

1. The Interactions of Teaching Improvement*

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When trying to improve their instruction, many faculty seek feedback (Ashford & Cummings, 1983) about their teaching from a peer, colleague, or instructional consultant. In fact, instructional consultation is a vital part of approximately half of faculty development programs (Erickson, 1986).

Several reviews of the literature have advocated consultation as an important part of teaching improvement (Levinson-Rose & Menges, 1981; O'Hanlon & Mortensen, 1980), and empirical studies have found evidence concerning the efficacy of consultation. Cohen (1980) conducted a meta-analysis on the effectiveness of student ratings as a feedback mechanism and found that feedback from student ratings coupled with consultation was more effective than feedback from student ratings alone. When they replicated and updated Cohen's work, Menges and Brinko (1986) found that consultation quadrupled the effect of student ratings feedback. However, among individual studies there was great variation in the effectiveness of the consultation, and unfortunately the studies do not contain detailed descriptions of the interactions between the consultants and faculty members in sufficient detail to permit determination of the factors that contributed to the variability.

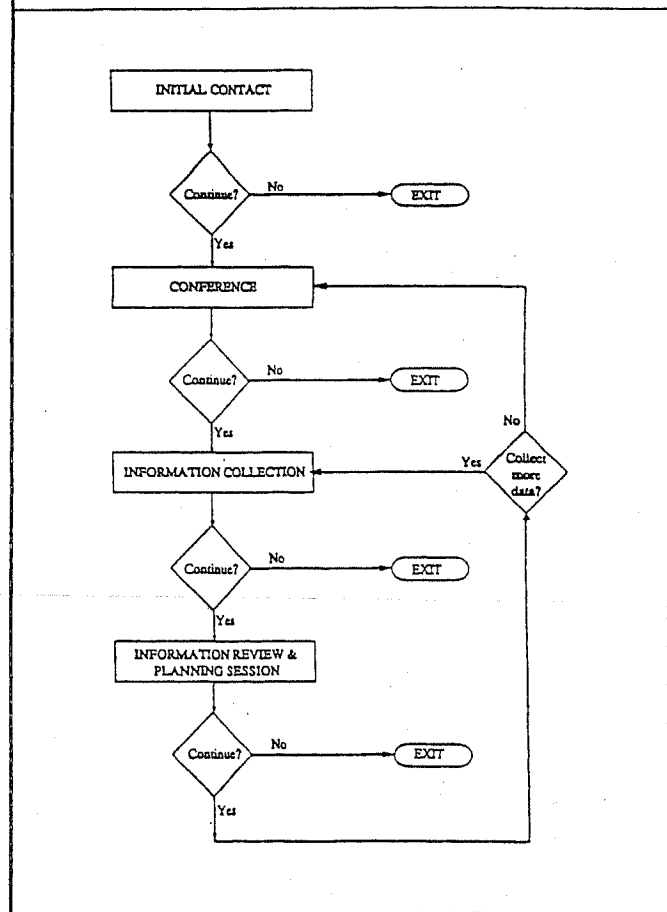
In the past decade there have been several efforts made to analyze the interactions within the consultation process (Brinko, 1988, 1990; Orban, 1981; Price, 1976; Rutt, 1979). What these studies have showed us is that there is no one way in which university people "consult" with each other, and that no one kind of instructional consultation is more effective than others. However, within this tapestry of consultation are several patterns of behavior that are commonly recognized and shared by instructional consultants.

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Phases of Interaction

When a faculty member requests assistance with his or her teaching, the interaction between the instructional consultant and the faculty member generally cycles through four phases: *initial contact*, *conference*, *information collection*, and the *information review and planning session* (Figure 1). Whether they flow together or whether

FIGURE 1: Phases in Instructional Consultation with Feedback



they occur discretely in time, each phase has a distinct purpose and contributes to the success of the endeavor.

The initial contact is the first encounter between the consultant and client. It may be either face to face or over the telephone, but usually is quite brief. It may be used to broach a problem, to explore availability of appropriate assistance, or to set an appointment to meet for the next phase. If both parties are amenable, it may flow into the next phase without any lapse in time.

The second phase, the conference, is an extensive discussion between the consultant and the client. The content of this discussion varies, but usually the consultant attempts to understand the context of the faculty member's teaching situation, including the goals of the course, the types of students in the course, the syllabus, the instructional aids, the problems encountered, and the like. If the faculty member seeks advice based on this conversation, the process may be terminated at this point (for insightful analyses of consultation without feedback, see Price, 1976; Rutt, 1979). If the faculty member has questions that can be answered only by the collection of additional information, the process may continue (see Orban, 1981; Brinko, 1988, 1990).

