

**EXPLORING PRIMARY SCHOOL TEACHERS' ABILITY TO COPE WITH
CLINICAL SUPERVISION: CASE STUDY OF BLANTYRE URBAN**

M.Ed. (CURRICULUM STUDIES IN SOCIAL STUDIES EDUCATION) THESIS

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UNIVERSITY OF MALAWI

CHANCELLOR COLLEGE

JULY, 2016

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By

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July, 2016

DECLARATION

I the undersigned hereby declare that this thesis is my own original work which has not been submitted to any other institution for similar purposes. Where other people's work has been used acknowledgements have been made.

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CERTIFICATE OF APPROVAL

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DEDICATION

I dedicate my work to my wife, Elizabeth and children: Grace, Tamandani, Kingston and

Mwaiwina

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ABSTRACT

In Malawi, primary school teachers are frequently supervised through un-announced inspection visits which evoke fear and uncertainty in teachers. However, collegial relationship with the supervisee can be enhanced using clinical supervision model. This study explored primary school teachers' ability to cope with clinical supervision process in order to improve their performance in instructional delivery. Four Social and Environmental Sciences (SES) teachers for standard six were purposively sampled from four different Teacher Development Centre (TDC) primary schools in Blantyre Urban. A qualitative multiple case study design was used during the study. Lesson observations, face to face interviews and document analysis were used to generate data for the study. Fourteen lessons were observed in five weeks to determine how professionally qualified primary school teachers with secondary school academic qualification coped with clinical supervision process using Goldhammer's five stage clinical supervision model. This model was originally used to supervise graduate teachers in America. Qualitative data analysis following thematic analysis approach was used. The findings revealed that teachers faced difficulties in performing required abilities during different stages of clinical supervision process. They could not successfully improve on the challenges identified and had preferred directive approach on what to do to improve delivery of instruction. Teachers do not critically review lessons taught and fail to thoroughly prepare for lessons to be taught. The study recommends training of teachers by the Ministry of Education on how to cope with clinical supervision to enable teachers to critically reflect on their teaching. A deliberate policy on formative assessment of teachers using clinical supervision is also required.

TABLE OF CONTENTS

ABSTRACT.....	v
TABLE OF CONTENTS	vi
LIST OF FIGURES	x
LIST OF APPENDICES	xi
LIST OF ABBREVIATIONS AND ACRONYMS	xii
CHAPTER ONE	1
INTRODUCTION TO THE STUDY.....	1
1.0 Chapter overview	1
1.1 Background to the study	1
1.2 Brief history of instructional supervision in Malawi	4
1.3 Statement of the problem	7
1.4 Purpose of the study.....	8
1.5 Main research question	8
1.6 Significance of the study	8
1.7 Definitions of terms.....	9
1.8 Role of the researcher	9
1.9 Thesis structure	10
1.10 Chapter summary	10
CHAPTER TWO	11
REVIEW OF RELATED LITERATURE	11
2.0 Chapter overview	11
2.1 Review of literature.....	11
2.1.1 Inspection and supervision	12
2.1.2 Historical perspective of supervision of instruction.....	14
2.1.3 Trends in instructional supervision and inspection.....	15
2.1.3.1 Instructional supervision and scientific management	16
2.1.3.2 Instructional supervision and human relation approach.....	17
2.1.4 School inspection and supervision in other countries	18

2.1.4.1 School inspection and supervision in England and Wales	19
2.1.4.2 School inspection and supervision in Finland	20
2.1.4.3 School inspection and supervision in Botswana	21
2.1.4.4 School inspection and supervision in Zimbabwe	22
2.1.4.5 School inspection and supervision in Malawi	24
2.1.5 Clinical supervision.....	26
2.1.6 Approaches to clinical supervision.....	28
2.1.7 Clinical supervision models.....	30
2.1.7.1 Goldhammer's (1969) clinical supervision model	31
2.1.7.2 Cogan's (1973) clinical supervision model	32
2.1.7.3 Acheson and Gall's (1987) clinical supervision model.....	33
2.2 Theoretical framework.....	35
2.2.1 Theory of constructivism	36
2.3 Chapter summary	39
CHAPTER THREE	40
RESEARCH DESIGN AND METHODOLOGY	40
3.0 Chapter overview	40
3.1 Research design.....	40
3.2 Research paradigm	41
3.3 Research site and sample selection.....	42
3.4 Data generation methods.....	43
3.4.1 Face to face interviews.....	44
3.4.2 Direct classroom observation.....	46
3.4.3 Document analysis	48
3.4.4 Data generation instruments	50
3.5 Data management	52
3.6 Data analysis techniques	53
3.7 Credibility and trustworthiness of the study.....	55
3.7.1 Triangulation	55
3.7.2 Use of direct quotations	55
3.7.3 Piloting the study.....	56

3.8 Ethical considerations.....	56
3.8.1 Informed consent	57
3.8.2 Confidentiality and anonymity	58
3.9 Limitations of the study.....	58
3.10 Chapter summary	59
CHAPTER FOUR.....	60
PRESENTATION AND DISCUSSION OF FINDINGS.....	60
4.0 Chapter Overview	60
4.1 Back ground information of the participants.....	60
4.2 Research Findings.....	63
4.2.1 Instructional challenges that were of major concern to primary school teachers	64
4.2.1.1 Use of questions of low order level.....	64
4.2.1.2 Inconsistent use of reinforcement to learners	66
4.2.1.3 Encouragement of chorus responses	67
4.2.1.4 Teacher-centred lessons	70
4.2.2 Handling of instructional challenges during clinical supervision.....	71
4.2.2.1 Knowledge of the subject matter	72
4.2.2.2 Identifying instructional challenges to be areas of focus for the observation	73
4.2.2.3 Implementation of instructional challenges during teaching	78
4.2.2.4 Reviewing and describing how the lesson was conducted	79
4.2.2.5 Identifying strengths and weaknesses in the lesson taught	81
4.2.2.6 Reflection of instructional challenges in the teaching records	84
4.2.3 Preferred supervisory approach	86
4.2.4 Why primary school teachers prefer certain clinical supervision approaches?	90
4.3 Chapter summary	92
CHAPTER FIVE	93
CONCLUSIONS, IMPLICATIONS AND RECOMMENDATIONS	93
5.0 Chapter overview	93
5.1 Conclusions.....	93

5.2 Implication of the findings	96
5.3 Recommendations	97
5.4 Areas for further research	98
REFERENCES.....	99
APPENDICES	105

LIST OF FIGURES

Figure 1: Clinical Supervision Models.....	30
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LIST OF APPENDICES

Appendix A: Letter of Introduction from Department of Curriculum and Teaching Studies.....	105
Appendix B: Request Letter for Introduction to Schools	106
Appendix C: Letter of Introduction from Blantyre Urban District Education Manager	107
Appendix D: Pre-observation Conference Interview Schedule	108
Appendix E: Classroom Observation Schedule	109
Appendix F: Post-observation Conference Interview and Analysis Schedule	110
Appendix G: Document Analysis Guiding Questions	112
Appendix H: Class Teacher's Informed Consent Form.....	113
Appendix I: PST1 First Lesson Transcript Extract.....	114
Appendix J: PST2 First Lesson Transcript Extract.....	119
Appendix K: PST3 First Lesson Transcript Extract	125
Appendix L: PST4 First Lesson Transcript Extract.....	131

LIST OF ABBREVIATIONS AND ACRONYMS

EDM	Education Division Manager
EMAS	Education Methods and Advisory Services
DIAS	Directorate of Inspection and Advisory Services
DIS	District Inspector of Schools
DEM	District Education Manager
MGDS	Malawi Growth and Development Strategy
MIE	Malawi Institute of Education
MoE	Ministry of Education
MoEST	Ministry of Education Science and Technology
NESP	National Education Sector Plan
OFSTED	Office of Standards in Education
PEA	Primary Education Advisor
PST	Primary School Teacher
SEMA	Senior Education Methods Advisor
SES	Social and Environmental Sciences
TDC	Teacher Development Centre
UNESCO	United Nations Educational Scientific and Cultural Organisation

CHAPTER ONE

INTRODUCTION TO THE STUDY

1.0 Chapter overview

This chapter presents the background to the study, history of instructional supervision in Malawi, problem statement, purpose of the study, research questions, significance of the study and role of the researcher during the study. The chapter ends with an outline of the structure of the thesis.

1.1 Background to the study

Malawi, just like many other countries, has put in place a mechanism for monitoring the quality and standard of education provided. The Directorate of Inspection and Advisory Services (DIAS) in the Ministry of Education Science and Technology (MoEST) is responsible for ensuring education quality and maintenance of standards in educational institutions (Ministry of Education [MoE], 1982). Education advisors and inspectors check the quality of education through supervision and inspection visits to schools. Instruction offered in primary schools is regularly supervised by Primary Education Advisors (PEAs). The PEAs provide professional support when supervising teachers (MoEST, 2002). However, teacher supervision system has been criticised because it was considered to be inefficient and that its provision was simply procedural with insignificant impact on quality of schools (UNESCO, 2007).

Inspection has always been used to check classroom teacher's work to ensure that bureaucratic regulations and procedures are followed and that loyalty to the higher authorities are maintained (Wanzare, 2006). Thus, inspection process conducted with this view in mind was deemed ineffective in facilitating educational quality or in improving teaching and learning in schools. As a result, some countries such as England, New Zealand, and Finland had to reform teacher supervision services (UNESCO, 2007). According to Grauwe (2007), as cited in Tesfaw and Hofman (2014), some countries had preferred the term "supervisor" to inspector. Malawi introduced the terms "education methods advisor" while Tanzania had preferred to use "teacher development advisor" as a way of reforming the supervision services.

Thus, PEAs were expected to give support and advice in a friendly and democratic manner to primary school teachers on the delivery of instruction using clinical supervision. Sergiovanni and Starratt (2007, p. 23) defines clinical supervision as "face to face contact with teachers with the intent of improving instruction and increasing professional growth." Malawian inspectors for basic education started receiving in-service training on clinical supervision from early 1990s (MIE & Brandon University, 1990). However, the use of clinical supervision approach by education advisors was emphasised after Malawi attained multiparty democracy in 1994 to ensure effective supervision of teaching and learning.

Clinical supervision helps to effectively engage teachers to assess their own teaching in order to improve performance in instructional delivery (Sidhu & Fook, 2010). According to Okafor (2012), clinical supervision in education involves a teacher receiving information from a colleague who has observed the teacher's performance and who serves as a reflective mirror to enable the teacher critically examine and possibly alter his or her own professional practice. Okafor (2012) explained that within the context of such supervision, ideas are shared and help is given in order to improve the teacher's ability through the analysis of objective data collected during the observation. The purpose of clinical supervision is to promote professional growth and development of staff (Zepeda, 2007). In addition, clinical supervision offers teachers a chance to reflect on teaching and then refine their practices through sustained formative feedback based on classroom observation data (Zepeda, 2012). In clinical supervision, a supervisor adopts a collaborative approach and provides expert assistance to teachers with the view to improve instruction.

Clinical supervision demands a large input of effort from the supervisor and the teacher, requires enough time, and needs to be used with experienced teachers (Abdulkareem, 2001 as cited in Ndebele 2013). In addition, Sidhu and Fook (2010) noted that teachers' knowledge about clinical supervision would help them benefit from clinical supervision process. In their research, Sidhu and Fook (2010) found that supervisors seemed to have limited knowledge and understanding of formative clinical supervision. Thus, supervisors adopted inspection approach to supervise teachers due to lack of knowledge for

conducting clinical supervision which in turn impacted negatively on the same teachers. While Malawi needed to embrace friendly models in its effort to reform teacher supervision, actual performance of primary school teachers when engaged in clinical supervision process is not known.

1.2 Brief history of instructional supervision in Malawi

The beginning of formal education in Malawi is linked to efforts made by the early missionaries to spread the gospel and evangelize the native people from 1875 to 1926 (Banda, 1982; Tindall, 1983). The missionaries built schools to teach basic literacy as well as spread the gospel. For instance, the Free Church of Scotland opened the first school at Cape Maclear in 1875 and started Overton Institute in 1894 to train teachers (Banda, 1982; Tindall, 1983; MoEST, 2003).

The beginning of teacher supervision and instruction is attributed to Blantyre Mission teacher training model. Blantyre Mission used to organise two months in-service training courses every year which were equivalent to professional development (MoEST, 2003). While the system of teacher training was recommended by Phelps-Stokes commission as it provided continued professional growth, missionaries were not concerned with quality of teachers and the unclear roles between the teacher and evangelists. Later on, government opened the Jeannes Training Centre at Domasi in 1929 to train primary school teachers. The centre produced 75 teacher supervisors from various missions by 1937 to work as advisors in village mission primary schools (MoEST, 2003).

The Malawi government has relentlessly put much emphasis on education quality and maintenance of standards through inspection and supervision. Policy documents such as the Malawi Growth and Development Strategy (MGDS) 2006-2011, and National Education Sector Plan (NESP) 2008-2017 continue to focus on education quality and maintenance of standards with much emphasis on inspection and supervision. There is Directorate of Inspection and Advisory Services' whose core duty is to establish, monitor and ensure maintenance of quality education standards provided by schools. However, supervision of teachers by advisors and school based managers need to be guided by best practices and well established principles revealed through research on teachers' ability to cope with clinical supervision.

Primary school teachers should not only wait for recommendations from inspection reports. The researcher's point of view is that teachers and supervisors should actively and independently identify strengths and weaknesses concerning instruction delivery. Thus, it was necessary to find out if primary teachers have such capacity to reflect and analyse any instruction delivered by engaging them in a clinical supervision process. Inspection of schools have always been used to check compliance to rules and regulations set regarding provision of quality education that reflect value for money invested towards education services (MoEST, 2015). However, literature reveals that teachers view inspection with negative attitude that impacts on effective delivery of instruction

(UNESCO, 2007). It is therefore necessary to use supervisory approaches that emphasise collegial and mutual respect between the supervisor and supervisee.

Currently the Ministry of Education Science and Technology expects PEAs to regularly supervise teachers in primary schools. The Department of Inspection and Advisory Services build capacity of new inspectors and advisors on some aspects of supervision and inspection through short term orientations. As stated in the Teacher Development Centre Hand Book (2011), PEAs are expected to provide in-service trainings and classroom-based support to teachers. However, supervisors used to focus on inspectorial duties (UNESCO, 2007; Grauwe, 2001).

Primary school instructional leaders and PEAs were also trained on how to use clinical supervision through the Malawi School Support System Programme (MSSSP) (MIE, 2001). It is not actually known whether instructional leaders and teachers really grasped and applied the technical knowledge for conducting clinical supervision in order to improve instruction delivery. Even when inspection had been emphasised, Mussa (2009) observed that improvement in schools was invisible because recommendations for improvement highlighted in school inspection reports in Malawi were not acted upon. As a result, schools continue to grapple with the same problems and weaknesses. The researcher's point of view is that problems relating to instructional supervision can be addressed by using clinical supervision approach.

Originally, clinical supervision was used to supervise interns in Masters of Arts program at Harvard University in order to improve their teaching (Cogan, 1972 as cited in Rossi, 2007). In contrast, many primary school teachers in Malawi public schools possess secondary school academic qualification which is the entry qualification for a primary school teacher. It is argued that clinical supervision works better with well experienced and highly qualified teachers (Glickman et al., 2004). However, to date, there is no known research to the researcher's understanding, which has specifically focused on clinical supervision of professionally qualified primary school teachers with secondary school academic qualification.

1.3 Statement of the problem

The quality and standards of education in Malawi is checked, controlled and maintained using school inspection visits (MGDS, 2006; NESP, 2007; MoEST, 2009). However, inspection has been criticised for causing fear and resentment in teachers (Sullivan, 2004; UNESCO, 2007). Transformation in instructional supervision led to the adoption of clinical supervision approach which aims at reducing fears and mistrusts by first establishing good rapport and collegueship with teachers. Nevertheless, Abdulkareem (2001 as cited in Ndebele 2013) points out that clinical supervision requires more effort, time and resources from both the teacher and supervisor. The use of clinical supervision requires flexibility to reflect and analyse the lessons to identify strengths and weaknesses. Teachers have to demonstrate required abilities to competently cope with the demands of clinical supervision. Since in Malawi the actual use of clinical supervision is a new phenomenon, it is not known how primary school teachers perform when engaged in a

clinical supervision. Thus, there was a need to explore primary school teachers' ability to cope with clinical supervision process.

1.4 Purpose of the study

The purpose of the study was to explore primary school teachers' ability to cope with clinical supervision process in order to improve instructional delivery.

1.5 Main research question

The study was guided by the following main research question:

How do primary school teachers cope with clinical supervision process during instruction? The following four specific research questions were asked:

- What instructional challenges are of major concern to primary school teachers when engaged in a clinical supervision process?
- How do teachers handle instructional challenges during clinical supervision process?
- Which instruction supervision approaches do primary school teachers prefer during clinical supervision process?
- Why do primary school teachers prefer certain instruction supervision approaches to others?

1.6 Significance of the study

This study is significant because it has generated new knowledge useful to education stakeholders in understanding any instructional deficiencies teachers have that impede the use of clinical supervision approach. The study has provided insights into the supervisory approach teachers preferred. The findings also provide alternative decision making platform for new policy shift to adoption of collegial forms of instructional supervision.

This could be used for formative assessment of teacher performance in instructional delivery as opposed to an over-emphasis on inspection approach which causes teachers to be apprehensive. The use of clinical supervision would create teaching and learning environment that is free from mistrust, fear, and suspicions which is often associated with inspection.

1.7 Definitions of terms

Clinical supervision: It is a type of supervision which involves face to face contact with teachers with the intent of improving instruction and increasing professional growth (Sergiovanni & Starratt, 2007; Kosmoski, 1999).

Inspection: This refers to a specific occasion when an educational institution is examined and evaluated as a place of learning in such a way that advice may be given for its improvement in an evaluation report (MoE, 1982).

Instructional challenges: These were weaknesses which occurred during lesson presentation which negatively impacted on the teaching and learning process.

Supervision: It is a constant and continuous process of more personal guidance based on frequent visits when attention is focused on one or more aspects of the educational institution and its organisation (MoEST, 2009).

1.8 Role of the researcher

The researcher ensured that all aspects and processes of research were followed. The researcher also ensured anonymity and confidentiality of participants and declared his status as a student conducting an academic research. The researcher generated all the data alone by conducting all classroom observations and interviewed participants at different stages of clinical supervision and finally analysed the data generated during the study.

1.9 Thesis structure

This thesis is divided into five chapters. Chapter 1 presents background to the study, problem statement, purpose of the study, research questions, significance of the study as well as definition of the terms. Chapter 2 presents the literature review related to inspection and supervision of instruction. It also discusses constructivism theory as the theoretical framework guiding the study. Chapter 3 provides the research design and methodology. This chapter describes the research site, sample selection technique, data generation methods and instruments, data analysis techniques, credibility and trustworthiness of the study as well as how ethical issues were handled. It also presents limitations and delimitation of the study. Chapter 4 presents and discusses the findings of the study on how the participants performed with regard to emerging themes in relation to the research questions. Chapter 5 presents conclusions, implications, recommendations and areas that require further research.

1.10 Chapter summary

This chapter discusses background to the study, problem statement, purpose of the study, research questions, significance of the study and role of the researcher. As presented in this chapter, research endorses clinical supervision as suitable for teacher growth and development. However, it is also seemingly quite demanding on part of both the teacher and supervisor to implement clinical supervision. The next chapter focuses on review of related literature.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.0 Chapter overview

This chapter discusses the literature review on inspection and supervision in the first section while the theoretical framework that guided the study is discussed in the second section.

2.1 Review of literature

The review of literature is discussed under the following themes: inspection and supervision, historical perspective of supervision of instruction, recent trends in instructional supervision and inspection, school inspection and supervision in other countries, school inspection and supervision in Malawi, and clinical supervision.

There have been studies that had focussed on a number of aspects concerning instructional supervision. Some studies had focussed on existing perception and preferences of teachers towards instructional supervision and selected supervisory approaches (Tesfaw & Hofman, 2014). This study revealed that many supervisory approaches are not frequently used in instructional supervision in secondary schools in Ethiopia. These findings corroborate with the research on the roles of administrators in the supervision of teachers which revealed that inspection approach was followed to supervise teachers. Furthermore, the study by Ekyaw (2014) revealed that instructional

supervisors used to mainly focus and report on statistical data in the schools rather than identifying gaps in teachers' knowledge and skills concerning instructional issues. Thus, supervisors did not support teachers to identify instructional strengths and weaknesses related to their teaching. Delivery of instruction can be improved if teachers get much needed support and feedback from supervisors. However, Abdulkareem (2001 as cited in Ndebele 2013) argues that both the instructional leaders and teachers do not have enough time for individualised attention used during clinical supervision approach.

