

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

A Report of the AACTE Clinical Practice Commission



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PROLOGUE

The AACTE Clinical Practice Commission (CPC) offers the following note regarding its work:

This report represents our core work, outlining a thorough conceptual framework and explanation of clinical practice with recommendations for implementation. Additional products of our 2-year effort include an executive summary and a trove of support documents, accessible at <http://aacte.link/cpc-press>. These support documents include a broad spectrum of data, templates, detailed research, and other materials assembled to inform both this paper and the practitioners and researchers looking to implement, investigate, and advance clinical practice.

We have intentionally committed to a bold voice in setting forth the proclamations and tenets in this paper. Our most sincere hope is that the bold voice compels readers to action. Since the release of the 2010 NCATE Blue Ribbon Panel report—a seminal work intended to unite the field of teacher preparation behind clinical practice—teacher educators have recognized the need for a follow-up document to help operationalize clinical practice. By beginning with a common, aligned professional lexicon and articulating the essential elements of clinical practice, the field can respond in a united way to this call to action.

The science of pedagogy—the professional knowledge base at the heart of clinical



PROLOGUE

practice—is the foundation for our work as a commission and the inflection point around which we mobilize. This document is informed by a rich research base in pedagogy as well as many other areas, but we do not position it as a research paper; rather, it builds on the research by drawing upon core principles and practice around highly effective exemplars.

Our vision for this paper is operational rather than exhaustive. We make several recommendations that frame a definition of clinical practice, and we offer several model protocols. Because *local context matters* when considering how to best operationalize clinical practice, we avoid making sweeping national recommendations, other than the guiding statements provided. Ultimately, our best intentions for this paper are to bring about a common understanding of what comprises clinical practice. This is a framework to build, maintain, and sustain a clinical partnership, which joins the needs of a college or university and local PK-12 schools in the preparation of highly effective educators to meet the needs of all learners.

A careful analysis of the literature informed this work. In particular, the work of John Goodlad is foundational to the stance of this paper; his body of research (see Goodlad, 1983, 1984, 1990, 1994, 1998, 1999; Goodlad, Mantle-Bromley, & Goodlad, 2004; Goodlad, Soder, & Sirotnik, 1990) was instrumental in shaping our thinking about clinical practice. One area in which his research continues to offer wisdom is in allowing local flexibility in clinical practice implementation, an element that is critical to programs' success. We also have embedded Goodlad's concept of

the “democratic agenda” of schools in our work. Most notable, of course, is his foundational concept of *simultaneous renewal*, which we

Ultimately, our best intentions for this paper are to bring about a common understanding of what comprises clinical practice.

interpret as referring to the mutual benefits of effective partnerships, clearly articulated for all constituent groups.

Finally, we offer special thanks to those who gave their considerable time, unleashed passion, and tremendous expertise in the development of this paper. The many people who agreed to vet the drafts and provide feedback provided an invaluable service to the development of this final publication.

INTRODUCTION

The groundbreaking 2010 report of the National Council for Accreditation of Teacher Education (NCATE) Blue Ribbon Panel, *Transforming Teacher Education Through Clinical Practice: A National Strategy to Prepare Effective Teachers*, called for clinical practice to reside at the center of all teacher preparation efforts. This clarion call identified 10 design principles to develop clinical practice programs and included recommendations for sweeping changes in the delivery, monitoring, evaluation, staffing, and oversight of teacher preparation.

The design principles encompass the following:

- A focus on PK-12 student learning
- Dynamic integration of clinical preparation throughout every facet of teacher education
- Continuous evaluation of a teacher candidate's progress and of the elements of a preparation program
- Preparation of teachers who are simultaneously content experts and innovators, collaborators, and problem solvers
- Candidate engagement in interactive professional learning communities
- Rigorous selection of clinical educators and coaches from both higher education and the PK-12 sector
- Designation of specific sites funded to support embedded clinical preparation
- Integration of technology to foster high-impact preparation

“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.”
(NCATE, 2010, p. ii)

INTRODUCTION

- Creation of powerful research and development agendas and systematic gathering and use of data to support continuous improvement in teacher preparation
- Establishment of strategic partnerships for powerful clinical preparation

Since the publication of the Blue Ribbon Panel report, reform and reinvention efforts have escalated—but, unfortunately, have also been somewhat haphazard. Programs and universities have struggled with how to immerse educator preparation in clinical practice. A unified professional structure with a shared understanding of clinical practice is developing, but not fully developed, in the architecture of professional practice.

In 2015, the American Association of Colleges for Teacher Education (AACTE) formed the Clinical Practice Commission (CPC) to advance the operationalization of clinical practice by defining its key terms and criteria, lifting up exemplary models in the field, and making its benefits readily identifiable in both PK-12 and university-based contexts. Composed of representatives from a variety of educational contexts, the CPC benefited from a range of expertise regarding the broad schooling continuum, PK-24, and aimed to

[...] rethink every aspect of the trajectory people follow to become accomplished teachers. [We are conscious of the fact that getting] that path right and making sure all teachers follow it asserts the body of knowledge and skills teachers need and leads to a level of consistent quality that is the hallmark of all true professions. (Thorpe, 2014, p. 1)

The charge to the CPC was threefold:

- Recommend a definition for clinical practice
- Recommend a lexicon for clinical practice
- Recommend pathways to operationalize clinical practice



As proposed by the CPC, *clinical practice is a model to prepare high-quality educators with and through a pedagogical skill set that provides articulated benefits for every participant, while being fully embedded in the PK-12 setting.* By preparing teacher candidates through an interwoven structure of academic learning and the professional application of that knowledge—under the guidance of skilled school-based and university-based teacher educators—educator preparation will experience the long-overdue pedagogical shift that so many have demanded (NCATE, 2010).

