NCATE State Alliances

for

Clinical Teacher Preparation

A Framework for Setting Priorities

and

Building Partnership Prototypes

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Overview

This paper offers suggestions for ways in which the NCATE State Alliances for Clinical Teacher Preparation might, in *partnership*, advance more *clinically* rich and effective forms of teacher preparation in programs across their states, following the recommendations of the NCATE Blue Ribbon Panel (BRP). It first identifies five interrelated areas where clinical preparation writ large and in general needs further development and study. There is considerable variation in teacher preparation policy and practice from state to state and program to program, and surely priorities other than these could be identified. Nonetheless, multiple opportunities for advancing policy and practice are embedded in the following list, which are ordered somewhat in terms of how they feed into and inform one another as well as their increasing scope of complexity.

The five priority areas are:

<u>Priority One:</u> The identification, adaptation and testing of specific <u>clinical strategies</u> across sites. These might include:

- specific coaching models
- lesson study
- teaching clinics
- rounds
- case study and case development
- empirically supported observational tools
- teacher and student work samples and teaching portfolios
- teacher evaluation models incorporating multiple forms of assessment and emphasizing student learning and as well as teacher development

<u>Priority Two:</u> Building upon the above, a second priority could be the further design of a set of rigorous procedures for the *selection* and further *preparation* of both clinical faculty and clinic teachers and coaches. The State Alliances working on this particular challenge could as well develop a set of recommendations to address the all too pervasive limited or non-existent policies and practices relative to a) stipends for ‘cooperating’ teachers (hopefully we can find a more dignified title), b) the extent of redirected time from their teaching assignment to engage prospective teachers in rigorous clinical strategies, and c) their role in the *formal*, summative

assessment of prospective teachers. The consideration of state regional centers for preparing these individuals should also be considered.

<u>Priority Three:</u> The identification, further design, and development of prototypical Professional Development, Partner or Portal Schools (PDSs).

<u>Priority Four:</u> The further design and development of *hybrid* PDSs, Partner or Portal Schools which serve not only as lighthouses for the preparation of prospective teachers but as prototypes and new visions of schooling and school renewal.

<u>Priority Five:</u> Putting in place improvements in the <u>assessment</u> of teacher preparation programs and especially their core *clinical* components including teacher candidate development and proficiency evidence of impact on student learning.

This writer is acutely aware that these are challenging times and there are as well often increasing demands on teacher preparation programs having diminished resources with which to respond. This situation certainly pertains to the questions of what the NCATE State Alliances can reasonably be expected to accomplish. Their challenge is compounded by the BRP Report emphasizing the need for stronger partnerships and cross-sector state alliances where our record of cooperation is uneven at best.

Given this context, I suggest State Alliances might consider engaging in a 'temporary systems' approach with variations on 'rapid prototyping' or 'mutual adaptation.' In the temporary systems model, relatively small team of individuals would be assigned to address tasks implicit in one of the five areas suggested above; likely five to 10 individuals on a team. I should underscore here that I am *not* advocating that the State Alliances should address all five of the aforementioned priority areas and if they did, likely not all of them at the same time. These five domains have been put forward to provide multiple options for the State Alliances in terms of a priority-setting process.

An example of how the work team might operate follows. A 5 to 10 person team would be identified to address the first priority; that is, to identify and review specific clinical strategies as possibilities for further adaptation across different program sites. The team would be comprised of individuals with some expertise and considerable interest in different clinical strategies.

Ideally the team would be cross-sector in nature as well, involving researchers, clinical faculty, clinic teachers or coaches, and education school deans. They would operate as a temporary system in that they would be given a specific time frame of relatively short duration to complete their tasks; say 90 days maximum. They would communicate primarily on-line as a professional learning or practice community. They would also meet together two or three times however not in a typical two hour committee meeting format but rather for an intense two or three full day work session. They would receive support and information particular to their tasks both from NCATE and whatever lead agency or agencies were identified to host and house Alliance meetings and team work sessions.

The central tasks for a work team in priority area one would be four-fold in its first cycle: 1) identify model or prototype clinical strategies and review the nature of evidence attached to them regarding their efficacy; 2) share information about the evolving repository of clinical strategies across preparation program sites with identified program coordinators (a prior task might be identifying program coordinators by whatever title); 3) organize a 'training' session for interested parties wherein particular clinical models or prototypes would be demonstrated, displayed, elaborated upon and engaged with; 4) identify program sites interested in the adaptation of each clinical strategy that has been vetted by the team. This suggested broad brush strokes set of activities could be carried out by a small group of individuals with expertise in and a passion for the topic.