2.1.1 Inspection and supervision

Inspection is a common approach used by education inspectors to check and monitor quality and standards of education. Inspection is defined as that “specific occasion when an educational institution is examined and evaluated as a place of learning in such a way that advice may be given for its improvement in an evaluation report” (MoE, 1982, p. 9). Inspection is viewed as an effective and efficient process of gathering evidence in order to provide an overall assessment of how a school is performing through analysis of data collected. Inspection aims at examining each and every aspect and life of the whole school (MoEST, 2009). The data are often generated through lesson observations, examination of administrative records, teaching records and students' work, as well as conducting interviews with teachers, learners and parents followed by a written report.

Inspection of schools in Malawi are categorised as full inspection, follow-up inspection, partial inspection, educational institutions registration inspection and special inspection. According to MoEST (2009), full inspection involves examination and evaluation of an institution as a place of learning in all aspects of its work and life so that advice may be

given in an evaluation report for its improvement. The school is examined and evaluated through lesson observation, interviews, scrutiny of teaching and administrative records. Follow-up inspection is a type of inspection when an inspector revisits an education institution to evaluate the extent of implementation of recommendations made in a full inspection report and assesses any action taken to achieve the desired results (MoEST, 2009). Partial inspection is a type of inspection when an education institution is examined and evaluated in one or a limited number of aspects of its life and work (MoEST, 2009). Education institution registration inspection is a type of inspection requested by a proprietor of a private learning institution to examine and evaluate all aspects of school life and its work for purposes of registration of such institution with the Ministry of Education, Science & Technology. However, teachers have negative attitude towards inspection approach (UNESCO, 2007).

On the other hand, supervision is defined as “a constant and continuous process of more personal guidance based on frequent visits when attention is focused on one or more aspects of the educational institution and its organisation” (MoEST, 2009, p.22). Currently, attention is on teacher’s performance and improved delivery of instruction that enhances achievement of learners’ outcomes. Inspection and supervision are similar in some ways as both use classroom observation to collect data, contribute to teachers’ professional development, and main task is to improve delivery of instruction by teachers (MIE & Brandon University, 1990). Inspection is occasionally done, examines life of the whole institution, and aims at evaluating quality and standards of education. On the other

hand, supervision is done more frequently, focus on one or more aspects of the institution and its main aim is to improve teacher competency (MIE & Brandon University, 1990).

2.1.2 Historical perspective of supervision of instruction

Supervision was originally a requirement for those in authority in Cathedral Schools where religious and moral development was emphasised in Europe around 800 to 1400 A.D. (Gwynn, 1964). Initially, supervisory responsibility was entrusted to one individual in elementary schools. The purpose of these elementary schools was to help the young people to read the Bible in their own language (Gwynn, 1964). During that period, teachers were not well educated, had questionable abilities to provide instruction in religion and as a result supervisors needed to closely monitor them to ensure that at least minimally acceptable levels of performance were being maintained in classrooms and schools (Gwynn, 1964). According to Gwynn (1964) the supervisor's job was to find out all the wrong things that teachers were doing in their classrooms. They had to check against the spread of any religious heresy and ensure that proper interpretation of the Bible was maintained. Supervision activities were quite disruptive, very intimidating and were planned to 'catch' teachers making mistakes (Gwynn, 1964).

As can be observed here, the function of supervision in education was grossly misplaced. Supervision services needed to be used to collect information that could be vital for identification of strengths and weaknesses of schools in their provision of education. The schools are then given feedback on what aspects to maintain and those aspects that needed to be improved. As claimed by UNESCO (2007), it was therefore, not surprising for teachers to be apprehensive when they were supervised with such fault-finding

motives. The researcher argues that any supervision / inspection visit designed to catch offenders instead of giving guidance and advice on the weaknesses identified virtually intruded in the comfort zones of teachers and might have negative impact on effective delivery of instruction to learners as required. Therefore, instructional supervision in general has its roots in the western countries and had at some point in time negatively affected the attitude and working relationship between teachers and education inspectors. This situation needed to be improved through appropriate supervision approaches.

2.1.3 Trends in instructional supervision and inspection

Currently, research has been targeting instructional supervision and inspection in many countries. Early research portrayed inspection as an effective and useful tool for monitoring and maintaining standards and quality of education (Hargreaves, 1995; Wilcox & Gray, 1995). Inspection was and is still viewed as an effective and cost-effective method for improving schools. However, inspection has a legal basis in many countries including Malawi. Inspection is done to fulfil bureaucratic requirements (Wanzare, 2006) which can inevitably evoke fears in teachers when they fail to meet expected standards of education. In addition, UNESCO (2007) reports that teachers view supervisors as faultfinders, biased who sometimes give irrelevant advice.

Inspection is done as a one-time fact-finding activity that aims at catching the workers red-handed. As a result, teachers become suspicious and develop negative attitudes towards inspection visits for school evaluation (Glickman, Gordon & Ross-Gordon 2004; UNESCO 2007). The traditional approach to inspection created poor working relationship between the supervisor and teachers. The negative teachers' attitudes

definitely affect quality of teaching and learning. Once teachers become suspicious about being supervised, they become apprehensive and fail to professionally perform teaching and learning duties freely. Consequently, instead of improving the teaching and learning climate, inspection inadvertently cause fear, anxiety and mistrust among teachers which negatively impact on their performance. The traditional approach to inspection resulted in creating poor working relationship between teachers and inspectors (Glickman et al., 2004; UNESCO, 2007).

2.1.3.1 Instructional supervision and scientific management

Tradition approach to inspection aimed at checking what was thought to be the best ways of instructional delivery. The adoption of Taylor's (1911) scientific management theory by school administrators caused evolution in teacher supervision in the 20th century (Rossi, 2007). The scientific management theory aimed at achieving efficiency when performing given tasks (Hoy & Miskel, 2008). It was based on principles such as giving workers clearly defined daily task that required full day's effort to complete, providing standardised conditions and tools to carry out the task, high pay for successful completion of task, and high expertise for those working in large organisations (Hoy & Miskel, 1987 as cited in Rossi, 2007). Teachers were expected to follow a fixed set of rules for their instruction. Supervisors monitored teachers' instructional practices to ensure compliance with set rules. However, it is argued that supervisors' role had negatively affected working relationship with teachers as portrayed in inspection, control and authority (Rossi, 2007).

2.1.3.2 Instructional supervision and human relation approach

The human relation approach which occurred around late 1930s and late 1950s had its own impact on supervision of instruction. The human relation approach enhanced supervisory practices that encouraged democratic leadership style that was different from inspection and control (Glickman et al., 2004). Teacher supervision had improved and gained acceptance as it was characterised by collegial relationship, interpersonal skills and collaboration between the supervisor and teachers (Olivia & Pawlas 2004 as cited in Rossi, 2007). Supervisors carefully monitored and scrutinised implementation of the prescribed curriculum (Glickman et al., 2004). However, teacher supervision during this era had shortfalls as a small amount of teaching was observed, purpose of observation was rarely on students' learning and feedback followed a top-down process (Marshall, 2005 as cited in Rossi, 2007). Clinical supervision process was then formulated during late 1960s to formalise the process of teacher supervision that involved a shared process where teachers and supervisor worked together on instructional issues (Rossi, 2007).

In the present times, it is recommended to adopt favourable supervision approach for teacher professional support that lead to instructional improvement. However, the choice of any approach should be based on knowledge of teachers and their ability to participate in such supervisory approaches. Since inspection was viewed as being autocratic, there was need to change to democratic approaches to teacher supervision. Sullivan, (2004) outlines a number of ways concerning instructional supervision that have become popular. These are cooperative professional development which is also called peer supervision, self-directed supervision, and administrative monitoring. Any of these ways

of supervising instruction can be adopted. However, unannounced visits by supervisors without the consideration of continuous discussion and planning actually cause teacher anxiety and negatively impact on the teaching profession (Glickman, 2002). The use of clinical supervision approach ensures positive results as it promotes mutual trust, respect and willingness of teachers to work collaboratively with supervisors.

2.1.4 School inspection and supervision in other countries

Many governments all over the world have used school inspection to provide external evaluation of the quality of education provided by schools (UNESCO, 2007). For instance the model of inspection in Wales and England has influenced inspection models of countries like Malawi, Zimbabwe and Botswana while Finland had transformed and adopted a different instructional supervision model. According to Grauwe (2001) instructional supervision in Zimbabwe and Botswana is managed at three levels namely: central, regional and district level. The district is subdivided into zones or clusters with an average of ten primary schools per zone. The organisation and management of instructional supervision in Botswana, Zimbabwe and Malawi share certain similarities.

Lizias and Anyway, (2014) reported that Zimbabwe encouraged the use of clinical supervision when it introduced Better Schools Programme of Zimbabwe (BSPZ) in 1996. At the same time, Malawi oriented instructional leaders in clinical supervision through the Malawi School Support System Programme (MSSSP) (MIE, 2001). While three countries use central control model of instruction supervision, Botswana follows close to school model of supervision in which schools are informed about the visit. On the contrary, Finland stopped using central control model in 1991. The adoption of clinical

supervision by Zimbabwe and Malawi was a shift from using central control model too. Presently Malawi has recruited education inspectors who still use central control model to check quality and standards of education offered in schools.

2.1.4.1 School inspection and supervision in England and Wales

England and Wales use central control model of supervision in which the role of supervision service is to inspect each school from time to time and publish a public report (UNESCO 2007). This type of inspection and the report examine all the aspects of the school life and its operations. School inspection is conducted by the Office of Standards in Education (OFSTED) which is non-ministerial agent as provided in the Education Act of 1992 of England and Wales. OFSTED works under the direction of Her Majesty's Chief Inspector (Learmonth, 2000, cited in Matete, 2009). The inspectors visit a school once in every four years to allow time for recommendations to be implemented. According to Ehren and Visscher (2008) cited in Matete (2009) school inspectors carry out systematised and timetabled classroom observation whose findings were later published on the internet for public consumption. This practice made weaker schools to have pressure to improve the challenges noted by inspectors. In contrast, inspection reports in Malawi are not published for the general public to access the findings.

The school that has been inspected draws an action plan to improve the teaching and learning as pointed out in the inspection report (Matete, 2009). After inspection, follow up visits are made to weaker schools. Full inspection visit impacts negatively on schools that are deemed to be weak causing them to experience much pressure as they may face closure if they do not improve within a specified period of time (Matete, 2009). Schools

facing difficulties become de-motivated with a list of weaknesses accompanied by few solutions (UNESCO, 2007). As a result, schools have negative attitudes towards inspection.

Schools in England and Wales use inspection manuals that are widely distributed for self-evaluation (Wilcox, 2000). It is also argued that additional investment in education such as provision of teaching and learning materials, staff development, changes in initial teacher education, wider welfare changes to number of children living in poverty have all contributed to improvement in pupils' academic achievement (Sammons, 2006, as cited in Matete, 2009). It is still widely known that OFSTED executes a model of school inspection that still inspires many countries all over the world.

2.1.4.2 School inspection and supervision in Finland

According to UNESCO (2007), Finland is one of the few countries known for having recruited highly qualified professional teachers for the country's schools. Finland abolished centrally controlled external inspection of schools in 1991 and adopted the school-site supervision model where quality and functioning of the school is monitored and maintained by agents based at the local level (UNESCO, 2007). There are no specific supervision officers that are based at the central, regional or district level. The school board or council at the local level is responsible for supervision of the management of the school. The headteacher and senior teachers provide regular supervision of teachers and decide on the need to ask for advice from teacher training officers (UNESCO, 2007). Finland developed national performance indicators and evaluation procedures used at municipal level for monitoring quality and functioning of schools. However, UNESCO

(2007) argues that schools do not have complete autonomy because the Finish government has a national evaluation board that controls quality of education.

2.1.4.3 School inspection and supervision in Botswana

Botswana's Primary education structure is in some ways similar to that of Malawi. According to Grauwe (2001), the director heads primary education department at the central level followed by six regional offices consisting of four or more inspectorial areas located at the local level. A senior education officer is placed in each inspectorial area to provide supervision and support which is similar to close to school supervision model. The education officers carry out many roles which include: school inspection, teachers' in-service training, teacher promotion and disciplinary action, curriculum development, examination and work in liaison with councils on matters concerning school infrastructure and supplies. Grauwe (2001) also explained that primary school head teachers conduct school-based in-service training of teachers, regularly observe teachers to increase communication between teachers on professional matters and addressing observed weaknesses. School visits by education officers serve to supplement the school based in-service training and are meant to produce general performance audit of the school (Grauwe, 2001).

In Botswana, inspectors are recruited through open advertisement (Grauwe, 2001). However, no formal training programmes exist specifically for supervision and inspection. Primary school inspectors prepare and submit annual work plans to inspect 12 schools per year to Regional Education Office (REO) for approval (Grauwe, 2001). Schools that are felt to have problems are targeted first and other schools are

systematically visited considering when such schools were last visited. Grauwe, (2001) reports that when schools are informed about inspection, teachers are sometimes tempted to artificially present teaching which is different from what they always do to impress on the inspector. On the contrary, unannounced visits do frighten teachers.

As reported by Grauwe, (2001), a typical classroom visit by education officer starts with a pre-observation conference with the concerned teacher, followed by classroom observation and ending with post-observation conference to review the whole lesson and design action plan aimed at addressing the major weaknesses. Administrative records, teaching resources, continuous assessment records, learners' exercise books, school buildings and facilities are also checked. The whole exercise is concluded by holding a staff briefing meeting. At the end of every school term, serving officers prepare and submit activity reports which indicate officer's target set, performance indicators, and overall appraisal of activities done.

2.1.4.4 School inspection and supervision in Zimbabwe

School inspection and supervision structure in Zimbabwe was influenced by that of the United Kingdom. The inspectorate, which is called the Standards control unit, has education officers who supervise government and non-government schools following similar approach (Grauwe, 2001). In Zimbabwe just like in Malawi, supervisory services are based at three levels namely: national, regional and district level. An education officer heads the supervisory team at the district level and district education officer is responsible for a circuit which is a cluster of 22 or 23 primary schools. The district

supervisors who are located at the local level give advice to schools on strategies to improve the quality of education.

The ministry of education in Zimbabwe devolved some supervision and support activities to the schools where the school suitability boards supervise, assess the performance of teachers and recommend them for performance related bonus (Matete, 2009; Grauwe, 2001). School head teachers are responsible for school based supervision assisted by deputy heads and teachers-in-charge in primary schools. The schools are organised into clusters of five to eight schools to facilitate sharing of experiences on professional development and team supervision of schools. Each primary school is supposed to be supervised every two and half years. However, this does not often happen as officers have too much work, inadequate financial resources for allowances and problem of transport to visit the remote and difficult to reach schools (Grauwe, 2001).

Zimbabwe has a team of well qualified supervisors for primary education where around 50% of the officers have either Diploma in Education, Bachelor of Education and Master of Education degrees recruited through public advertisements. However, there is no specialised training for supervisors and support services staff. Officers only attend a one-week induction course organised by the head office. Usually, newly recruited officers are attached to experienced officers to mentor them by offering guidance and advice during supervision visits.

Education officers draw a programme of activities indicating number of school visits (Grauwe, 2001). The supervisors' core duties include conducting full inspection of schools, teacher supervision visits, follow-up visits, spot check on heads and deputy heads and teachers-in-charge (Grauwe, 2001). School inspection visits are usually unannounced. Inspection reports are not published but are filed at all levels namely: school, district, regional and national. At school level, the reports inform schools the strengths and improve the identified weaknesses while at regional and central level, the report is used for monitoring, correction and promotion purposes (Grauwe, 2001).

2.1.4.5 School inspection and supervision in Malawi

Inspection of schools in Malawi was initially started by the Blantyre Mission Church (Banda, 1982). The Government started training advisors to monitor teaching and learning in mission primary schools in 1929 at Jeanes Training College in Zomba, currently called Malawi Institute of Education (MoEST, 2003). After independence in 1964 and up until 1994, each district had a District Inspector of Schools (DIS) who was responsible for monitoring teaching and learning in all primary schools in that district (Saiwa, 2008). During that period, the DISs from various districts teamed up to conduct block inspection of schools in a particular district.

After attaining multiparty democracy in 1994, inspectorate services in Malawi were reformed. Collegial approach to supervision of teachers was encouraged. The inspection section was renamed Education Methods and Advisory Services (EMAS) to enhance openness and friendly approach to supervision to reflect principles of democracy. The post of Principal Primary School Advisor (PPSA) responsible for supervision and

advisory services for all primary schools was established at the Central Education Office (Saiwa, 2008). The post of Senior Education Methods Advisor (SEMA) for primary schools was established at Division level. At district level, education zones were created. Each zone which consists of 10 or more schools is managed by Primary Education Advisor (PEA) (Saiwa, 2008). In 2010, Education Methods and Advisory Services became the Directorate of Inspection and Advisory Services (DIAS).

The Directorate of Inspection and Advisory Services at the Ministry of Education headquarters has the mandate to mobilise resources and conduct national wide primary schools inspection exercises. Usually, inspectors from the division office and some Primary Education Advisors from the districts within the division are involved in carrying out inspection exercise (Saiwa, 2008). In theory, schools should be informed about the planned inspection visits. However, inspection visits have most often been done without communicating to school managers any information about the planned inspection activity (Saiwa, 2008). Division inspectors also conduct primary school inspection to districts within the Division. PEAs in the districts conduct supervision visits to primary schools in their zone (Teacher Development Centre Hand Book, 2011).

The recruitment of Primary Education Advisors and Senior Primary Education Inspectors is now done through public advertisement of vacant posts and conducting of interviews (MoEST, 2015). Currently, senior inspectors for primary education at the Division office have either Diploma in Education or Bachelor of Education Degrees (Teaching Service

Commission, 2008). This shows that Malawi and Zimbabwe recruit a team of well qualified inspectors for primary education. However, just like in Botswana and Zimbabwe, there is no specialised training for inspectors in Malawi apart from short term orientations. Such orientations do not fully equip the officers with the relevant skills and knowledge. Inspectors therefore acquire the necessary skills while undertaking their inspection duties.

Both inspectors and PEAs draw work plans that indicate schools targeted for supervision and other administrative engagements which they often undertake. Inspectors' core duty is mainly conducting full inspection of schools. Inspection report is immediately compiled when a school has been inspected. However, inspection reports are not published but are sent back to schools where such reports are filed at school. The reports inform schools the strengths and weak areas that need to be improved while at regional and central level, the report is used for follow up visits and policy formulation. Copies of a summary report are sent to the Ministry of Education Headquarter. However, teachers view inspection visits as routine visits to check compliance to rules and regulations.

2.1.5 Clinical supervision

Positive and sound relationship between the teacher and education supervisor can be achieved through adoption of the clinical supervision approach. Clinical supervision involves a face to face relationship between the supervisor and supervisee with focus on improving instruction delivery and increasing teacher professional growth (Sergiovanni & Starratt (2007). It is interactive rather than directive, democratic rather than authoritarian, teacher centred rather than supervisor-centred.

Currently, clinical supervision is viewed as a perfect approach to the supervision of teachers because it encourages collaboration, provides teachers with constructive feedback that lead to increased motivation and emphasises collegiality (Sidhu & Fook, 2010; Glickman, Gordon & Ross-Gordon, 2004; UNESCO, 2007). Indeed, as argued by Kutsyuruba, (2003), cited in Ndebele (2013) teachers need to have professional responsibility collectively as well as individually, to reflect on what is happening and why including gauging effectiveness of their current teaching. Thus, the researcher's point of view is that instructional supervision in the present times needs to embrace clinical supervision process to help teachers improve instruction delivery.

However, Sidhu and Fook's (2010) study on knowledge, understanding and practice of Malaysian primary school heads on formative evaluation, revealed that many school heads possessed little knowledge and understanding of formative clinical supervision. It was noted that teacher evaluation and conventional supervision was the only kind of supervision conducted in schools. This could be similar to what Primary Education Advisors (PEAs) in Malawi do, as they often take inspection approach when supervising teachers. The emphasis over inspection in education related documents such as the National Education Sector Plan 2008-2017 still encourages PEAs to adopt inspection approach instead of providing professional advice, guidance and support to primary school teachers.

Despite the emphasis on inspection, it was still necessary to find out other factors related to teacher supervision approaches such as ability of primary school teachers to cope with clinical supervision process. Thus, it was necessary to explore how primary school teachers responded to clinical supervision cycles so that any supervision approach used by supervisors has a sound empirical basis and backing. The researcher argues that when inspection approach is used to supervise and evaluate primary school teachers, education inspectors do not give teachers a chance to grow professionally and instead become over-dependent on brief feedback about their teaching from the inspector.

2.1.6 Approaches to clinical supervision

Inspection of an educational institution by inspectors follows a general approach of evaluating that educational institution and its staff. However, clinical supervision can be undertaken using developmental supervision approaches such as directive, collaborative and non-directive according to teacher's developmental level (Glickman et al., 2004). These supervision approaches are based on who has the responsibility to make a decision between the supervisor and the teacher about instructional improvement. Thus, directive supervisory approach is one where the supervisor directs the teacher in what will be done, 'standardises' the time and criteria of the expected results, and determines the actions for the teacher to follow (Glickman et al., 2004). Directive supervisory approach is used where the assumption is that the supervisor knows better than the teacher about what needs to be done to improve teaching.