A CACOPHONY OF PERSPECTIVES

The CPC identified many perspectives for why efforts to advance clinical educator preparation have been slow to emerge on a broad scale. Some suggest that characteristics of recent reform efforts in educator preparation are disparate in nature, cumbersome, and too slowly enacted, and that the rate of the implementation of these initiatives becomes mired by the sheer number of these restructuring efforts, the incorporation of an extraordinary range of suggestions, and the fact that they have been subject to shifting forms of accountability and political wrangling. Another impediment noted is that well-intentioned funders, through their own priorities, have guided and sometimes misguided the profession. Additionally, there is the recognition that policies and practices must be responsive to differing communities and contexts.

Implicit in the conversation about high-quality teacher preparation is the influence of teacher evaluation processes. Recently, the rise of standards for college and career readiness and increasingly narrow notions of accountability have led to a push for new teacher evaluation systems tied closely to student outcomes. Federal and state requirements and a corporate education reform ideology have led to overly

restrictive, compliance-driven methods of teacher evaluation that are becoming normalized within schools and teacher preparation programs (Cochran-Smith & Villegas, 2014). This model clashes with the principle of continuous improvement based on the field's own science, pedagogy, to inform the renewal of practice by those who understand its complexity.

The wide-ranging critiques, ever-shifting reform ideas, and high-stakes accountability efforts are contributing to increasingly fragmented rather than focused research agendas. One result is that we measure “quality” in a myopic manner. Annual Professional Performance Reviews, for example, developed in response to federal legislation and competitive grants, operate in sharp contrast to the standards of quality defined by the profession itself.

In this context teachers have been expected to be knowledgeable, decisive, reflective, and able to promote critical thinking and problem-solving in every child (Cochran-Smith & Villegas, 2014), while explicitly contributing to our nation's economy by reducing dropout rates and developing a skilled workforce (National Commission on Teaching and America's Future, 1996). As the demands upon *teachers* have



A CACOPHONY OF PERSPECTIVES

evolved, and the scrutiny increased, so have the expectations for teacher *candidates*. These changes arguably have led to a decline in the number of students pursuing the profession of teaching as well as a decrease in the overall level of job satisfaction and sense of autonomy for many teachers (American Association of State Colleges and Universities Teacher Preparation Task Force, 2017, p. 12).

This situation creates a dynamic tension between pursuing high quality and managing the everyday demands of burdensome measures—a tension that is best mediated by those professionals who understand it and who have committed to the inherent accountability of instruction. This population includes university-based as well as school-based educators and teacher educators. While teacher preparation and accountability measures aim to ensure that novice teachers are “learner ready” when they first step into a classroom, these policies also reflect a linear view of teaching, suggesting an input/output orientation that directly reflects the industrial revolution model and dilutes the complexity at the core of every teaching act.

This complex interplay of factors has impeded the development of a shared understanding of clinical practice. Of course, teaching requires specialized knowledge and skills grounded in theory and practice and developed over time—something akin to Tom’s notion of teaching as “craftwork” (1984). Yet a shared understanding of what constitutes a high-quality clinical teacher preparation program varies by institution and even by program. More than other recognized

professions—such as medicine, engineering, and nursing—teaching is gripped by a perpetual evolution of notions of quality that seems to

“Clinical practice offers a lens through which to understand the problems of practice that currently face the professions.”

begin anew with each school year and every congressional session. The characteristics of the profession are therefore in continual process (Lortie, 1975).

Clinical practice offers a lens through which to understand the problems of practice that currently face the profession, stemming from factors such as demographic changes, poverty, and teacher shortages. The problematizing of

A CACOPHONY OF PERSPECTIVES

these issues allows for creative thinking and innovation by the many players engaged in the clinical practice space. This synergistic reframing of the work of the profession is central to the proclamations in this paper.



This paper is grounded in the overarching belief, foregrounded in the NCATE Blue Ribbon Panel report, that clinical practice and partnership are central to high-quality teacher preparation. Written by teacher educators representing expertise in theory, practice, and scholarship across the learning continuum, the assertions and proclamations contained herewith 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

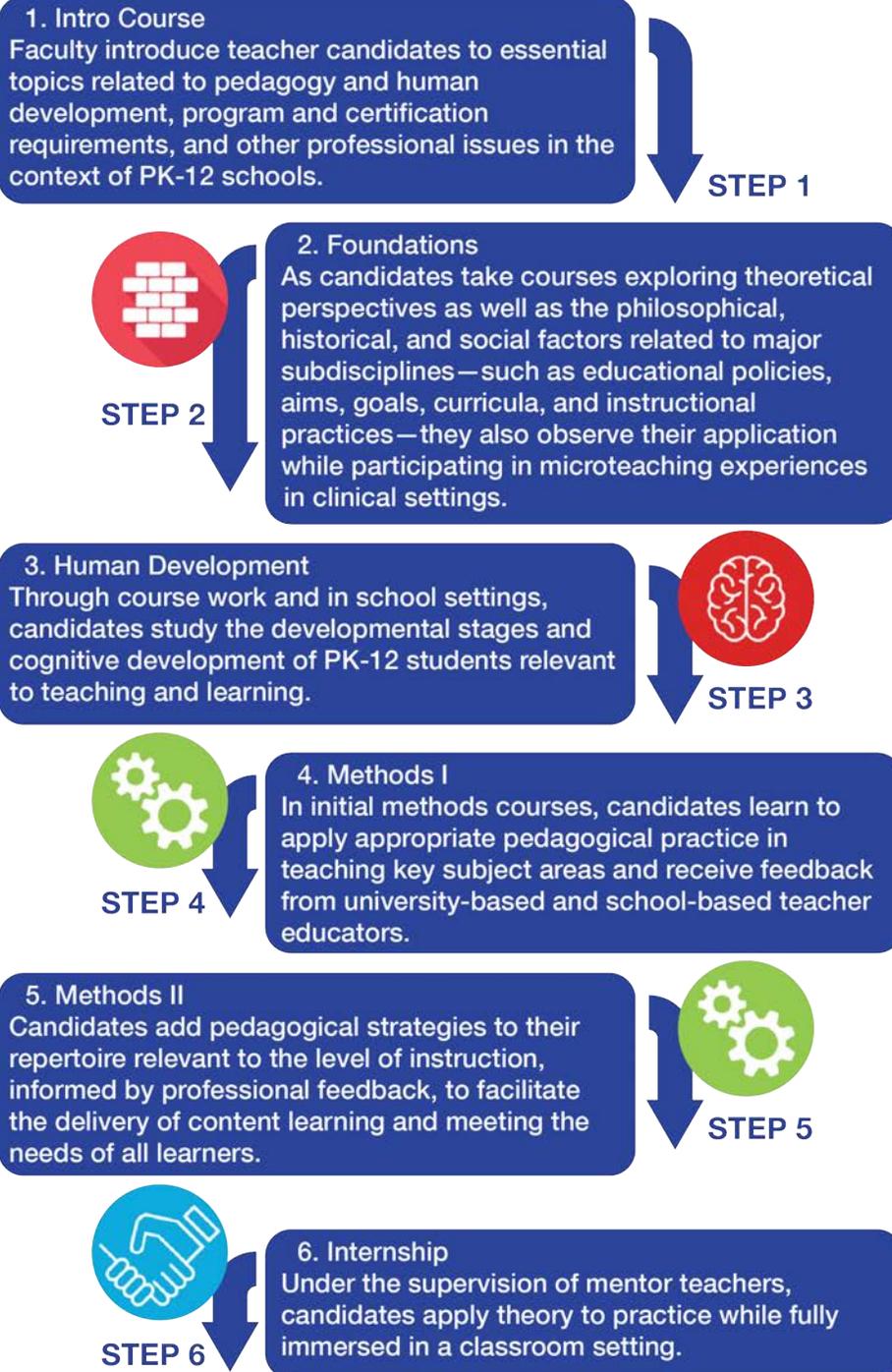
effective clinical preparation programs. These models are an important part of the history of clinical educator preparation and should not limit the development of clinical partnership models designed to meet local needs and utilize locally available and appropriate resources.

