through interviews, questionnaires and observations. The major findings of the study are briefly mentioned and these were guided by the specific objectives that were stated in chapter one.

Below are the key areas that will be discussed:

1. Clinical and video analysis supervision as ways of enhancing supervisees’ professional development and learners’ academic growth
2. Advantages of clinical supervision and video analysis supervision
3. Disadvantages of clinical supervision and video analysis supervision

4.2 Data presentation and analysis

This section presents and analyses data which was collated from the aforementioned data collection tools. The presentation will be in the form of tables, graphs and transcribed data from supervisees and supervisors.

4.2.1 Clinical and video analysis supervision as ways of enhancing supervisees’ professional growth and learners’ academic growth

4.2.1.1 Supervisee views on effects of clinical supervision

Figure 4.2 shows the answers from supervisees in the questionnaire to the question about the effects of clinical supervision on professional development of supervisees.
All the supervisees indicated that clinical supervision was effective in professional development. The reasons given included that since an observation criterion is drawn before the lesson, the post observation session will be aimed at analysing the agreed aspects and thereby improving the supervisee. This type of supervision is more focussed as it narrows down the observation to a few variables hence helps develop the supervisee on specific issues at a time.

Supervisees felt that another contribution of clinical supervision was that it minimised supervisee challenges during the lesson since aspects were discussed prior to the lesson. Supervisees added that since the supervisors were aware of the lesson expectations, it helped them keep track of the lesson and it aided in the post lesson discussions. It was also posited that because of supervisee involvement in clinical supervision, supervisees felt as equals in the process hence they were willing to participate and implement recommendations contributing to their professional development.

4.2.1.2 Supervisor views on effects of clinical supervision on professional development of supervisee

The information below is from supervisors’ questionnaire on a question on the effects of clinical supervision on professional development of supervisees.
Table: 4.2: Effects of clinical supervision on Professional Development of Supervisee

<table>
<thead>
<tr>
<th>Responses</th>
<th>Frequencies</th>
<th>Response percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not effective</td>
<td>1</td>
<td>17%</td>
</tr>
<tr>
<td>Less effective</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Effective</td>
<td>5</td>
<td>83%</td>
</tr>
<tr>
<td>Total responses</td>
<td>6</td>
<td>100%</td>
</tr>
</tbody>
</table>

From the data collected from supervisor questionnaires, it was established that 83% of the supervisors were of the views that clinical supervision enhanced professional development because the supervisee aimed at achieving agreed targets from the pre-discussion session. Supervisors said that clinical supervision gave supervisees the latitude to make corrections, prepare and to perform better during supervisions. On one hand it promoted team work.

On the contrary, supervisors said that clinical supervision results may portray artificial supervisee performance as the supervisee works towards achieving the agreed aspects and may not portray the daily supervisee’s performance.

4.2.1.3 Effects of video analysis supervision on professional development

4.2.1.3.1 Supervisee views on effects of video analysis supervision on professional development

The following chart shows the answers from supervisees questionnaire to the question about the effects of video analysis supervision on professional development of supervisees.
Figure 4.3: Supervisee questionnaire responses to effects of video analysis supervision on supervisee professional development

The chart shows that 92% of the respondents considered video analysis supervision as being effective in supervisee professional development. Only 8% of the respondent felt it was less effective than clinical supervision.

Those who said that video analysis supervision was effective for supervisee professional development stated several effects that included that it provided supervisees and supervisors with opportunities to discuss the evidence from the video watched. By seeing themselves teaching from a video, the supervisees got to realise their strengths and weaknesses. Through the lesson discussions with supervisors, supervisees learnt how to handle classroom situations. On the other hand, supervisees felt that video provided them with the opportunity to self-evaluate and reflect on their practice thereby contributing to their professional development.

One respondent who said that video analysis supervision was not effective expressed that, supervisees are afraid of being recorded during the supervision session and hence this had an effect on supervisee performance.

The points raised by supervisees indicate that video analysis supervision leads to self-evaluation and reflective practices and that concrete evidence helps supervisees and supervisors to discuss tangible evidence from the video.
4.2.1.3.2 Supervisors views on effects of video analysis supervision on professional development

The table below shows the information from supervisors, obtained from one of the questions in the questionnaire on the effects of video analysis supervision on professional development of supervisees.

![Effects of video analysis supervision on professional development of supervisees](image)

**Figure 4.4: Effects of video analysis on supervisee professional development**

The pie chart above illustrates that all supervisors felt video analysis was effective in supervisee professional development. The effects cited by supervisors were that it promoted evidence-based discussions. The strength and weaknesses of the lesson could be viewed and discussed together. Supervisors felt that watching oneself teaching motivated the supervisees because instead of being told how the lesson went, they were able to watch for themselves and self-evaluate.
4.2.1.4  Researcher observations on the effects of clinical supervision and video analysis on professional development of supervisees

4.2.1.4.1  Supervisor implementation of clinical supervision

Through observations, the researcher found out that clinical supervision took more time to implement, it took between 30-35 minutes to go through the pre-observation conferences. After which the lesson observation would then be scheduled. The substance of discussion in clinical supervision was to look at the objectives of the lesson, the teaching methods the supervisee intends to use, what teaching aids would be used, how the lessons would be developed with the supervisee explaining how he/she intends to develop the lesson, the activities were also discussed giving the supervisors a clear picture of the lesson and how the supervisee intended to conclude the lesson.

During the supervision session the role of the supervisors was to monitor how supervisees implemented the discussed issues. The supervisors identified negative and positive aspects of the lesson, taking down notes as reference for post observation discussions. During the session the supervisor together with the supervisee, identified areas that needed improvement.

The substance of discussion after the lesson included how the supervisee implemented discussed and agreed aspects during the first stage of clinical supervision. During the post observation conference discussions, supervisors sought the views of the supervisees and shared their observations. However, it was noted that in most cases the supervisors were tempted to do the talking themselves instead of engaging the supervisees.

During video analysis supervision the researcher observed that supervisees had some reluctance and lacked cooperation to participate in the first stage of clinical supervision. Regardless of these setbacks, supervisors managed to implement the models as explained. Even though supervisees tried to contribute in the post observation conference as advised by the researcher prior to implementation of clinical supervision, some of their views were being queried by supervisors instead of them embracing supervisee contributions.
4.2.1.4.2 Supervisor implementation of Video analysis supervision at the school

During video analysis supervision the essence of video recording was to record the lesson and use it as the basis for discussion during post video observation conference. It was intended to capture the lesson as it occurred. However, it was noted that videos that were presented for discussion had problems in that they were inaudible in some sections because the camera’s mic could not capture the voices due to the distance of the camera from the sound sources.