Collaborative supervisory approach occurs when control over the decision is shared by both the supervisor and the teacher (Glickman et al., 2004). The supervisor uses non-directive behaviours to understand the teacher's point of view, then presents his or her own ideas as well as problem solving by asking for the teacher's input and negotiates a common course of action that is satisfactory to teacher and supervisor (Glickman et al., 2004). The assumption is that both the supervisor and the teacher have appreciably the same level of knowledge and expertise. However, this may not always be the case as human beings differ in their level of knowledge and life experiences on matters.

Lastly, non-directive supervisory approach is sometimes followed in very rare cases. Non-directive supervisory approach occurs “when a supervisor ‘listens’ to the teacher, ‘clarifies’ what the teacher says, ‘encourages’ the teacher to speak more about the concern, and ‘reflects’ by verifying the teacher’s perceptions” (Glickman et al., 2004, p. 133). The assumption is that the teacher to be supervised knows best what teaching changes need to be made, and has the ability to think and act on his or her own plan of action. Thus, the teacher has high control and the supervisor has low control over the actual decision. Such teachers generally have vast teaching experiences and highly qualified in their subject area. However, as pointed out earlier on, this type of supervisory approach may rarely be used as teachers often look forward to feedback from the supervisors once they have been observed.

2.1.7 Clinical supervision models

There are three clinical supervision models for supervising teachers namely: Goldhammer's five stage clinical supervision model, Cogan's eight stage clinical supervision model, and Acheson and Gall's three stage clinical supervision model (Kosmoski, 1997). The three clinical supervision models are shown in the figure 1 below:

Figure 1: Clinical Supervision Models

Goldhammer (1969)	Cogan (1973)	Acheson & Gall (1987)
1. Pre-observation conference	1. Establishing the establishing teacher-supervisor relationship.	1. Planning conference
	2. Planning the lesson	
	3. Planning the observation strategy	
2. Observation	4. Observing	2. Classroom observation
3. Analysis & strategy	5. Analysing the teaching and learning process	
	6. Planning the conference strategy	
4. Post-observation conference	7. The conference	3. Feedback conference
5. Post-conference analysis	8. Renewed planning	

(Adapted from Kosmoski, 1997).

As shown in figure 1, Goldhammer's (1969) five stage clinical supervision model is the initial model which was modified by Cogan in 1973. Acheson and Gall's three stage is a simplified version of the first two models. The next sub sections briefly describe each of these clinical supervision models.

2.1.7.1 Goldhammer's (1969) clinical supervision model

This model has five stages namely: pre-observation conference, classroom observation, analysis and strategy, post-observation conference, and post-conference analysis. Each stage serves a different but crucial purpose in instructional supervision. During the first stage called the *pre-observation conference*, the supervisor and teacher set the contract for the observation by determining the purpose and focus of the observation, setting ground rules such as time, place, methods, and length of actual observation (Glickman et al., 2004; Glickman et al., 2010 cited in Hailu, 2015). The supervisor and teacher agree on what actions to be observed, how data is to be recorded, and location of supervisor.

Following pre-observation conference is *the observation* stage. The supervisor proceeds by systematically collecting classroom data as agreed upon and understood during pre-observation conference. The supervisor chooses appropriate methods and instruments such as categorical frequencies, performance indicators, visual diagramming, space utilization, detached open-ended observation, and focused questionnaires (Glickman et al., 2004). The choice of the method and instrument depends on whether the purpose is to count behaviours, picture verbal interaction and or movement, record unfolding events and focus on particular classroom events.

Analysis and strategy is the third stage when the supervisor analyses and interprets the data gathered in relation to what was agreed upon during pre-observation. The supervisor describes events observed first before making interpretations (Glickman et al., 2004).

Then a supervisory strategy for briefing the teacher is worked out with due consideration on professional and personal factors of the teacher to achieve change and improvement of instruction. The supervisor needs to identify the best approach to consolidate the mutual trust and confidence which was cultivated with the teacher at pre-observation conference.

Then *the post-observation conference* stage follows through in which the supervisor actually provides feedback to the teacher about the lesson observation regarding the predetermined areas of interest. The supervisor shows the teacher observational data to reflect back to teacher what was seen and then follows an appropriate supervisory approach to develop a future plan for instructional improvement (Glickman et al., 2004).

Finally and immediately, the supervisor and the teacher enter *the post-conference analysis* to determine a future plan of action in order to improve instruction. This stage provides an opportunity for critical review of the whole supervision process and sets the focus for the next cycle that begins with its own pre-observation conference (Glickman et al., 2004). However, while clinical supervision creates collegial relationship with teachers supervised, provides immediate professional feedback that enhances effective delivery of instruction, it demands more effort and time by both the teacher and supervisor.

2.1.7.2 Cogan's (1973) clinical supervision model

This model has eight stages. According to Kosmoski (1997) the supervisor creates collegial relationship with the teacher based on mutual trust and respect during the first stage called *establishing the teacher-supervisor relationship*. In the second stage called

planning the lesson, the supervisor and the teacher mutually plan the lesson to be observed outlining the outcomes, activities, resources, strategies, and potential problems. During the third stage called *planning the observation strategy*, the supervisor works out a plan for observing behaviour which is of concern to the teacher and data collection method.

The supervisor collects agreed data following agreed guidelines in the fourth stage called *observing*. In the fifth stage called *analysing the teaching-learning process* the supervisor and the teacher analyse classroom data collected. During the sixth stage called *planning the conference strategy*, the supervisor develops strategies for the coming conference. The supervisor shares information with the teacher and interpret the observation data during the seventh stage called *the conference*. The final stage is *renewed planning* when the teacher and the supervisor determine the changes and what to do in future (Kosmoski, 1997). This model has many stages which could be tedious to follow and implement.

2.1.7.3 Acheson and Gall's (1987) clinical supervision model

This model has three stages. The first stage is *planning conference* when the supervisor builds a favourable supervisory climate characterised by mutual trust, respect and support. The teacher describes the lesson to be taught, agree on the concerns which forms focus of the observation, and methods as well as instrument for data collection (MoEST, 2015). During the second stage which is *classroom observation*, the supervisor collects data about the lesson taught as agreed during planning conference. The supervisor gives feedback to the teacher on the teaching observed during third stage called *feedback conference*. The teacher takes a lead in analysing the data and interpreting meaning of the

observed behaviour. The teacher and supervisor decide on what issues to improve (MoEST, 2015).

The supervisor and the teacher work together in all the stages when using these models except during analysis and strategy stage in Goldhammer's model and during planning the conference in Cogan's model. The Directorate of Inspection and Advisory Services in the Ministry of Education Science and Technology use Acheson and Gall's three stage clinical supervision model when supervising of teachers as it requires less time when compared to the other two models. However, this model is oversimplified since the emphasis is on the three stages only. The researcher's point of view is that the supervisor might not assign enough time for careful analysis of classroom data, choice of strategy for briefing the teacher and planning appropriate actions to improve instructional challenges. It is also tedious to logically follow and implement Cogan's eight stages clinical supervision model.

In the current study, Goldhammer's five stage clinical supervision model was used because it is more explicit, precise and comprehensive in details than the other two. Goldhammer's (1969) model could as well be easily implemented in a single visit. As argued by Sidhu and Fook (2010) clinical supervision is suitable for conducting formative assessment that aims at giving immediate feedback to the teacher's performance, sharing developmental criticism as well as safeguarding collegial relationship that contributes to the eventual improvement of instruction.

Finally, it can be concluded that previous studies had focussed on teachers' attitudes, perceptions and preferences of certain types of supervision approaches with inspection being the most commonly used approach by supervisors. The studies have revealed that teachers had negative attitude towards inspection. As a way of transforming supervision of instruction, some countries encouraged use of clinical supervision when supervising teachers. However, what was not known was how teachers actually cope with clinical supervision process. It was necessary to understand how primary school teachers perform when engaged in a clinical supervision process whose results are useful in the establishment and maintenance of education quality in Malawian primary schools. The next subsection presents the theoretical framework which guided the study.

2.2 Theoretical framework

This subsection presents theory of constructivism which informed the study. The theory of constructivism states that people construct their own meaning, understanding and knowledge about the world through experiencing things and reflecting on those experiences. Clinical supervision involves collaboration, reflection, sharing of classroom experiences about lesson observed as well as giving constructive feedback. It is important that supervisors understand different stages of teacher development and their ability to reflect and analyse teaching in order to plan and provide direct assistance and teacher professional development support for instructional improvement (Glickman et al, 2010 cited in Hailu, 2015). Since this study required teachers to construct new knowledge by reflecting and analysing the lessons in terms of what went on well and what needed to be improved, the theory of constructivism was chosen as a suitable theory to guide the study.

2.2.1 Theory of constructivism

The theory of constructivism holds the belief that “the mind is active in the construction of knowledge and that knowing is not passive but active” (Schwandt, 1994, p.125). Thus, constructivists believe that “human beings are active in knowledge construction through a variety of nonverbal and verbal symbols to create many versions or interpretations of the world in the sciences, the arts, and the humanities” (Schwandt, 1994, p.126). There are several constructivist theories of learning attributed to researchers such as Piaget, Vygotsky, Bruner, and Dewey to mention just a few (Ultanir, 2012; Hoy & Miskel, 2008). Psychological constructivism advocated by Piaget focus on the inner psychological life of people and how individuals build their cognitive structures to represent knowledge and regulate thought processes.

In addition, there is social constructivism attributed to Vygotsky which assumes that knowledge is socially constructed; that is “knowledge is built upon what participants collectively contribute and construct with the aid of cultural tools” (Hoy & Miskel, 2008, p. 70). In the recent years, radical constructivism has also emerged which rejects existence of objective reality claimed by the empiricists and advocates that all knowledge is socially constructed and that experience affects thinking and thinking influences knowledge (Schwandt, 1994, p. 127). However, in general, constructivism assumes that people create and construct their own understanding, meaning, and knowledge about reality (Schwandt, 1994; Hoy & Miskel, 2008).

The theory of constructivism is useful in understanding teacher's creativity in terms of choice of teaching strategies, identification of instructional challenges, diagnosis of learning needs, and appraisal of the whole learning activity. In the classroom, the theory of constructivism is based on the belief that learning occurs as learners contribute in the process of meaning making and knowledge construction through both individual and social activity (Mergel, 1998; Brunning, Schraw, & Ronning, 1999). Thus, the teacher in a constructivist classroom facilitates a process of learning which is interactive, student-centred and students are encouraged to be responsible and autonomous.

Furthermore, Glickman et al. (2004) explain that individuals at formal operations stage of Piaget's cognitive development theory are very much advanced in their thinking skills and use hypothetical reasoning, understand complex symbols, and can formulate abstract concepts. Further exploration of characteristics of adult forms of thinking has included Piaget's post formal operations stage that is strictly applicable to adults. It is this form of abstract thinking by the supervisor and the teachers observed that supported the process of clinical supervision in this study. Teachers conversant with Piagetian cognitive development have a clear conception about pupils' behaviour, development, and learning. This assertion agrees with the fact that "such teachers would design active teaching strategies to foster student learning and development" (Glickman et al., 2004, p. 71).

In instructional supervision, the teachers and supervisor actively construct new knowledge about teaching and learning (Sergiovanni & Starratt, 2007). Thus, teachers

take on the role of co-supervisor with both the supervisor and other teachers in the school as a learning and inquiry community. Basing on the understanding of constructivism theory, supervisors should emphasise teacher professional development rather than training. Sergiovanni and Starratt, (2007) emphasise that instructional supervision should mainly be concerned with improving schools by assisting teacher to reflect on their practices, to learn more about what they do and why in order to develop professionally.

The theory of constructivism was therefore relevant in this study that explored primary school teachers' ability to cope with clinical supervision process. The theory of constructivism helped the researcher to understand how the classroom teacher critically reflected on their teaching behaviour and analysed how the instructional process was conducted and how any instruction challenges were planned for improvement. The theory of constructivism was helpful to both the supervisor and the teacher to understand and construct knowledge and meaning of what actually happens in the classroom. However, successful clinical supervision also requires that the supervisor should establish good interpersonal relationship with the teacher and gauge the level of teacher's teaching experience (Glickman et al., 2004).

The supervisor and the teacher discuss planned lesson content and activities during clinical supervision process. The teacher mentally rehearses and orally describes the upcoming lesson, purpose of the lesson, teacher and students activities during pre-observation stage (Okafor, 2012). This requires critical thinking abilities on the part of

the teacher so as to construct knowledge. Furthermore, Okafor (2012) observes that during data analysis stage, the supervisor needs to identify critical incidents that are obvious, strengths which the teacher exhibited and areas for improvement.

During clinical supervision, the supervisor and the teacher are engaged in active thinking process regarding how they use language to communicate intentions observed from classroom events. In addition, the supervisor must create good interpersonal relationship with the teacher (Glickman et al., 2004; Okafor, 2012), and communicate a desire to understand the meaning and feelings of the supervisee, avoids criticisms and withholds evaluative judgments. To sum up, this subsection has discussed constructivism theory as theoretical framework that guided the study, the relevance of the theory to the study and how it relates to supervisor and teacher interaction during clinical supervision.

2.3 Chapter summary

This chapter has presented review of literature on inspection and supervision including historical background and new developments in inspection and supervision, inspection and supervision in some countries, and different models of clinical supervision. The theory of constructivism as theoretical framework guiding the study was discussed. The next chapter presents the research design and methodology of the study.

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

3.0 Chapter overview

This chapter focuses on the research design and methodology which was used during the study. It describes the research site, sample selection technique used, data generation methods and instruments, data analysis techniques, credibility and trustworthiness of the study, how ethical issues were handled and limitations of the study.

3.1 Research design

This study was a qualitative research utilising a descriptive multiple case study design consisting of four standard six Social and Environmental Science teachers selected from four TDC primary schools. A case study is “an empirical inquiry that investigates a contemporary phenomenon within its real-life context especially when the boundaries between phenomenon and context are not clearly evident” (Yin, 2003, p. 13). According to Yin (2003), case studies are carried out to understand complex social phenomena such as individuals, events, processes and many others through a holistic, in-depth, and detailed analysis in an attempt to answer ‘how and why’ questions. The study was designed to engage primary school teachers in a clinical supervision process in order to determine their ability to cope with clinical supervision. Standard six teachers teaching Social and Environmental Sciences participated in the study. Participants were treated as representative cases (Yin, 2003) who demonstrated how primary school teachers cope

with clinical supervision. The participants were treated first as individual units of analysis followed by a cross case analysis of all participants (Yin, 2003).

3.2 Research paradigm

The research study was grounded in both the constructionism and interpretivism paradigm in which participants constructed their own reality (Sarantakos, 2005) by identifying instructional challenges. The role of the researcher and participating teachers was to interpret meaning of data generated through interviews conducted during pre-observation conference, post-observation conference, and data from classroom observations. Teachers who participated in the study were expected to show their own understanding of instruction and ability to diagnose and identify instructional challenges as well as undertaking clinical supervision tasks and processes.

During the study, the researcher had strictly followed Goldhammer's five stages clinical supervision model. The researcher actually examined, interpreted, and described teachers' ability to cope with clinical supervision process and assigned either directive or collaborative approach as a feedback strategy commensurate with the teacher's developmental level, experience, knowledge and skills observed during teaching. Thus, constructionism and interpretivism were relevant in this study because the researcher constructed meaning out of the actions of teachers observed during the clinical supervision cycles and then interpreted their performance at analysis stage in order to select the appropriate feedback approach for post observation conference.

3.3 Research site and sample selection.

The study was conducted in four Teacher Development Centre (TDC) primary schools in Blantyre Urban. Blantyre Urban was chosen because the researcher could easily access the schools as he was also working in Blantyre. The primary schools where the study was conducted were identified as TDC1, TDC2, TDC3, and TDC4. TDC primary schools were sampled because they act as centres of innovation where new skills and strategies in the delivery of instruction are tried and tested. In addition, teachers teaching at TDC primary schools have more opportunities of being supervised by the PEA in an academic year (Ministry of Education, Science and Technology Teacher Development Programme, 2002). It was thus assumed that such teachers had once experienced pressure and uneasiness that is associated with inspection of schools and would likely become apprehensive and suspicious of being inspected (UNESCO, 2007). Therefore, it was appropriate to supervise these teachers using clinical supervision which emphasises collegial relationship between supervisor and supervisee (Glickman et al., 2004).

The study had followed qualitative case study methodology and the participants were purposively sampled (Yin, 2003; Sarantakos, 2005; Creswell, 2009). In purposive sampling, the researcher targets participants that have required information to achieve objectives of the study (Kumar, 2005). The study had targeted qualified primary school teachers who were previously supervised through inspection by the PEA and had more than three years of teaching experience. As asserted by Glickman et al. (2004) experienced teachers could successfully implement clinical supervision process. The teachers were contacted through head teachers of respective primary schools with

permission from Blantyre Urban District Education Manager. Four female teachers had showed interest to participate in the study. The researcher briefed the teachers on how clinical supervision is done. The four female teachers who participate in the study had to sign a consent form to demonstrate that they understood what they would be doing during the study and volunteer to participate.

The study targeted standard six teachers because the researcher believed that teaching and learning that occur at this level was not influenced by examination pressure associated with Primary School Leaving Certificate Examinations that are written at standard eight. The absence of examination pressure created conducive environment for the teachers to invest time and effort required for full participation in clinical supervision cycles. In addition, the researcher believed that delivery of instruction in English as official language for communication was well established at standard six which was expected to enhance smooth clinical supervision process. Finally, the four teachers were included in order to establish broad understanding of teachers' ability to cope with clinical supervision.

3.4 Data generation methods

In this study the researcher used face to face interviews during pre-conference and post-observation conference. Classroom observations were done to collect the actual data related to the delivery of the lesson. Data generated through interviews and classroom observations were complemented by document analysis of schemes of work and lesson plans. Document analysis was used as a third reference point of the ability of teachers to

reflect instructional challenges in lesson plans' self-evaluation section and in the outcome and remarks column of the records of work. Instruments such as pre-observation conference interview schedule, classroom observation schedule, post-observation conference interview and analysis schedule, document analysis guiding questionnaire formed the case study protocols that guided all the activities of data collection. According to Yin, (2003, p. 67) "a protocol contains the instrument as well as the procedures and general rules to be followed in using the protocol." The following sub-sections provide a discussion on data generation methods which were used.

3.4.1 Face to face interviews

Face to face interviews were used during every scheduled visit at pre-observation conference stage before actual lesson observation. Firstly, the researcher had to seek consent from teachers to have the interview audio recorded. Clinical supervision process starts with pre-observation conference stage in which the supervisor interviews the teacher to learn about aspects of the lesson that is to be taught. The researcher used semi-structured interviews during the pre-observation conference stage of clinical supervision to establish the contract for lesson observation with the supervisee.

During pre-observation conference stage, the researcher inquired from the teachers about the topic and content of the lesson, specific aspects of teaching and learning which formed the area of focus for the observation, how the identified aspects of teaching and learning may impact on the delivery of instructions to learners, and whether there were any problems from learners that could have negative impact on teaching and learning

process. At this stage, the researcher and the teachers also agreed on how classroom data related to the agreed areas of focus for the observation were to be collected. The researcher also assessed whether the teacher being observed was able to mention any instructional challenge on which the researcher was required to concentrate and give feedback after lesson observation.

In addition, interviews conducted during pre-observation conference were crucial because they helped the supervisor to establish rapport with the teacher (Glickman et al., 2004). Furthermore, “interviews provide the opportunity to observe nonverbal behaviour, correct any misunderstandings, prompt and probe the respondent” (Sarantakos, 2005, p. 285). However, interviews are time consuming, offers less anonymity of the respondent and may be affected by interviewer bias (Kumar, 2005). Of course, the researcher was also conscious of the fact that some participants could refuse to be interviewed either because they are suspicious and unsure of the real intentions of the interviews (Sarantakos, 2005). To overcome challenges associated with face to face interviews, the researcher clearly informed and assured each participant to feel free and express their views during clinical supervision stages and that information generated was strictly confidential and for the purposes of academic research only. All interviews and discussions during pre-observation conference and post-observation conference were conducted in a private room in the TDC building to ensure privacy.

The researcher had put in place various measures to ensure smooth conduct of the study. Firstly, the researcher collected teaching time tables from the participating teachers and pre-arranged the dates of visit and time for lesson observation with teachers to be visited to mitigate potential challenges of interview strategy. The researcher and the participants had agreed on specific dates for classroom visits and thorough communication was always made to both parties. The researcher and the participants agreed to inform each other well in advance any emergence that could disrupt the arranged classroom observations. To facilitate this process, participants were given air time to top up their cell phones to relay such information where necessary. The researcher also clearly briefed all participants the purpose of the study and how clinical supervision was conducted.