Since 2010, the number of successful clinical practice programs and partnerships has increased, and clinical practice has advanced to a point of being nearly non-negotiable as a model for teacher preparation. However, continued refinement and support are imperative for the contexts and conditions necessary to bring clinical educator preparation to scale as common practice that will renew and unify the teaching profession. The policies, structures, rewards, and forms of compensation that define and 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. The proclamations and tenets that follow in this paper are essential to establishing and advancing clinical educator preparation that is both highly effective and responsive to the localized contexts in which it is implemented.

GUIDING CONCEPTUAL MODEL

The guiding conceptual model for high-quality teacher preparation is focused on pedagogy and centered on clinical practice.

Program Acceptance and Orientation



Induction



During the first 3 years of novice teachers' employment, mentors provide guidance and support to address personal and professional needs.

THE LEXICON OF PRACTICE

The CPC offers the following lexicon as a starting point for common understanding of the terms of clinical practice.

Term	Definition
Boundary-spanning teacher educator	An individual (typically employed by a school district or college/university) working in a hybrid role across school and university contexts. These individuals serve teacher candidates at any point along a professional continuum and are active participants in teacher preparation.
Clinical coaching	Clinical coaching represents the bridge between the work of university-based and school-based teacher educators engaged in teacher preparation and the practices in which these individuals engage. This term subsumes supervision and mentoring.
Clinical internship	The culminating clinical practice experience in some settings; can be of varying duration but no less than one university semester. During the clinical internship teacher candidates assume full responsibility for a pedagogical assignment under the coaching of school- and university-based teacher educators.
Clinical practice	Teacher candidates' work in authentic educational settings and engagement in the pedagogical work of the profession of teaching, closely integrated with educator preparation course work and supported by a formal school-university partnership. Clinical practice is a specific form of what is traditionally known as field work.
Clinical [practice] setting	A school or other authentic educational setting that works in partnership with an educator preparation program to provide clinical practice for teacher candidates.
Educator	Any professional worker in a school, university, or other educational context. This inclusive term encompasses teachers, administrators, counselors, professors, clinical coaches, and other roles.
Educator preparation	The broad work of preparing new educators to enter the profession. Institutions of higher education officially house educator preparation programs, but the program delivery may be carried out in various education contexts.

Term

Definition

Mentor teacher

A teacher who serves as the primary school-based teacher educator for teacher candidates completing clinical practice or an internship.

Teacher

Any professionally prepared educator who uses pedagogy to facilitate student learning in a school or other educational context.

Teacher candidate

An individual enrolled in a teacher preparation program that leads to a recommendation for initial-level state licensure.

