

A Pivot Toward Clinical Practice, Its Lexicon, and the Renewal of Educator Preparation

SUMMARY BRIEF



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In 2010, when the National Council for Accreditation of Teacher Education (NCATE) Blue Ribbon Panel called for clinical practice to form the foundation of teacher preparation, programs across the nation began expanding their school-based components and undertaking a wide array of renewal efforts. Many have been highly successful, cultivating thriving and mutually beneficial partnerships with local schools that serve as laboratories of practice and continuous improvement for all parties. Yet as these practices have proliferated, so have their variations, leading to divergent understandings of terms, structures, and quality. **It is in this space that the AACTE Clinical Practice Commission (CPC) calls for a pivot, profession-wide, to embrace a common lexicon and a shared understanding of evidence-based practices for embedding teacher preparation in the PK-12 environment.**

AACTE formed the CPC in 2015 to further operationalize the recommendations of the NCATE Blue Ribbon Panel report. Over the following 2 years, the commission developed a report that draws on foundational research from the field to define essential proclamations and tenets for effective clinical preparation. Rooted in these assertions, the paper presents recommendations in three key areas: (1) a definition for clinical practice, (2) a common lexicon to support consistent discourse about clinical practice,

and (3) pathways through which to operationalize clinical practice.

To supplement the report, the CPC has produced multiple supporting documents (being released separately) that capture salient research and implementation pathways, speak to particular audiences, and provide detail undergirding the paper's assertions and recommendations. Some of the topics explored in the supporting documents include the theoretical and practical foundations of clinical practice; implementing, refining, and extending clinical partnerships; governing and funding clinical practice models; and policy factors that enable or impede the sustainability of clinical practice programs and partnerships.

The following pages highlight the essential proclamations for highly effective clinical educator preparation, along with a summary of the tenets that delineate the critical aspects of each proclamation. The CPC considers each item to be critical, with none emphasized as more or less important than another.



OUR BELIEF STATEMENT

This paper is grounded in the overarching belief that clinical practice and partnership are central to high-quality teacher preparation. The policies and structures that shape teacher preparation must be rigorous, ethical, and professional, as well as committed to ensuring that educators are prepared to meet the needs of all learners.

Written by teacher educators representing expertise in theory, practice, and scholarship across the learning continuum, the paper's assertions and proclamations are intentionally bold and aspirational and build upon both a rich collection of experiences and a dedication to the ongoing renewal of innovative educator preparation practice.

The CPC does not endorse any one model of clinical practice or partnership, although it does acknowledge and identify professional development school (PDS) and teacher residency models as significant exemplars for practice because of the longevity and prevalence of these approaches as accepted frames for establishing and implementing highly effective clinical preparation programs. These models are an important part of the history of clinical educator preparation and should not limit the development of other partnership models designed to meet local needs and utilize locally available and appropriate resources.

Essential Proclamations and Tenets for Highly Effective Clinical Educator Preparation

1. THE CENTRAL PROCLAMATION

Clinical practice is central to high-quality teacher preparation.

Clinical practice serves as the central framework through which all teacher preparation programming is conceptualized and designed. The process of learning to teach requires sustained and ongoing opportunities to engage in authentic performance within diverse learning environments, where course work complements and aligns with field experiences that grow in complexity and sophistication over time and enable candidates to develop the skills necessary to teach all learners.

2. THE PEDAGOGY PROCLAMATION

As pedagogy is the science of teaching, the intentional integration of pedagogical training into an educator preparation program is the cornerstone of effective clinical practice.

The presence of strong, embedded pedagogical training is the hallmark of effective clinical educator preparation. Pedagogy serves as a guidepost for shared professional standards of best practices in teaching that in turn guide the development of clinical practice models.

3. THE SKILLS PROCLAMATION

Clinical practice includes, supports, and complements the innovative and requisite skills, strategies, and tools that improve teacher preparation by using high-leverage practices as part of a commitment to continuous renewal for all learning sites.

