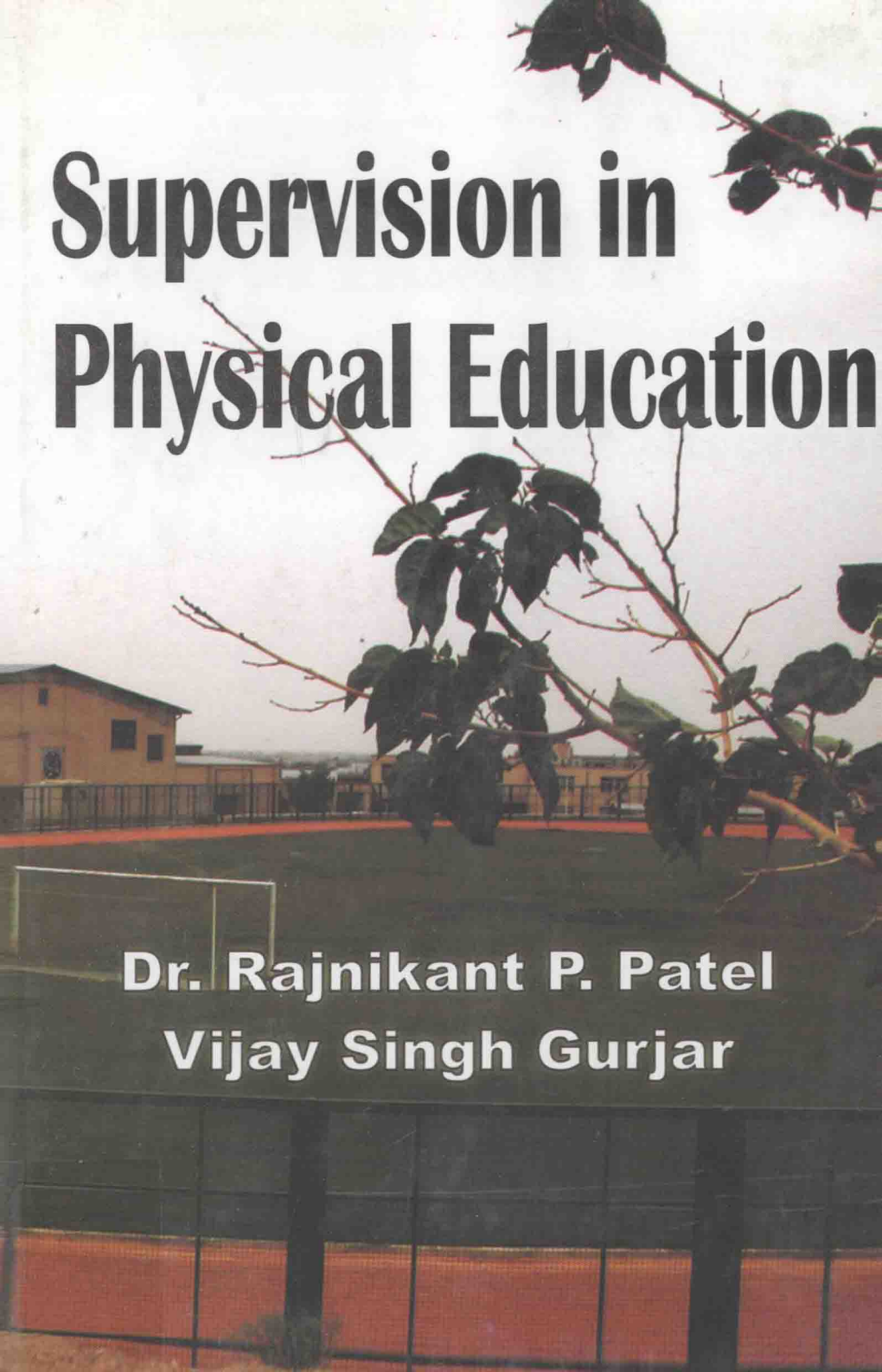
Supervision in Physical Education



Dr. Rajnikant P. Patel
Vijay Singh Gurjar

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Edited & Compiled By

Dr. Rajnikant P. Patel

B.P.Ed, M.P.Ed., Ph.D.