Teacher preparation

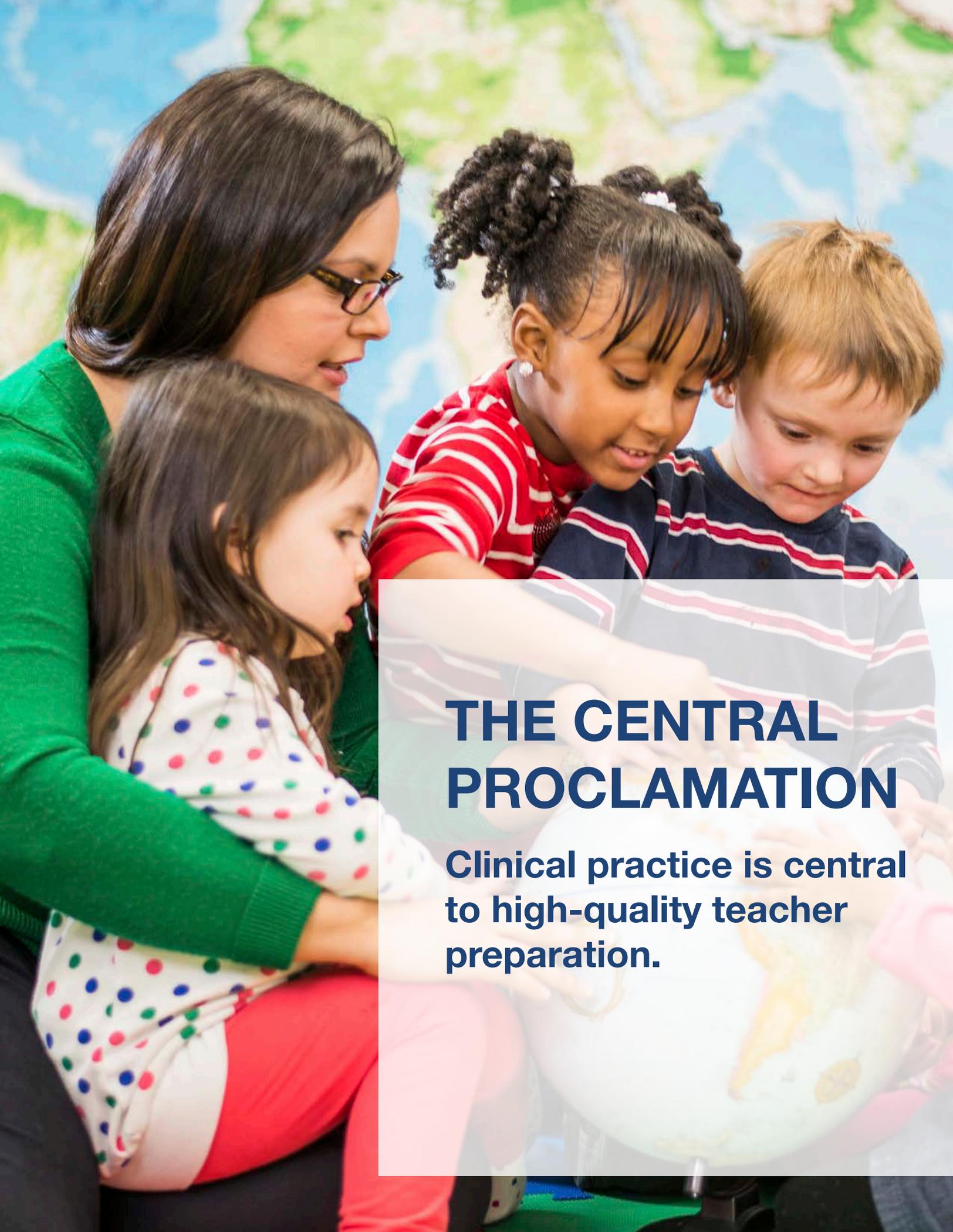
The broad work of preparing teacher candidates to enter the teaching profession. Institutions of higher education officially house teacher preparation programs, but the program delivery may be carried out in various education contexts.

School-based teacher educator

An individual involved in teacher preparation whose primary institutional home is a school. School-based teacher educators are a specific type of boundary-spanning teacher educators who assume mentoring and partnership responsibilities in addition to their school responsibilities. A school-based teacher educator may be otherwise known as a university liaison, site facilitator, cooperating teacher, mentor teacher, collaborating teacher, or school liaison.

