NORTH CAROLINA ASSOCIATION FOR MIDDLE LEVEL EDUCATION TO UR A STATE OF THE PROPERTY OF THE PR

James Davis, Ph.D., Editor Coastal Carolina University Summer 2017, Volume 29, Number 1

Saving Our Best Teachers and Our Future in Teacher Preparation: The Potential of Clinical Education

Holly Thornton Appalachian State

Introduction

The call for clinical teacher preparation in the state of North Carolina is clear. Continuing to prepare teachers within current models and approaches may not sufficiently prepare 21st century teachers, and clearly, the state legislature believes that new models are imperative. Teacher educators need to assure that proposed models are not questionable in terms of quality preparation and professional development for teachers. We have a knowledge base that can assure quality changes. The focus on increased involvement in school settings through clinical preparation parallels much of the research and practices found within the professional development school movement. Clinical teacher preparation is not a new concept, but a "revisioning." The new challenge is for teacher education to design strategically programs that are both technology-based and exemplify the research and best practices that are the backbone of quality teacher preparation.

In House Bill 918, the North Carolina State Legislature (2015) called for the following:

Redesign of clinical experiences to ensure that teacher education students have embedded classroom experiences spanning the course of one instructional year in a partner elementary or secondary school setting mentored by teachers who have been identified as highly effective on the North Carolina teacher evaluation rubric, that clinical coursework is reflective and connected to embedded classroom experiences.

What is the State is calling for (clinical-based practice, collaboration with educators in the field, inquiry and data driven initiatives to ensure teacher quality) is mirrored in the literature and research focusing on Professional Development Schools (PDSs) that center on the collaboration between universities and local schools dating back to the 1980s and 1990s. PDSs are formed through partnerships between professional education programs and P–12 schools, with a four-fold focus including (a) the preparation of new teachers, (b) faculty development, (c) inquiry directed at the improvement of practice, and (d) enhanced student achievement. PDSs may be thought of as teaching hospitals, as both teaching and medicine require a sound academic program and intense clinical preparation (National Council for Accreditation of Teacher Education [NCATE], 2001). More recent calls by the Blue Ribbon Panel on teacher education refer to the need for a "clinically based preparation, which fully integrates content, pedagogy, and professional coursework around a core of clinical experiences" (NCATE, 2010, p. 8). The professional knowledge base and previous experiences of educators in institutional boundary crossing and meaningful collaboration can enable us to move forward in this current wave of reform with more intentionality and effectiveness.

What decades of experience and inquiry into professional collaboration reveals is that this is not a canned or prescriptive process. We cannot force fit collaboration into a pre-constructed template, if we are to realize the full benefits of clinical preparation in collaboration with our partner schools. The concept of collaboration by definition is an organic process. The goal to reinvent collaborative clinical teacher preparation in our university's middle grades program was not a response to a mandate. It emerged from a school/college partnership, as a cadre of teacher leaders examined current trends and issues over multiple years with faculty partners within a professional learning community model. This paper describes how the clinical educator cadre developed and what we have discovered to be core elements necessary for teacher leaders to redefine shared teacher preparation across university/school boundaries.

Context

The commitment to funding work within a Professional Development School model at Appalachian State University, like other state institutions across the country, waned (Russell & Flynn, 2000). The support structures undergirding fledgling university school partnerships deteriorated due to financial constraints. Pockets of innovation still persisted but traditional structures fell back into place as partnerships reverted to a survival mode. Efforts remained to keep connected with schools as much as possible given the circumstances. One of these was the Appalachian State University School Partnership initiative in which identified teachers became members of professional learning communities (PLC) with a content-based focus to address the state and national definition of teacher quality as content competency. Across multiple years, the ongoing involvement of these thoughtful, committed and passionate teacher leaders led the direction of the middle level language arts PLC away from examining content standards to discussions about pedagogy, teacher quality, and how to maintain and promote the embattled teaching profession in the state of North Carolina.