A second cycle of activities could test the efficacy of these particular clinical strategies at multiple sites and further *adapt* the strategies as needed. Some *adaptation* would occur in most instances as there would be distinctive context and conditions at the various program sites interested in examining the efficacy of these prototypes, such that they would be altered and embellished to accommodate local needs and interests. If over time such a rigorous cycle of *inquiry* and *improvement* were put in place, feedback from the adapting sites to the original prototype developer and to other adapters would result in a process of *mutual adaptation*.
The Carnegie Foundation for the Advancement of Teaching under the leadership of Tony Bryk (2010) is testing a variation on this theme. They have piloted the concept of 'networked improvement communities,' on-line partners with complementary but differentiated roles and

responsibilities who identify and further design and adapt prototypical practices, policies, and procedures. The idea is to examine their effects across multiple sites and feed this information back across sites to create a form of continuous improvement. The Carnegie Foundation underscores that these networked improvement communities and their *rapid prototyping* are grounded in the principle of shared and equal partnerships – a principle guiding the work of the BRP as well. As I indicated earlier, this suggested set of five potential priorities for moving to more clinically rich or clinically based teacher preparation moves from incorporating an array of potent clinic strategies in programs to developing a more complex array of policies and programmatic features to support clinical preparation. The efforts at the same time call for an increase in the degree of shared responsibility among partners.

In summary, I don't believe we lack for good models but rather that we are lacking in terms of how in a reasonable time frame and at reasonable expense we can take the best of policy and practice to scale. We can learn from the work of Bryk and his colleagues about how to move forward with more 'rapid prototyping.' We need to find a way to collaboratively engage good people, busy people, very busy people in this practice. I suggest one good way to do this is in an *intensive* manner around mutual interests over reasonable periods of time. Mutual adaptation and rapid prototyping won't work in a committee structure over the course of an academic year. I suggest trialing variations of a temporary systems model and employing rapid prototyping procedures as strategies for the State Alliances to consider in developing their action plans. I turn now to a brief elaboration of these fine priority areas as these pertain to the recommendations of the NCATE Blue Ribbon Panel.

The NCATE Blue Ribbon Panel and Clinical Preparation

The purpose of this paper is to offer suggestions for ways in which the NCATE State Alliances for Clinical Teacher Preparation might develop multiple prototypes of such preparation. The assumption is that over time these State Alliances with the assistance of NCATE would gather and analyze data relative to the efficacy of these prototypes and their key components, with the ultimate goal of moving from a limited number of exemplary programs to a systemic alliance of high quality, clinically rich programs.

As the reader is aware, and byway of background, NCATE brought together a panel of outstanding individuals and commissioned them to prepare a report on how to transform teacher education. NCATE was very purposeful in the name assigned to this prestigious panel: *The Blue Ribbon Panel on Clinical Preparation and Partnerships for Improved Student Learning*. Note the three core features emphasized for the BRP are: 1) clinical; 2) partnerships; and 3) student learning. The opening paragraphs of their 2010 report's executive summary underscore the ambitious agenda they set forth: The education of teachers in the United States needs to be turned upside down to prepare effective teachers for *21st century classrooms*. Teacher education must shift away from a norm which emphasizes academic preparation and course work loosely linked to school-based experiences. Rather, it must move to programs that are fully grounded in clinical practice and interwoven with academic content and professional courses.

This demanding, clinically based approach will create varied and extensive opportunities for candidates to connect what they learn with the challenge of applying what they learn, while under the expert tutelage of skilled clinical educators. Candidates will blend practitioner knowledge with academic knowledge as they learn by doing. They will refine their practice in the light of new knowledge acquired and data gathered about whether their students are learning. Today there are many examples of excellent clinically based programs, and many cited in this report. These programs can be found in higher education and in new pathways to prepare teachers. However, the nation needs an entire system of excellent programs, not a cottage industry of path breaking initiatives.

In order to make this change, teacher education programs must work in close partnership with school districts to redesign teacher preparation to better serve prospective teachers and the students they teach. Partnership should include shared decision making and oversight on candidate selection and completion by school districts and teacher education programs. This will bring accountability closer to the classroom, based largely on evidence of candidates' effective performance and their impact on student learning (BRP, 2010, p.ii).

I prepared a background paper for the BRP wherein I illustrated how the wide range of courses in which a prospective teacher is engaged could all have a rigorous *clinical* component. The paper contrasted my own student teaching decades ago with a clinically driven set of experiences designed for my grandson, Kenji. It is available for those interested on the NCATE Blue Ribbon Panel web site (http://www.ncate.org). My intent was to draw a sharp contrast between a program permeated by a sequence of rigorous clinical learning strategies with what was for me a capstone *student teaching* experience. Clinical practice in medicine involves the direct observation and treatment of clients (Merriam Webster, 2006). Similarly, the clinical preparation of teachers calls for observation of, interaction with, and the instruction, and assessment of *students.* Often clinical preparation is preceded by *laboratory* experiences or preparation, typically on the university campus and in conjunction with coursework. Just as an aviator engages in a range of simulated flight activities prior to training in an actual airplane, prospective teachers can acquire certain understandings and abilities through participation in such activities as on-line coaching and video demonstrations, cases representing both exemplary practice and common dilemmas, and peer micro-teaching. The latter involves instructing a small group of colleagues for brief periods of time, with the lesson having a specific and limited focus. On-line learning opportunities abound, from consideration of different interventions for a particular virtual student's pattern of behavior to broader engagement in a virtual school calling for investigation and decision-making by the prospective teacher. The major distinction between laboratory and clinical preparation is that the former does not involve first hand interaction with real students in actual school settings.