The essence of video discussion was to analyse and discuss the lesson as observed in the video, it was used as a record of what transpired during the lesson. When watching the lesson both supervisor and supervisee analysed the lesson development, analysing the short comings of the lesson and making recommendations for future improvements. The recommendations helped develop the supervisees in identified weaknesses and helped in reinforcing the supervisee strengths.

4.2.1.4.3 Supervisee implementation of clinical and video analysis supervision

During the interviews it was noted that supervisees detested the pre-observation conference of the clinical supervision, complaining that it took most of their time. Supervisee also hated being video recorded, because they developed stage fright during the recordings. It was observed that during recordings learners tended to follow the camera thereby distracting them. Hence, supervisees felt that video recording disturbed the lesson proceedings.

Observations on whether supervisees changed how they handled instruction after implementation of the models, the researcher noted that supervisees attempted to implement recommendations from the first lesson discussions. These aspects included questioning styles, class control, lesson delivery and the use of teaching media.

The hindrances noted during the implementation of the models were the lack of expertise in video recording, which resulted in poor audio and failure to capture the whole class and some activities. Another hindrance was the school timetable which was too packed that after supervision, supervisee and supervisor could not sit and discuss the lesson until when both were free, which resulted in them meeting between 1 and 3 days after supervision. This meant that the feedback was not immediate.
On which model the supervisees preferred, the researcher observed that supervisees preferred clinical supervision model for the reason that video recording model distracted learners during the video supervised lessons.

It was also observed that the implementation of the models had to some extent, some impact on supervisees, this was evidenced by that supervisees attempted to implement the recommendations from previous lesson observations.

The models impacted on supervisee professional development in several ways as observed by the researcher, some of the impacts included improved class management, revisiting lesson delivery procedures and revitalised use of teaching media during lessons.

During the observations the researcher observed that video analysis supervision was generally easy to implement. The video could be recorded by anyone, not necessarily the supervisor and it could be recorded in the absence of the supervisor too.

4.2.1.4.4 Researchers observations on the effects of clinical supervision and video analysis supervision on learner academic growth

The researcher observed that with supervisee professional development, learners were the ultimate beneficiaries of this process. Learners benefitted indirectly through supervisee improvement. It was observed that with issues raised during supervisions, such as handling chorus answers and encouraging individual contributions by learners, learners learnt to be orderly and it assisted in identifying those who hid behind others, avoiding contributions by shouting answers.

Through video analysis supervision some leaners’ misbehaviours that were not noted by supervisees during lessons could be identified and discussed, helping the supervisee to identify misbehaving learners and taking corrective measures, this contributed to learner discipline management. Both video analysis supervision and clinical supervision, helped identify communication deficiencies in both supervisee and learners. For example, the types of questions posed by some supervisees resulted in learners failing to interpret the questions. Through discussions of these types of questions, there were attempts to rephrase questions to the level of understanding of learners in the supervision sessions that followed, contributing to learner academic growth by positively contributing to their learning.
The observations were in tandem with what was yielded from supervisors’ and supervisees’ data as presented from the sections above.

In responding to the research question, it can be said that both methods gave the supervisees room to improve and reflect on their teaching, contributing to their professional development. Respondents indicated that video analysis supervision provides supervisees and supervisors with an opportunity to revisit the classroom with the supervisee as an observer to discuss the lesson. Video analysis supervision further provides both supervisees and supervisors with an opportunity to self-evaluate and reflect on their practice thereby contributing to professional development. With respect to clinical supervision it was highlighted that it was effective in the sense that it had an allowance to give an observation criterion which is drawn before the lesson, the post observation session was aimed at analysing the agreed aspects resulting in improved supervision performance.

Clinical supervision is more focussed and narrows down the observation to few variables unlike video analysis supervision which captures a lot about the lesson leading the post observation conference to stray from what could professionally develop the supervisee. Because of the discussed issues, the supervisee is accorded the opportunity to thoroughly prepare for the lesson. The data also indicated that clinical supervision minimises supervisee challenges during the lesson since expectations are agreed upon during the pre-lesson observation conference.

Both models contributed to supervisees’ and learner academic growth in several ways. The areas that improved included learner behaviour, communication between learner and supervisee. Improving the supervisee teaching methods ultimately contributed to learner academic growth.

4.2.2 Advantages of clinical and video analysis supervision

This section presents the advantages of clinical supervision and video analysis supervision as given by supervisors and supervisees in questionnaires.
4.2.2.1 Advantages of clinical supervision

4.2.2.1.1 Supervisee Responses on advantages of clinical supervision

Figure 4.5 shows the responses from supervisee questionnaires on the question: what are the advantages of clinical supervision?

![Advantages of clinical supervision chart]

**Figure 4.5: Supervisee responses on advantages of clinical Supervision**

All Supervisees identified several advantages of the clinical supervision model, 36% of the responses indicated that supervisee involvement led to professional development. Another 32% of the responses expressed that because the observed variables were discussed before supervision, the model was more objective in nature and kept both supervisor and supervisees focused. Because the observed aspects were discussed beforehand, 32% of the supervisees felt a sense of ownership of the progress of the supervision which is an advantage to supervisees’ professional development.
4.2.2.1.2 Supervisors’ responses on advantages of clinical supervision

Figure 4.6 shows the information from supervisor questionnaires on the question: what are the advantages of clinical supervision?

Figure 4.6: Supervisors’ response on advantages of clinical supervision

The figure 4.6 shows that 35% of the responses considered clinical supervision as being more focused compared to video supervision since the variables to be observed are pre-identified and agreed upon. Other responses that constituted 35% converged in considering clinical supervision as being collaborative in nature which is an advantage to professional development as supervisees benefit from supervisors from the onset of supervision to the end. However, 30% of the responses suggested that the process was transparent since supervisees and supervisors know the expectations of the lessons before supervision.
4.2.2.1.3 Researcher observations on advantages of clinical supervision

The following table shows the advantages of clinical supervision as observed by the researcher.

Table 4.3: Advantages of clinical supervision as observed by the researcher

<table>
<thead>
<tr>
<th>Clinical supervision</th>
</tr>
</thead>
<tbody>
<tr>
<td>• is more focused as observation is narrowed to agreed aspects</td>
</tr>
<tr>
<td>• helps supervisees to effectively prepare for the lesson in accordance with the</td>
</tr>
<tr>
<td>expectation of the observation criteria</td>
</tr>
<tr>
<td>• minimises supervisee challenges as the supervisee already knows what is expected</td>
</tr>
<tr>
<td>during the observation</td>
</tr>
<tr>
<td>• involves the supervisee from the beginning to end of observation, empowering the</td>
</tr>
<tr>
<td>supervisee in the process</td>
</tr>
</tbody>
</table>

4.2.2.2 Advantages of Video analysis supervision

4.2.2.2.1 Supervisees questionnaire responses on advantages of video analysis supervision

The table shows the information on the question: What are the advantages of video analysis supervision?

