



## CURRICULUM COMPETENCES MANIFESTED BY PUBLIC AND PRIVATE SECONDARY SCHOOL ADMINISTRATORS FOR CLINICAL SUPERVISION IN ANAMBRA STATE

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### Abstract:

Clinical supervision is a process of facilitating the professional growth of a teacher, primarily by observing teacher's instructional practices, giving the teacher the feedback about classroom interactions and helping the teacher make use of that feedback to make teaching more effective. Its effectiveness depends on the competences of the supervisors that carry it out. This study assessed the curriculum competencies manifested by private and public secondary school administrators in Anambra State during clinical supervision. The study was guided by two research questions and one null hypothesis. Sample involved 1,378 respondents (comprising 962 public and 416 private school staff respectively) selected through the multistage procedure. Data was collected through a researcher-developed questionnaire containing 10 items each on a 4-point scale. Mean scores were used to answer the research questions, while the t-test was used in testing the null hypothesis at the 0.05 level of significance. The findings indicated that public and private secondary school administrators in Anambra State secondary schools manifested only a few out of the variety of curriculum competencies for effective clinical supervision. The manifestations of these clinical supervision competencies were higher in private than in public schools. However, both administrators manifested limited clinical supervision competencies. By implication, this situation has the potential of hindering effective instructional supervision of public and private secondary schools in the State. Based on the findings and implication, it was

recommended among other things that the public and private secondary school administrators should give emphasis to and seek avenues for significant improvements in their teaching, human relations, resource management and evaluation competencies. Reading professional journals, peer mentoring, and participating in professional conferences and seminars would help them to improve their clinical supervision competencies.

**Keywords:** clinical supervision, secondary school, curriculum competencies, school administration, effective teaching

## 1. Introduction

The importance of teacher in the success of any educational programme has been well articulated in the National Policy on Education (FRN, 2004) where it is stated that no educational system could be better than the teacher within it. This means that if Nigeria wants a better education system, it must continuously strive to have better teachers. Furthermore, the Federal Ministry of Education (FMoE, 2012), in its Strategic Education Sector Plan (SESP), has stressed the necessity of teacher supervision and support as a strategy to ensure quality of teaching and learning. Among the model ways of achieving this is clinical supervision of teachers.

Clinical supervision is a term that was borrowed by Goldhammer (1969) and Cogan (1973) from the medical profession, where it has been used for decades to describe a process for perfecting the specialized knowledge and skills of practitioners. Bernard and Goodyear (2009) defined it as an intervention that a senior member of the profession delivers to a junior member in order to enhance professional abilities and monitor the services offered. Other authors such as Chidiobi (2015); Duncan, Brown-Rice and Bardhoshi (2015) as well as Okorji and Ogbo (2013) viewed clinical supervision as a process of facilitating the professional growth of a teacher, primarily by observing teacher's instructional practices, giving the teacher the feedback about classroom interactions and helping the teacher make use of that feedback to make teaching more effective. The basis of clinical supervision is an intense, continuous, collegial relationship between supervisor and teacher with the aim of improving professional practice. It is also based on the premise that a prescribed, diagnostic formal process of collaboration, assistance and improvement of instruction could improve teaching.

In this study, clinical supervision is described as the collegial and face-to-face interactive service existing between a teacher and a supervisor that is primarily aimed at observing, studying and improving co-operatively all learning conditions. It is often

carried out to help diagnose instructional strengths and problems as well as provide valuable information which can lead to improvements in teaching. It is also aimed at aiding teachers in developing materials, encouraging experimentation, aiding teachers in continuous task of curriculum implementation and bringing about improvement in students' learning. If properly implemented, clinical supervision will be the greatest driver in taking forward excellence in teaching and lifelong learning (Ayeni, 2012; Duncan, et al, 2015; Onumah, 2016).

Essentially, clinical supervision in education involves a teacher receiving information from a senior colleague who has observed the teacher's performance and who serves as both a mirror and a sounding board to enable the teacher to critically examine and possibly alter his or her own professional practice.

Goldhammer, Anderson, and Krajewski (1993) and Cogan (1973) in [Watkins and Milne](#) (2014) identified four common stages/phases in clinical supervision:

- a) a pre-observation conference between supervisor and teacher concerning elements of the lesson to be observed;
- b) classroom observation;
- c) a supervisor's analysis of notes from the observation conference between supervisor and teacher;
- d) a post-observation conference between supervisor and teacher where the supervisor and supervisee analyses the post-observation conference.