In my scenario, Kenji planned to teach in an *urban* high-need school. Thus, in an urban sociology a course in his general studies, designed especially for prospective urban teachers, he engaged in rigorous asset-mapping experiences with youngsters—recall the definition of clinical—and their parents/caregivers in the neighborhood surrounding an urban middle school. In a social foundations course he was a passenger on several school busing routes, examining the demography of those bussed and their views about being bussed.

I wish to make two major points here. First, multiple opportunities for clinical preparation attached to rigorous academic study need to exist prior to and *throughout* the professional preparation program. Second, there is an array of *clinical strategies* which can be incorporated into these clinical experiences. Clinical preparation should not be construed as an extended 'immersive' experience in a school, conducted largely independent of research, theory and the codified wisdom of practice. Even in protracted internships, residencies, or induction blocks of time, clinical preparation should in a continuing manner cycle back to courses and seminars that enable the praxis between theory and practice. There are multiple ways to achieve a continuing relationship between academic study and practice, even when prospective teachers spend extended periods of time in schools. A *book ends* arrangement has prospective teachers in school-based seminars prior to and after their teaching responsibilities. Another example is a half day set inside each week for school-based formal study. Just as on-campus courses and seminars can often incorporate a variety of appropriate laboratory and clinical strategies, school based extended student teaching or an internship experience can and should also be regularly punctuated by specific clinical strategies which are attached to relevant academic study.

Opportunity One for State Alliances: Identifying and Adapting Clinical Strategies

The BRP report provides multiple examples of impactful clinical strategies and interventions, including those which focus on accruing evidence of student learning such as the rigorous California PACT assessment procedures (PACT, Rubrics, 2010). Another excellent example of clinical practice which focuses on student learning is the model developed by Joyce and Showers (2003), which calls for continuing examinations of teaching by both the consulting veteran teacher and the prospective teacher with emphasis on making explicit the reasoning behind teaching actions. This clinical *model* moves from 1) expository theory, to 2) demonstration by the coach or consulting teacher, to 3) *guided* practice by the preservice or novice teacher and finally, to 4) feedback and analysis based on how student learning has been impacted by the novice's teaching. It is only over time in this *clinical* model that increasingly examines the impact of specific aspects of teaching on student work samples, that gains in student learning are demonstrated. Another source of specific clinical strategies is the Patinkolb, Dailey and White (2011) assessment of institutional change in the *Teachers for a New Era Learning Network*.

There are a wide variety of *structural* teacher preparation program arrangements including one and two year programs, and even programs spread out over three and four years. There are programs at both the baccalaureate and post-baccalaureate level, and other programs that begin at the undergraduate level and culminate with the granting of a master's degree. There are as well multiple program providers. Prototypes can be embedded in any number of these structural variations. However, as Levine (2007) concluded in his recent study of teacher preparation, there are nonetheless many problems with the current state of teacher preparation generally. Many programs are simply too abbreviated and demonstrate little rigorous and sustained interplay between research, theory, and practice and lack the type of strong partnership needed to demonstrate this. On the other hand model programs, Levine notes, are a central part of selected education schools; offer a *coherent*, integrated, comprehensive and up-to-date curriculum that includes a field experience component that is sustained, begins early, and provides immediate application, and connects theory to real classroom situations (Levine, 2007, p.81).

I assume that across each State Alliance there are a variety of coherent program structures that demonstrate features such as the above and more. As I recommend in the introduction, my advice for the State Alliances regardless of program structure is to focus on developing a richer and more rigorous *set of clinical strategies* throughout a program of preparation which is consistent with the BRP view of *clinical* teacher preparation. This strategy calls first for identifying and adapting the best of clinical strategies across multiple sites. This would include prototypes of coaching, cases, teaching clinics, rounds, observational tools, teacher and pupil assessment procedures, and teaching portfolios. This would be done in an adaptive manner; that is, to encourage further extensions and refinements of the prototype at other sites and to learn from these adaptations in a continuous improvement manner. In a second cycle with the assistance of federal and state funding and NCATE support, State Alliances might put in place over time a *program* of research to allow more rigorous study and yet further adaptation of these strategies.

Opportunity Two for State Alliances: Preparing More and Better Clinicians

The utilization and adaptation of clinical strategies which impact teacher development and eventually student learning will be constrained or enabled by a number of factors: the competency of clinical faculty from higher education and other program providers and that of clinic teachers from the P-12 sector as well as the *time* they have allocated to working with prospective teachers are just such critical factors. I personally have found little quality attached to the following in regard to “cooperating” teachers; their 1) recruitment, 2) selection, 3) preparation, 4) provision of redirected time for working with the prospective teacher, 5) reimbursement, and 6) evaluation.

