STANDARD 2

Clinical Partnerships and Practice
Wednesday, March 14 – 2 pm

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Session Overview

- CAEP **Initial** Standard 2. Including suggested evidence, evidence sufficiency criteria, and additional CAEP resources available.

- Content will reference the evidence sufficiency criteria, handout.

- The Advanced Standards are **not** covered in this presentation.
  - Please attend the session dedicated to those standards or access the presentation materials for guidance.

Evidence Sufficiency Rules for Standard 2

General Rules
- All components addressed
- EPP-Created Assessments at CAEP level of sufficiency
- At least 3-cycles of data
- Cycles of data are sequential
- Disaggregated data on candidates, for main/branch campuses

Special Rules
- No required components

EVIDENCE SUFFICIENCY: RESOURCES

CONSULT:

- Assessment Sufficiency Criteria
  - CAEP Evaluation Framework for EPP-Created Assessments
- Evidence Sufficiency Criteria
  - Evaluation Criteria for Self-Study Evidence - Standard 2
  - CAEP Guidelines for Plans for phase-in plan content

Standard 2 Clinical Practice

The provider ensures that effective partnerships and high-quality clinical practice are central to preparation so that candidates develop the knowledge, skills, and professional dispositions necessary to demonstrate positive impact on all P-12 students' learning and development.

Standard 2 has three components:

Component 2.1 – Key Language

Partners **co-construct mutually beneficial** P-12 school and community arrangements, including technology-based collaborations, for clinical preparation and **share responsibility for continuous improvement of candidate preparation**. Partnerships for clinical preparation can follow a range of forms, participants, and functions. They establish mutually agreeable **expectations** for candidate entry, preparation, and exit; ensure that **theory and practice** are **linked**; maintain **coherence** across clinical and academic components of preparation; and **share accountability** for candidate outcomes.

Consider: What evidence do I have that would demonstrate mutually beneficial and accountable partnerships in which decision-making is shared?

What does the word "co-construct" mean?

What does "Share responsibility" mean?

What does "Share Accountability" mean?

Evidence Sufficiency Criteria, 2.1

EVIDENCE THAT A COLLABORATIVE PROCESS IN PLACE AND REVIEWED

- Documentation provided for a shared responsibility model that includes elements of
  - Co-construction of instruments and evaluations
  - Co-construction of criteria for selection of mentor teachers
  - Involvement in on-going decision-making
  - Input into curriculum development
  - EPP and P-12 educators provide descriptive feedback to candidates
  - Opportunities for candidates to observe and implement effective teaching strategies linked to coursework

Component 2.2 – Key Language

Partners **co-select**, **prepare**, **evaluate**, **support**, and **retain high-quality clinical educators**, both provider- and school-based, **who demonstrate a positive impact on candidates' development and P-12 student learning and development**. In collaboration with their partners, providers use multiple indicators and appropriate technology-based applications to establish, maintain, and refine **criteria for selection**, **professional development**, **performance evaluation**, **continuous improvement**, and **retention of clinical educators** in all clinical placement settings.

Consider: What evidence do I have that would demonstrate the depth of partnership around highly effective clinical educators?

What does "co-select" mean?

Evidence Sufficiency Criteria, 2.2

EVIDENCE EPP AND P-12 CLINICAL EDUCATORS/ADMINISTRATORS CO-CONSTRUCT CRITERIA FOR CO- SELECTION

- Clinical educators receive
  - Professional development, resources, and support
  - Are involved in creation of professional development opportunities, the use of evaluation instruments, professional disposition evaluation of candidates, specific goals/objectives of the clinical experience, and providing feedback
  - Data collected are used by EPPs and P-12 clinical educators for modification of selection criteria, future assignments of candidates, and changes in clinical experiences

Component 2.3 – Key Language

The provider works with partners to design clinical experiences **of sufficient depth**, **breadth**, **diversity**, **coherence**, and **duration** to ensure that candidates **demonstrate their developing effectiveness** and **positive impact on all students'** learning and development. Clinical experiences, including technology-enhanced learning opportunities, are structured to have **multiple performance-based assessments** at **key points within the program** to demonstrate candidates' development of the knowledge, skills, and professional dispositions, as delineated in Standard 1, that are associated with a positive impact on the learning and development of all P-12 students.

Consider: What evidence do I have that clinical experiences develop candidates' Knowledge, Skills, and Dispositions to have a positive impact on P-12 learning?

Evidence Sufficiency Criteria, 2.3

EVIDENCE ALL CANDIDATES HAVE CLINICAL EXPERIENCES IN DIVERSE SETTINGS

- Attributes (depth, breadth, diversity, coherence, and duration) are linked to student outcomes and candidate/completer performance documented in Standards 1 and 4

  - Evidence documents a sequence of clinical experiences that are focused, purposeful, and varied with specific goals

  - Clinical experiences include focused teaching experience where specific strategies are practiced

  - Clinical experiences are assessed using performance-based

Review materials from Special session: "Infusing equity and excellence" with Maria del Carmen Salazar & Janet Mattern (Wed 11:30 am)

Cross-Cutting Themes of Diversity and Technology

- Places in which the cross-cutting themes of diversity and technology must be explicitly addressed through evidence are **identified by the following icons** in the CAEP Evidence Table.

  - = diversity

    and

  - = technology

Themes of Diversity and Technology

Diversity
Standard 2

- Clinical experiences prepare candidates to work with all students.

Technology
Standard 2

- Technology-enhanced learning opportunities

- Appropriate technology-based applications

- Technology-based collaborations

In Summary - The Case for Standard 2

Information is provided from several sources and provides evidence of shared decision-making, collaboration among clinical faculty, and continuous functioning.

Data are analyzed.
Differences and similarities across licensure areas, comparisons over time, and demographical data are examined in relation to clinical experiences, as appropriate.
Appropriate interpretations and conclusions are reached.
Trends or patterns are identified that suggest need for preparation modification.
Based on the analysis of data, there are planned or completed actions for change that are described.