Onumah (2016) added that the teachers' lesson notes, diaries, registers, students test exercise books, and teachers' techniques of teaching and evaluation are examined during clinical supervision so as to know how well or otherwise the teachers go on with teaching activities. The supervisor takes note of the teacher's knowledge of the subject being taught, evidence of adequate planning and preparation for the lesson, lesson presentation, teacher's personality and the extent of students' participation or interaction with the teacher. These, according to Nkwah (2015) form the bases for providing constructive advice on how to improve the quality of classroom instruction.

Hence, clinical supervision is a distinct professional practice employing a collaborative relationship that has both facilitative and evaluative components, that extends over time, which has the goals of enhancing the professional competence and science-informed practice of the supervisee, monitoring the quality of services provided, protecting the public, and providing a gate-keeping function for entry into the profession.

Clinical supervision is carried out in both public and private schools. Private secondary schools are independent schools which are established by individuals like churches, business enterprises and corporate organizations. According to Okorie and

Usulor (2016), private education is the type undertaken by any organization or agency beside the state. On the other hand, public secondary schools are schools owned and managed by the government. The ownership and control of public schools in Nigeria is divided into; state school and unity schools (Gobir, 2005).

The state schools are managed by the state government while the unity schools are managed by the federal government. In both public and private secondary schools, principals, vice-principals and other designated personnel take major responsibility in clinical supervisory practices within their school as internal supervisors. They are expected to work as instructional leaders, staff developers, classroom mentors, evaluators, and curriculum and instruction developers. Also they have to properly and effectively give teachers supervision feedback in a way that maximizes the good outcomes of clinical supervision. They should involve themselves in the regular observation of teachers, and the organizing of short-term training and experience sharing to maximize the professional competence of teachers, and thus contribute for the quality of education. They should also directly oversee the day-to-day activities of teachers, it is their duty to constantly visit and evaluate classrooms, observe teaching, diagnose the strengths and weaknesses of teachers' instructional practices, instructional resources, materials and activities, and give supportive corrections on identified areas of weakness. All these require some important competences.

Competence refers to an individual's capability and demonstrated ability to understand and do certain tasks in an appropriate and effective manner consistent with the expectations for a person qualified by education and training in a particular profession or specialty thereof. Competences are also described as measurable human capabilities involving knowledge, skills, and values, which are assembled in work performance (Charles Darwin University, 2016; Falender, Shafranske & Falicov, 2014). It can also be understood as a state of sufficient abilities in a given context or in respect to a particular requirement (Nwaka, 2010; [Kotirde & Yunos](#), 2015). It is the ability to perform one's professional role within the standards of practice and includes the ability to identify when one is not performing adequately.

It follows logically that curriculum competences refer to the instructional delivery skills, behaviour and knowledge acquired and manifested by supervisors for effective clinical supervision. Butterworth and Faugier (2014) described them as sets of human knowledge, skills and abilities, which are essential resources for supervisors' performance and teacher development. Literatures suggest that that curriculum competence involves a set of skills, knowledge, attitudes, activities, and experiences that a supervisor employs to appraise and improve lesson planning, instructional objectives, content and pedagogy, knowledge of students, designing coherent

instruction and assessing student learning outcomes (Falender et al, 2014; [Kotirde & Yunos](#), 2015; Moswela & Mphale, 2015). The areas of competences are based on the assumption that if clinical supervision is the process of working with people who are working with students to bring about improvement in instruction, then it is very important that a clinical supervisor must have competence and professional knowledge in the art so as to be able to influence, facilitate, direct, and motivate the teachers efficiently and effectively to improve teaching and learning satisfactorily.