While I have serious concerns about the design and methodology employed in the National Council on Teacher Quality’s study of student teaching in the United States (2011), their ‘findings’ suggest major problems with regard to the aforementioned procedures. They report the average stipend given to cooperating teachers is $280; a pittance indeed (p.25). What might a State Alliance reasonably do to redress this too often sorry state of affairs? Working closely with NCATE nationally, the State Alliances could develop more explicit and defensible standards and policies relative to: selection criteria, the amount of time a clinic teacher or coach should allocate to the prospective teacher and for what purposes, their central role in the assessment and recommendation of candidates, and finally a more reasonable stipend for their services. I would also suggest a more dignified title than “cooperating teacher.”

At the core of this work however is a fuller articulation of the preparation for those assisting prospective and novice teachers in learning to teach, especially through an array of clinical interventions. Being an accomplished teacher is an obvious precondition for this role, but modeling exemplary teaching behavior is simply not sufficient. The core *prototype* here is a rigorous program of preparation for clinic teachers, perhaps building upon elements of preparation for National Board Certification. Improved preparation of faculty clinicians and clinical teachers would likely call for the development of centrally located or regional training centers. This advanced training would derive in large part from the repository of clinical strategies identified and refined in Opportunity One above.

A central question that this strategy raises is *why* teachers in this high stakes environment would pursue such advanced training for responsibilities that could well distract them from success in their primary teaching role. In this regard, I suggest that clinic teachers or coaches be prepared as well to assume *leadership roles* in their schools with some redirected time for such activities as developing their school’s annual plans, providing professional development for their colleagues, and leading on-going school renewal in general.

The teachers unions would have to play a central role in developing these programs. Preparing outstanding veteran teachers to assume a major leadership role in school improvement, or better continuous improvement, as well as their role in educating prospective teachers might result in attracting new streams of funding. The concept of overlapping responsibilities and achieving forms of *fused funding* should be explored by the various stakeholders in the State Alliances. Just as teaching hospitals receive categorical funding, partner schools focusing on teacher preparation might receive such funding allocated to and divided among program providers, K-12 schools and teachers unions. In the fourth priority of hybrid partner schools, I elaborate on the possibility of blended responsibilities suggesting the possibility of attracting *fused funding*.

While this second form of prototype or model identification and further development might focus on the rigorous preparation of clinicians both from higher education and the K-12 sector, it would draw from a clearer understanding of the impact of various clinical strategies as identified in Opportunity One which this writer identified for advancing clinical preparation. These first two types of activities speak directly to advancing our understanding of clinical preparation as guided by highly qualified clinicians. Prototype development now moves from an emphasis on individuals in clinical practice and clinical preparation to a focus on shared responsibilities at the *institutional* level. New, expanded *partnerships* are needed to advance clinical preparation. Commonly, individual clinical faculty and clinic teachers will continue to work with individual prospective teachers in a wide range of schools and in a wide variety of clinical experiences. However, we need to develop more and better *Professional Development* or *Partner Schools* as well which are specifically designed to enable teacher development and this matter is addressed next.

Opportunity Three for State Alliances: Improving PDS and Partnership Schools

The BRP identified 10 design or guiding principles for clinically based preparation. At least three of these speak directly to the importance of strong and sustaining partnerships. The seventh principle recommends that specific sites are designated and funded to support embedded clinical preparation: “All candidates should have intensive embedded clinical school experiences that are structured, staffed, and financed to support candidate learning and student achievement.” The fifth principle underscores that teacher "candidates learn in an interactive professional community." A one-on-one arrangement often falls short. This guiding principle further states that candidates "must practice in a collaborative culture, expecting rigorous peer review of their practice and their impact on student teaching (BRP, 2010, p.5)." Finally, the tenth culminating principle states:

> Strategic partnerships are imperative for powerful clinical preparation:
> School districts, preparation programs, teacher unions, and state policymakers must form strategic partnerships based on the recognition that none can fully do the job alone. Each partner's needs can be met better by defining clinically based teacher preparation as common work for which they share responsibility, authority and accountability covering all aspects of program development and implementation. (p.6)

In an attempt to provide direction for the further development of Professional Development, Partner and Portal Schools, Nancy Zimpher and I developed a second background paper for the BRP and I draw from parts of it here. Again the paper titled *Educational Partnership to Advance Clinically Rich Teacher Preparation* can be accessed at the web site (www.ncate.org). If we are to stem the flood of newly minted teachers who are quickly exiting teaching, then we need to view teacher preparation as part, albeit the most critical part, of an interrelated sequence of policy/practice endeavors including recruitment, initial preparation, placement, retention and optional career paths and leadership roles for veteran teachers.