Teachers from six middle level schools and classrooms across six contiguous districts worked with middle level faculty with to improve language arts instruction in schools and preparation at Appalachian State University. Over time issues emerged, questions bubbled up, and the work of this group became more than working on language arts teaching activities and curriculum mapping. It became a lifeline for the teachers in the PLC as they grappled with significant issues related to the state of teaching and learning and the teaching profession in North Carolina. Recurring themes such as teacher voice and empowerment, student centered instruction, the limitations imposed by testing, a reductionist approach to curriculum, and the lack of connection between embracing best practices and practices mandated in the schools became the topics of discussion. Eventually, discussion was not enough. The teachers needed to take action. The middle level clinical educators' network was born.

An opportunity arose for this group of teacher leaders to think more broadly about their impact on teacher preparation. The cadre began to focus on developing and supporting quality teachers struggling in North Carolina. They began to work with middle level faculty who were also addressing these common issues and concerns from a teacher preparation perspective. The middle grades program had been re-visioning the student teaching phase of its program to better assure a clear middle grades focus. After working as a cohort group for over a year, candidates were divided up based on school location and assigned for student teaching to various adjunct supervisors with varied experience and commitment to the middle grades concept. There was a sense of disconnect from the people and shared mission they had developed in the program. Preservice teachers expressed a desire to stay connected to middle grades faculty and each other, as a community of practice, beyond their pre-student teaching internships and coursework. A yearlong approach, termed apprenticeship, was the first step. However, structural change was not enough. Beyond that there needed to be major role shifts for teachers, university faculty and apprentices in the schools.

The once labeled cooperating teacher was now the master teacher, who was responsible for the mentoring, education, and evaluation of their yearlong colleague, the apprentice. Evaluation was no longer periodic observations done by an adjunct supervisor, but embedded in daily classroom life using teacher developed tools focused on goal setting, ongoing dialogue, and individualizing progress towards middle level teaching standards of practice. Master teachers would model and coteach with the apprentices and strategically design learning opportunities along with other master teachers and their university faculty liaison within a community of practice.

The faculty member shifted into the role of facilitator of dialogue, problem solving, and inquiry. The faculty member would meet every two weeks, or as needed, in learning communities comprised of apprentices and their master teacher counterparts in separate groups at the school sites. This meant

that a group of four-to-six apprentices would be placed in clusters at each selected school, or meetings would occur virtually as teacher leaders formed clinical educator groups across district boundaries.

The apprentices reported shifting toward the role of a real colleague and partner with their master teachers as they became engaged in the schools more quickly, connected over time with their apprentice peers, and were viewed more as a "real teacher" by students in their schools. They felt a sense of belonging in and understanding of their school cultures. Trust was established as apprentices voluntarily attended school opening days and open houses prior to the beginning of their required field experiences.

Scheduling, structures, processes, and online support for the changes were necessary, and middle grades faculty working with the field placement office, dean and school administrators was important, but not enough to move beyond surface changes in placements and roles. The cadre of teacher leaders needed to redesign their own roles to become clinical educators helping to prepare teachers and impact the future of the profession. There needed to be ownership and efficacy based on common goals, philosophies, and dispositions. These had emerged and been cultivated over three-to-four years of collaboration and shared inquiry within the PLC. They were key factors in enabling this cadre of classroom teachers to define themselves as colleagues in middle level teacher preparation.

Process

Preparing to Be Successful

Although the teachers who joined the PLC had been assigned to focus on content and curriculum mapping, the pressing issues of the day dominated group discourse and thinking. It was a natural evolution for concerns about quality teaching in the context of a testing based culture to become the focus of group dialogue. The next step came from involvement of a middle grades faculty member who valued this discourse and encouraged the teachers to take action. The group decided to embrace their collective concerns about the future of education and leverage support at the University and within the schools to try to do something different. They would not have had the same traction and commitment to change had their own concerns and challenges not been the guiding force behind their work.