Head

Vijay Singh Gurjar

B.P.E., M.P.E., M.Phil.

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7/26, BASEMENT, Ansari Road, Darya Ganj, New Delhi-110002.

Ph.: (O) 011-65190343, 43551324, 42564726
(M) 9811088729, (Fax) 42564726, (Res.) 47091605

E-mail: *khelsahitya1@rediffmail.com*

Web: *www.khelsahitya.trade-india.com*

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Supervision in Physical Education

Preface

This book presents a comprehensive supervision model designed specifically for physical education. " Supervision in Physical Education" is valuable as: a text for graduate students in supervision and teacher pedagogy; a reference for supervisors of student teachers; a resource for teachers of special seminar courses for preservice undergraduate physical education teachers; a reference for principals and administrators who supervise in-service physical education teachers; and a resource for in-service teachers who host student teachers.

This text identifies the criteria for effective teaching and organizes them so that physical education supervisors can easily and objectively evaluate teachers. A companion resource, this book helps student teachers apply the concepts from the textbook. The text is a powerful tool for ensuring effective student teaching. Physical education, a vital and integral part of a liberal education, may be viewed as a programme of activity in a school curriculum, as a discipline to be studied, or as a profession as a teacher or a coach. However, in all its aspects it involves motor skills needed in such activities as games, sports gymanastics, dance and education. As the awareness about and thrust on health and fitness increase, it becomes necessary that one give serious attention to the issue of physical education. Although highly structured and developed in most Western nations, Indian Schools have yet to adopt a strategised and planned action on physical education.

Combining such objectives as body development and fitness, psychomotor development and sports skills, knowledge and understanding of sports, exercise, health and safety, physical education can be highly beneficial to achieve a balanced

interrelationship of the physical, mental and social objectives of health. However, at least in India, physical education is yet to be streamlined and integrated into a cohesive framework, and needs greater understanding of the underlying issues, and effective strategieing and action. In this book, physical educators assess students' cognitive, psychomotor, and affective learning.

Author

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COCEPTUALISING SUPERVISION

Supervision means the act of watching over the work or tasks of another who may lack full knowledge of the concept at hand. Supervision does not mean control of another but guidance in a work, professional or personal context. Regular participation in physical activity during childhood is associated with a range of physical and mental health benefits both in childhood and in adulthood. Active children become healthy adults and schools play a key role in contributing to that outcome.

Participation in a safe environment provides opportunities for students to enjoy the experience and excitement of physical activity, to develop skills, interact socially and achieve personal goals. Participants who enjoy and are satisfied with their experience are more likely to be physically active. In preparing and organising sports events, excursions or camps involving aquatic activities or other sports, walkathons, fun runs, gala days, special focus activity programs and sport programs, the following procedures are relevant to keep in mind.

Several years ago direct supervision was defined more clearly in the accreditation standards for athletic training education programs (ATEPs). Currently, athletic training students may not gain any clinical experience without their clinical supervisors being physically present so that the supervisors may intervene at any point if necessary. Although we do not disagree with the spirit of this requirement, we present information regarding the changing generation of students and the importance of developing strong professionals who will represent our field in the ever-changing allied health care arena.

Clinical Advantages: We believe student learning may take place without direct supervision and that a system of guided autonomy with meaningful and dynamic reflection may better prepare the student for the future. W e feel that limited aspects of an athletic training student's clinical experience may not always need direct supervision. If students are performing skills that are not in violation of any professional practice acts, their interest and learning may increase with a guided autonomy model, as opposed to direct supervision. For example, once an athletic training student has mastered skills like taping, stretching, and initiating an emergency action plan, they should be able to effectively and safely perform these aspects without direct supervision. We suggest that students may continue to learn, and benefit from an educational standpoint, while gaining a limited portion of their experiential learning requirement without direct supervision.

Athletic training is a practice-based profession and through the combined use of competency-based education and supervised clinical experiences, AT is ahead of the allied health education curve. Athletic training education has effectively combined the science and the art of AT in their education programs.

Facing Challenges

Through informal observation, it appears that many employers are facing challenges with young professionals entering the job market. These challenges include a belief that students and young professionals are not exhibiting the professionalism and career readiness of past generations. Many opinions, however, have been developed. For example, Weidner has suggested that researchers conduct surveys on this subject and has noted that "true professionalism and success often comes from the personal attributes that are brought to the job."