University-based teacher educators, school-based teacher educators, and boundary-spanning teacher educators in successful clinical partnerships pioneer innovative roles and practices without the restrictions of traditional assumptions about educator preparation. Mechanisms for teacher preparation and professional teacher development are aligned, research based, and professionally embedded.

4. THE PARTNERSHIP PROCLAMATION

Clinical partnerships are the foundation of highly effective clinical practice.

Clinical partnership, as distinct from clinical practice, is the vehicle by which the vision of renewing teacher preparation through clinical practice becomes operational. Effective clinical partnerships allow for mutually beneficial outcomes and are gateways to developing reflective practice while simultaneously renewing teaching and learning in PK-12 classrooms.

5. THE INFRASTRUCTURE PROCLAMATION

Sustainable and shared infrastructure is required for successful clinical partnership.

Clear governance structures and sustainable funding models are key to establishing and maintaining successful clinical partnerships. Individual preparation programs and school districts have different needs and resources. The roles and responsibilities of both school and university partners must be clearly articulated and defined.

6. THE DEVELOPMENTAL PROCLAMATION

Clinical partnerships are facilitated and supported through an understanding of the continuum of development and growth that typifies successful, mutually beneficial collaborations.

A metacognitive teaching progression is needed when establishing and growing clinical partnerships. This progression is nonlinear and requires diligent commitment by all partners. While successful partnerships share some common stages and actions, each partnership possesses unique characteristics specific to local contexts. Ongoing assessment of partnerships is necessary to ensure continued efficacy and sustainability.

7. THE EMPOWERMENT PROCLAMATION

As emerging professionals, teacher candidates are essential contributors and collaborators within clinical programs and partnerships.

The needs and responsibilities of teacher candidates should be factored into the curricula and infrastructures of educator preparation programs and clinical partnerships. The progression of embedded teaching and learning experiences is essential to empowering teacher candidates to take active roles during their practicum experiences, as well as to be profession- and learner-ready once they matriculate into their own classrooms.

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8.

THE MUTUAL BENEFIT PROCLAMATION

Boundary-spanners, school-based teacher educators, and university-based teacher educators play necessary, vital, and synergistic roles in clinical educator preparation.

Both school-based and university-based teacher educators must be highly qualified professionals who value one another's expertise. Both also must reconceptualize their roles to effectively model best teaching practice, engage candidates as coteachers, and integrate course work into school-based experiences. The clinical coaching of candidates is a vital and intensive endeavor that requires strategic and coordinated support.

9.

THE COMMON LANGUAGE PROCLAMATION

Coalescing the language of teacher preparation and teaching around a common lexicon facilitates a shared understanding of and reference to the roles, responsibilities, and experiences essential to high-quality clinical preparation.

Implementing a common lexicon for clinical educator preparation facilitates consistency in the preparation, support, and induction of new and aspiring educators, as well as an understanding of the shared responsibility for preparing future educators. A shared lexicon establishes a more unified profession and enables external stakeholders to better understand the aspirations and real-world practice of the teaching profession.

10.

THE EXPERTISE PROCLAMATION

Teaching is a profession requiring specialized knowledge and preparation. Educators are the pedagogical and content experts. It is through the assertion and application of this expertise that they can inform the process and vision for renewing educator preparation.

While external stakeholders play a role in the development of policies and regulations that affect educator preparation and licensure, educators themselves must take the lead to guide, shape, and define the parameters and renewal of their profession. Schools and universities must recognize and support the vital role that educators play in preparing the next generation of teachers by setting appropriate policies for tenure, promotion, and compensation. External stakeholders and policy makers are also vital allies in securing support for efficacious models through dedicated funding streams and other arrangements.

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The National Assessment Governing Board (DC)

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George Mason University (VA)

Donna Cooner
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AACTE
Director for Member Engagement
and Support

Nancy Dana
University of Florida

Lisa Hyde
Athens State University (AL)

Jennifer Roth
Poudre School District (CO)

Amanda Lester
AACTE
Associate Director for Member
Engagement and Support

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Ohio University

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Denver (CO)

Danielle Dennis
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AACTE
Vice President