In the information collection phase, the consultant

gathers data that are to be fed back to the client. The kinds of information that the consultant collects are dictated by the questions that the faculty member brings to the conference. For example, questions about presentation style are best answered by a trained observer who systematically evaluates the faculty member's presentation in one or more classes. Questions about the effectiveness of explanations are best answered by students—whether in small group interviews, in written comments, or in achievement tests. On the other hand, questions about congruity between theory and practice are best answered by examining course materials or videotaping teacher-student interaction.

In the fourth phase, the information review and planning session, the consultant shares the collected information with the faculty member. In addition to the problems discussed in the conference, other problems may be identified as the consultant and client review the data. These problems are then diagnosed, and specific solutions are explored.

Because instructional consultation is so labor-intensive, many instructional consultation programs combine an abbreviated version of the conference with the information review and planning session. It is sensible to

Table 1: Four Phases of Instructional Consultation with Feedback and their Opportunities for Consultant and Client

<i>Consultant Opportunities</i>	<i>Client Opportunities</i>
<i>Initial Contact</i>	
Get a first impression of client Establish the reason for consultation Set an appointment for a conference	Get a first impression of consultant Convey the reason for contact Determine the desirability of consultation Reduce feelings of isolation in teaching
<i>Conference</i>	
Establish rapport with the client Analyze the client's teaching situation Determine the client's philosophical and professional orientations Make a written or verbal contract with client regarding timetable, type of information to be collected, preliminary goals, problems in the client's teaching Make a verbal or psychological contract with the client regarding expectations, assumptions	Establish rapport with consultant Receive another perspective Determine consultant's philosophical and professional orientations Make a written or verbal contract with consultant regarding timetable, type of information to be collected, preliminary goals, problems in client's teaching Make a verbal or psychological contract with consultant regarding expectations, assumptions
<i>Information Collection</i>	
Systematically gather information about teaching performance	
<i>Information Review & Planning Session</i>	
Convey information gathered about teaching performance Offer interpretations of the information collected Suggest alternative behaviors or strategies for change Assist in decision making Provide support for decisions made Offer further assistance	Receive systematically collected information about teaching performance Offer interpretations of the information collected Choose alternative behaviors or strategies for change Receive support for decisions made Decide whether further assistance is desirable Determine the effectiveness of the process

assume that a condensing of the process will have little impact on consultation effectiveness in some cases, such as when a consultant works with a group of teaching assistants in the same course. However, at this time we have no empirical evidence to support this assumption.

The information review and planning session may be the final phase of the interaction, or it may trigger more interaction between the consultant and client (for several examples of information collection and review techniques, see Cooper, 1982; Lewis, 1988). Figure 1 illustrates the four phases of interaction and highlights critical decision points in the instructional consultation process.

The effectiveness of the consultation process is determined by how well the client and consultant utilize the opportunities of each of the four phases. Each phase presents consultants and clients with occasions to obtain important information about the process and each other, and to make informed decisions based on this knowledge. In each of these phases, consultants and clients assess their compatibility with each other, learn new perspectives about the teaching-learning process, and determine whether instructional consultation will answer the questions at hand. Table 1 summarizes the opportunities of each of the four phases.

Models of Interaction

In the education, psychology, and organizational behavior literature, several researchers (Blake & Mouton, 1983; Cash & Minter, 1979; Dalgaard, Simpson, & Car-

rier, 1982; Davies, 1975; Gallessich, 1974, 1982; Rutt, 1979; Schein, 1969; Tilles, 1961) have proposed models of consultative interaction. Although the names vary, the descriptions of these models are remarkably similar and can be distilled into eight different models of consultative interaction. Using Gallessich's (1974) terminology, these eight are (1) information transmission, (2) medical, (3) mental health, (4) program consultation and implementation, (5) process consultation, (6) advocacy consultation, and, using Blake and Mouton's (1983) terminology, (7) acceptant and (8) confrontation. These models are compared in Table 2.

When considering the special case of instructional consultation, four of these models appear to be the most useful. Using Rutt's (1979) terminology, these four models are product, prescription, collaborative/process, and affiliative. Each model typifies a different philosophy and set of expectations that influence the interactions between consultant and client.