Table 4.4: Supervisee questionnaire responses on advantages of Video analysis supervision

<table>
<thead>
<tr>
<th>Responses</th>
<th>Response percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time economic</td>
<td>30%</td>
</tr>
<tr>
<td>Evidence based</td>
<td>30%</td>
</tr>
<tr>
<td>Capture a lot about the lesson</td>
<td>22%</td>
</tr>
<tr>
<td>Can be recorded in absence of a supervisor, hence free supervisor for other</td>
<td></td>
</tr>
<tr>
<td>duties</td>
<td>18%</td>
</tr>
<tr>
<td>Total responses</td>
<td>100%</td>
</tr>
</tbody>
</table>
The data above shows that 30% of the respondents said that video analysis was time economic as they considered that it had fewer steps to be taken during supervision as compared to clinical supervision. The other 30% portrayed that it is evidence based as the discussions were based on what was on record. The 22% supervisees’ responses cited another advantage as being that video captures a lot of classroom variables which help during lesson discussion. A further 18% suggested it as advantageous because it could be recorded in the absence of the supervisors, freeing them for other duties during that time.

4.2.2.2 Supervisors’ questionnaire responses on advantages of Video analysis supervision

The figure shows the information on the question: what are the advantages of video analysis supervision

![Advantages of Video's Supported Supervision](image)

Figure 4.7: Advantages of Video analysis supervision according to supervisors

The figure shows that 26% of the supervisors’ responses indicated that video analysis was time saving, and the same percentage of responses considered the fact that video could be recorded in the absence of a supervisors, freeing the supervisors for other duties as an advantage. Video analysis could then be done when both supervisor and superviseee were free. Another 26% of the
responses expressed that video analysis was advantageous in that it captures a lot about the lesson compared to clinical supervision. This helps capture some classroom aspects that a supervisor may fail to capture when physically supervising. Of the supervisors’ responses, 22% suggested that an advantage of video analysis was that it is evidence based as discussions are supported by the recording.

The majority of the respondents highlighted that one of the major advantages of video analysis supervision was that it was time economic as it has fewer steps to be taken during supervision as compared to clinical supervision. Furthermore, video analysis supervision is evidence-based noting that the discussions are based on what is on record. It was further noted that video analysis supervision had the potential to capture a lot of classroom variables which helped during lesson discussion. It is also beneficial because it allows sessions to be recorded in the absence of the supervisors, freeing them for other duties during that time. This model was found to be also collaborative as clinical supervision, supervisors and supervisees work together discussing the video for professional development.

4.2.2.2.3 Researcher observations on advantages of Video analysis supervision

The following table depicts the advantages of video analysis supervision as observed by the researcher.

Table:4.5: Advantages of video analysis supervision

<table>
<thead>
<tr>
<th>Video analysis supervision:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• offers tangible evidence from the recordings</td>
</tr>
<tr>
<td>• empowers supervisees through seeing themselves teaching, leading to self-reflection and evaluation</td>
</tr>
<tr>
<td>• can be recorded in the absence of the supervisor, allowing supervisors to do other duties and do the supervision later when both are free</td>
</tr>
<tr>
<td>• captures a wide range of variables that may be missed by clinical supervision</td>
</tr>
</tbody>
</table>
To address the research question on the advantages of video analysis supervision, the data presentation highlighted that one of the major advantages was that it is time economic as it has fewer steps to be taken during supervision as compared to clinical supervision. Furthermore, video analysis supervision is evidence-based as discussions are based on what is on record. It was noted that video analysis supervision has the potential to capture a lot of classroom variables which help during lesson discussion and if carefully handled can benefit supervisees. It is also beneficial because it allows sessions to be recorded in the absence of the supervisors, freeing them for other duties during that time.

The benefits of using clinical supervision were portrayed as that the model was more objective in nature and kept both supervisor and supervisees focused. The norm with Clinical supervision is that the observed aspects of supervision are often discussed beforehand and this in a way enhances ownership of the progress of the supervision which is an advantage to supervisees’ professional development. All the stated advantages were in tandem with the researcher’s observations.

4.2.3 Disadvantages of clinical and of video analysis supervision

This section presents the disadvantages of clinical supervision and video analysis supervision as given by supervisors and supervisees in questionnaires.

4.2.3.1 Supervisee questionnaire responses on disadvantages of clinical supervision

Table 4.26: Supervisee questionnaire responses on disadvantages of clinical supervision

The following table shows information that was obtained from supervisees through questionnaires on the question: what are the draw backs of clinical supervision?
Figure 4.8: Supervisees’ responses on disadvantages of clinical supervision

The figure above shows that 22% of the supervisee responses were about that clinical supervision, “straight jacketed the supervisee in order to achieve intended objectives or results.” One supervisee added, “Focus on specific aspects may reduce the supervisee’s creativity and flexibility during the lesson as the interest is on identified criteria.” Of the total responses, 11% expressed that clinical supervision needed proper documentation since there is no permanent record. 17% of the responses indicated that clinical supervision could lead to disagreements during post observation conferences since it relies on memory and notes by the supervisors, which could be the subjective view of the supervisee. Some supervisees, in 22% of their responses expressed that clinical supervision was time consuming as it involved a lot of steps while 28% of the responses expressed that clinical supervision needed good rapport between supervisor and supervisee, otherwise the discussions maybe stalled.

50
4.2.3.2 Supervisors’ responses on the disadvantages on clinical supervision

The following table shows information that was got from supervisors through questionnaires on the question: what are the disadvantages of clinical supervision?

<table>
<thead>
<tr>
<th>Disadvantages of clinical supervision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requires supervisor presence</td>
</tr>
<tr>
<td>Time Consuming</td>
</tr>
<tr>
<td>Provides bogus results</td>
</tr>
</tbody>
</table>

Figure 4.9: Supervisors’ responses on disadvantages on clinical supervision

The figure 4.9 shows that 16.7% of the supervisors’ responses claimed that one drawback of clinical supervision was that it provided results which were not a true reflection of the supervisees’ daily performance. The supervisees work to perfect the lesson as discussed hence; the performance is not a true reflection of their performance. 50% of the research participants further reflected that clinical supervision is considered as a time-consuming exercise. This was echoed in supervisee questionnaire responses also. Among the responses, 33.3% of the research participants portray that supervisors consider clinical supervision as too demanding as compared to video analysis supervision, it requires close presence of the supervisor, while with video analysis supervision, video can be recorded in the absence of the supervisors, who will then watch it latter when he or she is free.

