

STANDARD A.2

CLINICAL PARTNERSHIPS AND PRACTICE

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Session Overview

- This session will focus on the key language and intent of CAEP Standard A.2 and its components.
- Content will reference the evidence sufficiency criteria.
- The CAEP Standards for Initial-Level Programs are not covered in this presentation.
 - Please attend the session dedicated to those standards or access the presentation materials for guidance.

Do advanced programs
have to have common
assessments?

No

Evidence Sufficiency Rules for Standard A.2

General Rules

- Key concepts in standard and components are addressed
- At least three cycles of data that are sequential and most recent available
- Results disaggregated by licensure area (when appropriate)
 - Also for main and additional campuses, on site and online programs (if applicable)
- EPP-created assessments meet CAEP's assessment sufficiency criteria
- Phase-In Plans for Standard A.2 meet the criteria for the CAEP Guidelines for Plans and are consistent with the Phase-In Schedule.

Special Rules

- There are none

EVIDENCE SUFFICIENCY: RESOURCES

CONSULT:

- Evidence Sufficiency Criteria
 - Evaluation Criteria for Self-Study Evidence - Standard A.2
 - [CAEP Guidelines for Plans](#) for phase-in plan content
 - SSR submitted through academic year 2018/2019 can include plans for Component A.2.1 and A.2.2
 - 2019-2020 SSRs can present plan with progress data for Component A.2.1 and A.2.2
 - Site visits in F22 and beyond are not eligible for phase-in
- Assessment Sufficiency Criteria
 - [CAEP Evaluation Framework for EPP-Created Assessments](#)

STANDARD A.2: CLINICAL PARTNERSHIPS & 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 appropriate for their professional specialty field.**

COMPONENT A.2.1: KEY LANGUAGE

Partners **co-construct mutually beneficial** P-12 school and community arrangements, including technology-based collaborations, for clinical preparation and **shared 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 you have that would demonstrate mutually beneficial and mutually accountable partnerships in which decision-making is shared?

What does the word
“co-construct” mean?

What does “Shared responsibility” mean?

EVIDENCE SUFFICIENCY CRITERIA, A.2.1

SUFFICIENT EVIDENCE

- Illustrates specific benefits to provider and P-12 partners
- Outlines the collaborative nature of the relationship
- Documents that effectiveness of the partnership is reviewed at least annually
- Shows that the EPP seeks input from partners to refine criteria for entry/exit to clinical experiences
- Documents partner participation in development and review activities (e.g., for clinical instruments, clinical curriculum, EPP-curriculum)
- Phase-in Plans meet CAEP guidelines and schedule
- Instruments for evaluating partnership (if any) meet CAEP's assessment sufficiency criteria

COMPONENT A.2.2: KEY LANGUAGE

The provider **works with partners** to **design varied and developmental clinical settings** which allow opportunities for candidates to **practice applications of content knowledge and skills** emphasized by the courses and other experiences of the advanced preparation program. The **opportunities lead to appropriate culminating experiences in which candidates demonstrate their proficiencies**, through problem-based tasks or research (e.g., qualitative, quantitative, mixed methods, action) that are **characteristic of their professional specialization** as detailed in component A.1.1

Consider: What evidence do you have that would demonstrate that clinical experiences promote specialty-area specific applications of content knowledge and general skills referenced in Component A.1.1?


EVIDENCE SUFFICIENCY CRITERIA, A.2.2

SUFFICIENT EVIDENCE

- Documents that all candidates have practical experiences in workplace settings
 - Illustrates that candidates observe and implement appropriate and effective strategies for their fields of specialization
- Documents the attributes of clinical/practical experiences
 - Illustrates that they are varied and developmentally progressive
 - Illustrates that they relate to coursework
- Demonstrates a relationship between clinical/practical experiences and candidate outcomes reported in Standard A.1
- Phase-in Plans meet CAEP guidelines and schedule

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

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- Clinical experiences prepare advanced candidates to fulfill their specialized professional roles to the benefit of a diverse P-12 student body.

Technology

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- Technology-based collaborations may be included in partnerships.