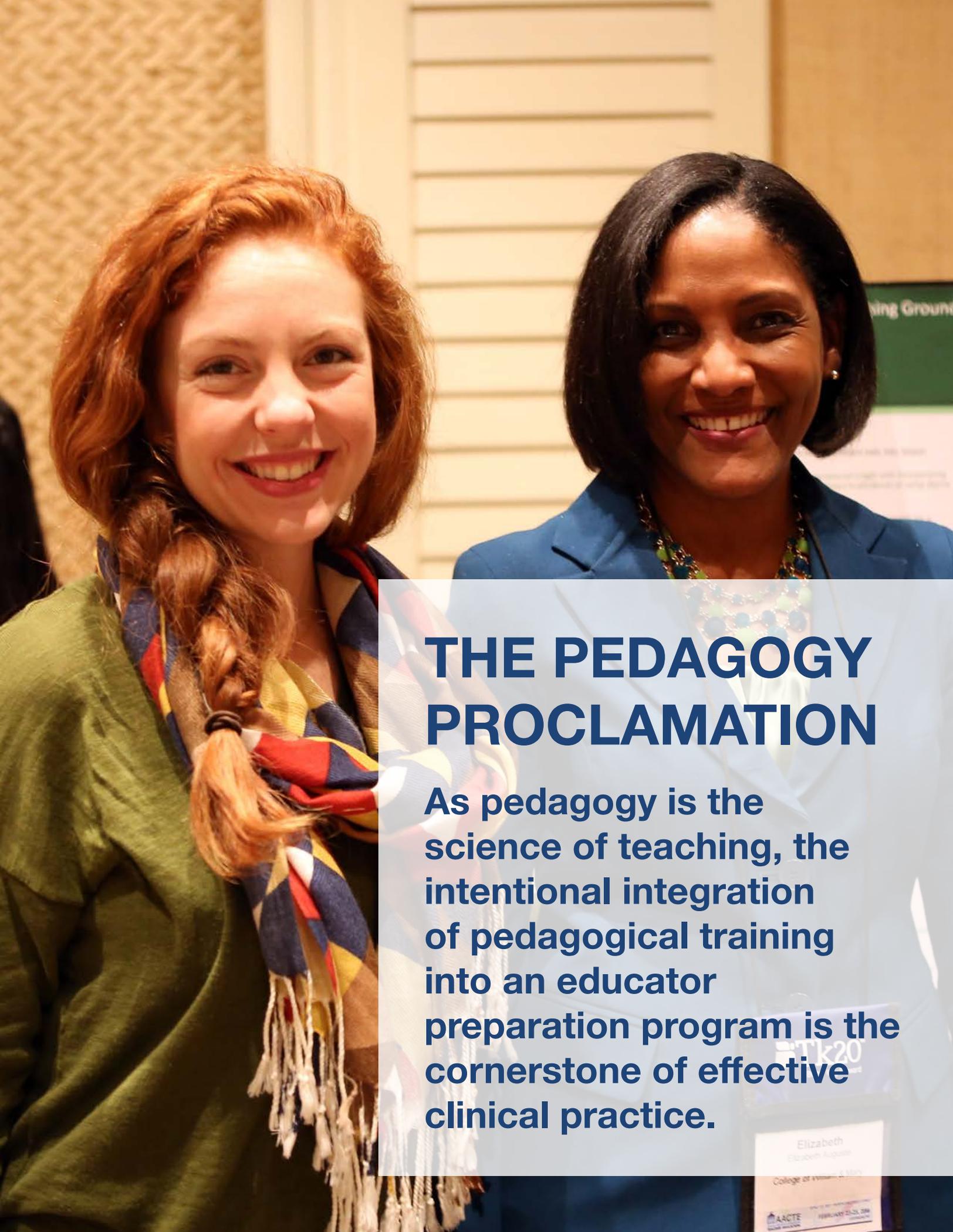
University-based teacher educator

An individual involved in teacher preparation whose primary institutional home is a college or university. University-based teacher educators are a specific type of boundary-spanning teacher educators who engage in evaluation, coaching, instruction, and partnership and assume expanded and multiple responsibilities within, and often across, each of these four domains. A university-based teacher educator may be otherwise known as a university supervisor, university liaison, clinical supervisor, or clinical faculty.



THE CENTRAL PROCLAMATION

**Clinical practice is central
to high-quality teacher
preparation.**



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 PEDAGOGY PROCLAMATION

Tenet 1:

The presence of strong, embedded pedagogical training is the hallmark of effective clinical educator preparation.

Tenet 2:

Pedagogy serves as a guidepost for shared professional standards of evidence-based practice in teaching that in turn guide the development of clinical practice.

As the science of teaching, pedagogy guides the central practice of teachers and teacher educators. The field has often suboptimized the value of its own knowledge base and resigned itself to the “cacophony of perspectives” clouding the waters in which educators negotiate and articulate the evolving needs of children in today’s schools. On the contrary, pedagogy provides the evidence on which professionals must depend to navigate these clouded seas. Pedagogy is their theoretical underpinning, their foundation for asking questions, and the basis upon which they move forward.





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.

THE SKILLS PROCLAMATION

Tenet 1:

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.

Tenet 2:

Mechanisms for teacher preparation and professional teacher development are aligned, research based, and professionally embedded.

Clinical practice provides intentional pedagogical experiences in authentic educational settings. Thus, it situates high-leverage practices at the core of candidate development while methodically preparing teachers to use these practices within clinical sites (Grossman, Hammerness, & McDonald, 2009). High-leverage practices are defined as “a set of practices that are fundamental to support PK-12 student learning, and that can be taught, learned, and implemented by those entering the profession” (Windschitl, Thompson, Braaten, & Stroupe, 2012). McLeskey and Brownell assert the need for “identifying a set of high-leverage classroom practices that all teachers must learn” (2015, p. 7).

These embedded experiences create an environment for simultaneous and continuous renewal that benefits all stakeholders, thus shifting the paradigm away from the compliance-driven educational culture provoked by misguided legislation and competitive grants. The pedagogical practice and expertise of the education profession is a mechanism for the improvement of both educator preparation

programs and student-focused learning contexts within PK-12 settings. As Goodlad (2004) poignantly conveyed, “school renewal creates an environment—a whole culture—that routinely conducts diagnoses to determine what is going well and what is not” (pp. 156-157). Without embedded clinical practice focusing on intentional pedagogical experiences in authentic educational settings, continuous renewal is unrealistic, and the ability to utilize high-leverage classroom practices is implausible.

VanMaren (1991) discusses the need for teachers to engage in “pedagogical thoughtfulness” or “mindfulness toward children” and to “consider how things are for the child” (p. 11), which provides a holistic view of the teaching and learning process. Skilled practitioners engage in continuous reflection centered on the pedagogical understanding of each child’s needs, making instructional decisions based on successes and challenges encountered in their daily work. To begin nurturing this ability in preservice teachers, clinical educator preparation embraces practice where candidates spend time at school sites learning the methods of

THE SKILLS PROCLAMATION

teaching as they are guided through the praxis of teaching. Deeply embedded pedagogy within clinical practice sites leads to simultaneous and continuous renewal and places pedagogical mindfulness at the cornerstone of practice.

These embedded experiences create an environment for simultaneous and continuous renewal that benefits all stakeholders.

The PDS model focuses on the same type of mindful pedagogical practices within clinical teacher preparation, using observation, coaching, coteaching, dialogue, and reflection on teaching. As with other practices, these research-based components best support teacher preparation and professional development within embedded clinical experiences. Through an active clinical practice process, mentor teachers work shoulder to shoulder with teacher candidates, which results in a deeper understanding of teaching and learning for everyone involved.

Practicing pedagogical mindfulness provides renewed clarity of reflective practice, a building block of effective educator preparation programs. Loughran (2002) describes reflective practice as “a meaningful way of approaching learning about teaching so that a better understanding of teaching, and teaching about teaching, might develop” (p. 33). Educators engage in reflection to understand teaching, learning, students’ needs, and social and contextual variables that affect their craft. Pedagogical mindfulness refines reflective practice with an emphasis on being mindful during the pedagogical moment of teaching, acting (or not) in the moment, and reflecting on the pedagogical action (VanMaren, 1991). It is “in the moment” praxis and reflective practice



THE SKILLS PROCLAMATION

that provide the most meaningful professional teacher development.



Critical reflection provides all stakeholders opportunities to think deeply, make connections, and challenge existing phenomena both in the context of PK-12 classrooms and as related to curriculum and learning. One of six systematic and intentionally designed pedagogical routines is the “reflection on teaching” used in clinical teacher preparation programs to support candidate learning (Yendol-Hoppey & Franco, 2014). Reinforcing reflective practices is a core principle of the clinical partnership mission, in order to codify “a shared commitment to innovative and reflective practice by all participants” (NAPDS, 2008, p. 5). To extend academic learning and allow socio-emotional learning to occur, reflection weaves throughout clinical experiences and centers on the preparation and practice of highly effective educators (Gibson, Hauf, Long, & Sampson, 2011).