Product model. Consultants and clients working in the product model view the consultant's role as "expert" and the client's role as "seeker of expertise." Before even approaching the consultant, the client identifies and diagnoses the problem and chooses a solution. The client then engages the expertise of the consultant to produce the solution. Sometimes the solution is expertise about "how to" or "the best way to," but often the solution is expertise to produce a test, slide show, video, lab manual, or other "product" that can remediate the problem. In effect, the

Table 2: Comparison of Models of Consultation, by Discipline

Discipline			
School Psychology	Organizational Behavior		
Gallessich, 1974	Blake & Mouton, 1983	Tilles, 1961	Schein, 1969
1. Information transmission	Theory principles	Purchase-Sale	Purchase
2. Medical	Prescriptive	Doctor-Patient	Doctor-Patient
3. Mental health			
4. Program consultation and implementation			
5. Process consultation	Catalytic	Constructive	Process
6. Advocacy consultation			
7.	Acceptant		
8.	Confrontation		

client "purchases" what the consultant has "for sale" (Schein, 1969; Tilles, 1961).

Prescription model. Consultants and clients working in the prescription model view the consultant's role as "identifier, diagnoser, and solver of problems" and the client's role as "receiver thereof." Also known as the medical model, the relationship between consultant and client is much like the 1950's relationship between doctor and patient (Gallessich, 1974; Schein, 1969; Tilles, 1961). Only the consultant possesses valid opinions or knowledge about instructional matters; the client accepts those opinions or knowledge without question. Thus, the prescription client may describe his or her concerns about teaching, but the consultant assumes authority and responsibility for identifying, diagnosing, and solving problems—which may or may not be related to the concerns expressed by the client.

Collaborative/process model. Consultants and clients working in the collaborative/process model view the consultant's role as "catalyst" or "facilitator of change" and the client's role as "content expert" (Blake & Mouton, 1983; Dalgaard, Simpson, & Carrier, 1982). Collaborative consultants and clients are partners, each having some unique expertise to contribute to the teaching improvement process. Proponents of collaborative consultation believe that such a synergistic relationship produces a result that is far better than what each person working alone may be able to produce. Both the consultant and client may identify, diagnose, and suggest solutions to problems; however, it is the client's prerogative to accept or reject the consultant's contributions. Unlike the pre-

scription model, the client retains authority and responsibility for the process and its results.

Affiliative model. Consultants and clients working in the affiliative model view the consultant's role as a combination of instructional consultant and psychological counselor and the client's role as seeker of personal as well as professional growth (Andrews, 1978; Dalgaard, Simpson, & Carrier, 1982). Affiliative consultants focus on empowering the client and solving personal problems that may cause or exacerbate the client's instructional problems. The client identifies and diagnoses problems, and the consultant accepts these perceptions (Blake & Mouton, 1983). Like the collaborative model, both the consultant and client may suggest solutions, but it is the client who retains control of the process. Although it is not a common approach to instructional consultation (Brinko, 1988), the affiliative model has been used successfully to improve teaching (Andrews, 1978).

Confrontational model. A fifth model that has not been suggested previously as a viable alternative in instructional consultation is the confrontational model (Blake & Mouton, 1983). In this model, the consultant takes the role of "challenger" or "devil's advocate" which coerces the client into the role of either defender or acceptor. The consultant and client may begin the consultation process using either the collaborative or the affiliative model, but at some point the consultant recognizes that the problem is different from that identified by the client. Perhaps the client is denying the problem or is personally or professionally threatened by it. Thus, to bring about any meaningful change, the consultant feels a need to confront the client as a first step in solving the problem.

<i>Discipline</i>			
Education			
<i>Davies, 1975</i>	<i>Rutt, 1979</i>	<i>Dalgaard, et. al. 1982</i>	
1. Product oriented	Product	Consultant as expert	
2. Prescription oriented	Prescription	Consultant as problem solver	
3.			
4.			
5. Product-Process	Collaborative/Process	Consultant as collaborator	
6. Advocacy consultation			
7.	Affiliative	Consultant as counselor	
8.			

While the confrontational model is not currently recognized in the instructional consultation literature, it has potential for facilitating change with some faculty. For example, I wonder whether the result achieved would have been different had the confrontational model been used with one of the faculty clients in a previous study (Brinko, 1988). In the beginning of the information review and planning session, the consultant working with this faculty member used a very prescriptive style, authoritatively yet kindly setting the agenda and reviewing the gathered information. But after five minutes of this style of interaction, the client seized control and continued to control the conversation for the remainder of the meeting. For the next forty-five minutes, this instructor quickly and repeatedly interrupted and rebuffed the consultant when he offered his observations and opinions. This faculty member assumed no responsibility for any of his instructional problems and insisted that they resulted from his students' unwillingness to learn, laziness, and irresponsibility. It became clear to this consultant (and to me as the researcher) that this faculty member had no desire to change any of his teaching attitudes or practices. Toward the middle of the session, the consultant abandoned his prescriptive model and adopted the collaborative model, accepting the client's interpretation of events. Undoubtedly the client left with what he had come for: a validated perspective about his teaching and a certificate of participation for purposes of promotion, tenure, and merit. But it would be difficult by any standards to call this consultation a success. Had the consultant challenged, rather than accepted, the client's negative attitudes and assumptions about his students, some positive change may have been effected in this instructor's behavior. In this case, the confrontational model may have proved to be a useful tool had the consultant been able or willing to use it.