Twenty years ago the Holmes Group (which eventually became the Holmes *Partnership*) began its milestone report, *Tomorrow's Schools,* with this rationale for a network of lighthouse partnership endeavors they referred to as Professional Development Schools. The whole Holmes Group effort hinges on a complex set of reforms happening all together: liberal education (that is, deep understanding of the disciplines by teachers and their students) reconstituted, coherent education studies; and clinical studies expertly supervised in authentic, exemplary settings. Where they all come together is in the Professional Development Schools–in essence, a new institution. By "Professional Development School" we do not mean just a laboratory school for university research nor a demonstration school. Nor do we mean just a clinical setting for preparing student and intern teachers. Rather, we mean all of these together: a school for the development of the novice professionals, for the continuing development of experienced professionals, and for the research and development of the teaching profession (1990, p.1).

Tomorrow's Schools, from this vantage point, made a compelling case for the *continuing* development of teachers as central in promoting more ambitious conceptions of teaching and learning and as the primary means of *school renewal*. The report called as well for relevant, responsible research and development done in schools and with teachers centrally engaged in these scholarly endeavors along with their university colleagues. The confluence of these ambitious goals, the leaders of the Holmes Group asserted, called for nothing less than inventing a new institution. Inroads have been made across the country in instituting PDSs and Partner Schools enabled by the pioneer work of practitioner/scholars like Levine and Trachtman (2009) and the standards for such schools developed by NCATE (Standards for Professional Development Schools, 2001). However, much work remains to be done to meet the original goals put forth by the Holmes Group. Further, major challenges confront us more centrally now than 20 years ago. Systemic, strategic responses to the following questions have not been forthcoming:

- How can we recruit more competent and caring individuals into teaching, and especially individuals of color who are primary stakeholders in schools largely populated by low-income, minority students?
- How can we prepare teachers in preparation programs that have an explicit mission and curriculum specifically designed to build on diverse cultural and ethnic capital and at the same time address conditions that constrain low-income youngsters from succeeding in school?
- How can we ensure that more experienced highly qualified teachers are assigned to these low-income schools; first, to meet the needs of the students therein and second, to provide high-quality support in programs of induction for the novice teachers placed in those settings?

The problems of initial teacher placement and teacher distribution across schools generally have been exacerbated, not resolved, and the implementation of well-conceived programs of induction remains uncommon.

Opportunity Four for State Alliances: Hybrid PDSs and 21st Century Visions of Teaching

The Holmes Group engaged almost 100 universities in an effort to transform teacher preparation and they developed a trilogy of reports. The first of these was titled *Tomorrow's Teachers*. The second was titled *Tomorrow's Schools*, emphasizing that one cannot very well prepare tomorrow's teachers in today's schools. Hence, they turned their attention to what tomorrow's schools would, or better, *should* look like. I believe that this advice serves as well today. From this perspective, the key to putting in place a network of partnership schools, by whatever name, is that they *simultaneously serve multiple purposes* and meet the mission of *all* stakeholders. This is to underscore again that they are not just prototypes for preparing teachers. They are prototypes for a shared ideal of what schools should be. Again, the assumption is that in this way they will be better able to draw on funding from multiple sources. There are many directions to pursue here in partnership. I offer five variations on the PDS theme, acknowledging that there could be many hybrids embedded in these five examples of school partnerships:

- attracting funding for professional development schools in general
- developing stronger career lattices, professional learning communities, and boundary-spanning roles
- maximizing new technologies to advance teaching and learning and assessment
- changing the basic structure of early and elementary schooling
- turning around high-need, underperforming schools

These examples might appear to deviate in a major way from the focus on clinical teacher preparation but I would argue rather that they could enable such preparation. We far too often beg the question of the kind of school for which we are preparing teachers.

Attracting Funding for Professional Development or Partnership Schools. I draw here again on recommendations made in Nancy Zimpher and my paper on educational partnerships developed for the NCATE Blue Ribbon Panel. First, we need to more clearly identify the properties and attributes of schools which would serve as designated sites for the enriched and extended clinical preparation of prospective teachers. From this perspective these schools would be analogous to teaching hospitals and would have to meet clear standards in order to qualify for additional *funding*. So reviewing standards is a first order of business. These funds would support clinical practitioners as well as teacher interns and residents working under their guidance. These schools would draw upon the resources of both universities (and alternative preparation providers) and K-12 schools. The teachers union should be a partner as well, especially in terms of their responsibility in the joint preparation of clinical practitioner roles such as coaches and consulting teachers. The <u>governance</u> of these schools should be a shared responsibility.

A second task would be to convene the leadership of the major educational associations and organizations to jointly lobby for funding at both the federal and state levels to support these schools. The funding for PDS or Partner Schools should enable as well the further exploration of *boundary-spanning* roles wherein university professors assume an expanded role in continuing school renewal, supporting productive learning communities and practitioner inquiry. Conversely K-12 teachers can be engaged more fully in the redesign of programs of teacher preparation and assume some joint instructional responsibilities to ensure academic preparation has a rich clinical base.