Whether public and private secondary school principals in Anambra State manifest the various curriculum competences needs to be empirically assessed because it appears that many of them are ineffective as supervisors. Studies including Okoye (2007), Oluwadare, (2011) and Onumah (2016) have shown that during school supervision, one sees teachers highly tensed up, hurriedly beautifying their classes and themselves, telling students how to conduct themselves, selecting the notes and exercise books of the best students in class for display to the supervisors. This is inspection and not clinical supervision. The principals seldom use clinical supervision to serve the aim of providing management support for teachers (Okorji & Ogboo, 2013). The researchers' interaction with fellow teachers indicate that the teachers think that the supervision carried out by principals and vice-principals is not focused and does not play a significant role in the development of their professional experiences. Most teachers consider such supervision as an unnecessary organizational ceremony and they do not perceive supervisors as a source of new ideas. Moreover, Akomolafe (2012) pointed out that even though principals conduct clinical supervision in private and public schools, they do not do it as often as required because they are so engrossed in the managerial and administrative tasks of daily school life, that they might rarely have time for competent supervision of teaching and learning. This situation is further complicated by the fact that the principal's authority is severely limited as he/she occupies a middle management position. In the public school systems, the ultimate authority exists with the senior administrators in the State Post Primary Schools Commission, while in private schools, such authority rests with the school proprietors. Directives from the top management are likely to divert the principal's attention from applying the competences for clinical supervision.

As a result, the benefits of supportive, diagnostic, remedial and competence-oriented attributes of clinical supervision are not being reaped for instructional improvement of teachers in these schools. These imply that clinical supervision is not being effectively carried out in public and private secondary schools in Anambra State. Perhaps the administrators lack the required clinical supervision competences. One way of determining whether the principals and vice-principals in public and private

secondary schools have or lack clinical supervision competences is to assess which ones they manifest while working with teachers. Hence, this study was aimed at assessing the curriculum competences manifested by public and private secondary school administrators in Anambra State.

### **Research Questions**

The following research questions guided the study:

1. Which curriculum competences do administrators of public secondary schools in Anambra State manifest for clinical supervision?
2. Which curriculum competences do administrators of private secondary schools in Anambra State manifest for clinical supervision?

### **Null Hypothesis**

One null hypothesis was tested at the 0.05 significant level as follows:

1. There is no significant difference in mean scores of curriculum competences of clinical supervision which administrators of public and private secondary schools in Anambra State manifest.

### **Literature Review**

Curriculum competence involves a set of skills, knowledge, attitudes, activities, and experiences that a supervisor employs to improve instructional processes and learning outcomes. Some authors asserted that school supervisors must possess competences in demonstrating knowledge of content and pedagogy, demonstrating knowledge of students, selecting instructional goals, designing coherent instruction and assessing student learning ([Cruz, Carvalhob, & Sousa, 2015](#); Ekpoh & Eze, 2015). The supervisor must possess the art and science of helping others to decide on instructional goals and work towards achieving those goals (Pawlas & Oliva, 2007; UNESCO, 2006).

Additionally, Behlol, Yousuf, Parveen and Kayani (2011) noted that teaching competences involve technical competence in instruction and classroom management, knowledge concerning the content to be taught and competence in the lesson observation skills and methods necessary for the realization of their classroom intentions.

Eneasator (2001) outlined the teaching competences expected of supervisors to include the ability to:

- a) look into teachers notes of lesson and pay particular attention to the adequacy or otherwise of the instructional objectives, content development, instructional aids, teaching strategies, use of chalkboard, classroom management techniques, and so on with a view to suggesting corrections if found unsatisfactory.
- b) engage in actual observation of the process of teaching and learning to assess the content and learning experiences provided to students and extent of implementation of teaching objectives.

In a related contribution, Similarly Nwaka (2010) noted some teaching competences which a clinical supervisor is expected to possess are:

- a) guiding teachers in setting realistic objectives and goals for pupils of difference abilities;
- b) ensuring that teachers use the scheme of work to write lesson plans, diaries, and use appropriate learning experiences in delivering the lesson plan
- c) demonstrating how teachers could use innovative approaches in teaching
- d) helping teachers improve their communication skills for effective teaching
- e) detecting both weaknesses and strengths in the teaching process and proffer
- f) solutions to the weaknesses while reinforcing the strengths of the teachers;
- g) relating classroom instruction supervisory exercises to the achievement of education goals; and
- h) guiding teachers to apply appropriate teaching methods and materials to realize set school objectives (p. 397).

Writing on the curriculum competences of supervisors, Tesema (2014) stated that school administrators are part of the technical level in schools. As such they are concerned with teaching and learning; they are first and foremost teachers-master teachers, teacher of teachers not administrators. UNESCO (2006) stressed that the area of expertise for school administrators should involve curriculum and instruction and so they should possess teaching competences. If this does not happen, clinical supervision would be minimally effective.