Organic Emergence of Goals

Common philosophy. Mobilizing the collective efforts of a group of teacher leaders is extremely challenging without a shared philosophy and vision of teaching and learning. When philosophies differ, time is spent convincing others and arguing over approaches and terminology rather than moving forward. The teacher leaders in this cadre all shared a commitment to middle level philosophy and practices, workshop approaches to teaching reading and writing, student centered constructivist instruction, and cultivating teacher and student voices to direct teaching and learning. They were truly committed to a shared vision of the middle school concept and meeting the needs of young adolescent learners.

Common dispositions. Shared dispositions toward teaching and learning were also a characteristic of this group. In terms of dispositions in action (Thornton, 2006) the educators in this cadre were responsively- versus technically-oriented. Teachers who exhibit more responsive dispositions emphasize student learning that is focused on deep understanding, where students are encouraged

to ask questions, examine assumptions, and construct new meanings. Teachers who exhibit technical dispositions have classrooms where students are encouraged to seek correct answers in an efficient, straightforward manner. The focus in these teachers' classrooms was on questioning rather than answering, divergent thinking rather than memorization, student ownership rather than compliance, individualization rather than standardization, and authentic learning experiences and evaluation.

Blurring the boundaries. The role shifts in student teaching, now apprenticeship, began to blur the boundaries between the university and the schools in terms of teacher preparation, inquiry, and professional development. Boundaries were blurred as the clinical educators taught classes at the University, worked as clinical faculty to redesign the yearlong apprenticeship model and found opportunities for professional development and inquiry related to their work. Issues such as class coverage, substitute costs, time to plan and think, and procedural boundaries between the university and schools had to be transcended or at least worked around. Embracing current initiatives and standards calling for clinical preparation enabled wiggle room within procedures to be found and dialogue about changing such procedures to begin. It was important for the group to continue its work even when they believed they could not due to existing policies and rules. Pushing the boundaries was essential.

Support for those who teach against the grain. Ultimately, the work of these clinical educators was about supporting teachers to teach against the grain. Their own struggles and challenges to act as high quality, research-based, decision-making teachers was the impetus for this collaboration. The commitment to help newly prepared teachers with current contextual struggles, paired with the need for teacher educators and teacher practitioners to have a voice in educational change, pushed the work and commitment of this cadre forward. This organic collaboration has become a vehicle by which teachers involved have a sense of efficacy that has been long missing from their professional lives. Cultivating a collaborative network with and among new teachers as they prepare to enter the field may give life and hope to the ongoing commitment of the middle school movement to reach every student, grow professionally and create great schools (See Association for Middle Level Education at https://www.amle.org/).

Next Steps

In order for this next iteration of reform, once again with a clinical-based focus, to become impactful, institutionalized, and representative of quality teaching and meaningful learning we must do something different. We must truly work with teachers and let them take the lead with their teacher education colleagues in designing the new vision of teacher preparation. As the 21st-century learning goals call for collaboration, creativity, problem-solving, and thoughtful use of technology to create new meanings and understandings, we need to model this in the work that we do as teacher educators collaborating across boundaries. We do not need to comply. We need to create.

References

National Council for Accreditation of Teacher Education. (2001). *Standards for professional development schools*. Retrieved

from http://www.ncate.org/ProfessionalDevelopmentSchools/tabid/497/Default.aspx

National Council for Accreditation of Teacher Education. (November, 2010). *Transforming teacher education through clinical practice: A national strategy to prepare teachers*. Retrieved from: http://www.ncate.org/LinkClick.aspx?fileticket=zzeiB1OoqPk%3D&tabid=7

North Carolina House Bill 918 (April 20, 2015). Retrieved from http://www.ncleg.net/Sessions/2015/Bills/House/PDF/H918v1.pdf

Russell, J., & Flynn, R. (2000). *Collaboration across campus, across town and with k-12 schools*. Routledge: London.

Thornton, H. (2006). Dispositions in action: Do dispositions make a difference in practice? *Teacher Education Quarterly*. 33(2), 53-68.

Holly Thornton is Professor at Appalachian State University in Boone, NC.

Email: thorntonhj@appstate.edu