3.4.2 Direct classroom observation

Direct classroom observation followed through after conducting face to face interviews during pre-observation conference. Kumar (2005) defines “observation as a purposeful, systematic and selective way of watching and listening to an interaction or phenomenon as it takes place” (p. 119). Classroom observation is the second stage in clinical supervision process when the supervisor actually records data relevant to what was agreed upon during the pre-observation stage. The researcher actually supervised the four teachers alone. PST1 and PST4 were observed four times while PST2 and PST3 were observed three times. This was so because PST2 had gone to attend a funeral ceremony and PST3 was sick during third week of the study. As a result of this, the third clinical supervision cycle for both PST2 and PST3 was conducted in the fourth week of the study. Thus by the end of the study, a total of fourteen classroom observations were conducted.

As a method of data generation, observation availed the researcher first-hand experience with the setting and the participants in addition to learning things that people would be unwilling to talk about when engaged in an interview situation (Patton, 2002; Sarantakos, 2005). Furthermore, Patton (2002) argues that first-hand experience enhances researcher's personal knowledge that becomes useful during the formal interpretation stage of the data collected. The researcher monitored the ability of the teacher to identify instructional challenges which required feedback and had to assign appropriate supervisory approach during post conference stage. This was achieved by determining how teachers articulated their ideas during different stages of clinical supervision.

The researcher took short notes during teaching and audio recorded teacher verbalisation and learners' responses. The researcher used a classroom observation schedule (appendix E) to firstly check how the teacher reviewed previous knowledge which constituted the prerequisites for the lesson being presented, how the teacher presented new content, the kind of feedback that was given for correct or incorrect answers from learners, how learners were being assessed while teaching, what the teacher did in order to conclude the lesson and whether the teacher actually implemented the agreed areas of focus for the observation.

Observation as a method of research can influence individuals being observed to change the behaviour because of the Hawthorne Effect (Kumar, 2005). As a strategy to mitigate this effect, the supervisor had assured the participants that they were not being assessed

and that no consequences would result from the classroom observations as these were done for academic purpose only. Furthermore, the researcher considered the fact that observation is “vulnerable to the observers’ bias, and rely on selective perception and memory in addition to being time-consuming and relatively laborious” (Sarantakos, 2005, p. 235). To overcome the effects of observation weaknesses, the researcher was taking down notes, in addition to audio recording classroom observation that were accompanied and characterised by verbal outputs. The audio recordings and the notes were referred to during the analysis stage and post-observation conference with the participant to check the ability of the teacher to cope with clinical supervision process.

Thus, every pre-observation conference and classroom observation stages were audio recorded and short reflective notes were taken down. The audio recordings helped the researcher to track down statements made by the teacher during the pre-observation and classroom observation stages. However, Sarantakos (2005) warns that recording devices sometimes malfunction or have some parts that get deleted. Furthermore, caution needed to be exercised during note taking as the observer may stop concentrating on observation to write down notes and in the process miss unfolding events. The audio recording and note-taking were meant to complement each other just in case the audio recorder device would develop fault and begin to malfunction.

3.4.3 Document analysis

Document analysis involves examination and scrutiny of text presented in a document (Sarantakos, 2005). In this study, participants were asked to always bring lesson plan and schemes of work. The researcher scrutinised the teaching records for SES such as

schemes of work and the lesson plan self-evaluation section in order to complement findings related to agreed areas of focus for lesson observations using a document analysis guide (appendix G). The analysis focused mainly on teaching, learning and assessment activities which were planned, learners' outcomes which were recorded in the outcome column, and instructional challenges which the teacher identified and reported in the remarks column.

The focus was also extended to check strategies that were suggested in order to improve the weaknesses identified during teaching and learning. The researcher carefully checked how participants articulated instructional challenges that had some negative effects during teaching. The researcher scrutinized planned activities in the schemes of work, outcome and remarks indicated in the records of work as well as lesson plan self-evaluation section to complement pre-observation interviews and classroom observation data. The outcome and remarks column in the SES records of work were scrutinised to check how instructional challenges and mitigation measures were elaborated in these records. SES lesson plans were examined to check the teaching strategies that were adopted to improve instructional challenges reflected in the records of work.

As observed by Sarantakos (2005), documents provide first-hand data free of observer's influence. However, documents are sometimes not well updated and the teachers may refuse to release the documents (Sarantakos, 2005). The researcher frequently reminding the teachers to be visited to remember bringing their teaching records whether updated or not updated to increase the chances of making teaching records available for scrutiny.

Despite the attempts to remind teachers to bring their teaching records, two participants often gave excuses that they had left behind the schemes of work. However, the researcher was able to access such records towards the end of the study after concluding the classroom observation.

3.4.4 Data generation instruments

The main data generation instrument comprised of semi-structured interview questions, classroom observation schedule, post-observation conference interview schedule, post-observation conference analysis questions (appendix D, E, & F) and document analysis guiding questions (appendix G). A visual diagramming chart was designed in conjunction with one participant to depict distribution of questions as agreed during pre-observation conference. By the end of the study a large amount of qualitative data was collected during different stages of clinical supervision process.

Data generation was systematically guided by four research questions. The first research question was, '*What instructional challenges are of major concern to primary school teachers?*' This question guided the researcher to explore participants' knowledge of instructional challenges that hinder effective teaching and learning. The researcher examined the ability of individual participants to mention instructional challenges. The ability to mention instructional challenges was vital empirical evidence during the initial stages of clinical supervision process. This research question was explored through interviews during pre-observation conference stage of clinical supervision. In clinical supervision, teachers identify problem areas in their teaching which form areas of focus

for the observation by the supervisor. Later, during post-observation, feedback is given on how the teacher had performed during actual teaching with regard to the agreed areas of focus.

The second research question was, '*How do teachers handle instructional challenges during clinical supervision process?*' This question guided the researcher to follow on how the teacher paid attention to the identified instructional challenges in order to improve delivery of instructions. The researcher observed and checked whether the teacher implemented the agreed areas of focus for the observation. The researcher gathered evidence from the teacher of whether there was any improvement in the delivery of instruction that benefited learners.

The third research question was, '*Which instruction supervision approaches do primary school teachers prefer?*' This question guided the researcher to check teachers' ability to analyse and evaluate their teaching and suggest areas requiring improvement in the delivery of instructions. During clinical supervision process teachers are required to analyse and evaluate their own teaching and design ways to improve any weaknesses encountered during the process of teaching and learning. Teacher's ability or inability to evaluate their own instruction formed a basis for the supervisor to decide clinical supervision approach that suits the teacher's characteristics. Approaches that might be used are directive, collaborative, and or non-directive (Glickman, et al., 2004). Decisions made at this stage of teaching were crucial for the improvement of delivery of instruction.

The fourth research question was ‘*Why primary school teachers prefer certain instruction supervision approaches to others?*’ This question guided the researcher to explain the reasons why teachers observed were briefed by that specific approach. To achieve this, the supervisor had to reflect on the participant’s ability to articulate ideas and opinion about issues observed during the process of clinical supervision. Finally, the researcher had to compile an overall case record as a way of organising the large amount of case data into a comprehensive primary resource database (Patton, 2002). The case record was crucial for the identification of patterns and assigning of codes. Both pre-determined and emerging codes were used to ensure systematic approach to data analysis (Creswell, 2009). The case record about the clinical supervision process was analysed using qualitative approaches such as coding, pattern matching, and cross-case analysis to understand teachers’ ability and then develop interpretation of observed descriptions (Henning, 2004; Creswell, 2009; Sarantakos, 2005).

3.5 Data management

Pieces of data generated were securely managed in four ways. Audio recordings taken from each visit were kept in a specific file created in the audio recorder indicating specific date of visit, visit number and participant / school identification code. The audio recordings were quickly transcribed to hardcopy in hand written form indicating specific date of visit and participant / school identification code. The hand written copies were filed in specific arch lever file that was opened for each participant. Then all hand written copies were again typed to produce soft copies for each visit and each participant with details of specific dates of visit, and participant / school code. The soft copies were

printed and filed again in another set of arch lever files for each participant as backup store. The soft copies were also stored in other locations such as compact disks, flash disk and desk top computer to maximise backup of data. Furthermore, short reflective notes which were taken during classroom observation were properly organised. All hard copies of raw case data for each individual participant were securely kept in the cabinet drawers.

3.6 Data analysis techniques

The process of data analysis involves making sense out of the text (Creswell, 2009, p. 183). As a qualitative case study, data analysis was ongoing (Braun & Clarke, 2006; Creswell, 2009); right from pre-observation conference, classroom observation, analysis and strategy stage, post-observation conference, and ended with general post-observation conference analysis. At the end of each clinical supervision cycle, the researcher produced a detailed description of the events and performance of the teacher accompanied by analysis of major issues that emerged during actual teaching. The researcher used thematic analysis approach to analyse the data. Thematic analysis is defined as “a method for identifying, analysing, and reporting important patterns or themes within data” (Braun & Clarke, 2006). It aims at organising and describing the data set in clear details with the purpose of interpreting various parts of the research topic (Braun & Clarke, 2006).

The researcher organised and prepared all the data by first transcribing every audio recorded verbal output which was captured during pre-observation conference, classroom observation and post-observation conference to hard copy. Short reflective notes were

also properly organised. Raw case data in a soft copy format were orderly arranged according to each research question and a set of other guiding questions (appendix D, E, F, & G) as well as number of lesson observation visits made and scrutiny of documents. The first step in qualitative data analysis is to get familiar with the data (Braun & Clarke, 2006; Creswell, 2009). The researcher had to read over and over again individual participant's raw case data to get familiar with specific pattern of responses by each participant and to understand events and their meanings reflected in the whole data corpus that was generated.

After familiarising with the data, the second step was generation of initial codes to the text. The researcher manually coded the data to identify specific patterns of events and behaviours expected of a teacher engaged in a clinical supervision process and those features that were not expected and had simply emerged from the data. Several codes were allocated to the text. The codes that were related formed one category with regard to clinical supervision process. The third step was searching for themes that emerged from the data. This was followed by reviewing of the candidate themes for inclusion in the report during fourth step. The themes that were finally chosen were refined and defined further in order to capture meaning they portrayed that was either related or did not relate to requirements of clinical supervision process. The data was analysed and interpreted in relation to clinical supervision process and requirements.

3.7 Credibility and trustworthiness of the study

To ensure issues of credibility and trustworthiness of the study the researcher systematically and rigorously followed the clinical supervision phases, triangulated the methods and sources of data, and took detailed descriptive notes.

3.7.1 Triangulation

Triangulation of data generation methods and sources of data used in the research design were deemed necessary in order to achieve trustworthiness of the study. Triangulation refers to “the practice of employing several research tools within the same research design” (Sarantakos, 2005, p. 146). Triangulation helped the researcher to address all possible aspects related to clinical supervision of teachers. Triangulation of methods and sources of data enrich the findings of the study as the various strands of data are put together to promote a greater understanding of the issue. Triangulation was also important to help overcome the deficiencies of single-method studies (Bryman, 2008; Sarantakos, 2005). The process of clinical supervision involves a number of stages beginning with face to face interviews with the teacher, classroom observation, voice recording for verification of agreed objectives, and document analysis. These data generation methods helped to ensure trustworthiness of the study.

3.7.2 Use of direct quotations

A range of verbatim quotations from participants were also used to provide reality based evidence of what the participants had actually said during stages of clinical supervision process. The direct quotations were meant to give a reflection of how participants had coped with the demands and requirements of clinical supervision process. According to

Hancock (2002), quotations help to add credibility as they are good examples of what people say specifically about the category under discussion.

3.7.3 Piloting the study

In addition, the study instruments were pilot-tested at one of the TDC primary school before using them in the main study in order to check the order and suitability of the items and procedures. In appendix F, for example, it was necessary to first ask the teacher to describe how the lesson was conducted before asking a question on lesson strengths. The pilot study revealed the need to paraphrase item g in appendix F to enable participants to decide length of time they would need to improve on the identified instructional challenge. These observations helped the researcher to get appropriate responses from participants.

3.8 Ethical considerations

Ethical consideration is one of the crucial principles that underpin the conduct of any research study (Sarantakos, 2005; Bryman, 2008). Ethical issues may arise at every stage of the study (Creswell, 2009). Ethical issues relate to such issues as putting participants to potential risks such as physical, psychological, social, economic, or legal harm while conducting or later after the study (Sarantakos, 2005; Creswell, 2009; Bryman, 2008). Since research participants have a right to be respected and protected from any harm, the researcher had taken necessary precautions on ethical consideration by first getting informed consent from the participants and assured them of confidentiality and anonymity. Participants were assured of great caution on ethical issues concerning confidentiality, anonymity, and privacy of any information generated during clinical supervision process.

3.8.1 Informed consent

According to Bryman, (2008, p. 694) “informed consent implies that prospective research participants should be given all necessary information about the research for them to make an informed decision of whether or not they wish to participate in the study”. As a requirement, Sarantakos (2005) states that informed consent statements should clearly identify the researcher, explain the nature and purpose of the research in details, explain the nature and extent of participants involvement and any anticipated risk associated with the study as well as offering a guarantee of anonymity and confidentiality of data.

To ensure compliance to these requirements, the researcher had to first obtain a letter of introduction from the department of Curriculum and Teaching Studies in the Faculty of Education at Chancellor College to conduct the study (appendix A). Using this letter of introduction, the researcher asked permission from the District Education Manager (DEM) for Blantyre Urban to conduct the study in the sampled primary schools in the district. Blantyre Urban DEM issued a letter of introduction which enabled the researcher to gain access to primary schools sampled and actually meet the teachers through the head teacher (appendix B).

Thereafter, the researcher had to request standard six Social and Environmental Science teachers who volunteered to participate in the study to sign consent forms. The teachers participating in the study were briefed on how clinical supervision is done and what it aims to achieve in the delivery on instruction. The researcher assured the participants that

the study was not meant to assess performance of teachers but rather to explore and understand how teachers cope with clinical supervision. Finally, participants in study signed informed consent form as evidence that they had understood the nature of the study and that they freely and individually decided to participate.

3.8.2 Confidentiality and anonymity

The researcher concealed participants' identities by using numbers to ensure confidentiality, anonymity, and privacy of participants, (Sarantakos, 2005). Each standard six SES teacher from each TDC primary school was given a number. The participants were identified as PST1, PST2, PST3, and PST4. These participants were assured that all the information generated was for academic purposes and was to be treated with ultimate confidentiality. The researcher declared his status as a Master of education student conducting an academic research. This had assisted the researcher to cultivate cordial and collegial relationship with participants and reduced teachers' negative attitudes towards supervision.

3.9 Limitations of the study

Every research is prone to some limitations (Vithal & Jansen, 2008). In this study, the resource constraints prevented the researcher from acquiring video- recording equipment which could have helped the researcher to capture the realities of how teachers were coping with clinical supervision. However, the researcher used a high performance audio recorder to record verbal outputs during certain stages of clinical supervision. There was little time to brief participants the process of clinical supervision. This affected how teachers responded to some items included on the data generation instrument. For example, when asked to explain what they are going to teach, participants mentioned

success criteria of the lesson topic instead of describing the content. Furthermore, unforeseen circumstances like illness of participants and occurrence of funerals had forced the participants not to teach all lessons which were arranged. This affected the number of visits which were planned to be made to such participants during the study.

Two teachers behaved as if their performance was being assessed. The researcher had to always declare his status as a student supervising teachers using clinical supervision for academic purposes only and assured the teachers that study findings would not negatively affect anyone. Previous studies which could provide insights on how teachers respond to clinical supervision were also scarce. Finally, the researcher supervised four standard six SES teachers only in four zones in Blantyre Urban. Therefore, the findings of this study cannot be generalised to all other primary school teachers.

3.10 Chapter summary

This chapter has discussed the research design and methodology which were followed. It has also described the research sites, targeted participants, sampling technique used, data generation methods and instruments, data analysis techniques, credibility and trustworthiness of the study, and how ethical issues were handled. Limitations of the study have also been presented in this chapter. The next chapter presents and discusses the research findings.

CHAPTER FOUR

PRESENTATION AND DISCUSSION OF FINDINGS

4.0 Chapter Overview

This chapter presents and discusses the findings of the study by first focusing on the background characteristics of the participants. Second, the chapter discusses themes that emerged as findings during data analysis in relation to the individual research questions.

4.1 Back ground information of the participants

The research followed a multiple case study design to explore the ability of primary school teachers to cope with clinical supervision process. There were four female teachers from four TDC primary schools who taught Social and Environmental Sciences (SES) in standard six in Blantyre Urban. The TDC primary schools were identified as TDC1, TDC2, TDC3, and TDC4. The participants were identified as PST1, PST2, PST3, and PST4 to conceal their identities. PST1, PST2 and PST3 possessed a Malawi School Certificate of Education while PST4 had Junior Certificate of Education. PST1, PST3 and PST4 had taught for more than 18 years while PST2 had only taught for eight years. Furthermore, PST4 was principal primary school teacher; PST1 and PST3 were senior primary school teachers while PST2 was still at the entry grade. The fact that participants had many years of teaching experience was very important for clinical supervision process.

PST1 taught SES in a class that was significantly congested with 80 learners at TDC1 primary school. Initially, PST1 was resistant and sceptical to be supervised while teaching. She demonstrated the usual fear associated with inspection of an education institution by inspectors. The researcher conducted two meetings at the school with the participant to successfully create collegial relationship. PST1 had thereafter agreed to participate in the study and submitted her teaching resources such as timetable, scheme of work and lesson plans to be scrutinised by the researcher. During the study, four classroom observations were conducted with PST1. She used to prepare one lesson plan for the agreed lesson topic to be observed. However, she sometimes neglected her duties as she did not always write every lesson plan for the subjects to be taught each day. PST1's behaviour reflects inefficiency in the management of teachers by school administrators.

The second participant was PST2. She was still serving at the lowest grade of a primary school teacher and taught at a single stream TDC2 primary school. PST2 orderly arranged 91 learners in her class. PST2 had on the onset voluntarily agreed to have her lessons observed. As a result, the researcher had easily established collegial relationship with the teacher which was vital for clinical supervision process (Glickman et al., 2004). She was confident, well composed and demonstrated willingness to be observed and learn new things. PST2 submitted her scheme of work, teaching timetable and lesson plan note book at appropriate times. She had planned her schemes of work in advance and used to write all lesson plans for the day. Three classroom observations were conducted with PST2. However, PST2 did not often fill the outcome and remark column every week

and she did not consistently fill the self-evaluation section in the lesson plan. This was clear evidence that the head teacher did not regularly check teacher preparation.

The third participant was PST3. She taught SES at TDC3 primary school in standard 6CD which had over 180 learners. There was no space for both the learners and teachers to move about in standard 6CD. Learners were arranged in line and actually sat on the floor. Learners made a lot of noise and the teacher had to often shout to keep them quiet. She used to say 'silence' to the class and all learners responded 'now' as a mechanism for controlling noise. Some noise was also coming from many learners who were always loitering outside the classroom.

PST3 always ensured that every arranged lesson was observed and did not show any signs of fear while being observed. The supervisor had easily established collegial relationship with PST3 right from the preliminary meetings before the start of clinical supervision observations. She had willingly submitted her scheme of work, teaching timetable and lesson plan note book for scrutiny. She had planned her schemes of work well in advance. She filled the outcome and remark column every week. However, she used to prepare lesson plans for SES only and did not fill self-evaluation section in the lesson plan as school administrators were not serious on checking lesson planning.

Lastly, PST4 was principal primary school teacher who had taught for 30 years and had Junior Certificate of Education. She taught SES in a class of 54 learners who sat in lines

on the floor at TDC4 primary school which had three streams. She had freely submitted her teaching records at appropriate times which were well planned in advance. She regularly prepared lesson plans for all subjects on the timetable and appropriately filled self-evaluation section in the lesson plan for every lesson. PST1 and PST4 were observed four times while PST2 and PST3 were observed three times respectively.

There were differences in the way teachers prepared lessons and updated teaching records. This had some effects on how they coped with clinical supervision process. The next subsection presents the research findings beginning with frequent instructional challenges observed during lesson observation, themes that emerged in relation to the research questions on how teachers had coped with different demands at different stages of clinical supervision process as well as the preferred supervisory approach.

4.2 Research Findings

This subsection presents the findings which are based on the thematic analysis done with regard to the research questions. In this study, all the stages of clinical supervision namely: pre-observation conference, lesson observation, analysis and strategy, post-observation conference and post-observation conference analysis were followed to determine how teachers were coping with the demand and processes of clinical supervision. Four main themes that emerged relate to teachers' ability to identify instructional challenges that occurred while teaching; how instructional challenges were handled during clinical supervision process; how instructional challenges were reflected in teaching records and preferred supervisory approach to reasons why certain supervisory approaches were used.