Hence, these teaching competences are expected to be manifested towards challenging teachers to develop effective learning environment, organizing the subject matter, designing learning experiences, engaging all students in learning activities, and assessing students' learning outcomes. Where there is deficiency the teacher involved is called to order and suggestions on how to improve on those activities given.

## Materials and Methods

This study adopted the descriptive survey design. Creswell (2014) stated that a descriptive study involves gathering data that describe events and then organizes, depicts, and describes the “what is” of the data collected without any manipulations (p.38). This design is appropriate because this study was concerned with collecting data with which to assess the clinical supervision competences manifested by public and private school administrators in Anambra State.

The study was conducted in Anambra State in Nigeria. Anambra State is one of the five states in the South-East geo-political zones in Nigeria. The population for this study comprised 9,700 respondents. This consisted of 256 principals, 312 vice-principals and 5970 teachers in public schools and 166 principals, 102 vice-principals and 2,894 teachers in private secondary schools.

The sample for this study is made up of 1,378 respondents selected through the multistage procedure. The first stage involves random selection of 12 Local Government Areas (LGAs) from the 21 LGA in the State. GA. The second stage involved selecting 50 percent of public and private secondary schools in the selected 12 LGAs using the purposive sampling technique. By so doing, 67 public and 39 private schools (106 schools) were picked. Then the entire principals and one vice-principal per school from the 106 schools in 12 LGAs were included in the study. Finally, 50 percent of the teachers in the 106 schools were picked by proportionate sampling. Hence, the sample involved 67 principals, 67 vice-principals, and 828 teachers in public secondary schools on the one hand, and 39 principals, 39 vice-principals, and 338 teachers in private secondary schools on the other hand. The total sample size is 1,378 respondents representing 14.21% of the entire population.

A questionnaire was used for data collection. A synthesis of views and findings from related literature guided the construction of the questionnaires. The questionnaire titled “Administrators’ Clinical Supervision Competence Assessment Scale (ACSCS)” contained 10 items that were divided into two Parts. Part 1 comprised three open-ended items that elicited information on the type of school and designation of the respondent (principals/vice-principal). Part 2 comprised 10 items. The items in all the sections were structured on a 4-point scale of strongly agree, agree, disagree and strongly disagree. The Cronbach alpha reliability co-efficient for the ACSCST was 0.71. The reliability coefficients were considered high enough for the instrument to be used in the study.

The researcher was assisted by twelve research assistants in collecting data. The assistants visited their assigned schools and administered the questionnaires on the principals, vice-principals and teachers. Only 1349 out of the 1378 copies were retrieved



and subjected to data analysis. The return rate was approximately 97.90% of the sample which the researcher considered satisfactory for the study.

The responses of principals, vice-principals and teachers in public schools to each item were collectively analysed and referred to as public school staff while those of principals, vice-principals and teachers in private schools to each item were also collectively analysed and referred to as private school. The mean scores of the data for public and private school staff were then analysed separately. To test the hypothesis, t-test was applied to compare the mean responses of public school staff on the one hand and private school staff on the other hand. The hypothesis was tested at 0.05 significant level.

## Results

**Table 1:** Mean Scores of Public Secondary School Staff on Curriculum Competences in Clinical Supervision Manifested by School Administrators

S/N	Items	Public school (N=944)	
		$\bar{X}$	Remarks
1.	Ability to use pre-observation conference to work with teachers to set appropriate specific instructional objectives in line with learning content	2.11	Disagree
2.	Ability to assist teachers in planning class schedules and field trips for students	3.22	Agree
3.	Ability to use frequent class visitations to guide teachers in effectively covering their lesson plans within the time available for instruction	1.59	Disagree
4.	Ability to provide suggestions that enhance teachers' ability to set objectives that are suitable for the learners' age.	2.84	Agree
5.	Ability to ensure that teachers proportionately cover the affective, cognitive and psychomotor domains while teaching	3.38	Agree
6.	Ability to direct teachers on how to group students, allocate time and assign spaces for instruction	3.58	Strongly agree
7.	Ability to enlighten teachers on the various teaching models in use and guide them to choose wisely from the models on the basis of the nature of the subjects	1.28	Strongly disagree
8.	Ability to inspire teachers to communicate appropriately while delivering instruction	2.04	Disagree
9.	Ability to work with teachers to develop strategies for identifying the presence of fatigue and inattentiveness from students during instruction	3.14	Agree
10.	Ability to guide teachers on the planning of instructional units to implement educational objectives	1.70	Disagree