Craig defined the attributes of professionalism to include autonomy, responsibility, pursuit of excellence, and collegiality. Ideally, students would enter AT programs with many of these characteristics already a part of their behaviour, and then as they moved through the program their ability to apply these characteristics on the job would develop. However, Monaco and Martin recently reported that the new student generation (*i.e.*, the 4 Millennial student) is very different than

past generations and may not have these characteristics when they begin an AT education program. They reported that Millennial students are accustomed to hand holding and need assistance in developing independent thinking and decision-making skills. Therefore, it seems that active engagement is required for these characteristics to be developed.

Direct supervision of all clinical experiences may create too much isolation of our students. Students may not be able to develop their own independent thinking and decision-making skills. As evidenced by Craig, these critical thinking skills and professional behaviours are very important because "without learning professionalism students are at risk of not being prepared to represent and promote athletic training." As clinical educators, we need to be concerned about these observations because we need to teach students to be life-long learners and to build the profession. But in order to do that, we believe AT education needs to restructure supervision guidelines to allow students to develop these critical skills, which seemed to have come naturally to previous generations of athletic trainers. However, the latest interpretation does encourage graded autonomy and independent actions by the athletic training student.

Supervision Revisited

Over the past decade, educational reform has redefined the structure of AT student clinical supervision. Unsupervised clinical experiences are no longer acceptable parts of a student's formal educational program requirements. The Commission on Accreditation of Athletic Training Education (CAATE) uses the term direct supervision to refer to the appropriate level of clinical experience supervision.

Direct Supervision

Direct supervision is a term that is used to refer to situations in which a supervisor is present at all times. The supervisor oversees activities as they occur and provides constant direction, feedback, and assistance. For some types of workplaces, direct supervision is required for safety and health reasons. In others, it may be strongly

recommended to make a workplace run more smoothly. A direct supervisor is physically present and can respond to issues which arise. This can be a distinct benefit in many environments where people need to act quickly and may benefit from input from an experienced supervisor.

Direct supervision is currently defined as a physical presence of the clinical instructor allowing for "visual and verbal" contact between the clinical instructor and the student with "the ability for the clinical instructor to intervene on behalf of the patient." It is the concept of direct supervision that needs to be revisited. We agree that the direct supervision standard has allowed for better control of the students' formal education requirements. In order to understand the potential problems that direct supervision during clinical experiences might be causing, we recommend exploring AT's past.

Previous guidelines for developing AT education programs stated that (1) direct supervision did not necessarily imply a need for constant personal contact between the clinical instructor and the student and (2) clinical instructors must be readily accessible to students for on-going instruction and guidance on a daily basis. Therefore, athletic training clinical supervision was much like that in medicine, nursing, and physical therapy in that it required some sort of regular (daily) communication between the student and the supervising AT. Unfortunately, there were various interpretations of the previous standard; some which lead to detrimental practices. In particular, many students were placed in unsupervised roles where they were expected to function in the place of an AT by covering unlimited athletic practices and events by themselves, under the premise of clinical education. These "unsupervised" clinical experiences (as defined by the current direct supervision standard) may have resulted in haphazard learning and incorrect decision making, but they also may have given greater confidence and independence to students regarding clinical decision-making skills.

However, autonomy by itself rarely works and it may have hindered the students' personal growth, because it lacked appropriate reflection and reinforcement with clinical instructors, which are two hallmarks of effective and dynamic clinical experiences. On the other hand, this autonomy may have been very beneficial to the students'

maturation. Without question, the direct supervision requirement has substantially decreased the misuse of students serving in the place of the certified or licensed AT. As a result of these reforms, some athletic programs have added athletic trainers or graduate assistants to their staffs. There is also little question that many athletic administrators, coaches, and even athletic trainers looked at students serving in this capacity as providing a relatively inexpensive workforce. This practice or expectation (*i.e.*, replacing staff athletic trainers with students) should not be the role of an AT student, nor should it be condoned.