4.2.1 Instructional challenges that were of major concern to primary school teachers

On the first question which explored instructional challenges that were of major concern to primary school teachers, four common instructional challenges had emerged. Common instructional challenges were aspects of teaching and learning that had negative impact on the process of teaching and learning. These instructional challenges were identified and explored during pre-observation conference and became the areas of focus for the observation during clinical supervision process. These instructional challenges were: use of low order questions; inconsistent giving of reinforcements to learners when they had responded to questions; encouraging learners to respond in a chorus way; and delivering teacher-centred lessons. These instructional challenges were monitored as areas of focus for the observation to understand how participants dealt with them to improve delivery of instruction. Presented in the following sub themes is a discussion on how participants had performed with regard to these instructional challenges.

4.2.1.1 Use of questions of low order level

Use of low order questions was one of the instructional challenges which all the four teachers needed to improve while teaching. The teachers and the researcher had agreed to focus on the skill of questioning during lesson presentation for feedback. Questions that were asked during teaching were of low order level that encouraged learners to recall knowledge learnt in the previous lessons at the expenses of applying the knowledge learnt. Teachers had problems formulating questions of different levels. For example, the following verbatim lesson transcript exemplifies the level of questions PST3 asked:

Teacher: Now, last time we were discussing about population, population density and population change. Now, what is population? What is population?

Learner: Population is people living.

Teacher: Population is the number of people living in!

Learners: an area (respond in unison)

Teacher: We discussed the effect of population change that in an area there are certain things that makes the population to decrease or increase, can you give me two factors that can affect population change, two factors that can affect population change, only two factors,

Learner: Birth rate and death rate.

Teacher: Another factor apart from death rate and birth rate, another factor,

Learner: migration.

Teacher: Migration, migration also can affect population change. Those are some of the factors that can affect population change. Now, what is population density, what is population density?

[Lesson observation 1 – PST3 – TDC School 3 - 29/10/13]

The questions in the lesson transcript above are of low order level where learners may only recall knowledge learnt in the previous lessons. PST1 had once admitted to have forgotten different levels of questions. All the four teachers had minimally implemented the skill of questioning as areas of focus for the observation. However, constructivism learning calls for questions that allow learners to demonstrate their understanding of issues. Swan (2005) argues that language is a crucial tool in cognitive development process as thinking is transmitted through words. It is through asking high order questions that learners can be critically engaged in learning.

Therefore, the researcher felt that failure by teachers to ask questions of different levels was a cause of concern as far as improved delivery of instruction and effective learning were concerned. These findings revealed that primary school teachers who participated in the study had problems to ask questions of higher order levels and failed to cope with the agreed areas of focus during clinical supervision. The researcher's point of view is that teachers need to be very proficient at asking questions of different levels in order to engage learners in critical thinking that help learners to construct and share their own ideas and knowledge. Thus, teacher's ability to ask questions of different levels supports improved delivery of instruction which is also the goal of clinical supervision.

4.2.1.2 Inconsistent use of reinforcement to learners

The second instructional challenge that emerged from data analysis was inconsistent giving of reinforcement to learners. Teachers were then monitored on whether they reinforced learners whenever they responded to questions. It was observed that inconsistent use of reinforcement or praise to learners was a challenge. PST1 had reinforced learners during lesson introduction during the first lesson but PST2, PST3 and PST4 had problems. While reinforcements such as "Good, very good, thank you for trying, clap hands for him/her" were given to few learners when they gave correct answers, teachers never commented anything to learners who gave wrong answers at some point during the lesson. For example, there were ten instances when PST2 had appropriately praised learners and 27 instances when she had withheld positive reinforcements to learners (appendix J). PST3 had appropriately praised 16 learners but did not recognise efforts from 13 learners (appendix K). PST4 did not give appropriate

reinforcement to 26 learners who had responded to questions and had appropriately reinforced only five learners during first classroom observation (appendix L).

During subsequent classroom observations, teachers had made some improvements. They sometimes remembered to appropriately reinforce learners including those learners who had failed the questions. For example, PST2 had improved from 27 instances during first visit to five instances when she forgot to praise learners during second visit. While all the teachers had continued to improve on giving appropriate reinforcement to learners, they did not fully implement this instructional strategy. PST4 had increasingly forgotten to appropriately reinforce learners during the fourth lesson observation. Instead of continuing to improve on the identified weaknesses, PST4 had retrogressed in giving appropriate reinforcements to learners. Thus, teachers had again failed to cope with this requirement as agreed upon. However, the researcher argues that teachers need to consistently and professionally give appropriate reinforcements to increase participation, recognise learners' effort, sustain their interest and at the same time improving the delivery of instruction.

4.2.1.3 Encouragement of chorus responses

The third instructional challenge was a tendency to encourage chorus responses from learners. The researcher and the teachers had identified encouragement of chorus responses to be another area of focus for observation. Right from the first lesson observation, teachers were very fond of encouraging learners to respond in a chorus way. Teachers asked short questions or uttered statements such as: Is it clear? Are you clear? Clear? Alright! Not so? Is it true? As a result, learners had most of the times responded

automatically to these questions in chorus way by simply saying “Yes”. Sometimes teachers produced incomplete statements or poorly phrased the questions which attracted chorus responses from learners.

During first lesson observation, PST1 had encouraged 51 chorus responses, PST2 had encouraged 22 chorus answers, PST3 had encouraged 31 chorus answers and PST4 had attracted 28 chorus answers from learners by either saying ‘right’ or ‘is it true.’ The following sets of verbatim quotations illustrate the frequency of how some participants had encouraged chorus responses during lessons. The first lesson transcript shows how ‘is it clear’ prompts were used during part of the first lesson by PST3 while the second lesson transcript illustrates poorly phrased questions.

Presented below is use of ‘is it clear’ prompt by PST3:

Teacher: They (Ngoni people) were led by Maseko. Is that clear?

Learners: Yes.

Teacher: You can see that these Ngoni people they were divided into what, into two, the people that they came from South Africa they settle in Mzimba. Is that clear?

Learners: Yes.

Teacher: And the Ngoni that they came from Mozambique, they settled in the Central Region of Malawi mainly at Lizulu. Is that clear?

Learners: Yes.

Teacher: So, those people they were called the Ngoni Maseko. Is that clear?

Learners: Yes.

Teacher: Is that clear?

Learners: Yes.

Teacher: So, when coming from this land, Mozambique others they fail to reach the Central Region, others they settled in Mwanza. Is that clear?

[Lesson observation 1 – PST3 – TDC School 3 - 29/10/13]

The following lesson transcript shows how PST1 poorly phrased some questions.

Teacher: This is their political structure (Unfolds a chart and says) Are you able to see.

Learners: Yes (Chorus response).

Teacher: That is their political what?

Learners: Structure (Chorus response).

Teacher: On top the head of the administration is the paramount!

Learners: Chiefs (Chorus response).

Teacher: Now, we have got these traditional!

Learners: Authority (Chorus response).

Teacher: After the Traditional Authority, we have group village!

Learners: Head (Chorus response).

Teacher: And after the group village head, we have the village!

Learners: Heads (Chorus response).

[Lesson observation 1 - PST1 - TDC School 1 - 28/10/13]

The responses in the two lesson transcripts above did not indicate to the teacher that learners had clear understanding of concepts and content being taught. However, teachers need to facilitate learners' active construction of knowledge in their own mind by teaching in ways that make information meaningful and relevant and giving learners some opportunities to discover and apply ideas (Slavin, 2003). With chorus responses, learners are not intellectually engaged and do not have time to actually construct their own ideas. With regard to constructivism theory of learning, the chorus responses do not reflect construction of knowledge by individual learners. The researcher argues that

chorus responses from learners are not consistent with delivery of a primary school curriculum that was designed to follow principles of constructivist theory.

In all subsequent lesson observations, chorus responses from learners formed the area of focus for the observation. Teachers made efforts to reduce the occurrence of chorus responses. For example, PST2 reduced chorus responses from 22 to as low as two chorus answers and 31 chorus answers down to a single occurrence in the case of PST3 by third lesson observation. However, occurrence of chorus answers was not completely eliminated as PST1 had encouraged 20 chorus responses and PST4 had received 22 chorus responses by fourth lesson observation. The two teachers had problems to fully implement agreed changes on reducing unnecessary chorus answers which had negative effects on the delivery of instruction in all four lesson observations. The researcher observed that PST1 and PST4 did not have clear conscious of how they were presenting the lessons. However, teachers need to be actively aware of what is happening when teaching and be flexible in order to fully implement the agreed areas of focus for the observation to improve the delivery of instruction.

4.2.1.4 Teacher-centred lessons

The forth instructional challenge that emerged from data analysis was that of presenting teacher-centred lessons. During lesson observations, teachers were monitored on how they presented lessons. The first lesson that was observed for each teacher was teacher-centred and question and answer technique had dominated. The teachers talked most of the times while learners listened passively. For example, PST1 had used the first five minutes introducing the lesson, talked for 15 minutes during lesson development then

asked learners to copy notes from the chalkboard in the last ten minutes. PST3 and PST4 had talked throughout the first lesson observation for about 30 minutes while learners simply listened or responded in a chorus way to prompts made by the teacher. Lesson presentation was largely teacher-centred even in the subsequent lesson observations.

Teachers thought that content in SES was to a larger extent new to learners and expository method was preferred. However, constructivist theory claims that learning involves an active process in the construction of meaning, understanding and knowledge where new ideas are linked to existing knowledge (Ultanir, 2012). Teachers needed to realise this principle. But when asked to identify some weaknesses in the lessons, teachers did not mention that lessons were teacher-centred. This showed that teachers had problems to cope with clinical supervision requirements and process.

4.2.2 Handling of instructional challenges during clinical supervision

The second research question investigated how teachers handle instructional challenges during clinical supervision process. It was meant to determine whether teachers had actually taken any effort to improve on the instructional challenges during teaching. The supervisor closely monitored how class teachers implemented the chosen areas of focus for the observation. The supervisor meticulously monitored teachers' knowledge of subject matter, ability to identify instructional challenges to be areas of focus for the observation, ability to review and describe how the lesson was conducted, ability to identify strengths and weaknesses in the lesson taught and reflection of instructional challenges and the way forward in teaching records. What follows is a discussion on how teachers had performed on a sub task during each stage of clinical supervision process.

4.2.2.1 Knowledge of the subject matter

The process of clinical supervision was often initiated by first of all asking the teacher to describe the lesson content to be taught. Teachers needed to demonstrate clearly knowledge of the content to be taught in a lesson. When asked to describe the lesson, PST1, PST2 and PST3 often gave very brief description of the content planned to be taught. This showed that these teachers had not thoroughly prepared for the lessons and had inadequate knowledge of the subject matter to be taught. For example, during the first pre-observation conference, PST1 had briefly said the following and then stopped:

Researcher: Can you describe the lesson you are going to teach?

Teacher: We are on factors that led to the growth of the Ngoni kingdom.

Researcher: Alright, what will learners learn?

Teacher: They will learn those factors that made the kingdom to grow.

[Pre-observation conference 1 – PST1 – TDC School 1 - 28/10/13]

As presented in this verbatim quotation, the researcher's question was clear but the participant had simply given a short response which indicated that the teacher had little knowledge of content planned to be taught. This type of behaviour was also observed with PST3. She too had also difficulties to describe what she had planned on the topic about HIV/AIDS during third classroom observation. For example, PST3 had this to say:

Researcher: So, on the topic of HIV/AIDS, can you describe what you are going to teach and how you will teach it

Teacher: Mmm, there I will teach the meaning of HIV/ AIDS, mmm, I will explain to them (learners) that AIDS is an acronym. HIV is an acronym through group work, discussions, question and answers.

[Pre-observation conference 3 - PST3 - TDC School 3 - 12/11/13]

The evidence indicated that both teachers were short of words and could not give enough details on how the lessons were to be taught. In this case therefore, the researcher argues that any supervisor intending to observe this lesson may lack information to look for while following the lesson delivery. The findings suggest that teachers had little knowledge of the content they had planned to teach.

However, in clinical supervision, teachers need to convincingly explain in details the content to be taught. The process of clinical supervision demands the teacher to describe clearly lesson content (Glickman et al, 2010 cited in Ndebele 2013; Okafor 2012). Amongst the four teachers, it was only PST4 who had competently described in full details the lesson content she had planned to teach during all the three lesson observations made to her class. Thus, teachers' inadequate knowledge of the content had impacted on competence of the teacher and effectiveness of learning on part of learners. The findings also suggest that participants' deficiency in the knowledge of the subject matter had reduced the effectiveness of conducting clinical supervision process.

4.2.2.2 Identifying instructional challenges to be areas of focus for the observation

Teachers needed to identify instructional challenges that formed areas of focus for the observation during clinical supervision. Clinical supervision focuses on instructional challenges that impact on successful delivery of instruction with the aim of improving the quality of teaching and learning so that learners benefit from such instructions (Glickman et al., 2004; UNESCO, 2007). During the study, teachers were closely monitored on their ability to identify instructional challenges which had formed area of focus for that specific lesson observation.

The findings have revealed that the teachers had difficulties to explicitly identify instructional challenges which form areas of focus for the observation. Teachers had struggled quite a lot to choose areas of focus for the observation and others could simply keep quiet. As a result, they had mostly looked forward to the researcher to dictate the areas of focus for the observation. When PST1 was asked to identify area of focus for the observation during the first pre-observation conference, this is how she responded:

Researcher: When I observe the lesson, what should be the areas of focus for the observation?

Teacher: How I present the lesson.

Researcher: Alright, how you present the lesson is too general as there are many things under lesson presentation such as logical lesson presentation, clear explanation, questioning technique, reinforcing learners etc. So, on what should I really focus?

Teacher: On those areas.

[Pre-observation conference 1 - PST1 – TDC School 1 - 28/10/13]

The teacher's description in the above verbatim quotation was too general as exact area of focus was not pointed out. The researcher expected PST1 to explicitly point out the issues that had negative impact on instruction delivery and needed to be monitored to provide feedback. All this meant that teachers were not used to critically analyse the lessons to check what needed to be improved. There were also other factors which contributed to inability to identify instructional challenges ranging from lack of thorough preparation for the lessons, little knowledge about the lesson content and tendency to forget how the lessons were presented. Thus in essence, lessons were taught as routine activity meant to give learners new information and knowledge. The findings revealed

that this was contrary to the expected practice where teachers need to thoroughly prepare for lessons, be clear about what is to be taught and allow learners to construct their own understanding of issues being learnt.

It was also quite unusual to notice teachers having difficulties in identifying areas of focus for the observation even when they were asked to choose from a given list of aspects of teaching and learning. For instance, PST3 had difficulties to even choose specific areas of focus for the observation. She once just laughed and then said “*iii ashi. Alright, aaa all of them.*” Even in subsequent lesson observations, PST3 hesitated to mention specific areas and could even just keep quiet. This was a clear sign that PST3’s teaching was done as routine activity and she was not used to analysing lessons taught to identify problematic areas that needed attention to improve delivery of instruction.

It was only during third lesson observation when PST3 had managed to choose the skill of reinforcement and questioning to be the areas of focus for the observation. She also mentioned problems that could arise from learners such as learner misbehaviour, low participation of learners during group work. This was just part of what was supposed to be done during every teaching episode in addition to knowing successes and weaknesses in the lesson. Generally, teachers had failed to identify visible instructional challenges that had occurred in lessons taught such as chorus answers from learners, inconsistent reinforcement of learners, poor questioning technique, and teacher-talk dominating the lesson. Any of these challenges could have been chosen to be areas of focus for second

lesson observation. Teachers were expected to independently point at specific instructional challenges on teaching and learning which could form areas of focus for the observation. Surprisingly, teachers had problems choosing the instructional challenges and either kept quiet or sometimes asked the researcher to dictate the next area of focus for the observation.

Furthermore, even when areas of focus for the observation were identified and agreed upon for improvement, participants often forgot such agreed areas of focus for lesson observation. For instance, both PST1 and PST4 had forgotten the areas of focus which were agreed upon during second observation to be implemented in the next clinical supervision visit. PST4 had forgotten to focus on reducing chorus answers, reinforcing learners appropriately, asking and distributing questions of different levels during for fourth lesson observation. Even when reminded about the areas, PST4 had difficulties to clearly explain the areas which were chosen in the previous post-observation conference to be the area of focus for the next clinical supervision cycle. As a result, the researcher often dictated the issues to form areas of focus for the observations. Therefore, failure to identify instructional challenges was clear evidence that some teachers did not pay attention on what was agreed upon, did not critically analyse and evaluate lessons taught to isolate important areas which needed to be professionally improved during teaching. This was clear evidence that teachers did not thoroughly prepare for lessons.

The process of clinical supervision requires supervisee to explain the effects of the identified instructional challenges on teaching and learning (Okafor, 2012). In this study, PST1, PST3 and PST4 had failed to competently explain the effects of identified issues on teaching and learning. Professionally, teachers need to self-evaluate lessons they presented in order to identifying instructional challenges that occurred during teaching. They needed to explain the negative effects such challenges had on the process of teaching and learning. After assessing the impact incurred, teachers need to decide on what do to improve instruction delivery. The evidence from interviews during pre-observation conference revealed that these teachers failed to point out the effect which the chosen instructional challenges could have on the teaching and learning process. They also failed to clearly identify lesson's strengths and weaknesses which is an integral process of teaching and learning. As a result, all subsequent lessons were taught without any intention to improve on instructional challenges experienced in the preceding lessons.

PST2 had tried to identify areas of focus for the observation after receiving guidance during first lesson observation. She chose learner participation, questioning technique (i.e. ask question, pause, and name), question distribution and reinforcing learners during second and third visit. She clearly explained some problems which were likely to arise from learners and the impact of poor questioning, withholding reinforcements and chorus responses on the process of teaching and learning. PST2 had to a greater extent demonstrated the required ability on identifying instructional challenges which needed feedback during clinical supervision. However, the other three teachers could not clearly construct knowledge and contribute ideas about what had really occurred during the

lesson. Teachers adopted inspection approach and often looked forward to the researcher for the challenges noted in the lessons taught. Teachers failed to perform what was required when supervised using clinical supervision approach. As a result, the researcher had to use directive approach on the type of instructional challenges to form areas of focus for the lesson observation.

4.2.2.3 Implementation of instructional challenges during teaching

The four teachers were monitored on how they implemented and maintained the areas of focus for the observation during clinical supervision process. Thus, after identifying the instructional challenges that formed the areas of focus for the observation, the teachers had to implement the necessary changes in order to improve delivery of instruction. The study findings showed that teachers had problems in implementing the necessary changes which were identified. While teachers were implementing the identified instructional challenges, a numbers of issues had also emerged which were common to all the teachers. The first lesson presented by each teacher was full of chorus answers from learners. Again, teachers dominated the lessons with teacher-talk and had failed to reinforce learners appropriately. They had asked many low order level questions which did not allow learners to apply knowledge learnt.

Remarkable improvement in implementing some of these issues was noted during the second classroom observation. For example, chorus answers were reduced. All the four teachers had tried to reinforce learners appropriately and had tried to explain concepts clearly. PST2 had exceptionally implemented all the areas of focus which were identified during subsequent visits. However, PST1, PST3 and PST4 failed to keep on reinforcing

learners appropriately when they respond to questions during the final lesson observation. Again, the three teachers often dominated the lessons with teacher-talk, had failed to ask thought provoking questions. Worse still, PST1, PST3 and PST4 had retrogressed in their performance as they had started encouraging chorus answers even during the final lesson observation. Thus, three out of the four teachers had failed to fully maintain their focus to implement and improve the instructional challenges identified during the cycles of clinical supervision.

4.2.2.4 Reviewing and describing how the lesson was conducted

After presenting a lesson, participants needed to first describe how the lesson was conducted and then identify strengths and weaknesses encountered during post-observation conference. All the four teachers had failed to explicitly describe how the lessons were conducted. They either gave short response or just kept quiet instead. They often seemed not to have clear knowledge about the lesson presented. Sometimes teachers rushed to mention strengths they associated with the lesson without first describing how the lesson was conducted. For instance, the following verbatim quotations presents how PST1, PST3 and PST4 attempted to describe how lessons were conducted during the first lesson observation:

Researcher: How was the lesson conducted?

Teacher: It was good, since learners were able to acquire what they were supposed to acquire (She stopped and kept quiet).

[Post-observation conference 1 - PST1 - TDC School 1 - 28/10/13]

The following verbatim quotation equally shows how PST3 had failed to describe the lesson she had taught:

Researcher: So, can you describe how the lesson was conducted?

Teacher: (Silent, laughs, and then says) mainly the lesson was a little bit good. Aaaa, I tried, mmhu (laughed) I tried to meet the success criteria but according when we are studying the map *eti*, It seems that certain learners, they haven't yet reached the stage of understanding the map reading, they had problems reading the map, others they know what to do but others they didn't know what to do. They were just looking at the map.