A woman with blonde hair, wearing a red blazer and a yellow lanyard, is smiling and pointing at a tablet. A man with dark hair and a beard, wearing a blue denim shirt and a green lanyard, is looking at the tablet with a focused expression. They are standing in front of a chalkboard with some faint diagrams.

THE PARTNERSHIP PROCLAMATION

**Clinical partnerships are
the foundation of highly
effective clinical practice.**

THE PARTNERSHIP PROCLAMATION

Tenet 1:

Clinical partnership, as distinct from clinical practice, is the vehicle by which the vision of renewing teacher preparation through clinical practice becomes operational.

Tenet 2:

Effective clinical partnerships are gateways to developing reflective practice centered on preparing highly effective educators while simultaneously renewing teaching and learning in PK-12 classrooms.

Tenet 3:

Effective clinical partnerships allow for mutually beneficial outcomes for all stakeholder partners alongside a shared focus on improving success outcomes for PK-12 students.

The incorporation of innovative, rigorous partnerships is necessary as settings prepare high-quality teacher candidates to practice in a dynamic landscape.

Teacher preparation implemented within a clinical partnership establishes a firm foundation for highly effective clinical practice. The incorporation of innovative, rigorous partnerships is necessary as settings prepare high-quality teacher candidates to practice in a dynamic landscape. An example of recognition for the significance placed upon clinical partnership is found in the Council for the Accreditation of Educator Preparation (CAEP) standards for

accreditation (2015). CAEP Standard 2.0 calls for higher education providers to ensure that effective partnerships and high-quality clinical practice are central to preparation so that candidates develop the knowledge, skills, and dispositions necessary to demonstrate positive impact on all PK-12 learning. This standard, and the emphasis placed on clinical partnerships by exemplar teacher residency and PDS models, demonstrate a strong expectation for teacher

THE PARTNERSHIP PROCLAMATION

preparation programs to establish rich clinical experiences that weave together theory and application with the goal of preparing profession-ready teachers.

As clinical partnerships develop and mature, they can bring about both bold and mutually beneficial outcomes. This goal is an essential consideration as potential community partners are vetted. PK-12 partners need to possess a mission that aligns with that of the teacher preparation program and includes a commitment to the collective development of rich clinical practices. The schools and university jointly form the partnership that is the driving force for the advancement of clinical teacher preparation and educational renewal.

Clinical partners must be committed to ongoing research efforts in order to inform practice, improve the quality of teacher preparation, and offer evidence of successful outcomes in the ever-changing educational climate. A strong research base supports the benefits of clinical partnerships, although more research is needed. One recent example of helpful research is an empirical study that found PDS experiences encourage greater professional confidence in teacher candidates, result in candidates with more demonstrable teaching skills, and even produce greater PK-12 student achievement (Snow, 2015). Additional claims about PDS experiences that need more attention in the research include improved quality or frequency of formative assessment for candidates and improved quality of college/university courses.





THE INFRASTRUCTURE PROCLAMATION

**Sustainable and shared
infrastructure is required
for successful clinical
partnership.**

THE INFRASTRUCTURE PROCLAMATION

Tenet 1:

Clear governance structures and sustainable funding models are key to establishing and maintaining successful clinical partnerships.

Tenet 2:

Individual teacher preparation programs and school districts have different needs and resources, which must be at the

center of considerations for governance structures and funding models to support the sustainability of the partnership.

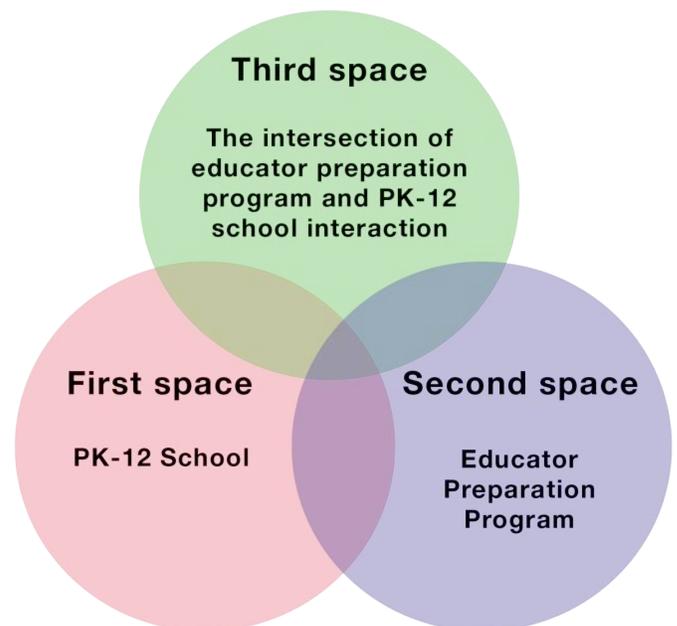
Tenet 3:

School and university partners must negotiate a memorandum of understanding to codify communications, grievance protocols, financial obligations, mutual benefits, and other core agreements.

Successful clinical partnerships possess a sustainable and shared infrastructure. In designing and enacting a partnership, stakeholders must develop a deep understanding of the local contextual variables and consider how those factors might shape a partnership. This exploration might encompass the resources, opportunities, and challenges of the community where the PK-12 schools are located and a consideration of how higher education institutions and schools could best work with the community. The facilitated understanding of these contextual variables leads “a school-university culture committed to the preparation of future educators that embraces their active engagement in the school community” (NAPDS, 2008, p. 4).

The context for university and school interactions is said to occur in a “third space”—that is, at the intersection of practitioner and academic knowledge that resides in a zone not wholly controlled by any one party (Gutierrez, 2008;

Zeichner, 2010). To govern this space, clear structures must provide direction while nurturing equity and inclusivity between institutions of higher education and their partner schools and districts. These clinical partners may be accustomed to navigating multiple governance structures, and reconciliation of any differing expectations facilitates the pursuit of mutually



THE INFRASTRUCTURE PROCLAMATION

beneficial goals and outcomes. Clearly defined roles and responsibilities of both school and university partners set the stage upon which to build future success.