We would be remiss, however, to imply that learning cannot take place when a student is alone, or minimally supervised, during a clinical experience. From the more traditional academic classroom teaching setting, athletic training educators do not directly supervise students as they complete various course requirements. Educators do not have to be present while students are on-line, studying, reading at the library, or completing projects to ensure they are learning. There are effective ways (*e.g.*, exams, discussion, comments on papers, or projects) to provide feedback and reflection and to measure student learning. With this being the case, then why do athletic training educators not allow students to learn on their own at any point of their education in a clinical environment? One common response for the discontinuation of this practice is that it is needed to protect the public from unlicensed practitioners (*e.g.*, athletic training students).

Learning: Experience + Reflection

Learning happens best when clinical experiences and reflection collide, a sentiment and philosophy that is not novel as Dewey first formally introduced it in the 1930s. He founded an educational movement based upon the concept of "experience plus reflection equals learning." Many disciplines, have adopted this model of "experiential learning" by emphasizing the need to combine experience with reflection in order to achieve learning.

We learn by experiences that allow us to:

- Absorb (read, hear, feel)
- Do (activity)
- Interact (socialize)

In addition, we also learn by reflecting on such experiences. Reflection is thinking for an extended period by linking recent experiences to earlier ones in order to promote a more complex and interrelated mental schema. The thinking involves looking for commonalities, differences, and interrelations beyond their superficial elements. The goal is to develop higher order thinking skills. Many educators consider Dewey the modern day originator of the concept of reflection, although he drew on the ideas of earlier educators, such as Aristotle, Plato, and Confucius . He thought of reflection as a form of problem solving that chained several ideas together by linking each idea with its predecessor in order to resolve an issue.

Essentials of Reflection

Hatton and Smith identified four essential issues concerning reflection:

1. We should learn to frame and reframe complex or ambiguous problems, test out various interpretations, and then modify our actions consequently.
2. Our thoughts should be extended and systematic by looking back upon our actions some time after they have taken place.
3. Certain activities labeled as reflective, such as the use of journals or group discussions following practical experiences, are often not directed towards the solution of specific problems.
4. We should consciously account for the wider historic, cultural, and political values or beliefs in framing practical problems to arrive at a solution. This is often identified as critical reflection . However, the term critical reflection, like reflection itself, appears to be used loosely, some taking it to mean no more than constructive self-criticism of one's actions with a view to improvement.

Encouraging Reflection

Most educators believe that "reflection is useful in the learning process, even without the supporting research data." However, it is

often difficult to encourage reflection among the learners. Gustafson & Bennett found that promoting reflection among military cadets by means of written responses in "diaries" was difficult. Cadets across three different years generally did not produce responses indicating any deep reflection.

Although the results were disappointing, they are consistent with the research literature on promoting reflection that generally indicates it is difficult to accomplish. In their work, Gustafson and Bennett identified eleven variables that affected the cadets' lack of reflective behaviour. These eleven variables are grouped into three main characteristics:

- Learner
- Environmental
- Reflection Task

Learner Characteristics

1. *Learner's skill and experience in reflective thinking:* The ability to reflect is a learned behaviour that is cultivated by the individual over a period of time. How reflective an individual can become is probably a personality trait. However, designing appropriate learning experiences can develop reflecting skills.
2. *Breadth of learner's knowledge of the content area:* The ability to reflect on a specific topic is directly proportional to how much one already knows. If a learner's schema for a topic is limited, then there is less ability to relate new information to it.
3. *Learner's motivation to complete the reflection task:* Both internal and external sources of motivation affect the quality of reflection. Internal motivation by nature is difficult to elevate and even more difficult to accurately estimate or measure. External strategies, such as creating a mental challenge, organizing the learners into pairs, or forming competitive teams enhance motivation, but the effectiveness of these and other strategies for promoting reflection awaits verification.

4. *Mental preparation (mental set) for reflecting:* Although the mental set of the individual might be considered a motivational variable, it is described separately to highlight its probable importance to promoting reflection.
5. *Degree of security felt in reporting actual reflections versus perceived desired responses:* When there is confidence in the professionalism and integrity of reviewers, the amount and quality of responses are enhanced. This is particularly true when items call for making judgments about the worth of an activity or the quality of the instruction. This type of reflection can be used to promote thinking about what was and was not included that the learner wanted or needed to learn, what the designer of the instruction may have incorrectly assumed about the learner's entering knowledge or skill, or why the instruction was or was not effective.