4.2.3.3 Researcher observations on the disadvantages of clinical supervision

The table below shows the disadvantages of clinical supervision as observed by the researcher.
Table: 4.6: Disadvantages of clinical supervision

<table>
<thead>
<tr>
<th>Clinical supervision:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• is prone to supervisor control as supervisors are tempted to control the post observation conference.</td>
</tr>
<tr>
<td>• is restrictive and dampens supervisee creativity as the supervisee thrives to achieve the pre-discussed and agreed issues.</td>
</tr>
<tr>
<td>• is based on memory recall of events that occurred in class.</td>
</tr>
<tr>
<td>• results in disagreements on what transpired in class.</td>
</tr>
<tr>
<td>• may depict the subjective views of the supervisor.</td>
</tr>
</tbody>
</table>

4.2.3.4 Supervisees responses on disadvantages of Video analysis supervision

The figure below shows the results of supervisees’ responses in questionnaires on the question about disadvantages of video analysis supervision.

![Disadvantages of video analysis supervision](image)

Figure 4.10: Disadvantages of video analysis supervision
On disadvantages of video analysis supervision, 13% supervisees mentioned that they felt uncomfortable when video recorded and 44% mentioned that video failed to capture the whole class and this affected feedback as some sections will be obscured. Another 25% said video analysis supervision needed experience in using it in supervision and that is the main reason why the camera failed to capture the whole class at any given moment and poor sound was attained. Supervisees’ responses that constituted 18% put it that another disadvantage of video analysis supervision was that it distracted learners during recording of the video as learners tend to pay attention to the one doing the recording.

4.2.3.4.1 Supervisors responses on the Disadvantages on video analysis

The following figure shows information that was got from supervisors through questionnaires on the question: what are the draw backs of video supervision?

Figure 4.1: Disadvantages of video analysis supervision

From supervisors’ responses, it is shown in the above table that 26% of the responses were suggesting that a drawback of video analysis supervision was that it needed experience on the part
of the supervisees and supervisors to manipulate the camera in order to get good quality video. In addition, 22% of the responses suggested another drawback as being that, video supervision needed expensive equipment, hence it becomes costly for the school. To add to the disadvantages, 26% of the responses suggested that participants tended to be afraid of being video recorded, which results in stage fright that negatively affected the supervisee’s performance during the lesson. The other 26% of the responses said that, video quality was a drawback as it affected feedback to supervisees during post observation conference.

4.2.3.4.2 Researchers observations on disadvantages of video supervision

The table below shows the disadvantages of video analysis supervision as observed by the researcher.

Table: 4:7: Disadvantages of video analysis supervision

<table>
<thead>
<tr>
<th>Through observation it was established that Video analysis supervision</th>
</tr>
</thead>
<tbody>
<tr>
<td>• captures a lot of variables, making it difficult to focus the discussion</td>
</tr>
<tr>
<td>• supervisees dislike being recorded; this affects their performance during the lesson.</td>
</tr>
<tr>
<td>• does not capture the whole lesson, but focuses on one section at a time, making it difficult to know what was happening at the other side of the class when the camera was focussed to the section viewed.</td>
</tr>
<tr>
<td>• is prone to poor sound quality hindering productive feedback to supervisees.</td>
</tr>
<tr>
<td>• is prone to technological hiccups, such as device failure or experience in video recording.</td>
</tr>
</tbody>
</table>

As answers to the research question, it was found that when video analysis is used, supervisees feel uncomfortable resulting in teachers panicking and developing stage fright during the lesson and respondents indicated that video failed to capture the live recording of the whole class at any given instance but only clips of certain classroom activities. Furthermore, video analysis supervision needed experience in using it as a mode of supervision and was subject to poor sound quality which resulted in the video being inaudible, resulting in a breakdown in communication.
between supervisor and supervisee. It also resulted in learners being distracted as attention and focus is payed to the one who was recording the video, this has an impact on their academic growth.

Respondents further indicated that clinical supervision was time consuming as it involved a lot of steps while some expressed that clinical supervision needed good rapport between supervisor and supervisee, otherwise the discussions maybe stalled. The other challenge is that supervisees tend to refute some of the arguments presented by the supervisors about the lesson because of lack of evidence. Clinical supervision also has the capacity to provide results which are not a true reflection of the supervisees’ daily performance as supervisees work towards achieving the agreed objectives and to impress supervisors.

4.3 Discussion

This section discusses the above presented and analysed data research question by research question.

4.3.1 Clinical and video analysis supervision as ways of enhancing supervisees’ professional growth and learners’ academic growth

The study’s main findings on this research question was that the two models were considered to be important in terms of contribution to teacher professional development and learner growth. However, video analysis received some criticism for the reason that supervisees did not like being video recorded as they felt the videos could be used for reprisals. Clinical supervision was criticized also because of its pre-observation conference stage which both supervisors and supervisees considered as time consuming. Regardless of these revelations, it was concluded that both models had the potential to develop both supervisees and learners.

The positive effects of clinical and video analysis supervision on professional growth and learners’ academic growth have been expected by the researcher. Several aspects such as pre-conference meetings, improved reflection, post observation conferences, discussion of improvements, and focused observations, are bound to have positive effects on supervisees. Also, video analysis supervision contributes in supervisee professional development in that it provides a record of the lesson which is used to mentor the supervisee. It enhances supervisee reflection capabilities through seeing themselves in action rather than being told by a supervisor about their classroom
performance. Through supervisee professional development learner academic growth is subsequently achieved.

The findings that the models contribute to supervisees’ professional development and learner growth sounds plausible because with video analysis supervision, the supervisee has the chance to watch himself or herself teaching which helps them to watch what was happening in the classroom. Being told how the lesson went may not help supervisees as they may have forgotten the details of what happened during the lesson. By watching themselves teach and identifying lesson flaws they get to reflect on their practice and strive to work on those issues thereby contributing to their professional development and consequently learner academic growth.

Clinical supervision contributes to supervisees’ professional development in that it allows both supervisees and supervisors to enter into some form of discussion from the onset of supervision to its culmination. Each of the clinical supervision stages has benefits, the pre-observation conference, provides a mental framework for the supervisory sequence to follow. The observation of the lesson is the second stage in which the supervisor observes the teacher during the lesson and collects descriptive and comprehensive data concerning the lesson proceedings. This stage is then followed by the analysis and strategy stage in which the supervisor makes sense of the observational data and render them in a manageable format for the teacher. The strategy part of the stage allows for planning the goals for the post observation conference. The subsequent stage, the supervision conference, is a stage in which the supervisee and supervisor discuss the collected data from the observation. From this data the supervisee and supervisor redefine the supervisory contract and establish future collaborative actions. Lastly, the post-observation conference analysis is the critique of all the other previous stages to assess whether supervision was productive.