Funding for a clearly defined *program* of research should be pursued, with this scholarly inquiry an essential element of a PDS, Partner or Clinical Preparation School. One major purpose of this research would be to examine the effects of specific clinical practices on prospective teacher performance and development over time. This would include the range of clinical practices as suggested earlier. Joint inquiry between university scholars and K-12 teachers would be emphasized. NCATE could ask leaders from its constituent members to nominate outstanding teachers, teacher educators, and teacher education researchers to begin this process by reviewing present research, identifying gaps and needed new directions for inquiry, and then building a conceptual map which would provide parameters for a *program* of research, make a strong argument for funding it, and guide the development of requests for proposals.

Partnership Schools Characterized by Career Lattices, Professional Learning Communities and Boundary-Spanning Roles. Teaching has *been* characterized as a 'revolving door' profession and the mass exodus of teachers, especially in high poverty schools, is reflected not only by newly minted teachers but many outstanding teachers at the 'top of their game.' Several factors contribute to the latter group exiting and one of the key ones is a lack of leadership opportunity. Many veteran teachers desire leadership opportunities of an instructional nature with a reduced teaching load. They would as well like monetary compensation for these blended responsibilities that is more parallel with their school-based administrative colleagues. I have long argued that some teacher preparation programs have a dual track that periodically is fused together, like rungs on a ladder. The first track is for prospective teachers and the second for lead teachers, of which clinic teachers would be a prime example.

One can envision elementary schools especially led by six to eight lead teachers working with twice that number of career professionals. They would be supported by a large cadre of paraprofessionals at different points in their career development. Prospective teachers at all stages of their preparation from exploration to internship would be well accommodated in such a fluid and dynamic model. A primary goal of this model would be to breakdown the self-contained, lock-step, non-differentiated teacher role model and develop more powerful communities of practice.

Maximizing New Technologies to Advance Teaching and Learning. I refer the reader to the New Tech high schools (http://www.newtechnetwork.org/) as a prototype or model of 21st century schools. Every student in a New Tech High School works in a small group cooperative team structure employing project-based learning. Every student has their own laptop and they work on-line in a continuous manner both on and off the school premises. Their projects address real world issues and problems. There are rubrics which rigorously assess these students' academic learning and their ability to meet state and local standards as they complete various projects. Beyond this there are rubrics to measure their disposition and abilities in other important areas including: their leadership, ability to work effectively in groups, competencies with contemporary technology, and ability to innovate and take initiative.

In my visits to New Tech Schools it is often difficult to find the teacher. There is a constant hubbub of activity almost always in small working groups with teachers blending in and moving from group to group. Partnerships are established with government, business, and industry to engage them in working with the faculty members to identify real world problems for the students to address in what is a project-based, cooperative problem solving form of learning. As in case-based learning, students must learn to listen actively and to multiple perspectives. Thus, they learn to suspend judgment and to locate evidence and data to support the resolution of problems. I find the level of student engagement and the enthusiasm palpable. And when I leave I find myself asking why aren't *all* schools like this – including universities? What type of teacher preparation does this school suggest? If we are shifting our vision of schooling, we need to shift our vision of teacher preparation and vice versa. My position is that these should be intersecting and interlocking endeavors calling for new *blended boundary-spanning* roles. Again a key to increased, fused funding for teacher preparation is to clearly demonstrate the core intersection of needed changes in teacher preparation with needed school renewal and a partnership dynamism that lends to continuous forms of improvement in both arenas.

Changing the Structure of Early and Elementary Schooling. There is a growing corpus of knowledge that suggests that youngsters, in their early formative years especially, succeed academically when schools are organized so that youngsters remain together for multiple years with the same teachers who work closely together in teams. Teachers on these teams have differentiated but complementary responsibilities for providing high quality instruction and support to their students. No one teacher is asked to teach five or six different subjects. The curriculum in these schools is organized so that only a few subjects are taught at any given time and correspondingly fewer, albeit major, ideas and concepts are pursued in greater depth and over sustained periods of time.

Despite increasing evidence as to how teachers and the curriculum should be organized and time structured in school, elementary teachers commonly continue to be prepared to work alone in lock-step, graded organizations wherein they attempt to teach a wide range of subjects to a different group of youngsters every year with an intervening three month lapse each year. An outdated school structure and a competitive rather than cooperative school culture remains pervasive.

A major reason for this is the manner in which most teachers are prepared. In order to move to a new and improved model of schooling, both how schools are organized and how teachers are prepared will have to change in a model of *simultaneous* renewal and reform. It is long past time that we begin to prepare elementary teachers to work in team arrangements wherein they would teach only one or two subjects with greatly increased pedagogical content knowledge.