Data in Table 1 shows that items 1, 3, 8 and 10 were scored between 1.59 and 2.11 by the public school staff. This indicates the respondents' disagreement that administrators of public schools manifest the stated clinical supervision competences. On the other hand, item 7 was scored 1.28. This portrays their strong disagreement that their administrators manifest that curriculum competence for clinical supervision. Items 2, 4, 5, and 9 obtained mean scores within 2.84 and 3.38 to show the respondents' agreement. With a mean score of 3.58, item 6 was strongly agreed to by staff of public schools. By this analysis, there was an agreement among many of the respondents in public schools that their administrators manifested 5 out of the 10 stated curriculum competences for clinical supervision.

**Table 2:** Mean Scores of Private Secondary School Staff on Curriculum Competences in Clinical Supervision Manifested by School Administrators

S/N	Items	Private school staff (N=405)	
		$\bar{X}$	Remarks
1.	Ability to use pre-observation conference to work with teachers to set appropriate specific instructional objectives in line with learning content	2.25	isagree
2.	Ability to assist teachers in planning class schedules and field trips for students	3.31	Agree
3.	Ability to use frequent class visitations to guide teachers in effectively covering their lesson plans within the time available for instruction	1.74	isagree
4.	Ability to provide suggestions that enhance teachers' ability to set objectives that are suitable for the learners' age.	3.00	Agree
5.	Ability to ensure that teachers proportionately cover the affective, cognitive and psychomotor domains while teaching	3.20	Agree
6.	Ability to direct teachers on how to group students, allocate time and assign spaces for instruction	3.35	Agree
7.	Ability to enlighten teachers on the various teaching models in use and guide them to choose wisely from the models on the basis of the nature of the subjects	1.09	Strongly disagree
8.	Ability to inspire teachers to communicate appropriately while delivering instruction	2.44	Disagree
9.	Ability to work with teachers to develop strategies for identifying the presence of fatigue and inattentiveness from students during instruction	3.31	Agree
10.	Ability to guide teachers on the planning of instructional units to implement educational objectives	1.83	Disagree

Data in Table 2 indicates that items 1, 3, 8 and 10 were scored between 1.74 and 2.44 by the private school staff. This indicates the respondents' disagreement that administrators of private schools manifested the stated clinical supervision competences. On the other hand, item 7 was scored 1.09 by public secondary schools staff. This portrays their strong disagreement that their administrators manifested that curriculum competence for clinical supervision. Items 2, 4, 5, 6 and 9 obtained mean scores within 3.00 and 3.35 to show the respondents' agreement. By this analysis, there was an agreement among many of the respondents in public schools that their administrators manifested only 5 out of the 10 stated curriculum competences for clinical supervision.

### Null Hypothesis

There is no significant difference in the mean scores of private and public school staff on the curriculum competences for clinical supervision manifested by their administrators.

**Table 3:** t-test on the Mean Scores of Public and Private School Staff on tThe Curriculum Competence in Clinical Supervision by Administrators

Sources of variation	N	$\bar{X}$	Sd	df	Cal-t	Crit-t	P>0.05
Public school staff	944	24.93	2.96	1347	2.77	1.96	Significant
Private school staff	405	25.55	3.70				

Table 3 shows that at 0.05 level of significance and 1347 degrees of freedom (df), the calculated t value of 2.77 is greater than the critical t value of 1.96. The decision is to reject the null hypothesis. Therefore, there is a significant difference in the views of private and public school staff on the teaching competences in clinical supervision by public and private secondary school principals in Anambra State. The mean score of private school staff is higher than that of public school staff.

### Discussion of Findings

This study found that administrators of public and private secondary schools in Anambra State were generally rated as competent in five but not competent in the remaining five areas investigated. This suggests that the administrators cannot be said to be highly manifesting a range of curriculum competences for clinical supervision.

