

Decision training and academic learning time in physical education used in a clinical supervision intervention: strategy used to provoke a behavioural change in coach practice, with an expert volley-ball coach in Québec (Canada).

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1 INTRODUCTION

Clinical supervision has been proven to be a valid and effective approach for provoking behavioural change (Brunelle, Drouin, Godbout & Toussaint, 1999). Yet the preservice and inservice applications conducted by the supervision team remain fastidious and contain tricky loopholes. What conditions and tools are available to supervisors? How to identify and apply them to the supervision process? What are the key elements to take into consideration that make a difference between words and action? What are the implications in coach education?

PROBLEM

The complexity of sport has significantly increased. The consequence is a multiplication of satellite specialists such as psychologists, physical trainers and nutritionists; but for certain coaches, redefining their own coaching methods and intervention style is key. What course of action can a coach undertake to facilitate behavioural change in his professional act? How to provoke and insure long term adoption and integration of new behaviours? What can supervisory practice do to help coaches become more effective?

2 METHOD

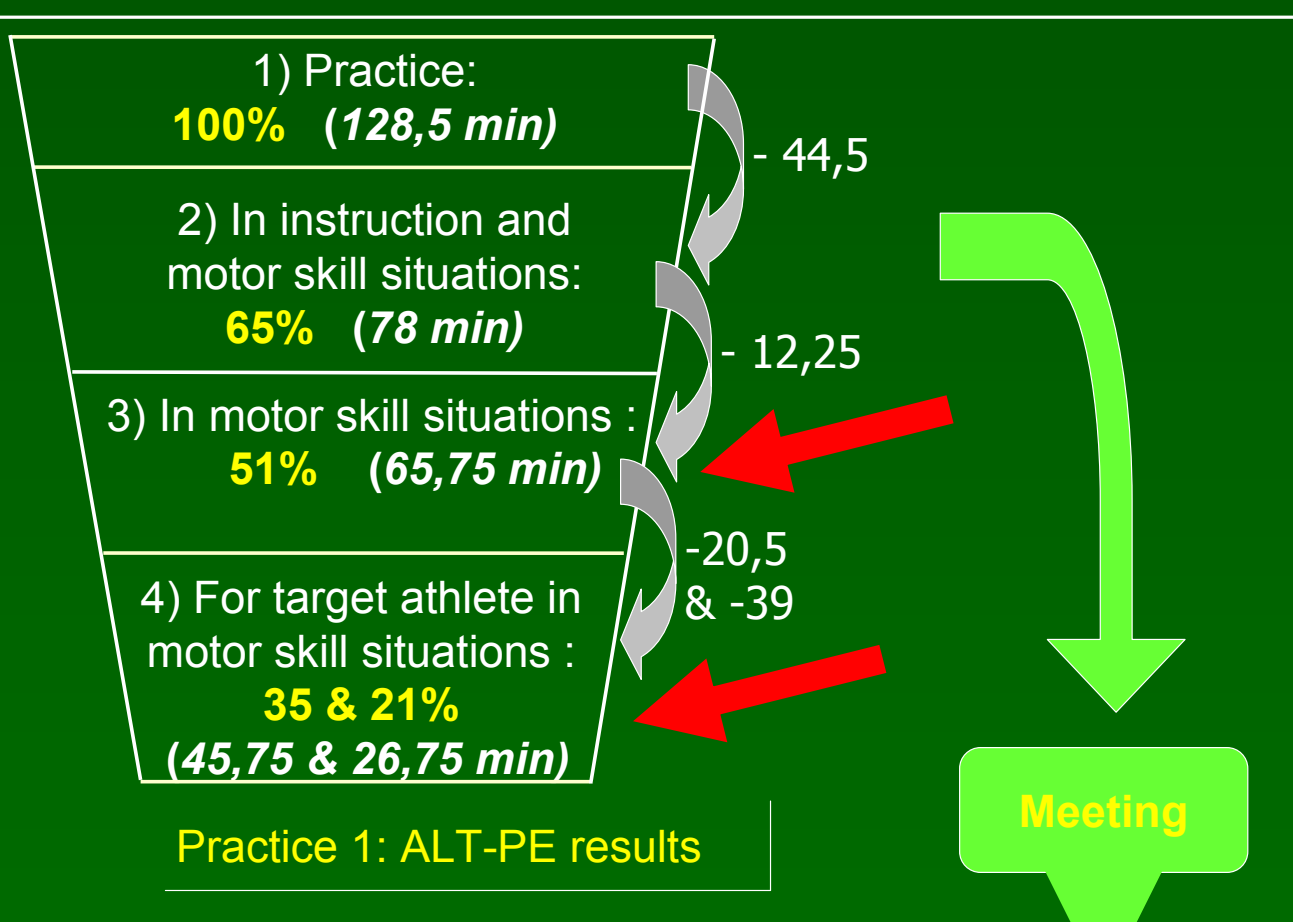
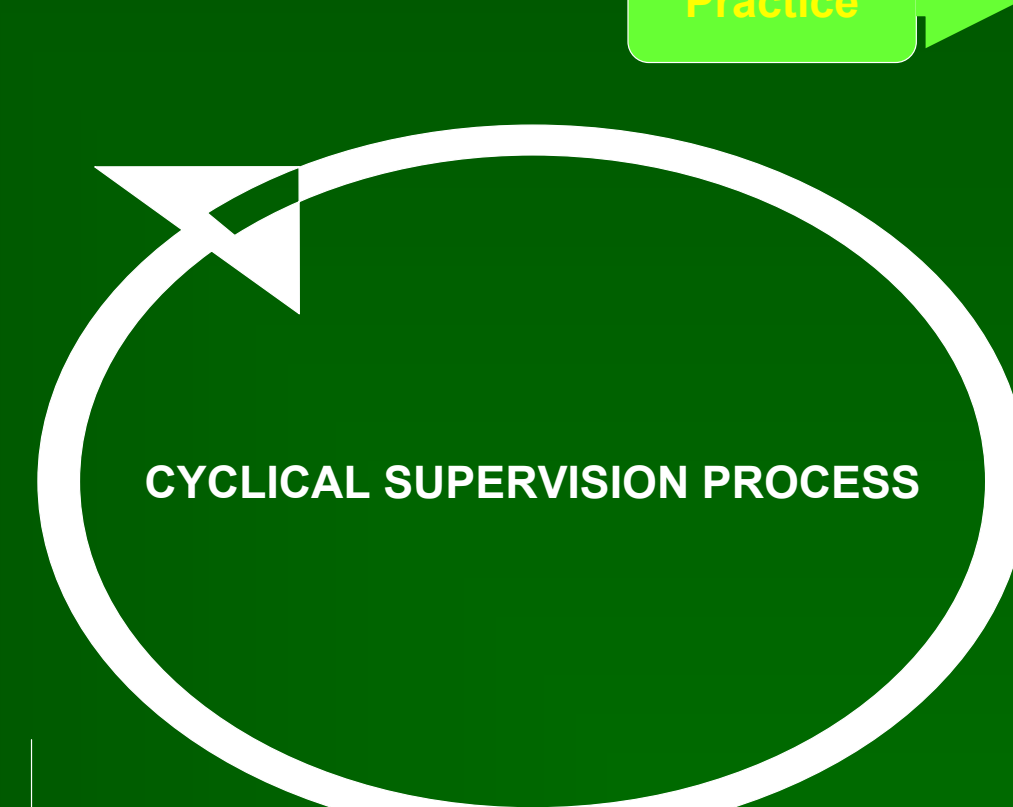
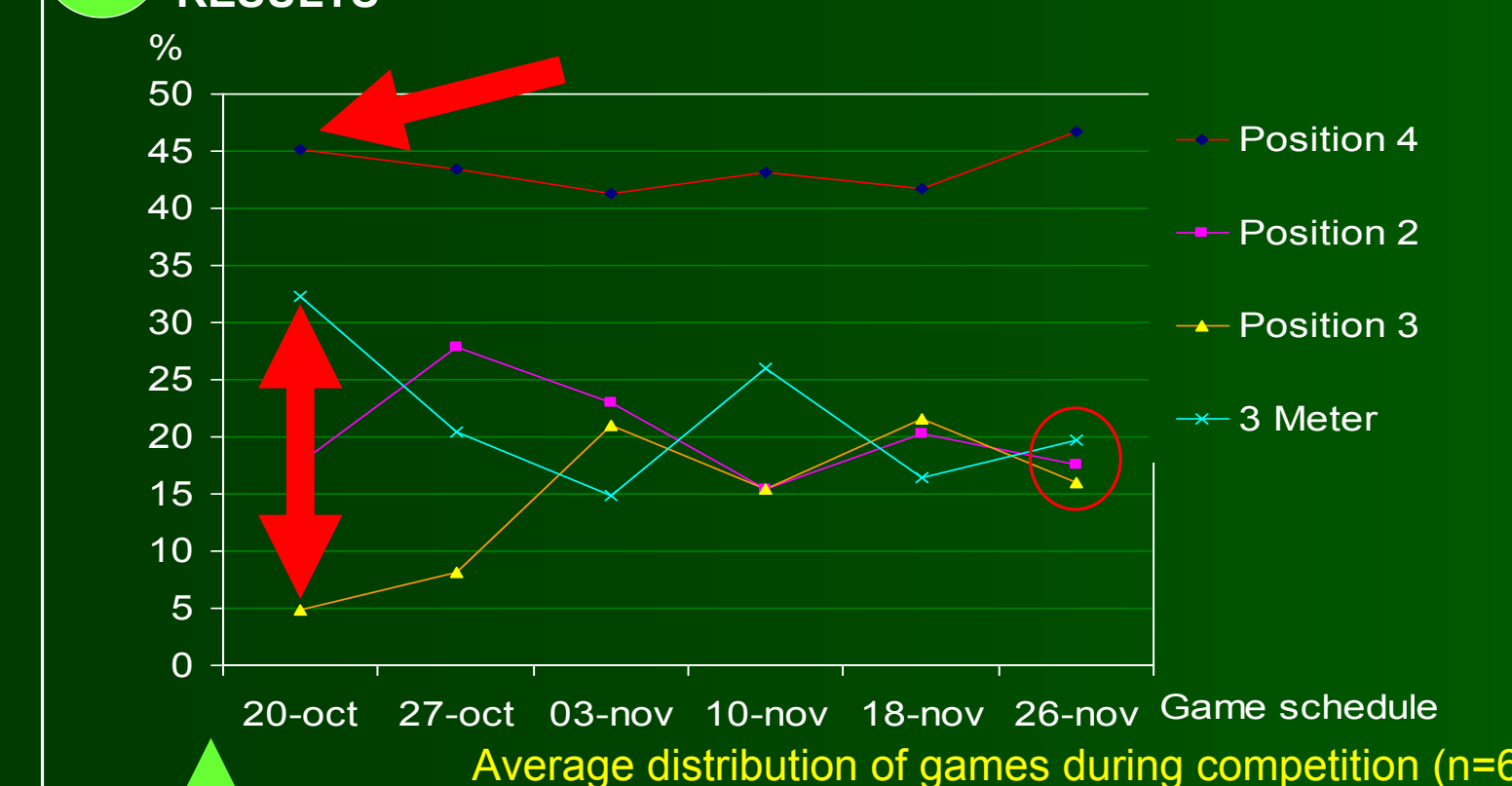
Type of study: collaborative action research conducted with a volley-ball head coach during 4 months of the season (fall university session).