For both clinical and video analysis supervision, the post observation conference between the supervisor and supervisee allows them to enter into a detailed face to face discussion of the lesson proceedings using the data gathered during the supervision. This shows the collaborative nature of the two supervision models unlike the model implemented at the school prior to piloting of the video analysis and clinical supervision models. In that model supervisors avoid a face to face discussion with supervisees and instead prefer writing critiques for the supervisees.
The criticism on video analysis supervision, came as a surprise because the supervisees and supervisors praised the video analysis supervision in their responses saying it provided them with evidence during supervision. The praise shows support for the video analysis yet participants dislike being video recorded. The researcher’s view on this issue is that supervisees are afraid of reprisals and feel the video could be used against them during assessments.

The criticism of the pre-observation conference of the clinical supervision was also a surprise because the stage was also praised by both supervisors and supervisees since it got supervisees involved on the onset of supervision to the end. This was very important because supervisees knew what was expected of them during the lesson. As a result of this stage, supervisees had time to prepare for the lesson and supervision was done transparently with notice given. Regarding this criticism, the researcher realised that this was not because they did not like the stage, but that the school timetable was too packed and did not give room to the pre-discussion stage. The timetable issue affected even the post observation conferences which could not be done immediately after the lesson because the supervisee would be attending to other lessons.

From the findings, it was established that both models gave the supervisees room to improve and reflect on their teaching, and hence contributing to their professional development and learner growth. Research participants gave pros and con of each of the models according to how they experienced them. The researcher found the responses reflecting what other researchers have established in their findings.

The findings of this study that video analysis supervision assists supervisees to reflect on their practice is similar to what literature says. Among the researchers who raised the same finding is Schon (1983) who says video analysis plays an important role in enhancing teachers’ instructional practice through self-reflection. It changes their practice to better meet the needs of their students. This implies self-reflection by use of videos allows supervisees to perfect their classroom instruction, contributing to learner academic growth.

The study’s findings about clinical supervision mirror the views of Wadesango (2011) and Veloo (2003), who posit that the post observation conference of the clinical supervision allows supervisees to reflect on their practice under the guidance of a supervisor. This shows some consistence with what supervisees expressed about reflection on teaching practice.
The data discussed above shows that though the two models, though implemented in different ways, are powerful in developing the supervisee and the learner. Both methods contribute to supervisees reflecting on their practice. They realise their flaws through discussions with the supervisors and reflect on how best they can improve them. It is noticeable that with video analysis supervision the pre-observation conference is missing. Its absence is an obstacle in this model as supervisors have to analyse all the video captured data. The researcher is of the view that, to improve the video analysis supervision, the pre-observation stage needs to be incorporated in it. The inclusion of this stage will spruce the model as the pre-supervision conference will narrow down the observation to few variables thereby making the model more objective.

4.3.2 Advantages of clinical and video analysis supervision

The study’s main findings on the advantages of video analysis supervision were that video analysis supervision was flexible and easy to implement as the lessons could be recorded even in the absence of the supervisors who could later discuss it with the supervisee. It also allows supervisees to take deep reflections of their teaching. According to the participants’ contributions, clinical supervision was found to be helpful in lesson preparations. This is because it helps keep track of the lesson development stages as supervisees implement the guidelines provided by supervisors. Since the norm with clinical supervision is that the observed aspects of supervision are often discussed beforehand the model is more objective in nature and keeps both supervisor and supervisees focused. In conclusion, both models were found to be collaborative in nature as supervisors and supervisees work together to improve instruction and learner growth.

The advantages identified in this study have been expected by the author of this research study, because the models have potential to develop both supervisees and learners. The results that video analysis was easy to implement means that a camera can be mounted in the classroom to record the lesson in the presence or absence of a supervisor. But the position of the camera must be rotated to take in the various sections of the classroom. This is an advantage in terms of time, since supervisors maybe held up by other duties. A request may be made to a supervisee to provide a video of the lesson and the video is later analysed when there is time for both supervisor and supervisee. By watching themselves teach supervisees tend to reflect on their practice as they see how they taught the lesson. The researcher contends to this contribution because the recording
doesn’t necessarily need to be done by a supervisor, it could be anyone and the analysis of the lesson can be done when they are both free.

The finding that clinical supervision assists in lesson planning, is also plausible because during the lesson discussion in the pre-observation stage, the supervisee explains how he or she intends to execute the lesson expounding on all the lesson stages. The supervisor then advises the supervisee on what he or she thinks about the lesson. During the implementation of the lesson plan, the supervisor observes and discusses with the teacher whether the lesson was carried out as discussed, if not the supervisor explains what went wrong and a plan for improving in the next observation is agreed upon. This process engages the supervisee and through discussions the supervisee is professionally developed.

The findings of this research support what literature has established. Masats et al (2011) alludes that one of the benefits of teacher videos is that they are used as tools for practicing teachers to observe, reflect and critically think on their teaching strategies. The findings indicate that supervisee recognises the importance of reflection and introspection in teaching. Supervisees should be afforded the opportunity to self-evaluate by seeing themselves in action than being told by someone how they performed. Self-evaluation is an important practice that fosters introspection and professional development of a teacher.

Kwinda (2002) alludes that students’ high academic achievement was a result of clinical supervision. Kwinda goes on to say, in high performing schools, collaborative supervisory (clinical) systems were in place and that fostered supervisee reflection on instructions as well as collaboration among supervisees and the supervisor. This finding indicates that supervisees acknowledge contribution of clinical supervision to learner academic performance through supervisee development.

Glickman, (1998) adds that clinical supervision ensures that supervisees are teaching the prescribed curriculum and using proper methodologies. Their areas of strength and weaknesses are identified through this approach to supervision.

Surprisingly, supervisees mentioned self-reflection in video analysis supervision only; they failed to realise that even with clinical supervision, introspection and self-reflection occurs as the supervisee is engaged in both pre and post-observation discussions with an experienced supervisor.
The researcher realises that both models are tailored towards supervisees’ engagement through collaborative discussions of the lessons on an equal footing aiding in supervisees’ reflections of the lesson proceedings.