[Post-observation conference 1 - PST3 - TDC School 3 - 29/10/13]

The following quotation also shows how PST4 described the lesson she presented:

Researcher: Can you describe how the lesson was conducted?

Teacher (PST4): mmm, we can say so, so. Mmm, during the group discussion many pupils did not participate, yeah. They were quiet, not putting in any ideas. Thus how I had seen it. Group work wasn't alive. I don't know how you have seen it?

[Post-observation conference 1 - PST4 – TDC School 4 - 31/10/13]

From these verbatim quotations, it was clearly visible that teachers had failed to give comprehensive description of what had happened during actual teaching and learning time. They often rushed to mention strengths in the lesson instead of first of all describing how the lesson was conducted. PST4's response implied that the lesson was neither good nor bad. All these responses did not explicitly give a picture of how the lessons were conducted and impacted negatively on how to conduct clinical supervision. However, the researcher expected the teachers engaged in clinical supervision process to first describe explicitly how the lesson was conducted before they mention strengths and weaknesses.

The four teachers failed to clearly describe how the lessons were conducted in all the fourteen lessons which were observed during the study period. This indicated that teachers did not reflect on and evaluated the lessons delivered to see where improvements were required. As a result teachers had difficult to cope with clinical supervision process.

At many occasions, teachers often prompted the researcher to always dictate to them the strengths and weaknesses. Teachers were fond of giving such brief responses while lessons were overshadowed with lots of challenges such as tolerating chorus answers from learners, giving inconsistent reinforcement to learners when they respond to questions and dominating the lesson with teacher-talk. This was clear evidence that the teachers had forgotten important events that occurred during the lesson and had remembered little information about the lessons taught.

4.2.2.5 Identifying strengths and weaknesses in the lesson taught

After describing how the lesson was conducted, teachers had to identify the strengths and weaknesses in the lesson. This is the expected practice as emphasized by Emstad (2011 as cited in Matete, 2009) that self-reflection enables teachers to identify weaknesses within their teaching methodologies and ideas about how their teaching practices should change. During the study, the four teachers differed in their abilities to point out the strengths and weaknesses encountered in the lesson. PST2 and PST3 had at some occasion rushed to point out few strengths associated with the lesson but did not mention any weaknesses. For example, both said that they had involved learners, reinforced learners appropriately. Of course these were some of the strengths that were achieved in some subsequent lesson presentations.

In contrast, what the researcher observed was that both PST2 and PST3 had differed on reducing chorus answers from learners and time used during lesson introduction. PST3 was fond of attracting chorus answers from learners, frequently used teacher-centred approach, talked fast while teaching, and inconsistently reinforced learners. Surprisingly, PST3 had failed to mention such common weaknesses. PST3 even failed to articulate what happened during lessons and resorted to remain silent at times. She once switched to vernacular saying “*ujeni*” translated as “what is it”, to remember “questioning technique.” Both PST2 and PST3 often forgot crucial events in the lesson. PST2 once admitted that most of the times she just teach without having someone to give her feedback on what went wrong during the lesson.

The evidence from interviews during post-observation conference revealed teachers’ failure to explicitly identify strengths and weaknesses in the lesson. For example, PST1 failed to mention strengths and weaknesses during all the four classroom observations. She had problems speaking English, often kept quiet for some seconds or prompted the supervisor to mention the weaknesses. As pointed out already, there were many visible strengths and weaknesses in the lessons such as chorus answers, teacher dominating the lesson, asking questions of low order level, withholding appropriate reinforcement to learners which were supposed to be mentioned by teachers. PST4 admitted being ignorant of any strength and weakness that occurred during first lesson observation. This is what she had said during post observation conference:

Researcher: Do you have anything to identify as strength?

Teacher: Aaaa, mmm, there aaa! I don't know, maybe (she laughed) you had seen something as strength. *Ngakhale amati fumbi ndiwe mwini* (though it is said that one should celebrate personal success). Aaaa I don't know.

[Post-observation conference 1 - PST4 - TDC School 4 - 31/10/13]

Indeed, all teachers used to rapidly forget most of the lesson events. PST4 also deliberately avoided announcing weaknesses in the lesson. For example, when asked to identify weaknesses during third lesson observation, this is what PST4 had said:

Researcher: Well, then what are the weaknesses in the lesson for improvement?

Teacher: *Aaa weaknesses* (silent) *mmm, aaaa, mmm, eeheh* (laughed and said) *'Pakuvutatu pamenepa'* (laughed heartily again and longer). I have to tell you the truth. *'Nanga mudzenje munthu nkumadziponyeramo wekha.'* Oh! (Translated as: Oh! I am finding problems to identify the weaknesses. I have to tell the truth. Can I discredit myself?)

[Post-observation conference 3 - PST4 - TDC School 4 - 14/11/13]

PST4's assertion actually meant that it was not right and proper to discredit oneself and declare her failure concerning the teaching. This remark showed that PST4 did not attach any importance and meaning to the practice of evaluating lessons taught. However, teachers always need to evaluate lessons presented to see areas that require some improvements. According to Taber (2001) teachers need to diagnose learners' thinking, closely match teaching with learners' current state of knowledge to avoid misinterpretations and inappropriate links. Effective teachers who evaluate their lessons could easily pick the strong and weak areas in the lesson. It was evident that all teachers were not used to evaluating lessons taught to identify strengths and weaknesses in order to improve delivery of instructions. As a result they often looked forward to the

researcher to bring up the strengths and weaknesses. This kind of performance showed that teachers had difficulties to fully cope with demands of clinical supervision process.

4.2.2.6 Reflection of instructional challenges in the teaching records

Reflection of instructional challenges in teaching records was monitored to find answers to the research question: ‘How do teachers handle instructional challenges during clinical supervision process?’ The expected practice is that teachers needed to reflect instructional challenges in the teaching records in order to plan for improvement during next lesson. The four teachers were monitored on what they indicated about the lesson content taught and learners’ outcome in the lesson plan self-evaluation section and outcome column in the schemes of work.

First, the evidence from document analysis showed that PST1 and PST3 prepared a lesson plan only for that lesson which was arranged to be observed during clinical supervision visit. The lesson plans followed the same pattern from introduction to conclusion. Furthermore, teachers could not competently and critically analyse the lessons taught to identify the strengths and weaknesses in those lessons that needed attention. PST1, PST2 and PST3 could leave self-evaluation sections blank. Thus, evidence on strategies to improve delivery of instruction after teaching was lacking. As observed during the study, any process of teaching was not devoid of instructional challenges. The lack of filling of lesson plan self-evaluation section was enough evidence to suggest that teachers did not reflect on how previous lessons were delivered and what needed to be done next to improve delivery of instruction. Lesson planning was not

actually meant to address weaknesses discussed in the previous cycle of clinical supervision so as to improve delivery of instructions.

Unlike the other three teachers, PST4 used to prepare all lesson plans for the day and filled lesson evaluation section for the first three lessons observed. However, evidence from analysis of the lesson evaluation section showed that PST4 only reported challenges related to learners and omitted those challenges attributed to her performance. Furthermore, follow up lesson plans were not linked to the previous lessons in order to improve the weaknesses identified. Secondly, teachers also needed to reflect what had happened during the lesson in the outcome and remark column of the schemes of work. It was observed that all the four teachers had just copied planned activities onto the outcome column mostly in very sketchy manner. Each one used to reproduce a similar statement in the remark column as illustrated in the following quotations:

PST1: Those learners who failed were assisted in groups.

PST2: The lesson was good and learners did all the planned activities.

PST3: Few of the learners had problems and those with problems will be helped in the next lesson through revision.

PST4: Few learners did not participate because of language problem. A few learners need support because they still had problem in language.

[Weekly analysis of schemes of work from 28/10/13 to 19/11/13]

These remarks were brief, repeated every week and did not present classroom realities. This was clear evidence that teachers did not build subsequent teaching on the need to improve challenges experienced and there were no visible plans to improve the weaknesses observed in the previous lesson.

Thirdly, all teachers did not indicate in teaching records any specific instructional challenge which occurred that had negative impact on the teaching and learning. This is against the background that a great deal of instruction challenges were discussed during each feedback sessions. The teachers did not suggest any strategy to improve teaching and learning. As a result subsequent planning was also not strictly designed to improve the weaknesses which were noted during post-observation conference of the previous lesson. Filling of these records did not make any difference from first week to end of the term. The teaching was simply a routine activity which was not based on analysis of previous lessons and the filling of records was another routine activity which did not reflect the realities of the lessons. This kind of practice had caused the teachers to fail to meet expected performance and requirements relating to clinical supervision process.

This disjoint was very likely to occur as there were no improvement strategies suggested in the both the lesson plan evaluation section and remark column of the schemes of work. All teachers had failed to specifically indicate instructional challenges that affected teaching and learning as well as suggesting strategies to be taken in order to improve delivery of instruction. This implied that the clinical supervision process did not have any effect on the teachers' way of teaching.

4.2.3 Preferred supervisory approach

The third research question investigated instruction supervision approaches primary school teachers prefer during clinical supervision process. The findings revealed that

directive approach was mostly used with the teachers during post observation conference especially on identifying weaknesses in the lesson and choosing areas to be focus for the next lesson observation. Generally, all teachers could not competently and independently analyse and evaluate lessons delivered, failed to identify weaknesses in the lesson taught, and could not choose areas of focus for the next cycle of clinical supervision. Consequently, the researcher used directive approach in such circumstances.

During all the post-observation conferences, PST1 and PST4 had often looked forward to researcher's input on what had occurred and what was to be done to improve delivery of instruction. PST2 had contributed her ideas and observations about the lessons she presented by second and third clinical supervision visit while PST3 contributed ideas during first and second classroom visit where collaborative approach was used the visits. While PST2 could describe how the lesson was conducted and suggested the impact of certain instructional challenges on the teaching and learning, PST4 could ably describe what she was going to teach but had difficulties explaining how the lessons were conducted during post observation conference. Thus, the teachers had actually differed in their response to the demands of clinical supervision process.

Teachers could sometimes give brief descriptions followed by moments of silence instead of contributing during pre-observation conference and post-observation conference. Teachers quickly prompted the supervisor to suggest weaknesses as presented in the following verbatim quotation:

Researcher: Can you point at one or two strengths of this lesson?

Teacher: (Keeps quiet again) For the low order, they were able to answer, but for some of the high order (keeps quiet) for example, the one we said what are the similarities, is that high or low?

Researcher: Remember the focus in this lesson was on asking low order and high order questions.

Teacher: To my side, I thought I was doing that. So I don't know from you what you saw.

[Post-observation conference 3 - PST1 - TDC School 1 - 06/11/13]

The following is another example of how participants prompted the researcher to just tell them some strength in the lesson.

Researcher: Is there anything to identify as strength in the lesson?

Teacher: Aaa, mmm, there aaa, I don't know, maybe (laughs) you had seen something as a strength. *Ngakhale amati fumbi ndiwe mwini*. Aaaa, I don't know how you have looked at it.

[Post-observation conference 1 - PST4 – TDC School 4 - 31/10/13]

These remarks actually meant that the teachers had nothing more to say. This was clear evidence that the task was difficult to do. Both teachers had prompted the researcher to just mention any strengths and weaknesses. However, constructivist theory advocates continuous construction and reconstruction of knowledge leading to new understanding in response to feedback (Swan, 2005). Teachers had problems to take advantage of the dialogue with the researcher. It was obvious that PST1 and PST4 preferred to be directed on what to do. As a result, the researcher usually used directive approach on the choice of areas to be focus for the next observation.

The researcher also noted that teachers usually forgot the agreed areas of focus for the observation. They took time to respond to some questions at different stages of clinical supervision. For instance, PST3 had admitted to have forgotten the lesson events and admitted ignorance. The following verbatim quotation exemplifies what she said:

Researcher: Now, what are the strengths that you can identify about the lesson you have taught?

Teacher: (Kept quiet first and then said) The instruction to the groups (stopped, doubted and then said) '*zinazo ndiye...zinazo*' (meaning other issues) I didn't follow it properly '*kuti*' (laughed and showed that she has run out of ideas).

Researcher: You can mention anything whether you had knowledge of content you taught.

Teacher: I had the learning aid, the chart.

Researcher: Well, which areas do you need to improve on?

Teacher: Mmm, one, on groups '*eti*', the supervising of groups '*eti*'. I didn't manage to supervise the groups that were at the back... the reinforcement as well. Certain learners, their response was wrong. So, others I respond to them. I reinforced them well. But others (she laughs) I didn't encourage them well.

[Post-observation conference 2 - PST3 – TDC School 3 - 07/11/13]

As reflected in the above verbatim quotation, PST3 had admitted that she had repeated the weaknesses she was supposed to improve during the second visit. Consequently, this had negatively affected the planned improved on the observed instructional challenges such as reinforcing learners and reducing chorus responses which were discussed during

post observation conference. Of course, there were times when teachers waited for researcher's guidance and support to go through clinical supervision process. The researcher used directive approach in such cases. The reasons for this variation were that teachers who participated in the study had different levels of content knowledge and commitment to teaching duties.

The evidence from pre-observation conferences, classroom observations as well as post-observation conferences showed that teachers did not thoroughly prepare for the upcoming lessons despite making announcement about the planned lesson observation. This had an impact on teacher's ability to contribute ideas concerning the lessons delivered during post observation conferences. The teachers had a tendency to look forward to directive than collaborative supervisory approach. This section has described how the teachers had performed during three or four cycles of clinical supervision made to their classes. Teachers had demonstrated varying abilities in different aspects of teaching and learning that were chosen and followed during clinical supervision.

4.2.4 Why primary school teachers prefer certain clinical supervision approaches?

The fourth research question explored why primary school teachers prefer certain clinical supervision approaches to others. The study found out that clinical supervision approach to observe teachers teaching was generally a new approach. It required teachers to reflect on what they had plan to teach, share with the supervisor how the content was to be taught, describe how the lesson was presented and identify and analyse what need to be improved in the next lesson. Teachers found all these skills to be different from inspection where directive approach on what to improve is used.

The evidence from interviews conducted during pre-observation conference and post-observation conference revealed that three teachers had low level of knowledge of the subject matter. As a result, discussions of what happened at different stages of clinical supervision were largely led by the researcher since teachers had inadequate knowledge of the content. Because of this inadequate knowledge of lesson events and delivery of content itself, teachers could not contribute constructively to the discussions and evaluation of the lessons taught. For example, in cases where teachers kept quiet instead of making their contributions, the researcher used to just tell them what had happened and directed what was appropriate to do. When asked to explicate why they preferred directive or collaborative approach, teachers seemed to justify themselves from inspection point of views. For example, the following verbatim quotes reflect inspection oriented position taken by participants:

Researcher: Now, why did you prefer this directive approach?

Teacher: Myself, because you have to tell us where it was wrong. Sometimes you don't know *kuti*, this is what I was doing if there isn't someone to tell you, *eetu*. You just teach.

[Post-observation conference 1- PST1- TDC School 1- 28/10/13]

This verbatim quotation shows that the teacher was not used to critically analyse and evaluate the lessons taught to find successes and weaknesses. Indeed, teachers found the approach demanding much of their input at every stage as opposed to inspection approach where the inspector just communicates the findings to the teacher. PST1 and PST4 could sometimes quickly ask the researcher to just point out at issues that needed to

be improved. Even when encouraged to explain what they remembered about the lesson, PST1, PST3 and PST4 openly said that they were failing to explain anything or they had forgotten all the events related to the lesson they had presented. As a result, teachers were mostly directed on areas to form focus of the observation. The findings showed that three teachers were still holding on to a kind of superior-inferior relationship that is popular when teachers are being inspected. As a result of one or a combination of all these factors, the researcher used directive approach which was preferred and anticipated by almost all the teachers.

4.3 Chapter summary

This chapter presented and discussed findings of the study. It has described how teachers had performed during clinical supervision cycles. It has described a number of themes which had emerged, supervisory approach the teachers had preferred and how teachers reflected instructional challenges in teaching records. Generally, the findings show that teachers struggled to cope with requirements in clinical supervision. The next chapter presents conclusions, implications, and recommendations of the study.

CHAPTER FIVE

CONCLUSIONS, IMPLICATIONS AND RECOMMENDATIONS

5.0 Chapter overview

This chapter presents conclusions and implications on the key findings of the study discussed in chapter four. These are followed by recommendations of the study. The last section outlines suggested areas for further research.

5.1 Conclusions

This study explored primary school teachers' ability to cope with clinical supervision process in order to improve delivery of instruction. Goldhammer's five stage clinical supervision model was followed to determine how teachers coped with the requirements of each phase of clinical supervision process. Basing on the research questions and the findings as discussed in chapter four, the study makes the following conclusions.

On the first research question concerning instructional challenges that are of major concern to primary school teachers, it can be concluded that all the four teachers failed to independently and explicitly identify instructional challenges which can be area of focus for lesson observation. They failed to mention instructional challenges that had occurred, such as; encouragement of chorus responses, inconsistent giving of reinforcements to learners, asking low order level questions, dominating the lesson with teacher-talk. Although this is how the teachers had performed, the researcher's point of view is that any effective teaching requires knowledge, skills and ability to identify rough spots in the lessons taught. These teachers were likely to fail because they did not thoroughly prepare

for lessons with intention to improve on identified instructional challenges. However, in an ideal situation, teachers need to first identify instructional challenges to form area focus for the observation. What emerged was that all the four teachers had problems to cope with clinical supervision process because among other things they had also failed to identify instructional challenges. As a result, teachers were simply told instructional challenges which occurred during the lesson observation.

On the second research question of how teachers handle instructional challenges during clinical supervision process, it can be concluded that three out of the four teachers failed to implement a number of expected tasks or requirements at different stages of clinical supervision. The findings showed that teachers had difficulties in explicitly describing content of the lesson planned to be taught during pre-observation conference. They did not fully implement agreed areas of focus for the observation during lesson delivery and they had problems to analyse and evaluate the lessons taught during post-observation conference. They were unable to come up with strengths and weaknesses because of inadequate preparation for lessons. The study therefore concluded that inadequate knowledge of the content and how the content was to be taught had impacted negatively on the process of clinical supervision. This meant that primary school teachers who grappled with these problems could not easily cope with clinical supervision process.

On the third research question concerning instructional supervision approaches which primary school teachers preferred, it can be concluded that all the four teachers had

looked forward to *directive approach* to teacher supervision. All the four teachers had the tendency to look forward to the researcher's advice and direction, especially on the weaknesses in the lessons and areas which could be the focus for the next lesson observation. Three out of four teachers forgot agreed areas of focus for the next observation. As a result, teachers had mostly preferred to be directed on what was supposed to be done in order to implement a clinical supervision process. This tendency reflect inspection approach which teachers are familiar with, whereby inspectors simply inform teachers observed what went wrong and what should be done to remedy the situation. Though this was the observed outcome, the researcher is of the view that collaboration between teachers and supervisor is crucial if clinical supervision is to be successful.

On the fourth research question of why primary school teachers prefer certain clinical supervision approaches to others, it can be concluded that all the four teachers preferred *directive approach* because of lack of thorough preparation for lessons, forgetting issues to be improved and little commitment to improve agreed issues as well as being ignorant of requirements of clinical supervision process. The researcher observed that three teachers did not thoroughly prepare for lessons, had inadequate knowledge of the subject matter for the topic, and consequently failed to identify areas of focus for the observation. The teachers preferred to be directed on what to do while being supervised following the clinical supervision process. All the four teachers behaved as if they were responding to inspection process because they had inadequate knowledge of the content to be taught and forgot how they presented the lessons and other events associated with the lessons.

Basing on the main research question which was how primary school teachers cope with clinical supervision process, the study, established that the four primary school teachers who participated in the study failed to competently respond to basic clinical supervision requirements. The teachers failed to demonstrate required abilities that relate to clinical supervision process such as explicitly describing lesson content planned to be taught during pre-observation conference, analysing lesson taught and identifying instructional challenges to be areas of focus for next observation during post-observation conference stage, as well as improving the agreed areas of focus during lesson delivery. Teachers could sometimes forget agreed areas of focus for the observation and had looked forward to directive approach instead of collaborative and or non-directive approach. Thus, these teachers had failed to cope with clinical supervision process. The next subsection presents implications of the findings of study.

5.2 Implication of the findings

The findings of the study have implications on improved delivery of instruction. In this study, teachers had during pre-observation conference failed to explicitly describe lesson content to be taught. Teachers could not fully improve agreed areas of focus during lesson delivery. Teachers failed to analyse the lesson taught and failed to independently identify instructional challenges to be areas of focus for observation during post-observation conference. Thus, teachers could not construct new knowledge about what needs to be done in order to improve the delivery of instruction. This might significantly compromise the quality of teaching and learning that occur in schools.