Good clinical practice design begins with the learning needs of the PK-12 students. Identifying the specific needs of the instructional context requires working from the inside out and transforming the way both school-based and university-based educators plan curriculum and instruction. Clinical practice requires a shift beyond discussion of course content and sequence to reconceptualizing curricula. Embedded in clinical practice is the assumption that teacher candidates will learn to teach within a complex and dynamic classroom environment by developing a reflective practice and the dispositions of a professional teacher. These clinical structures point to the importance of focusing not only on how long teacher candidates learn in the field, but also on what happens in the field—and to the importance of

Clearly defined roles and responsibilities of both school and university partners set the stage upon which to build future success.

building professional knowledge, performance, and practice within the PK-12 classroom and school. These discussions are also necessary to identify differing needs of each partner. A shared commitment by all partners to identifying, establishing, and sustaining funding and resources can be realized when a truly collaborative relationship fosters the context necessary to secure this commitment.



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.

THE DEVELOPMENTAL PROCLAMATION

Tenet 1:

A metacognitive teaching progression (explained below) fosters the establishment and growth of clinical partnerships.

Tenet 2:

The process of establishing, maintaining, and growing partnerships is nonlinear and requires diligent commitment by all partners to working through the stages that typify an evolving, mutually beneficial relationship.

Tenet 3:

While successful partnerships share some common stages and actions, each partnership possesses unique characteristics and requirements specific to its local context.

Tenet 4:

Ongoing assessment of an established partnership, including its effectiveness and impact, is necessary to ensure continued efficacy and sustainability.

Clinical partnerships progress through developmental stages that facilitate school-university relationships. In 2015, the CAEP State Alliance Clinical Partnership Design Team worked through the Carnegie Foundation for the Advancement of Teaching's Networked Improvement Community process (Bryk, Gomez, & Grunow, 2010) to examine CAEP Standard 2.1: Partnerships for Clinical Preparation (2015) in order to develop technical resource recommendations and tools to support efforts to advance clinical teacher preparation by improving the scope and context of school-university partnerships. Based on an analysis of field data, members of the design team identified a developmental progression that includes four stages: *networking/exploring*, *establishing*, *refining*, and *extending* (CAEP State Alliance Clinical Partnership Design Team, 2015). These stages may appear to be linear, but in reality, they are recursive and boundary spanning as partnerships evolve.

In the *networking/exploring* and *establishing* stages, all partners work together in a “third space” to identify their needs through frequent, open, and honest communication and develop detailed implementation plans that identify key personnel, develop necessary policies and procedures, and determine how resources will be shared. Once a clinical partnership is established and functioning, the partnership moves into the *refining* and *extending* phases, during which all partners share responsibility for nurturing the partnership and the vocabulary shifts from “I” to “we.” Expectations for clear communication and meaningful collaboration support the collection and analysis of data for the purpose of continuous improvement.

Throughout the stages, every partner develops a deep understanding of the local variables and the role these variables have in shaping the partnership. Ongoing assessment of the partnership's effectiveness and impact is also

THE DEVELOPMENTAL PROCLAMATION

necessary to ensure continued efficacy and sustainability. Even when partnerships are founded on clear governance structures and solid funding and policy support, large-scale contextual changes could occur, making strong communication and collaboration patterns vital to the resilience of the

partnership. Mature partnerships are not afraid of challenges and recognize the importance of celebrating accomplishments. Such partnerships are quick to address conflict and facilitate opportunities for problem solving so that solutions can be cocreated.

Continuum of Clinical Partnership Development and Growth



Clinical partnerships progress through developmental stages that facilitate school-university relationships. These stages may appear to be linear, but in reality, they are **recursive** and **boundary spanning** as partnerships evolve.

Exploring and Networking: As an initial starting point for creating and implementing a clinical practice partnership, stakeholders develop a deep understanding of local contextual variables and consider how those factors might shape a partnership.

Establishing: During this phase, all partners work together in a “third space” to identify their needs through frequent, open, and honest communication and develop detailed implementation plans that identify key personnel, develop necessary policies and procedures, and determine how resources will be shared.

Refining: During this phase, all partners share responsibility for nurturing the partnership. Expectations for clear communication and meaningful collaboration support the collection and analysis of data for the purpose of continuous improvement.

Extending: This phase is characterized by mutuality, interdependence, and reciprocity. All partners share responsibility for growing the partnership, and all partners view themselves as both learners and teachers.

A woman with short blonde hair and glasses is speaking into a microphone. She is wearing a dark blazer over a light-colored patterned top and a pearl necklace. She is pointing with her left hand. The background is a blurred audience in a conference room.

THE EMPOWERMENT PROCLAMATION

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

THE EMPOWERMENT PROCLAMATION

Tenet 1:

The needs and responsibilities of teacher candidates should be factored into curricula and infrastructure development when establishing or growing clinical educator preparation practice and partnerships.

Tenet 2:

The progression of embedded teaching and learning experiences, inherent to clinical practice, is essential to empowering teacher candidates to take active roles during their practicum experience as coteachers in the classroom as well as professionals within the school and larger community. These experiences promote profession- and learner-ready efficacy once candidates matriculate to the classroom.

An embedded teaching and learning practice allows teacher candidates to be active, rather than passive, participants in their own development.

Teacher preparation curriculum necessarily reflects the developmental, conceptual, and experiential needs of the teacher candidates and is shaped by local conditions and opportunities inherent in the clinical education partnership sites—not the other way around. Historically, educator preparation programs have sought clinical placements that conformed to the curricular components of a particular course's practice, with often frustrating consequences. Communication between university-based and school-based teacher educators is limited to hasty exchanges in the hallway; too often, the school-based educator is asked to do most of the accommodating and flexing. A healthy clinical partnership, in contrast, allows all participants to communicate clearly and to plan together regularly to ensure that both the PK-12 learners' and the teacher candidates' needs are met, in addition to those of the teacher educators involved. This approach also allows greater customization of the learning experience for the teacher.