4.3.3 Disadvantages of clinical and of video analysis supervision

The advantages identified in the last section come with a price. Both approaches have been challenging in several ways, the study’s main findings on the disadvantages of video analysis supervision and clinical supervision were that whilst video analysis supervision helped in addressing contentions because of the evidence it offers, it resulted in data overload, complicating data analysis. On the other hand, clinical supervision was found challenging to effect as teachers refute some observations made by supervisors since events are memory based. It was therefore concluded that both of these models have shortcomings which when not properly handled may hinder supervision.

The challenge of the complexity of the video recording is understandable, as the camera captures everything about a lesson. If no pointers are set on the onset of the supervision, the lesson supervision becomes too complicated as the supervisor and supervisee will be tempted to discuss non-pertinent issues. This observation is interesting as it shows that participants feel there is a missing link between the video analysis model and clinical supervision. This being the absence of the pre-observation conference in video analysis. They want supervision to be focused, not to discuss everything that comes up during the lesson. The issue of narrowing down the observation variables is applauded in clinical supervision where supervisees and supervisors set the variables before embarking on supervision.

The concerns about clinical supervision that it lacks evidence-based argumentations, is valid as a lot of time is wasted with supervisees trying to justify their actions while supervisors argue a point from their memory.

Further findings indicated that the pre-observation stage of the clinical supervision was time consuming. The researcher refutes the supervisees’ arguments because video analysis supervision is equally demanding in terms of time. It calls for the recording of the video, watching the video, data analysis and discussion. Hence the supervisees’ and supervisors’ views that clinical
supervision is time consuming as compared to video analysis do not hold. The two models need to be carefully planned with each being given the time it merits for proper implementation.

The feedback from interviews and questionnaires as well as from observations of the researcher confirm findings in literature. The argument that video provides evidence that can be used to clear contentions, cements the findings of Rosaen et al, (2013) who says video recording provides teachers with a record of their teaching, implying that the evidence is necessary for the professional development of the supervisee.

The observation that video fails to capture the whole class at a single focus as raised in this study, is in line with what Rosaen et al, (2013) mentions about video usage, that though the recording could capture different parts of the learning environment, difficulties were still found in presenting it as a whole. There is need for the use of multiple cameras so as to capture the whole class.

The lack of interest in participation of supervisees in the pre-observation conference of the clinical supervision as observed by the researcher, mirrors what Tracy et al (1989) posits, that teachers were not necessarily willing to implement clinical supervision. This shows that participants are still stuck in the model they are exposed to in this school. It was observed that this was due to the fact that they considered the pre-observation conference as time consuming.

The other contribution by participants that, supervisors were still controlling the post observation conference during the implementation of clinical and video analysis supervisions, is in line with the research findings of Kadziya et al (2014) who states that heads of schools always want to control the post observation conference as they want things to be seen their way.

Participants’ contributions that video analysis supervision captures a lot about the lesson, indicates that this may lead to loss of objectivity due to the vast data captured by the recording. Raffel (1979) raises the same observation that supervisors might fail to come up with strategies for managing video data to avoid data overload. In this regard, supervisors may be tempted to stray from what benefits the teacher most and focus on less important aspects.
4.4 Summary

In this chapter each of the research questions had data presented and analyzed under its respective subheading. The major findings were that both clinical and video analysis supervision had the potential to professionally develop supervisees by self-reflecting on their practice and taking corrective measures. However, the two models have disadvantages which when not properly handled may negatively influence supervision. The next chapter presents the summary findings, conclusions and recommendations based on the data analysed in this chapter.
CHAPTER 5: SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

In this chapter the findings and conclusions of the research are summarized. On this basis key recommendation to the relevant stakeholders are proposed with regards to clinical and video analysis supervision, as well as recommendations for further research.

5.2 Summary

The aim of this study was to compare clinical and video analysis supervision so as to understand their potentials in the context of supervision in a rural school in Nkayi district.

The study sought to:

- Compare clinical and video analysis supervision as ways of enhancing supervisees’ professional development and students’ academic growth.
- Find out the advantages of clinical and video analysis supervision.
- Find out the disadvantages of clinical and of video analysis supervision.

A case study of a high school in Nkayi district that employed a mixed method approach to data collection was adopted and the instruments used for data collection were interviews, questionnaires and observations guides.

Two questionnaires were constructed. A questionnaire for the supervisors sought the supervisors’ opinion on the effectiveness of clinical and video analysis supervision models towards supervisee professional growth and learner academic growth. The supervisee questionnaire sought to find out, if supervisors planned their supervision according to supervisees’ needs and if they supported engagement between supervisees and supervisors. Their opinions on whether supervision had any impact on their teaching were also sought. The questionnaires also elicited supervisee opinions on the effects of the supervisory models to both professional development and learner academic growth.
In two different Interviews, supervisor and supervisee perceptions on clinical supervision and video analysis supervision models were solicited. It also sought how each model of supervision impacted supervisee professional development and leaner academic growth. These questions generated qualitative data for the research and were constructed such that they were open ended, enabling the interviewer to add more questions as follow up questions to clarify responses.

The researcher observed supervisory sessions to gain first-hand information on the behaviour of supervisors, supervisees and learners as a result of the clinical and video analysis supervision models. The observation helped check consistencies in responses given by research participants in questionnaires and interview sessions. The changes to be observed were how the supervisory recommendations influenced change in supervisors’, supervisees’ practice and students’ behaviour.

Purposive sampling was used to select the sample which was composed of three categories of participants, supervisors, supervisees and learners, whose sample sizes were 6, 13 and 126 respectively. Supervisees were selected from a population of 20 teachers. The school had 6 departmental supervisors and all were selected to participate. Tables and graphs were used for quantitative data presentation while NVivo 10, a software package built for mixed-methods research, was used to categorise qualitative data into the following themes for analysis:

- Effectiveness of clinical supervision and of video analysis supervision
- Comparison of video supported lesson supervision and clinical supervision as ways of enhancing supervisee and student professional growth
- Advantages of clinical supervision
- Disadvantages of clinical supervision
- Advantages of video analysis supervision
- Disadvantages of video analysis supervision
5.3 Conclusion

The research findings and conclusions on each research question are outlined below:

5.3.1 Clinical and video analysis supervision as ways of enhancing supervisees’ professional growth and learners’ academic growth

The research study’s findings on this research question were that:

Video analysis was criticised because supervisees did not like being video recorded as they felt the videos could be used for reprisals. Criticising clinical supervision supervisors and supervisees said the pre-observation conference stage was time consuming. Video analysis supervision provided a record of the lesson which was used to mentor the supervisee while watching themselves in action rather than being told by a supervisor about their classroom performance, unlike clinical supervision which depends on memory recall. Clinical supervision allows both supervisees and supervisors to enter into discussion from the onset of the supervision to its culmination, while video analysis supervision only engages the supervisee in the analysis of the video and post observation conference. Clinical and video analysis supervision allow face to face engagement between supervisor and supervisee.