The specific curriculum competences manifested by the supervisors as indicated by responses to research question one include the ability to assist teachers in planning class schedules and field trips for students; provide suggestions that enhance teachers' ability to set objectives that are suitable for the learners' age; and ensure that teachers proportionately cover the affective, cognitive and psychomotor domains while teaching. They are also competent in directing teachers on how to group students, allocate time and assign spaces for instruction as well the ability to work with teachers to develop strategies for identifying the presence of fatigue and inattentiveness from students during instruction. This finding is similar to that of Egwu (2015) which found that principals are competent in some teaching abilities during supervision but are incompetent in some. This finding also agrees with the findings of Houk (1999) and Adimasu's (2014) who respectively reported that school administrators are incompetent in a range of curriculum and teaching skills and therefore needed to acquire competences in those areas. Tesema (2014) also found that school leaders in India were not competent enough in teaching skills to help other teachers.

The test of null hypotheses one showed that there was a significant difference in the views of private and public school staff on the curriculum competences in clinical supervision by public and private secondary school administrators in Anambra State. Results show that private school administrators tend to have a slightly higher manifestation of curriculum competences than those in public schools. This finding supports the finding of Akomolafe (2012) in which principals of private schools were more effective in instructional supervision than those in public secondary schools were. The finding however deviates from that of Okorie and Usulor (2016) who revealed that there were similarities in the supervision of teachers between the public and private secondary schools in Ebonyi state.

Even though there was a significant difference between the curriculum competences manifested by public and private secondary school administrators, the point remains that administrators in the two school types did not manifest the same quality of those competences. Moreover, the ratings of the curriculum competences were not very high enough to achieve the desired result from clinical supervision in schools. This is quite unfortunate because studies have shown that clinical supervision helps teachers develop positive attitudes, behaviours and practice for excellence in teaching and creating a better learning condition for students (Onuma, 2016; Okorji & Ogboo, 2013). Unless teachers assess their supervisors as capable of doing this, the supervisory exercise will not have the desired effect.

The finding could be because the administrators lacked teaching competences for clinical supervision and could not manifest them. If they could not highly manifest

many of the curriculum competences that they cannot maximally help teachers to be competent in their teaching and learning activities. It can also be reasonably claimed that the indication of incompetence in these area showed that the pre-service training of secondary school administrators have not sufficiently equipped them with the requisite competences. It could also be because the administrators were not exposed to adequate in-service training on curriculum competencies for clinical supervision or that they were too busy with administrative duties to the negligence of the competences.

## **Conclusion**

Effective clinical supervision requires that the supervisors manifest various curriculum competences. This study has revealed that in the perceptions of public and private secondary school staff in Anambra State secondary schools, their school administrators manifested only a few out of the variety of curriculum competences for effective clinical supervision. There was a significant difference in curriculum competences for clinical supervision by public and private secondary school administrators. The manifestations of these clinical supervision competences were higher in private than in public schools. Therefore, it is concluded that even though private school administrators manifested more curriculum competences for clinical supervision, both administrators manifested inadequate and limited clinical supervision competences in general. They both need to acquire and continuously upgrade their curriculum and teaching for effective and efficient clinical supervision.

## **Recommendations**

In view of these findings, it is recommended as follows:

1. Public and private secondary school administrators should give emphasis to and seek avenues for significantly improving their curriculum competences. Reading professional journals, peer mentoring, and participating in professional conferences and seminars will help them achieve this.
2. The administrators should focus more on improving their abilities to use pre-observation conference to work with teachers to set appropriate specific instructional objectives in line with learning content and use frequent class visitations to guide teachers in effectively covering their lesson plans within the time available for instruction. They should also improve their abilities to enlighten teachers on the various teaching models in use and guide them to

- choose wisely from the models on the basis of the nature of the subjects and inspire teachers to communicate appropriately while delivering instruction
3. Appropriate and continuous training programmes need to be organized and given by governments and private school proprietors to address the apparent low competences manifested by the administrators during clinical supervision.
  4. Organizers of in-service training for administrators in public and private schools should endeavour to assess the competency levels of participants prior to the commencement of training to ensure that the contents of such in-service training are geared towards improving their areas of low clinical supervision competences.
  5. Government and school proprietors should increase educational funding to provide an enabling environment for administrators in public and private schools to improve their curriculum competences for effective clinical supervision.

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