Purpose of the study: 1) To identify supervision activities and clinical conditions that enhance coach behavioural change; 2) To offer a coach an opportunity to update his professional approach and methods that foster effective athlete performance transfer.

Procedures: Collecting objective data on observable behaviours with systematic observational instruments: ALT-PE system during practice (n=7) on target athletes (n=14) and Occasion to Respond (OTR) during competition (n=6)

Literature: Decision Training (DT) (Vickers, 1994); and Academic Learning Time in Physical Education (ALT-PE) (Siedentop, Tousignant & Parker, 1982) used in a clinical supervision process.

3 RESULTS

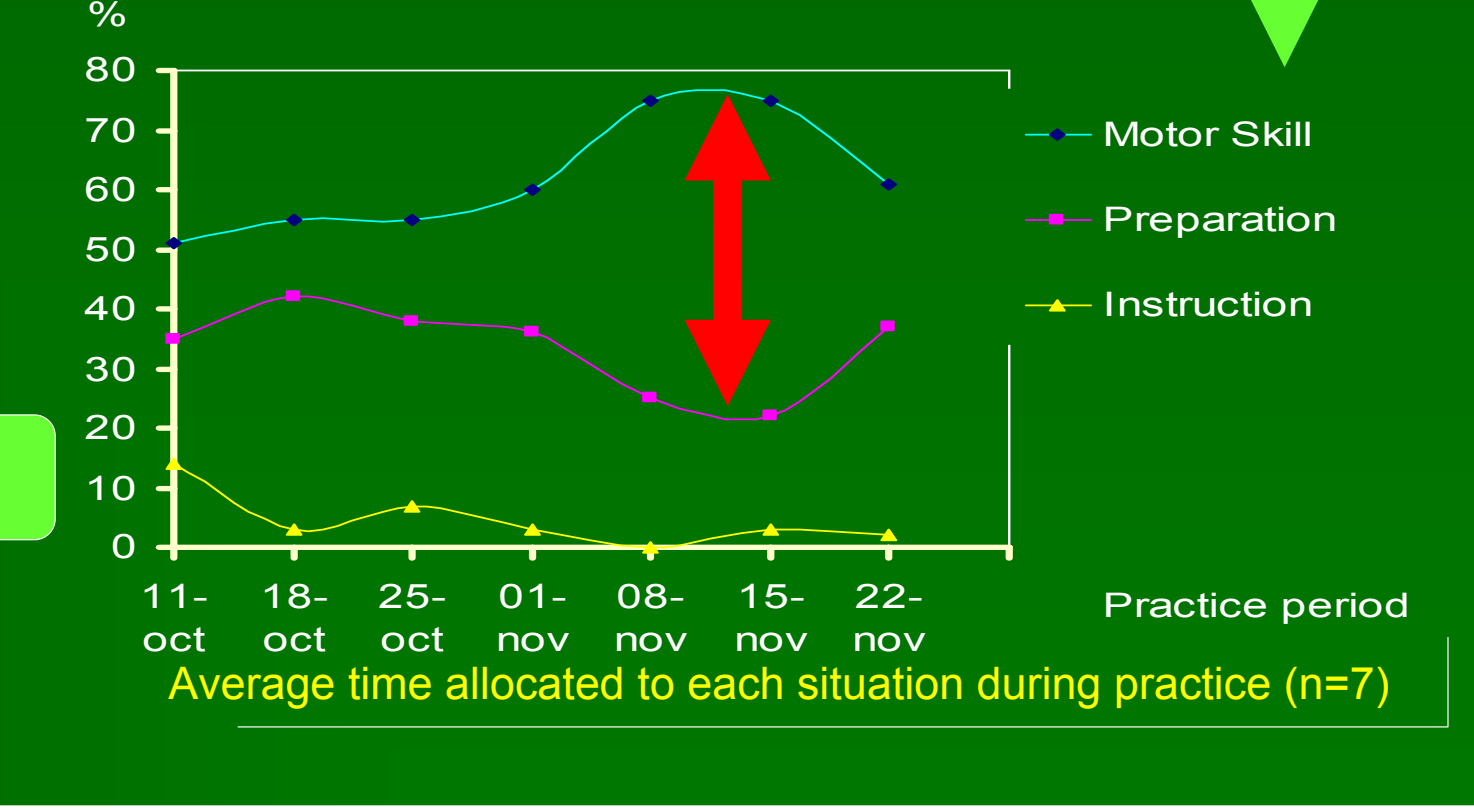


Meeting

Game 1	Game offensive efficiency								TOTAL	%
	0	%	1	%	2	%	3	%		
P4	5	4,10	1	0,82	28	22,95	19	15,57	53	(43,44)
P2	4	3,28	1	0,82	18	14,75	11	9,02	34	27,87
P3	5	4,10	0	0,00	4	3,28	1	0,82	10	(8,20)
3M	0	0,00	6	4,92	17	13,93	2	1,64	25	20,49
TOTAL	14	11,48	8	6,56	67	54,92	33	27,05	122	100,00

Competition 1: OTR results

Games



4 DISCUSSION

This process enabled the coach to have:
1) Shorter adoption time: reading and understanding figures, proposing adjustment in adequacy with DT values, exploring new possibilities (questionnaire, video)
2) Significant indicators:
- time distribution toward each situation, with 75% allocated to motor skill development
- Number of action per minute during practice: an average of 2,91 act/min for the aimed positions and 2,08 act/min for the rest of the athletes
3) Weekly data feedback: to compare results obtained during practice with those obtained during competition.
4) Specific moments to adjust practice design and content with DT drills

The reality of a supervision process to take into consideration:
1) Equipment: recording material, human resources and appropriate data recording sheets
2) Master supervision skills: be experienced in the field (scientific knowledge, tools and methods mastery) and have high relation skills (patience, compassion, respect, openness and active listening)
3) Be aware of one's style of intervention and the effect on the colleagues
4) Respect coach's natural rhythm when introducing new elements

5 CONCLUSION

A clinical supervision strategy helps a coach readjust his intervention. This research shows the positive impact of applying research-based feedback to instructional practice for positive change to take effect. Weekly data-based feedback has a significant influence on the coach's awareness and understanding of his intervention.

On the other hand, this study enables us to realize that expert's behavioural change has its limits, especially when it comes to changing practice design and one's intervention methods. It seems easier to change what is satellite to the learning process, than changing one's old professional habits.

Four months into the process, the coach seldom incorporated random and variable drills. It requires more than just a change of practice design or of one's professional intervention methods, it's also a change of values and perception.

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