The study concludes that though the models received criticisms and were implemented in different ways, both gave the supervisees room to improve and reflect on their teaching through face to face discussion with supervisors.

5.3.2 Advantages of clinical and video analysis supervision

Clinical supervision and video analysis supervision have the following advantages:

Clinical supervision is more focussed as observation criteria is drawn before supervision and supervisees are involved from the beginning of the supervision session to the end. Compared to clinical supervision, video analysis supervision involves supervisees in the video analysis and post observation discussion of the lesson and discussions are supported by evidence from the recordings and no pre agreed supervision criteria is drawn before supervision.
From these findings it is concluded that the two models are based on shared views on the supervision process as both supervisee and supervisor are engaged in analysis and discussions of the lesson proceedings and agree on the way forward. The two models seem to have the potential to professionally develop the supervisees and promote learner academic growth.

5.3.3 Disadvantages of clinical and video analysis supervision

Clinical and video analysis supervision have the following disadvantages:

Clinical supervision was prone to supervisor control during discussions and every aspect that was discussed was based on memory recall as the supervisee reconstructs the events from memory. Supervisees were found to detest the pre observation conference of this model as they considered it a waste of time. On the other hand, with video analysis supervision, a lot of data is captured resulting in data overload making it difficult for both supervisors and supervisees to analyse the data. The camera failed to capture the whole class during recording and the sound from the recording tended to be poor in some sections making it difficult to analyse the data for supervision.

The study concludes that due to these disadvantages, the models when used individually, may not fully realise their potential.

5.4 Recommendations

5.4.1 Academic and professional recommendations

The research study shows that clinical and video analysis supervision have disadvantages that impact negatively on the individual use of either model. Therefore, this section proposes recommendations that may improve the models so that supervisees and learners benefit from the supervision process. It is proposed that:

The two models of supervision be combined into a single model (video supported clinical supervision) this may minimise the disadvantages from each of them. It is also recommended that workshops be mounted to train supervisors and supervisees on how to use video recordings in supervision.
5.4.2 Recommendations for further research

For further research it is recommended that the implementation of a combination of the two analysed forms of supervision be evaluated to verify if their potential can be realized. It should be checked whether the challenges identified in this study can be overcome by integrating video analysis with clinical supervision. The effects of the combined model (video supported clinical supervision) on professional growth of supervisees and academic performance of students need to be assessed in an experimental research design.
REFERENCES


APENDICES

Appendix 1: Questionnaire for supervisor

Dear Supervisor

This questionnaire seeks to acquire data for a Masters Research entitled “COMPARING CLINICAL SUPERVISION WITH VIDEO ANALYSIS SUPERVISION OF SUPERVISEES AT A HIGH SCHOOL IN NKAYI DISTRICT”.

Your information will be kept anonymous or kept confidential and will only be used for academic purposes. I greatly appreciate your effort for taking your time to complete this questionnaire. This research will provide an insight on a better supervisory method that can be adopted for use to help develop teachers professionally and improve learner growth. This study will not achieve its objectives without your assistance. Hence, I kindly request that you honestly respond to and return the questionnaire.

Note: Do not write your name or signature

For open ended questions give answer by writing in the spaces provided.

Section 1: Professional development of teacher

This section examines to what extent you as a supervisor promotes continuous Professional Development in this school and opportunities that are there for professional development. In the table below, respond by putting X under one of the given alternatives. Indicate your degree of agreement using the measurement scales given below.

Strongly disagree=1 disagree=2 undecided=3 agree=4 strongly agree=5

<table>
<thead>
<tr>
<th>PROFESSIONAL DEVELOPMENT</th>
<th>1</th>
<th>2</th>
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<tbody>
<tr>
<td>1 I plan professional development based on teacher needs</td>
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<td>2 I support collaborative efforts among teachers</td>
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<td>3 I encourage peer coaching</td>
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<td>4 I use staff meetings/departmental meetings for staff developing teachers</td>
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Section 2: Supervision

Supervision is one of the duties of a supervisor. The following aspects relate to effective supervision issues emphasising on techniques and feedback. Respond by marking with X and using the given scales of measurement indicated below. Which are different from the previously used ones.

Not effective=1 less effective=2 moderately effective=3 more effective=4 most effective=5

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<tr>
<th></th>
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<th>3</th>
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<tbody>
<tr>
<td>1</td>
<td>I frequently supervise teachers in classrooms</td>
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<tr>
<td>2</td>
<td>I influence classroom instruction</td>
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<td>3</td>
<td>I discuss the lesson with the teach before supervision</td>
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<tr>
<td>4</td>
<td>I give feedback to the teacher</td>
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<tr>
<td>5</td>
<td>I suggest improvements to the teacher</td>
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Part III. Video analysis supervision and clinical supervision

This section seeks to elicit information on how you perceive the effect of both methods of supervision being studied. For question 3.1 and 3.2 tick the most appropriate response to the question. As for questions 4.1 to 4.6 write the answer in the spaces provided.

3.1 How do you rate the effects of video analysis supervision as a way of enhancing teacher professional growth?

1. Not effective
2. less effective

3. moderately effective
4. More effective

3.2 How do you rate the effects of clinical supervision as a way of enhancing teacher professional growth?
Part IV: Open ended Questions

For the following questions please provide brief and short answer, in the provided spaces.

4.1 How does video analysis of lessons compare with clinical supervision of lessons in enhancing teacher professional development?

4.2 What do you think are the advantages of video analysis supervision?

4.3 What do you think are the advantages of clinical supervision?

4.4 What do you think are the disadvantages of video analysis supervision?

4.5 What do you think are the disadvantages of clinical supervision?
Appendix 2: Questionnaire for supervisees

Dear Teacher

This questionnaire seeks to acquire data for a Masters Research entitled “COMPARING CLINICAL SUPERVISION WITH VIDEO ANALYSIS SUPERVISION OF SUPERVISEES AT A HIGH SCHOOL IN NKAYI DISTRICT”.

Your information will be kept anonymous or kept confidential and will only be used for academic purposes. I greatly appreciate your effort for taking your time to complete this questionnaire. This research will provide an insight on a better supervisory method that can be adopted for use to help develop teachers professionally and improve learner growth. This study will not achieve its objectives without your assistance. Hence, I kindly request that you honestly respond to and return the questionnaire.

Note: Do not write your name or signature

For open ended questions give answer by writing in the spaces provided.

Section 1: Professional Development of teachers

This section examines to what extent your supervisor promotes continuous Professional Development in this school and opportunities that are there for professional development. In the table below, respond by putting X under one of the given alternatives. Indicate your degree of agreement using the measurement scales given below.