They could also embrace another functional area of expertise as well. This latter type of expertise provides an illustration of an *integrative* change strategy. At present, prospective and novice teachers tend to be assigned to a 'mentor.' Individuals in this role assume a range of disparate responsibilities. In contrast, I would advocate a *distributed* consulting teacher model to assist the novice teacher. In this model one veteran teacher provides modeling and coaching in a content area; a second provides assistance with technology; a third, with gaining understanding of the local school community; and fourth serves as a confidant, making sure that the novice learns the "lay of the land," gaining local knowledge about school norms and traditions. The strategy becomes *integrative* in that the novice teacher gets both the types of assistance that no one 'mentor' can easily provide, while at the same time a collaborative school culture is also being reinforced through the shared responsibilities and increased expertise gained by different veteran and lead teachers. This strategy *integrates* improved teacher preparation and enhanced school renewal. This example of simultaneous renewal and an integrative change strategy calls for changes in both the K-12 sector and higher education and underscores once more the need for strong and sustaining *partnerships.*

Turning Around Failing Schools. Any of the prototypical variations just sketched out and undertaken in a strong partnership could serve as a vehicle for turning around a failing school. Certainly I am not advocating that we place prospective teachers in schools that are failing and which are not enabling of teacher as well as student learning. And again, I don't mean to complexify and add to an already challenging agenda for advancing clinically based teacher education. However, I suggest this option for a couple of reasons. First, a strong partnership endeavor here might again attract fused funding, and second, taking on such a school could well strengthen the partnership. There could be a blended, boundary-spanning effort of leadership personnel at the first stages *prior* to the infusion of university students as tutors and prospective teachers engaged in protracted clinical preparation. Michael Fullan, a noted scholar of educational change, found that powerful *social attractions* are needed to engage and sustain partners. The first of these Fullan identifies as <u>moral purpose</u>. An obvious example of this is that indeed *all* youngsters have the right to competent and caring teachers; we can't have failing schools! However moral purpose is not enough especially when bringing people together in new role-relationships. Fullan notes:

> We also need the enormous power of people working together. We need to maximize the severe debilitating negativity of people in constant conflict; and avoid even the lost opportunities of people being too nice to each other, or otherwise avoiding confronting problems…In the absence of quality relationships every solution costs money. Without trust, people, at best, will only do things you pay them for; with trust, people will double your investment and go the extra mile. To say the obvious, we need resources beyond money to achieve transformation. The third set of social attractors is quality ideas: knowledge building, knowledge sharing and constantly converting information into purposeful knowledge use. Content does matter, since there is no point in having moral purpose and great relationships without them being fueled by great ideas (2003, p.35).

I put a partnership school designed to form around a failing school in the *moral purpose* category. Together we can come up with great ideas and drawing from the four prior hybrid examples of partner schools would lead to this. It is the third social attraction that is the real challenge. What we lack so often is *collective* will to move forward. I believe that transformational change often calls for <u>reculturing</u>. Collective will is often a matter of *shared accountability* but *differentiated responsibility* and staying the course. You can see and feel such a culture. Eisenberg (2011) captured it in recalling his first experience with a clinical staff at the Sloan-Kettering Cancer Center in New York City. He writes:

> I was awed by the commitment of the clinical staff, most of whom, it seemed, felt a deep connection to the patients who came to the hospital for care. I vividly remember my first experience on the sixth floor of the hospital – Pediatrics. I confess to feeling apprehensive on my way to visit that floor, expecting to

> encounter a sea of gloom. But from the moment I stepped off the elevator, it was astonishingly clear how wrong I was. The children - toddlers to adolescents – seemed filled with hope and determination. Many of the children had no hair, a side effect of chemotherapy, but here, in this place, they wore their baldness as a badge of honor; it linked them to one another and enabled them to feel part of the community from which they could draw strength. These kids faced life battles that most of us, thankfully, don't know. But being in that environment, with an enormously dedicated staff, inspired a sense of personal determination that was about as uplifting as anything I have ever experienced (2011, p.53).

Opportunity Five for State Alliances: Improved Data and Assessment

Three of the 10 design principles for clinically based preparation in the BRP report underscore the need for improved data along several dimensions. The very *first design principle* emphasizes that student learning is the focus:

> P-12 student learning must serve as the focal point for the design and implementation of clinically based teacher preparation, and for the assessment of newly minted teachers and the programs that have prepared them. Candidates need to develop practice that advances student knowledge as defined by, for example, the Common Core State Standards, for those subjects for which they have been developed (p.5).