Environmental Characteristics

6. *Physical environment in which reflection occurs:* The opportunity for the learner to establish an appropriate mental set for reflecting is related to the nature of the physical environment in which reflection is expected to take place. Other factors may contribute to a poor physical environment, such as competing stimuli (*e.g.* televisions, personal conversations, ambient noise, poor ventilation, high or low temperature, uncomfortable furniture).

This model of experiential learning does not require a clinical instructor to be present at all times. It does require, however, that a student be afforded the opportunity to dynamically and meaningfully reflect on their learning with a clinical supervisor so he/she is prepared to act in the future.

A Great Irony

One of the great ironies we find is that during informal conversation and reflection, almost to a person, graduates from the authors' programs, many of our athletic training colleagues, and other clinical faculty members have told us they feel they learned and

continue to learn most effectively in two major ways. (1) they learned a great deal while gaining clinical experience directly with a clinical instructor or mentor, and (2) when they were essentially unsupervised and on their own. Many athletic training colleagues and faculty members truly appreciated their autonomous educational experiences; whereas, many recent graduates wondered why they did not receive an autonomous experience while in their undergraduate program.

In the past, autonomy may have prepared AT's for the reality of a job, because competency was demonstrated and knowledge and skills could be effectively synthesized and applied to real world settings. In contrast, recent graduates have reported they did not take the opportunity to synthesize their learning during their directed clinical experiences because there was always a supervisor to fall back on. This is not surprising, as it goes against the educational philosophy that students learn through autonomy.

Respected educator and author Palmer stated that "students learn in diverse and wondrous ways, including ways that bypass the teacher in the classroom and ways that require neither a classroom nor a teacher." This also gives credence to a thought from French scientist, turned philosopher, Serres who stated "the goal of teaching is for teaching to cease to exist."

And Martin, an AT educator, expressed a similar idea when she stated there is a need for clinical educators to provide an environment where the student receives the emphasis; not the educator.

If AT educators believe that learning can take place without a teacher, why is gaining a portion of one's clinical experience without direct supervision such a bad thing? Knight has encouraged educators to "act in the best interest of the student."

Educators should ask themselves "Are we acting in the best interest of the student by requiring direct supervision for all clinical experience requirements?" Currently all students in AT education programs (ATEPs) are required to gain experience in numerous areas (*i.e.*, upper extremity sports, lower extremity sports, equipment intensive sports, and general medical settings) and ATEPs must document levels of competency and proficiency for each of their students as they progress through their curriculums. So why should

students be limited to performing certain tasks under direct supervision, when they have demonstrated competence of these clinical skills and proficiencies?

It seems that once a student is deemed proficient with a skill, he/she should be able to perform it unsupervised as long as it is not something regulated or restricted to a credentialed professional (*e.g.*, professional practice act). For example, we would suggest that "unsupervised" students can wrap, tape, and assist with basic warmup, flexibility and strength exercises, as well as adequately evaluate most problems well enough to effectively perform the appropriate first aid and initiate an emergency action plan if necessary. These actions do not require one to be a credentialed professional to perform. In fact, coaches, personal trainers, parents, and even other athletes often perform these responsibilities. Obviously, students should not be expected (or allowed) to provide treatments, direct therapeutic exercise programs, or make return-to-play decisions unless they are directly supervised by a credentialed health care professional because this practice is potentially detrimental.

Change is Necessary

Change is necessary because AT is facing a unique allied health care environment and a unique group of students and young professionals. We believe that even though the current requirement for constant and direct supervision experiences was intended to enhance and maximize student learning, it may actually be creating barriers to learning. We theorize that direct supervision may create a learning barrier by preventing students from developing certain crucial clinical reasoning skills they will need to be competent and skilled professionals. Millennial students like to work in 'safe' environments; however, AT educators may not be allowing students ownership of a portion of their own learning where they can establish their own boundaries or their own safety zone of professional practice.

Circle of Safety vs. Learned Helplessness

Burst suggested that if instructors are too overbearing with their direct supervision (*i.e.*, instructors make students stay within the