Dynamics of Consultative Interaction

Many researchers maintain that consultative interaction must be client-centered and collaborative if it is to be useful to the client and if it is to be effective in producing behavior change (Carroll & Goldberg, 1989; Cooper, 1982; Dalgaard, Simpson & Carrier, 1982; Orban, 1981; Sweeney & Grasha, 1979). However, as the above example illustrates, an accepting and collaborative consultant may not be effective for all clients all of the time.

Many practicing consultants recognize the need for more than one type of consultative interaction (Blake & Mouton, 1983; Gallessich, 1974; Schein, 1969; Tilles, 1961). In their experience as instructional consultants,

Wergin, Mason, and Munson (1976) reported that their roles shifted from "experts" to "collaborators" as their relationship matured with the client and as the client developed more teaching expertise. When consulting with novice teachers, these consultants felt the need to be more directive and didactic until the client's knowledge base about teaching was expanded; thus their interactions with novice teachers focused on expert and professional information. Also, early in their relationships with clients, these consultants felt the need to establish trust and credibility; thus consultative interactions with new clients focused on expert and professional information. However, when the faculty member became better acquainted either with pedagogy or the consultant, consultative interactions reportedly became more personal and collaborative.

Like Wergin, Mason, and Munson (1976), consultants in another study (Brinko, 1988) reported they were more likely to be prescriptive with new clients and more likely to be collaborative with returning clients. However, their reported behavior differed greatly from their observed behavior. The consultative style of these consultants ranged from very prescriptive to very collaborative, with both new and returning clients. In addition, neither gender, training, nor experience as a consultant correlated with consultative style.

These mixed results indicate that consultative interaction can not be predicted simply by demographics; any model of consultative interaction may emerge depending on the dynamics between consultant and client. Consultant behavior is greatly influenced by client behavior, and in turn, client behavior is greatly influenced by consultant behavior. In my earlier example, the overbearing and controlling client's behavior greatly influenced—if not caused—the consultant to change his approach to the consultation. Another consultant in the same study effectively used a collaborative style, accepting his client's problem identifications, diagnoses, and solutions; but this consultation apparently succeeded because this client seemed very willing to examine his teaching honestly, to admit error and problem areas, and to be receptive to change. A third consultant in this study, who was collaborative almost to the point of being passive, well complemented an assertive, self-analyzing client. However, had this same self-knowledgeable client encountered a highly prescriptive consultant, the mismatch of styles could have seriously impeded the success of the consultation.

Future Directions

The above examples point to the need to consider the interactive style of the consultant-client dyad as a whole.

Rather than the consultant's style of interaction, instructional consultation practitioners and researchers need to consider the consultative style that emerges from the interaction between the consultant and the client.

Practitioners who use only one style of consultation focus on their own needs (for example, a need for control or approval) and neglect the needs and expectations of their clients. Thus, the use of only one style of instructional consultation with all clients can affect the success of the consultation and can diminish the satisfaction of clients who have different styles of interaction. Practitioners can meet the needs of a greater number of clients with one of two strategies. In the first strategy, the consultant discusses client's expectations, is responsive to the client's wishes and cues, and is flexible in his interactional style. This method may be effective for the consultant who possesses a repertoire of consultation models and is comfortable switching back and forth among them. In the second strategy, the consultant discusses her own consultative style and expectations and presents the client with the option of consulting with her. This method may be effective for the instructional consultant who has one particular model in which she has expertise. Both methods are proactive, turning the psychological contract into a verbal contract. Each strategy helps consultants to minimize their assumptions and inferences about clients and to make consistent their espoused theories and theories-in-use (Smith & Schwartz, 1985).

Although there is some agreement in the literature about consultant attitudes and behaviors in general that contribute to effective consultation, we still have no empirical evidence to differentiate between strategies and practices that make consultation successful and those that do not. Researchers need to compare successful and unsuccessful consultation, as defined by the consultant and client, to determine which practices are effective, with whom they are effective, and under what conditions they are effective.

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