The *third principle* calls for both candidates and programs to be *continuously* assessed:

> Candidates' practice must be directly linked to the InTASC core teaching standards for teachers and Common Core Standards, and evaluation of candidates must be based on students' outcome data, including student artifacts, summative and formative assessments; data from structured observations of candidates' classroom skills by supervising teachers and faculty; and data about the preparation program and consequences of revising it. (p.5)

Finally, the Panel in the *ninth principle* calls for a powerful R&D agenda to support continuous improvement in clinical teacher preparation as follows:

> Effective teacher education requires more robust evidence on teaching effectiveness, best practices, and preparation program performance. A powerful research and development infrastructure – jointly defined by preparation programs, school districts, and practitioners – supports knowledge development, innovation, and continuous improvement. While not every clinically based preparation program will contribute new research knowledge or expand development, each must systematically gather and use data, and become part of a national data network on teacher preparation that can increase understanding of what is occurring and evidence of progress in the field. (p.6)

Note that BRP calls for a national data network relative to moving the state of teacher education forward. Elliot (2010) prepared a most insightful background paper on assessment as a critical component of clinical teacher preparation. As the panel did, Elliot began with calling for assessment as integrated and blended in continuing manner with teaching to advance *student learning* (emphasis mine). He underscores that employing a variety of assessment procedures incorporating continuing and constructive feedback can provide powerful *incentives* for students to more fully engage in learning. A second complementary form of assessment identified by Elliot focuses on better monitoring teacher candidate learning and development over time. Currently the development of high quality assessment practices by teacher candidates is often lacking and if these practices are not modeled for the teacher candidate throughout their preparation, the use of these by prospective teachers with their students will be undermined.

Finally, Elliot illustrates why it is important for future teachers to understand and utilize data in the rapidly growing longitudinal data systems. He writes:

> These systems are a repository for student performance results on state tests and are intended as resources especially for state oversight and policy purposes. One argument advanced in their support is sometimes controversial: policymakers can accumulate performance information about all the students assigned to particular teachers for use in measuring “value added” by individual teachers. But in addition to serving as a potential

> source of information to judge teachers, these systems also will be official record sites for results from state accountability testing. Prospective teachers need to understand accountability assessments, how the results will be used, and how to teach effectively in states and districts that have aligned their assessment with the explicit standards. The longitudinal systems also contain information of value for programs to share with school districts about the preparation of candidates they might hire, and for districts/states with programs about the career progression of former candidates, including the performances of their students, and other indicators of teacher's professional work (2010, p.3).

Elliot goes on in his paper to detail what it means for a teacher candidate to be assessment literate and what clinical experiences especially would develop the competencies embedded in that concept.

In summary of this fifth and final priority for possible action by a state alliance to advance clinically based teacher preparation, it is clear that assessment will increasingly be a critical element of teacher preparation. There will be more sustained and rigorous assessment of how specific aspects of those programs and especially the clinical components impact not only prospective teacher development and proficiency but that of the *students* they are instructing. More rigorous assessment procedures will be built into programs and *modeled* for prospective teachers. In turn prospective teachers will need to be better prepared in multiple ways to asses their impact on student learning and in the ultimate iteration, assist their students in multiple ways with self-assessment.

In addition, in this era of increased transparency and accountability, there will be linkages between longitudinal data systems at both the national and state level as Elliot emphasized. State policymakers will have access to a higher quality, broader range of data and information than previously available, and both the teacher education community and teachers themselves will need to be cognizant of those data being collected and what they will be used for. Elliot concludes his paper by underscoring the role that an improved partnership arrangement can play in research and effective use of data about teacher preparation itself. He concludes:

> Data can be collected about particular pedagogies, interaction situations with students, collaborations among school and institution partners, recruitment and selectivity choices, and other aspects of these partnerships. Assessment of wide variety can be created to help judge the effects of the different interventions on student learning. In using data to examine its own performance, each partnership can understand what it has done that works, re-engineer those activities that are deficient, and identify others that have negative attributes. The accumulation of these individual partnership experiences, supplemented by the systematic research studies that will be conducted through some of the partnerships, will gradually help to fill in the blanks in our knowledge base on effective teacher preparation. The clinically-based partnerships will be both exhibitors of systematic use of data to improve their own performance, and sites to collaborate in structured research (2011, pp.14-15).

As Elliot concluded, there are multiple opportunities and starting points in terms of moving towards expanded and improved assessment policy and practices. It seems a reasonable starting point for the state alliances would be to review current prototypes relative to teacher performance assessment such as the California PACT assessment, the Washington State Performance Based Pedagogy Assessment and the teacher and student work sample methodologies employed in Oregon, as well as those developed at Western Kentucky University and used by the Renaissance Group. Further, reviewing what is being done at the state level relative to teacher performance assessment in states such as Tennessee, Florida, Louisiana, Connecticut, and Arizona would be helpful. Tracking the efforts of the Data Quality Campaign which is a national collaborative effort to support policies makers at the state level to advance the availability and use of *high quality* education data would also be a reasonable course of action for the State Alliances.

In summary, I have identified five areas where the State Alliances will find multiple opportunities for moving clinically based teacher preparation forward. In these challenging times, it is essential to identify rightful and reasonable priorities. Hopefully these examples will help in that process. Once priorities are identified a strategy for addressing them collectively must be put in place. In this regard, I have suggested a general strategy of a temporary system model employing aspects of rapid prototyping and mutual adoption.

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