Instructional challenges that impact negatively on the delivery of instruction remains unidentified and continue to have an effect on the kind of teaching that take place. Thus, the quality of education provided in the primary schools may, to a large extent, decline because as observed in this study, teachers seem to view teaching as a routine activity without following the required professional ethics. The researcher's point of view is that teachers should prepare for lessons thoroughly so that quality delivery of instruction can be achieved even when supervised using clinical supervision approach. However, this study revealed that some primary school teachers have difficulties to cope with aspects of clinical supervision process.

5.3 Recommendations

Firstly, the Ministry of Education, Science and Technology should orient and train primary schools teachers on the stages and process of clinical supervision which democratically engages teachers in self-supervision and reflection on instruction for delivery of quality education.

Secondly, PEAs should ensure that teachers are supervised following clinical supervision model because teachers seem to lack important feedback on the lessons they present. The knowledge of clinical supervision is important if teachers are to improve delivery of instruction. Teachers should be engaged in continuous professional development courses that focus on teaching skills, evaluation of lessons and identification of instructional challenges in order to improve delivery of instructions.

Lastly, the Ministry of Education, Science and Technology should formulate teacher supervision policy that shall give direction and encourage the use of clinical supervision approach for formative assessment of teachers. Inspection approach should be used for evaluating the quality and standards of education that schools provide to the society. The policy is needed to guide school based managers and PEAs to supervise and give professional support to classroom teachers following clinical supervision approach while at the same time a team of education inspectors can follow inspection approach to check standards and quality of education.

5.4 Areas for further research

The study has explored the performance of primary school teachers when supervised using clinical supervision model. Basing on the findings, the researcher suggests further research in relation to teacher supervision and instructional delivery as follows:

- A national wide clinical supervision survey in order to determine how primary school teachers perform during clinical supervision.
- An investigation on primary school teachers' attitudes towards self-evaluation of lessons taught in order to understand significance of the section in the lesson plan.

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APPENDICES

Appendix A: Letter of Introduction from Department of Curriculum and Teaching Studies

UNIVERSITY OF MALAWI



Chancellor College

FACULTY OF EDUCATION

DEPARTMENT OF CURRICULUM AND TEACHING STUDIES

To: Whom It May Concern
From: Head of Curriculum and Teaching Studies Department, Chancellor College,
University of Malawi.
Date: 26th June, 2013

Letter of Introduction for Aubrey Malikebu Kanyambwala

This is a letter of introduction for Aubrey Malikebu Kanyambwala as our Master of Education student in the Department of Curriculum and Teaching Studies, Faculty of Education, Chancellor College. He is doing research for his thesis as part of the requirements for an award of M.Ed. He will need assistance to access and collect information for his study. Please assist him accordingly.

For further information, please contact the undersigned.

Many thanks

A. Chauma
Deputy Head of Curriculum and Teaching Studies Department
Chancellor College



Appendix B: Request Letter for Introduction to Schools

Aubrey Malikebu Kanyambwala,
South West Education Division,
P/Bag 386,
Chichiri, Blantyre 3.
30th July, 2013.

The District Education Manager,
Blantyre Urban,

Dear Madam,

REQUEST FOR LETTER OF INTRODUCTION TO THE SCHOOLS

I would like to request for a letter of introduction from your office which I can use while visiting schools to collect data for my academic study. I have a **letter of introduction to conduct research** issued by the Department of Curriculum and Teaching Studies at Chancellor College. In this study, I would like “**to explore primary school teacher’s ability to cope with clinical supervision process**”.

In clinical supervision, teachers are informed in advanced about the visit and sometimes the teacher and the supervisor plan together in order to improve the instructional delivery. I will need to get a teaching time table for each standard 6 Social and Environmental Science teacher who may agree to participate. The teachers should be those teaching in primary schools at the TDCs in Blantyre Urban. Five teachers will be observed at least three times and see how they respond to clinical supervision.

Teachers who accept to participate in this research will be oriented on clinical supervision process for them to know what is expected of them during data collection. I also plan to either audio record some parts of clinical supervision if teachers concerned accept this arrangement.

I would like to work very closely with your office and the head teachers in primary schools located at TDCs. I intend to pilot the study during the first or second week of term one of 2013 to 2014 academic year. The main study is expected to be conducted soon after the pilot phase.

I will be grateful for any support rendered by the office during the study.

Yours faithfully,

Aubrey Malikebu Kanyambwala.

Appendix C: Letter of Introduction from Blantyre Urban District Education Manager

DATE: 1st AUGUST, 2013.

**FROM: THE DISTRICT EDUCATION MANAGER, BLANTYRE URBAN,
P.O. Box 30217, BLANTYRE 3.**

TO: THE HEADTEACHERS, BLANTYRE URBAN PRIMARY SCHOOLS.

LETTER OF INTRODUCTION - Mr. AUBREY MALIKEBU KANYAMBWALA

Permission has been granted to the bearer to conduct research in order to explore primary school teacher's ability to cope with clinical supervision process. During the research, he would like to work with at least one Standard 6 Social and Environmental Science teachers at a TDC primary school.

Some of the strategies that will be used include:

- Face to face interviews during pre-observation stage of clinical supervision.
- Audio or video recording some parts of clinical supervision process.
- Lesson observations will also be conducted.

The study will be piloted during the first week of term one of 2013-2014 academic year and the main study will soon after the pilot study. Provisions for hospitality and transport reimbursement where appropriate will be arranged too for the teachers during orientation.

We are confident that all social research ethics that safeguard proper conduct of research will be observed.

Please assist him accordingly.


M. Nkhema.

For: DISTRICT EDUCATION MANAGER.



Appendix D: Pre-observation Conference Interview Schedule

SECTION A: PREAMBLE.

Teacher's ID Code: _____ School ID Name: _____

Teaching Experience: _____ Class: _____ Learners on roll: _____

Supervisor: _____ Date: .../...../2013 & Visit No. _____

Learning Area: _____ Time of Observation: _____

Lesson Topic: _____

Success criteria: By the end of the lesson learners must be able to:

- 1.
- 2.

SECTION B: PRE-OBSERVATION CONFERENCE STAGE.

RESEARCH QUESTION Number 1:

What instructional challenges are of major concern to primary school teachers?

GUIDING QUESTIONS

- a) Can you describe the lesson that is to be observed?
- b) What do you think should be the main purpose or goal of this observation?
- c) Basing on your teaching experiences, mention major aspects of teaching and learning on which the supervisor should focus during clinical supervision process?
- d) Explain how these teaching and learning aspects impact on your delivery of instruction to learners?
- e) Which data collection technique should be used to collect the data related to the chosen aspects of teaching and learning?
- f) What problems do you anticipate during the lesson that the supervisor should be aware of as well?

Appendix E: Classroom Observation Schedule

SECTION C: CLASSROOM OBSERVATION STAGE

RESEARCH QUESTION Number 2:

2) How do teachers handle instructional challenges during clinical supervision process?

GUIDING QUESTIONS FOR GENERAL OBSERVATION

- a) What does the teacher do to review previous knowledge that constitutes prerequisites for the present lesson?
- b) How is new material presented (statement of goals / lesson objectives, giving examples, modelling, checking for understanding)?
- c) How does the teacher conduct guided practice (through questions, feedback, and demonstration)?
- d) What kind of feedback is given for correct answers and incorrect answers (clues, paraphrases, gives specific praise)?
- e) How does the teacher organize independent practice session (overview, seat work)?
- f) How does the teacher assess learners while teaching?
- g) How does the teacher review learners' work?
- h) Explain whether the teacher maintains focus on the agreed areas of the observation?
- i) Explain whether there is positive change in teacher's ability to think, design, and improve their instruction?

Appendix F: Post-observation Conference Interview and Analysis Schedule

RESEARCH QUESTIONS Number 3 and 4

- 3) Which clinical supervision approaches among directive, collaborative, and non-directive do primary school teachers prefer?
- 4) Why do primary school teachers prefer certain clinical supervision approaches to others?

GUIDING QUESTIONS

- a) Explain how the lesson was conducted with regard to the agreed areas of focus?
- b) What strengths can you identify about the lesson you have taught?
- c) What are the weaknesses in the lesson which you need to improve on?
- d) What are your reactions to these major findings about the lesson you have taught?
- e) What objectives do you need to work on as class teacher in order to achieve current instructional improvement?
- f) Can you suggest the strategies and activities which are appropriate for improving these weaknesses in the delivery of instruction?
- g) During which time period will the activities be done in order to improve the instruction?
- h) At what time and date will the next preconference going to be conducted?
- i) During this briefing, (directive / collaborative / non-directive) approach was followed to analyse how the teaching and learning was conducted. In the next lesson's briefing, can you suggest the approach you would wish to be followed?

- j) Can you give reasons why you wish to be briefed using the suggested clinical supervision approach?
- k) Can the teacher independently identify instructional challenges that require feedback?
- l) Can the teacher independently conduct self analysis of the classroom observational data?
- m) Which strategy does the teacher prefer during post-observation stage?
- n) Is there positive change in teacher's ability to think, design and improve their instruction?
- o) What conclusion can be drawn about teacher's ability to cope with clinical supervision from the actual observation and teacher performance during the lesson?

Appendix G: Document Analysis Guiding Questions

(1) Schemes and Records of Work

The following are guiding questions for analysis of Schemes and records of work.

- a) Which teaching, learning and assessment activities are planned to be used?
- b) What teaching and learning outcomes are actually recorded in the outcome column?
- c) Which type of instructional challenges does the teacher identify in the remarks column?
- d) What strategies does the teacher suggest to do in order to improve the weaknesses identified?

(2) Lesson Plan Self-Evaluation Column

The following are guiding questions for analysis of lesson plan self-evaluation part.

- a) What instructional challenges that had some negative effects on the teaching and learning does the teacher indicate in the lesson evaluation part of the lesson plan?
- b) Which improvement strategies does the teacher suggest in order to improve the instruction?
- c) What improvements in teaching, learning and assessment are reflected in the follow up lessons?
- d) What conclusion can be drawn about the ability of the teacher to identify instructional challenges that affect teaching and learning?

Appendix H: Class Teacher's Informed Consent Form

This form officially requests your informed consent to participate in the study by signing the form after reading through the details of study. Participants are assured of the respect of their rights and maximum protection from any harm that may arise during the study. However, all the participants should be aware of the following important issues:

- The researcher is a Masters of Education Degree student at Chancellor College who wants to explore how primary school teachers cope with clinical supervision process.
 - Participation is voluntary with underlying benefits of learning how clinical supervision of instruction is conducted.
 - The study involves conducting pre-observation interviews, lesson observations, feedback session and scrutiny of schemes of work and lesson plan for standard 6 Social and Environmental Sciences. Class teaching timetable will also be needed.
 - Participants will be briefed on how clinical supervision process is conducted.
 - The researcher will arrange in advance with teacher about the lessons to be observed.
 - Interviews, classroom observations and any other important verbalization may be audio taped. The class teacher is free to agree or disagree with this arrangement.
 - Details of the participant will be concealed by using pseudonyms to ensure anonymity.
 - Information collected is not meant to assess teachers' performance but is for academic purpose and ultimately confidential.
 - Participants may withdraw from the study at any time based on their own reasons.
- However, your participation is **highly valued** and **greatly sought**.

I _____ of _____ Primary School, have read and understands the proposed research study details. I give my informed consent to contribute to this study through my participation by appending my signature _____ Date _____

Researcher's Name _____ Signature _____ Date _____

Appendix I: PST1 First Lesson Transcript Extract

Teacher: Now it's time for Social. Can you put back your exercises books (learners pack their books and make little noise)

Teacher: Okay class, now it's time for Social!

Learners: Studies.

Teacher: Yes, last time we were on the Early African!

Learners: Kingdoms (Chorus answer)

Teacher: What is the Early African Kingdom we talked about last week?

Learner: The Ngoni.

Teacher: The Ngoni kingdoms, very good. Last time we were on Ngoni!

Learners: Kingdoms (Chorus answer)

Teacher: So, where did the Ngoni came from? Where did the Ngoni came from, where?

Learner: Zululand.

Teacher: Very good, they came from Zululand in.

Learners: South Africa (Chorus answer)

Teacher: In which year did the Ngoni came from South Africa? Yes.

Learner: 1830.

Teacher: Yes, around 1830, very good. Who was their leader? Who was their leader from South Africa? Yes.

Learner: (Attempts)

Teacher: Can you say it again? Learner: Zongendawa.

Teacher: Very good. He was!

Learners: Zongendawa.

Teacher: Very good, so they left South Africa and going northwards to Tanzania under Zongendawa as their!

Learners: Leader (Chorus answer)

Teacher: Good, so because of some reasons, Zongendawa died. Where did Zongendawa die? Where.

Learner: Zongendawa died in Mapupo Tanzania.

Teacher: Yes, he died in Mapupo in!

Learners: Tanzania.

Teacher: So, after the death of Zongendawa, who was the successor? Who succeeded Zongendawa? Yes.

Learner: Mbelwa.

Teacher: Mbelwa, Mbelwa his!

Learners: Son (chorus)

Teacher: So, he was succeeded by Mbelwa, the son. Good, now so Mbelwa led the Ngoni to!

Learners: Malawi.

Teacher: And the group that Zongendawa led they settled in Malawi where? Where?

Learner: Mzimba.

Teacher: In Mzimba district. So the group of Ngoni who settled in Mzimba was led by Mbelwa, good. So, there are also other groups, not so? Yes, the other groups they settled in Dedza under which leader? Under which leader? Yes.

Learner: Ngoni Maseko.

Teacher: In Dedza?

Learners: No!

Teacher: It was Maseko?

Learners: No!

Teacher: In Dedza under which leader? Yes.

Learner: Kachindamoto.

Teacher: Very good, it was under Kachindamoto. And another group also they settled in Lizulu Ntcheu under which leader? Lizulu Ntcheu under which leader? Yes,

Learner: Gomani Chikuse.

Teacher: Under Gomani Chikuse, very good. And the other Ngoni settled in Dowa under which leader? Yes.

Learner: Chiwere.

Teacher: Under!

Learners: Chiwere (Chorus)

Teacher: And there were also other Ngonis in Mwanza and!

Learners: Bvumbwe in Thyolo.

Teacher: Thyolo district. So that was the last topic. So today, we want to see the factors that led to the growth of the Ngoni Kingdom. (Teacher writes on chalkboard) There are a number of factors that led to the growth of this kingdom of the Ngoni.

Learners: Kingdom (Chorus answer)

Teacher: The first factor. What was the first factor? Do you know it?

Learners: Yes.

Teacher: Yes, their political what!

Learners: organization.

Teacher: That was the first factor that led to the growth of ... political!

Learners: Organization.

Teacher: Their political organization or political structure, not so?

Learners: Yes.

Teacher: Through this the political structure also led to the kingdom to grow. Now, before we continue, I want you to be in your groups and let's try to arrange how their political structure was, their administration, who was the head, seconded by who and seconded by who. We want to see their political what organization. In groups, can you try to find out? Let's try their political organization. They were based in using what? Their political organization. Who was the head in their kingdom and seconded by who? Try to chart (learners work in groups and the teacher visits the groups talking to them)

Teacher: Yes, who is the head of their political structure? Yes.

Learner: Traditional Authority.

Teacher: Traditional Authority?

Learners: No!

Another **learner:** Paramount.

Teacher: The paramount chief, very good. The head of the administration was Inkosi yamakosi which is paramount what!

Learners: Chief.

Teacher: As the head. Yes, seconded by, yes.

Learner: Traditional Authority.

Teacher: Yes, the traditional!

Learners: Authority.

Teacher: Yes, from the Traditional Authority, yes.

Learner: Group Village Head.

Teacher: We have the group Village!

Learners: Heads.

Teacher: From the GVH,

Learner: Villager.

Teacher: Villager?

Learners: No!

Teacher: mmmh.

Learner: Village Head.

Teacher: Very good, Village Head and the last were the what!

Learners: Villagers.

Teacher: So, that was there political structure. See from this chart, their political what?

Learners: Structure (Chorus response).

Teacher: This is their political structure (Teacher unfolds a chart and says) can you see.

Learners: Yes (Chorus response).

Teacher: That is their political what?

Learners: Structure (Chorus response).

Teacher: On top the head of the administration is the paramount.

Learners: Chiefs (Chorus response).

Teacher: Now, we have got these traditional!

Learners: Authority (Chorus response).

Teacher: After the Traditional Authority, we have group village!

Learners: Head (Chorus response).

Teacher: And after the group village head, we have the village!

Learners: Heads (Chorus response).

Teacher: Then, we have the villagers. So because of their political structure of the Ngoni it helped the kingdom to grow. Are you clear?

Learners: Yes. (Chorus answer)

Teacher: The first factor that led to the growth of Ngoni kingdom their political structure. They have paramount. All the paramount chiefs were the Inkosi!

Learners: Yamakosi. (Chorus answer)

Teacher: Then we have the Traditional Authority, then the group village heads, then the village heads and then the villagers now. So, that was their political structure. Yes, another factor that led to the growth of the Ngoni kingdom. So the first point is their political structure. Yes, another, yes.

Learner: Military organization.

Teacher: Their military what?

Learners: Organization. (Chorus answer)

Teacher: It had a strong military organization. It has got a powerful and disciplined warrior. They have got their military was powerful and disciplined that made them to conquer other tribes. When they conquer those tribes, then they made them part of their army. So because of this, the kingdom grow, Military organization. Their military organization were strong. They were powerful and disciplined. So when they conquer tribes, they take those military make them part of their what?

Learners: Army. (Chorus answer)

Teacher: Are you clear there?

Learners: Yes. (Chorus answer)

Teacher: *Amati akawangonjetsa ndiye amawatenga kukajoina kukakhala nawo mbali ya chiani?* Learners: Ya army yawo.

Teacher: So because of that the kingdom grow. That is the second point. The last point.

Learner: Cattle keeping (Teacher writes on the chalkboard).

Teacher: Yes, the Ngoni they have got a lot of what cattle. They were keeping a lot of cattle. Sometimes, they attack other tribes. After attacking the tribes then they snatch their cattle. And because of that the Ngoni have got a lot of what?

Teacher and learners: (together) Cattle. They attack other tribes, after attacking the tribes, they can go and take their what!

Learners: Cattle. (Chorus answer)

Teacher: Their cattle, so because of that they have a lot of cattle. So because of this also it made the kingdom grow fast. So these are some of the factors that led to the growth of Ngoni kingdom. Any questions on that?

Learners: No! (Chorus answer)

Appendix J: PST2 First Lesson Transcript Extract

Teacher: “It’s time for Social and Environmental!

Learners: Sciences (chorus answer)

Teacher: Okay, in our last time’s lesson, we discussed about the Mwenemutapa kingdom. Now what is the founder of the Mwenemutapa kingdom? Yes, Grace.

Learner: Mambo.

Teacher: ‘Mambo!’ Is she right?

Learners: No! (chorus answer)

Teacher: Is not the right person, is not the founder, the founder for Mwenemutapa is...

Learner: Nyatsimba Mutota.

Teacher: Good, the founder of Mwenemutapa Kingdom isss..

All learners: ‘Nyatsimba Mutota’ (chorus answer).

Teacher: Good. Who were the kings of the Mwenemutapa kingdom or what were they called, what were the kings of Mwenemutapa kingdom called? Yes. (Learner attempts)

Teacher: ‘aaaa, that is a year but I mean the name of the Mwenemutapa king. What were they called?

Learner: Great Zimbabwe.

Teacher: Great Zimbabwe is what? (Learners murmuring).

Teacher: Is the capital of what?

Learners: ‘Kingdom’

Teacher: The capital of Mwenemutapa Kingdom. But who were the kings of Mwenemutapa called? Ester’

Learner: ‘Kalanga’

Teacher: They were called...

Learners: ‘Kalanga’ (chorus answer).

Teacher: Were they the kings?

Learners: No! (Chorus answer)

Teacher: But they were what?

Learners: ‘People’ Teacher: People of the Mwenemutapa Kingdom. The people of Mwenemutapa kingdom were called the!

Learners: ‘Kalanga’ (Chorus response).

Teacher: But the kings were called what?

Learners: Mambo.

Teacher: Mambo, okay, there is something important about the king. Their kings were also regarded as they are something very important. What was this?

Learners: Mambo was a living a god.

Teacher: Was a living god. He was regarded as what?

Learners: (Chorus answer) A living god.

Teacher: Very good, very good. How was he represented? He was represented by what? This king was represented by what? Monica.

Learners: He was represented by fire,

Teacher: Yes, He was represented by!

Learners: in chorus response, 'fire.'

Teacher: 'When was this kingdom founded? When was this kingdom founded? The Mwenemutapa kingdom, When was it founded? Ester'

Learner: 1480.

Teacher: It was founded by!

All learners: '1480' (Chorus answer)

Teacher: Okay, before we discuss about the factors that led to the growth of the kingdom, do you remember them?

Learners: 'Yes.' (Chorus answer)

Teacher: What are they? What are the factors that led to the growth of the Mwenemutapa kingdom? The factors. Yes.

Learner responds: Great Zimbabwe.