Strongly disagree=1 disagree=2 undecided=3 agree=4 strongly agree=5

<table>
<thead>
<tr>
<th>PROFESSIONAL DEVELOPMENT ISSUES</th>
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<tbody>
<tr>
<td>1 The Head plans professional development program according to teacher needs</td>
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<tr>
<td>2 He or She supports collaborative efforts among teachers</td>
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<tr>
<td>3 He or She encourages peer coaching</td>
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<td>4 Staff develops Teachers during Staff meetings/Departmental meetings</td>
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</table>
Section 2: Supervision

Supervision is one of the duties of a supervisor. The following aspects relate to effective supervision issues emphasising on techniques and feedback. Respond by marking with X and using the given scales of measurement indicated below which are different from the previously used ones.

Not effective=1 less effective=2 moderately effective=3 more effective=4 most effective=5

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<tr>
<th>SUPERVISION ASPECTS</th>
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<tr>
<td>1 The Head/Deputy/Head of department supervises me frequently</td>
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<td>2 The supervisor’s lesson observation affects my performance</td>
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<td>3 The supervisor pre-informs me about classroom supervision</td>
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<td>4 Supervisor gives feedback on the supervised lesson</td>
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<tr>
<td>5 We pre-discuss the lesson before supervision</td>
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<tr>
<td>6 Accepts my views on the observed lesson</td>
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<tr>
<td>7 Varies supervision models</td>
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</table>

Section 3: Video analysis of lessons and clinical supervision

This section seeks to elicit information on how you perceive the effect of both methods of supervision being studied. For question 3.1 and 3.2 Tick the most appropriate response to the question. As for questions 4.1 - 4.6 write the answer in the spaces provided.

3.1 How do you rate the effects of video analysis supervision as a way of enhancing teacher professional growth?

  3. Not effective 3. Moderately effective
  4. Less effective 4. More effective
  6 Most effective
3.2 How do you rate the effects of clinical supervision as a way of enhancing teacher professional growth?

1. **Not effective**
2. **Less effective**
3. **Moderately effective**
4. **More effective**
5. **Most effective**

Part IV: Open ended Questions

For the following questions please provide brief and short answer in the provided spaces.

4.1 How does video analysis of lessons compare with clinical supervision of lessons in enhancing teacher professional development? What do you think are the advantages of video analysis supervision?

4.2 What do you think are the advantages of clinical supervision?

4.3 What do you think are the disadvantages of video analysis supervision?

4.4 What do you think are the disadvantages of clinical supervision?
Appendix 3: Supervisor Interview Guide

The following are the questions that guided the interview that the researcher conducted with the supervisors at the school.

To the Supervisor: The interview which is a follow up to the questionnaire you completed, seeks to further elicit information on the two models of supervision you have experienced. No information from the interview will be shared with other people, except through the research which is meant for scholarly benefit. Your cooperation will be greatly appreciated.

1. How often do you supervise each teacher in the school?
2. With what objectives do you supervise your teachers?
3. When you supervise teachers do you engage them before supervision? If not, how do you do the supervision?
4. Do you vary the way you do supervision? If yes explain how you perform the supervision.
5. Do you give feedback to the teacher? Can you estimate the time it takes to give feedback to the teacher?
6. How do you take the views of the teacher during the post observation phase?
7. Of the two models that have been recently implemented during supervision of the teachers, which one do you think is better? Explain why?
8. How do you think it has impacted teaching of the observed teachers?
9. In your view, do you think the models have contributed to learner growth? If yes, in what ways have they contributed?
10. Which of the two models is better than the other one, what is your opinion about the other model?
11. How do you compare the two models? Highlight the advantages and disadvantages of each.
12. Do you have any recommendations that you can make?
Appendix 4: Supervisee Interview Guide

The following are the questions that guided the interview that the researcher conducted with the teachers at the school.

To the Teacher: The interview which is a follow up to the questionnaire you completed, seeks to further elicit information on the two models of supervision you have experienced. No information from the interview will be shared with other people, except through the research which is meant for scholarly benefit. Your cooperation will be greatly appreciated.

1. How often do supervisors (Head, Deputy Head and Head of department) supervise you?
2. Do supervisors inform you before they visit your classroom for supervision?
3. With what objectives do they supervise you (Assessment, professional Development)?
4. Do you discuss the lesson with your supervisors before supervision?
5. Do supervisors vary their supervision model?
6. After the supervision, do they give any feedback?
7. Do you bring out your views to the comments made by supervisors? How do supervisors take your views?
8. Of the two supervision models you have experienced which one would you recommend?
9. How has it impacted on your teaching?
10. Has it contributed to learner academic growth? In what ways has it, if any?
11. What are your views on the use of the other model?
12. How do you compare the two models? Highlight the advantages and disadvantages of each?
13. Do you have any recommendations that you can make?
Appendix 5: Observation schedule for supervisors

The following are the questions that guided the observation made on the implementation of Clinical supervision and Video analysis supervision.

1. How are supervisors implementing clinical supervision in the school?
2. How are supervisors implementing video analysis supervision?
3. Have the supervisors understood the supervision models?
4. What are the major hindrances in executing each model at this school?
5. What are the major advantages of implementing the models at this school?
6. Is there any improvement in teacher handling of instruction in classrooms due to the use of the models?
7. In what ways have the models impacted on teacher professional growth?
8. How have the models impacted learner growth?
Appendix 6: Observation schedule for supervisees

The following are the questions that guided the observation made on the implementation of clinical supervision and video analysis supervision of teachers.

1. What are teachers’ reactions to clinical supervision in this school?
2. How are teachers reacting to video analysis supervision?
3. Are teachers changing the way they handle instruction after supervision?
4. What hindrances are noted when executing each model at this school?
5. Which model do teachers prefer?
6. Is there any impact on learners due to application of the models?
7. In what ways have the models impacted on teacher professional development?
Appendix 7: Consent form

Please read carefully and sign this document to offer your consent.

I, …………………………………………………………………… have read Joshua Chitera’s letter requesting participation in his study about clinical supervision and video analysis supervision.

I would be glad to experience the two modes of supervision as explained by Joshua Chitera and share my experiences for the study entitled:

**Comparing clinical with video analysis supervision of supervisees at a High School in Nkayi district.**

I am aware that all information I provide him through the interview process and questionnaires will be kept in strict confidence and in safe keeping through the duration of the study and also that my name and identity will be changed within the dissertation.

Signature of participant……………………………………………… Date………………………………

Signature of researcher ………………………………………….. Date………………………………