Teacher: 'Great Zimbabwe.'

Other learners: No! (Chorus answer)

Teacher: It's not the factor. The Great Zimbabwe is not the factor but is the what?

Learners: 'Capital city.' (Chorus answer)

Teacher: Is the capital of Mwenemutapa kingdom, but I want the factors that led to the growth.

Learners: "Lesser chiefs"

Teacher: Lesser chiefs?

Learners in unison: No! Yes.

Another learner says: Political organization'

Teacher: Political organization. The political organization was the one which helped this kingdom to grow. What else?

Learner: 'Military organization'

Teacher: Military organization also helped in the growth of this kingdom and what?

Learner: Trader organization.

Teacher: Trader?

Learner: 'Organization'

Teacher: What! What does it say about this, is it trader organization? He would say that? Yes, trade help in the growth of the!

Learners: "Mwenemutapa kingdom" (Chorus answer)

Teacher: Mwenemutapa kingdom. He saying about political organization, Can you tell me the structure, the administrative structure of the Mwenemutapa kingdom? How was it like? How was the political organization made, administrative structure of the Mwenemutapa kingdom. Who can describe the administrative structure of the political organization, Haris?

Learner: "King, Lesser chiefs, and local people."

Teacher: ehe! Very good, on the topmost there were kings, there what?

Learners: 'Kings.' (Chorus answer)

Teacher: Kings and under the kings there were what?

All learners: Lesser chiefs. (Chorus answer)

Teacher: Lesser chiefs and below lesser chiefs were what?

Learners: 'Local people'

Teacher: Local people, okay, but today I want you... because this kingdom came to a certain time when it declined. This kingdom came to a certain time when it fall, when it fall down, when it ended.

Five reasons that led to the downfall of this kingdom. There are some reasons that led to the downfall of this kingdom. So, I want you to tell me the reasons. What do you think can be the reasons that led to the downfall of this kingdom? As you can see there are a big political structure. There are kings who is who have power over all the kingdom...

Just listen first and after this there are lesser kings who is over these local people and there are local people who is being, who are being headed by these two leaders. And you also told me that the trade, they were trading with foreign people like what?

Learners: Portuguese.

Teacher: Like the Portuguese and what and with other nations, yes (silence). They were also trading with which groups eti?

Learners: “Swahili”

Teacher: “Swahili.” They were also doing trade with the!

Learners in unison: “Swahili.”

Teacher: And some of these can cause this kingdom to fall down, to decline, to come to an end. So I want you in your groups to discuss the reasons why this kingdom came to an end. Discuss in your groups the reasons why the Mwenemutapa kingdom declined, reasons why Mwenemutapa kingdom declined. Take whatever you discuss, write in your groups whatever you discuss (learners discuss in groups for sometime). Okay, let us hear from you what you have done. What are the factors that led to the decline of the Mwenemutapa Kingdom? Group C can you tell us what you have discussed. Listen please. (A girl reports)

Teacher: Have you heard what she has said. Now, the group, can you repeat that (learners repeat). She is saying death of strong leaders, mmmhu, death of strong leaders,

Learner: Tribal wars.

Teacher: Tribal wars, now Group C is saying that the factors that led to the decline of the Mwenemutapa kingdom are like death of strong leaders. The leaders maybe during that time there was a leader who was very strong and after his death, then the kingdom became weak. And they also say that there were tribal wars, killing of the leaders, maybe they were quarrelling, fighting for leadership, we don’t know. Okay Thank for your contribution. What type of hands do you want?

Learners: “Mafumu” (learners clap hands)

Teacher: Okay, let us listen to group H please. One learner reports

Teacher: Raise up your voice.

Teacher: Death of strong leaders again, Tribal wars, they are just the same as that one. Okay. What type of hands? (learners clap).

Teacher: Another group, group what? Listen from group 5.

Girl learner: spirit of solidarity.

Teacher: Yeah, mmm, the spirit of what?

All learners (in chorus response): “Solidarity!”

Teacher: We say the spirit of solidarity. Is that spirit ended that led to the decline of these kingdom? The spirit of solidarity ended, isn't it? And we also said that missionary intervention. There is time maybe the missionaries came in, so they started interfering. They wanted to become the leaders of this kingdom. That was almost the reason why this kingdom came to an end. Okay, thank you for your contribution. What type of hands should we give you? (Learners clap hands). Okay, is there any group which had different reasons from what we have already learnt? Okay, listen (a boy reports about something). Can you read that again. Introduction of strong units, ehe, like what? Trade with other!!

Learners (respond in unison): “nations.”

Teacher: I need to add this point. May be because they were trading with other nations. And this nations were more powerful than them. So they started, they invaded, to remove, wanting to become the leaders of this kingdom making this kingdom weaker and weaker. Thank you for your contribution. What type of hands should we give you?

Learners: “Three beats” (learners clap hands).

Teacher: Now we move on to hear from you. If you have different reasons, different reasons from what your friends have already said. Do you have any different reason?

Learners: “Yes.”

Teacher: Can you give us. Learners suggest.

Teacher: *Ehe*, okay, thank you, thank you, thank you for what you have contributed. What type of hands should we give you?

Learners: “Mafumu hands.”

Teacher: Okay, thank you, will hear from you later. Thank for your contribution. All your contributions are good. All your contribution are not very far, are not very far from what I know about the reasons that led to the decline of the!

Learners in unison: “Mwenemutapa kingdom”

Teacher: Okay, about the leaders, about the leaders, these lesser kings started to fight for their independence. These lesser kings, the lesser kings were under what? On the structure, the lesser kings were under what?

Learners: “kings”

Teacher: They were under what?

Learners: “kings”

Teacher: So they started fighting for their independence. They wanted to become the kings for their own. These kings wanted to become the kings for their own. They started fighting for their independence. “What did they started to do?”

Learners in unison: “They started fighting for their independence.”

Teacher: Fighting for their independence. (Learners repeat after the teacher).

Teacher: “Yes, these lesser kings wanted to become the kings on their own. They also, another reason was that there was intervention of the Portuguese. These people wanted to start running the kingdom on their own. The interference of the Portuguese in the running of the kingdom. They started interfering of the kingdom making it weak. Another reason was the invasion of the enemies. Their enemies started fighting the people of the kingdom. These are some of the reasons that made the Mwenemutapa kingdom to decline. What were the reasons that made Mwenemutapa to fall?”

Learner: Invasion of enemy.

Teacher: Invasion of their enemies. What else?

Learner: Interference of the Portuguese.

Teacher: The interference of the Portuguese in the running of the kingdom. What is the last one?

Learners: Lesser kings.

Teacher: Lesser kings started fighting for their what?

Learners: Independence.

Teacher: That were the reasons that led to downfall of the Mwenemutapa kingdom.

Appendix K: PST3 First Lesson Transcript Extract

Teacher: How are you?

Learners: ‘Am fine thank you, madam and how are you?’

Teacher: Am fine.

Learners: ‘Thank you, madam. You are welcome in standard 6CD.

Teacher: Thank you. It’s time for social, (learners make noise and teacher says) ‘order’

Learners: Now! (Chorus)

Teacher: it’s time for social and environmental sciences. In today’s lesson we are going to discuss about ‘The Early African Kingdoms’ but before we do that, I want you to answer me the following questions from the previous lesson. Is that clear?

Learners: “Yes”

Teacher: Now, last time we were discussing about population, population density and population change. Now what is population, what is population? Yes,

Learner: (responds)

Teacher: Population is the number of people living in!

Learners: an area (respond in unison)

Teacher: Now we have also discussed the effect of population change that in an area there are certain things that makes the population to decrease or increase, can you give me two factors that can affect population change, two factors that can affect population change, only two factors, yes, one (learner answers)

Teacher: Another factor apart from death rate and birth rate, another factor, yes,

Learner: migration.

Teacher: Migration, migration also can affect population change. Those are some of the factors that can affect population change. Now, what is population density, what is population density? Yes, at the corner.

Learner: (Population density is the number of people living in here square kilometre)

Teacher: Now, today, we are going to discuss about the Early African Kingdom (Teacher: writes topic on the chalkboard) The Early African Kingdoms. In early African kingdoms, there are local kingdoms but we are going to look the Ngoni Kingdoms. We are going to discuss about the Ngoni Kingdom. Now, I hope the books are not enough but those who have got the learners book need to share. Is that clear?

Learners: Yes

Teacher: I want you to open the learners' book at page 24, open your learners' book at page 24 social studies learners' book at page 24. Have you opened?

Learners: Yes.

Teacher: Page 24. Those you don't have learners book you can go where there is a book so that you can look. Is that clear?

Learners: Yes. (Chorus)

Teacher: At page 24 there is a southern map, there is a map of Southern Africa. The map of southern Africa, it shows the migration route of the Ngoni. Now, I want you to study this map. You need to share. You must answer questions that you are going to find there. You must scribble it somewhere and we are going to, am going to ask you to give me a report. You must discuss wherever you are whether you are 5 or you are 4 you must discuss. You identify the migration route of the Ngoni. You must look where the Ngoni are coming from and where they have settled using the map at page 24. At page 24 to that map there are some arrows, they have written in black ink. Is that clear?

Learner: Yes.

Teacher: Those arrows they are showing the place where these people coming from and where they have settled. So I want you to follow those arrows from your learners' book and after that we are going to discuss where they are coming from and where they have settled in Malawi. I am going to give you 3 minutes. Discuss, you need to discuss with your friend, eyes on the book and discuss! 3 minutes, you need to discuss, discuss, discuss (learners discuss). You must discuss, don't keep quiet, you must discuss with your friend what you are seeing where the arrows are coming from or where the arrows are going, you must discuss. You must look at the book. Are you discussing or you are just looking? By the end of 3 minutes, I am going to ask you the questions concerning the map, so don't just look at but you need to discuss. Have you find out?

Some learners: 'Yes.'

Teacher: mmmh, No! You must check the arrow.

Teacher: (After 3 minutes) Okay, now, we want to find out, according to the migration route, according to the map of the southern part of Africa, according to the southern map

of Africa. I want you to tell me where are these Ngoni people come from. According to the map, we said that we are going to use the black arrows. Is that clear?

Learners: Yes.

Teacher: This is, this map is map of southern part of Africa, and remember, when we are learning about the location of Malawi, we said that Malawi is located where / who knows? Who remembers? We said that Malawi is located where? Yes.

Learner: At southern region of Tanzania

Teacher: Malawi is located at southern region of Tanzania, hey! Who can help her, yes, you said that Malawi is located where (another learner answers correctly)

Teacher: Now, according to your study, can you tell me where do you think these people coming from according to the map of the southern part of Africa? There is an arrow. There is a place where it shows the arrow started. Is that clear?

Learners: 'Yes'

Teacher: And from that place they have indicated. So I want you to tell me, using the map of Africa where do you think this Ngoni people coming from? We want to hear from various ideas, yes.

Learners: They came from Zaire.

Teacher: This one says they are coming from Zaire. Another one, according to the map of Southern Africa, the answers are there. Another one, yes, where do you think they are coming from? This one is saying that they are coming from South Africa. Another one, not only the same people, yes.

Learner: Zululand.

Teacher: That one said that they are coming from Zululand. Another one, we want to discuss, we are going to use the map, yes.

Learner: Mozambique.

Teacher: That one is saying that they are coming from Mozambique. All the answers, we are taking them from the map of Southern part of what?

Learners: Africa (Chorus answer).

Teacher: So I hope each and everyone have got eyes, you must say what you have seen on the map. Yes, what do you think, where do you think these people are coming from? Kingsley.

Learner: (attempts and says) Malawi.

Teacher: Hee, Malawi! Kingsley said that they are coming from Malawi. Thank you very much, Malawi, who else, Wezi.

Learner: Mozambique.

Teacher: Mozambique already, we are going just to tick it. Who else? Yes.

Learner: Mozambique. (Wrong answer)

Teacher: Maseko. That one is said, Maseko. Eeehe, Ruth.

Learner: Zambia.

Teacher: Ruth is saying Zambia, we don't know the answers we are going to discuss,

Learner: Tanzania.

Teacher: Tanzania. Thank you very much. Now all these places that you have mentioned maybe they are right maybe they are wrong. So I have got a map here. Let's see together. We must discuss together using the map that I got here. Are you able to see there at the back?

Learners: Yes.

Teacher: This map is the same as yours. Is that clear? But we want to see. This map is map of part of Southern Africa. Now, the arrows the black arrows that I was saying are these ones but on my map they are written in blue. Is that clear?

Learners: Yes.

Teacher: On this map, this is Malawi. This part here, this part here, is Malawi. Is that clear?

Learners: Yes. (Chorus answer)

Teacher: And the other part here where the arrows are coming from, it is South Africa. Is that clear?

Learners: 'Yes' (Chorus answer)

Teacher: Now, and here also its Mozambique now, according to the arrows, the arrows are coming from here where there is South Africa and they are coming into Malawi and other arrows are coming here from Mozambique and they are coming into Malawi. Now, according to the map, here, why do you think Ngoni coming from? According to the arrows, where do you think Ngoni come from? Yes.

Learner: (attempts to answer)

Teacher: Lwangwa, Beatrice, South Africa according to the arrows it shows as the Ngoni people they came from South Africa. Where else? According to the map, where else? Yes.

Learner: Zambia.

Teacher: Zambia, are the arrows coming from Zambia into Malawi, according to the map. Are the arrows coming from Zambia into Malawi? Eeee, Thank you for your trial, yes, can you try?

Learner: (Mozambique)

Teacher: Mozambique. Thank you very much, can you clap hands for him once. According to the map of the Southern Region of Africa it shows that the Ngoni people came from South Africa. Is that clear?

Learners: Yes.

Teacher: And the leader of the Ngoni was Zwangendawa. The word Zwangendawa is in Ngoni language. Zwangendawa is the leader who led the Ngoni people in 1830 from Zululand in South Africa and migrate here in Malawi. Is that clear?

Learners: ‘Yes.’ But according to the map here, these arrows it just showing us the route, the way where these people passed by. Is that clear?

Learners: ‘Yes’

Teacher: From South Africa to settle here in Malawi, it’s a long journey so they were camping in certain what! areas in order for them to rest. They were using what! their feet. Is that clear?

Learners: Yes

Teacher: So these arrows they are just helping us to show the places, some of the places where these people left. Now, these people to leave South Africa and to come here in Malawi, there was a reason why they left South Africa and decided to settle here in Malawi. Is that clear?

Learners: Yes

Teacher: The reason was the people that the Ngoni were leaving there in South Africa, there was a certain king and that king was very cruel and that king do a lot of bad things to the Ngoni of the Zwangendawa. So, the Ngoni of the Zwangendawa decided to move away from this cruel king and look for a better what? Place. So, that particular cruel king,

the name was called Tchaka Zulu. So, these Ngoni people they run away from Tchaka Zulu and look for a better place that they can settle and do their work. Is that clear?

Learners: Yes

Teacher: Is that clear?

Learners: 'Yes'. So, the Ngoni people, they were divided into two according to the map. We said that the other people, the other Ngoni people, they come from Mozambique, the other Ngoni people they come from South Africa. These Ngoni people that they come from South Africa they were led by Tchaka Zulu, but these ones that they come from Mozambique they were led by Maseko. Is that clear?

Learners: Yes

Teacher: According to our map, they settled in the Northern Region of Malawi. Is that clear?

Learners: Yes.

Teacher: And the Ngoni that they came from Mozambique, they settled in the Central Region of Malawi mainly at Lizulu. So, those people they were called the Ngoni Maseko. Is that clear?

Learners: Yes

Teacher: Is that clear,

Learners: Yes

Teacher: So, when they were coming from this land, Mozambique others they fail to reach the Central Region, others they settled in Mwanza. Is that clear?

Learners: Yes

Teacher: But all these people they are the Ngoni that they came from South Africa. Clear?

Learners: Yes

Teacher: But this King Zwangendawa who led the Ngoni from South Africa, he didn't reach here from South Africa.

Appendix L: PST4 First Lesson Transcript Extract

Teacher: Okay, it's time for Social & Environmental Sciences. (Teacher writes on chalkboard) Okay, last time in our lesson about the Early Kingdoms of Africa, we looked at the Mwenemutapa Kingdom, right?

Learners: Yes, (Chorus)

Teacher: And in our last topic, we looked at factors that led to the growth of Mwenemutapa kingdom, Did we?

Learners: Yes, (chorus answer).

Teacher: Now, Can I have the factors that led to the growth of Mwenemutapa Kingdom? Okay,

Learner: Trade

Teacher: Trade. Good. In this lesson we learnt that the Mwenemutapa kingdom, that is Kalanga, traded with certain people. Who were they? Who did they trade with? Yes,

Learner: Swahili.

Teacher: Swahili, who else? **Learner:** Portuguese.

Teacher: Portuguese. And they were trading in what? Yes.

Learner: Copper.

Teacher: Copper. What else?

Learner: Gold.

Teacher: Gold. You say Gold, yes.

Learner: Ivory.

Teacher: And?

Learner: Silver.

Teacher: Very good. Now, because of trade in the kingdom, the kingdom went on well. What was another factor please? Yes,

Learner: Military organization.

Teacher: Military organization (many more learners want to give another answer).

Teacher: On this if you remember very well, I said that Mwenemutapa kingdom, that is the Kalanga people, had a well organized political organization. They had a strong army which conquered other people and in so doing, they extended their kingdom, right?

Learners: Yes.

Teacher: Yes, do we have another factor that led to the growth? Yes,

Learner: Political organization.

Teacher: Political organization! (silence) political organization? Can someone tell us or remind us about the political organization of the Mwenemutapa people? Yes.

Learner: King.

Teacher: Aaha, we had the king on the top, yes,

Learner: Lesser chiefs.

Teacher: Lesser chiefs, who else?

Learner: And local people.

Teacher: And local people. Okay. In the Mwenemutapa kingdom, because there was a well organized political organization, military organization, trade things went on well. Things were going on well. Their kingdom extended.

Now, today we are going to look at the factors that led to the fall or decline (teacher writes on chalkboard). Today we are going to look at the factors that led to the kingdom to go down, that made the kingdom to decline or to fall or fail in those days. In your groups you are going to discuss about the things that you think would have happen to make the kingdom fall. (Learners get into groups to discuss the factors)

Teacher: (After some minutes) I can hear no voices. Are you discussing or you have left everything to the secretary? (One group whispered 'yes'). Oh! You have left everything to the secretary. No! No! Everyone must participate, give points you think are the factors. (Silence prevails) Hey! Have you finished?

Learners: No!

Teacher: No! How many points have you come up with?

Learner: One

Teacher: Only one! And you, how many points?

Learner: Two points.

Teacher: Two points, and you how many points have you come up with? Learner: one.

Teacher: Only one. You think only one may have made the kingdom to go down?

Learners: Yes.

Teacher: Aaah! And you, how many points?

Learner: One.

Teacher: Only one again.

Learners: Yes. So, all these heads have got only one factor. (Teacher moves to another group and says) The members should hear what you say. Not whispering. How many points?

Learner: One.

Teacher: Still one, oh! Say something that your friends can hear, not whispering into her ears. Say it. How many here now?

Learner: Two.

Teacher: Two so far.

Learner: Yes.

Teacher: And you here how many?

Learner: Two.

Teacher: Two.

Learner: Yes.

Teacher: Let me see what you have written. Is it all?

Learners: Yes.

Teacher: Okay. Now, let me have your findings. I will start from there. King, your group, what have you come up with? Can I know the points?

Learner: Because of tribal wars.

Teacher: Because of what?

Learner: Tribal wars.

Teacher: (writes on the chalkboard) Yes, what else, another point?

Learner: Shortage of land.

Teacher: Shortage of..?

Learner: Land.

Teacher: Land. (writes on board) Any more points?

Learner: No.

Teacher: No. Can I have what you have found? Yes, Gift.

Learner: (whispers)

Teacher: Because of the death of strong leader.

Learner: Tribal wars.

Teacher: And tribal wars. The point is already on the chalkboard. We don't have to put it again, right. Another one?

Learner: Shortage of money.

Teacher: Shortage of?

Learner: Money.

Teacher: Ooh! Okay, can I have your points?

Learner: Tribal wars.

Teacher: Tribal wars, yes, it's already there.

Learner: Lesser chiefs become to chief Mambo.

Teacher: Lesser chiefs did not want become to cheer, to cheer him oh!

Teacher: Let me just write this. Lesser chiefs cheer their king that is Mambo. Yes, another one. Is it all? Okay. I can have your points from this group.

Learner: Tribal wars.

Teacher: aaah! Tribal wars it's there.

Learner: Lesser chiefs fought for their independence.

Teacher: Well, this group says lesser chiefs fought for their independence. Yes, any points? **Learner:** Interference of the Portuguese in running of their government.

Teacher: Interference of the Portuguese in running what?

Learner: For their kingdom.

Teacher: In running the kingdom, yes.

Learners: That's all.

Teacher: That's all? Okay.