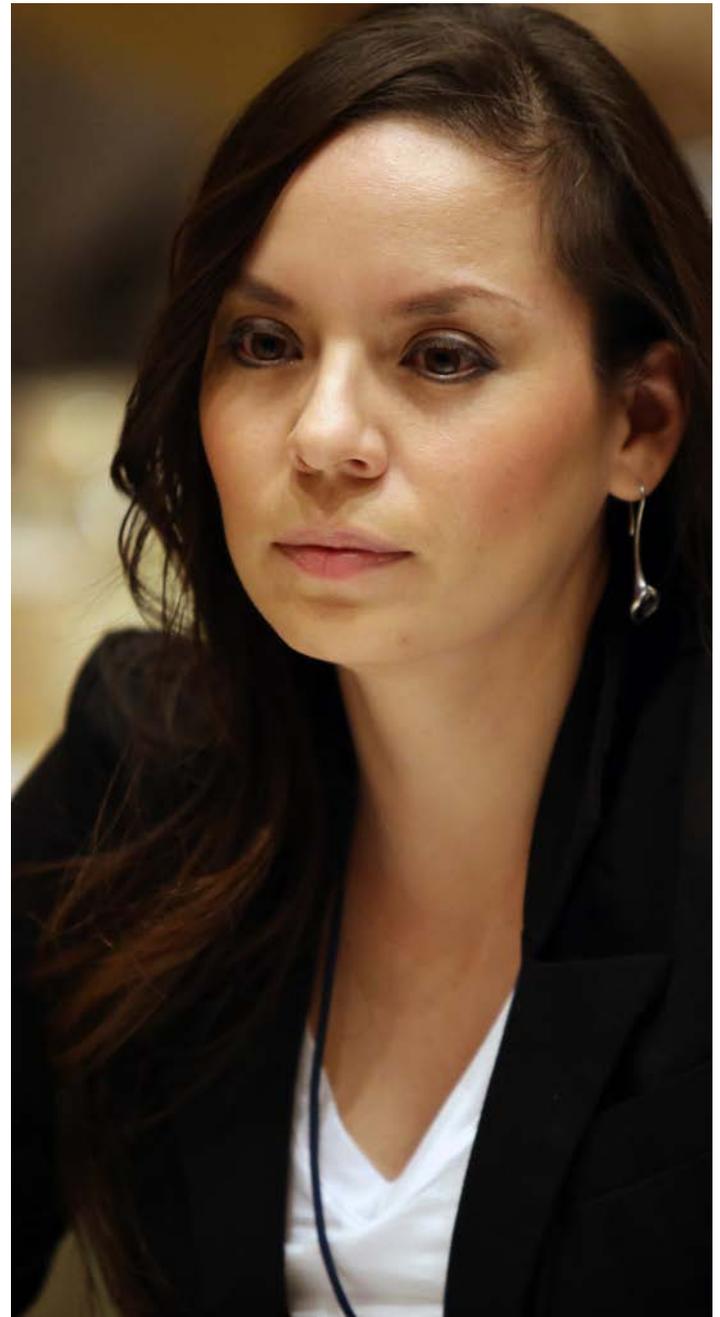
THE EMPOWERMENT PROCLAMATION

An embedded teaching and learning practice allows teacher candidates to be active, rather than passive, participants in their own development and to experience firsthand the collaborative process in action between

This differentiation is only possible when the teacher educators meet with each candidate regularly to assess readiness and next steps within a committed and ongoing partnership grounded in mutual trust and respect.



university- and school-based educators. Not all PK-12 students are at the same developmental level, and neither are teacher candidates. Each is uniquely poised to make specific contributions in the classroom and deserves thoughtful differentiation of the experiences and opportunities offered in each classroom. For example, one candidate might bring rich experiences gained through 4 years of directing a summer program for children with special needs, whereas another candidate might have advanced knowledge of physics through an internship with the National Aeronautics and Space Administration but have little firsthand experience working directly with adolescent learners. Each candidate has much to contribute, but each needs different supports, approaches, and opportunities for deepening their skills.





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.**

THE MUTUAL BENEFIT PROCLAMATION

Tenet 1:

Both school-based and university-based teacher educators must be highly qualified professionals, and in turn their expertise must be openly valued as demonstrated through acknowledgment and support for their roles in preparing future teachers.

Tenet 2:

School- and university-based teacher educators have a joint responsibility to foster teacher candidates' development of the dispositional characteristics necessary to be successful educators.

Tenet 3:

The roles of teacher educators in both schools and universities must be reconceptualized; school-based educators need to reflect on how to effectively model best teaching practice and engage candidates as coteachers in the classroom, and university-based educators must re-envision course work to integrate candidate learning into school-based teaching experiences.

Tenet 4:

The clinical coaching of candidates is a vital and intensive endeavor that requires strategic and coordinated support. The evaluation of teacher candidates is a shared responsibility among all teacher educators, involving regular and purposeful communication and

This work cannot happen if participants view their domains as separate silos.

meaningful, coordinated feedback about candidate progress.

Tenet 5:

Both school- and university-based educators must participate in ongoing professional development about best practices in teacher preparation (e.g., high-leverage teaching practices).

THE MUTUAL BENEFIT PROCLAMATION

Teacher preparation programs must embrace a clinical model in which the shared responsibility for teacher learning and development across the career by university, school, and community stakeholders defines the norm (see AACTE, 2013; NCATE, 2010; Bryk, Gomez, & Grunow, 2010; CAEP, 2015; Grossman, Hammerness, & McDonald, 2009). To realize these mutual aims, university-based and school-based teacher educators need to sit across the table from one another and engage in open, honest, and occasionally difficult conversations. This work cannot happen if participants view their domains as separate silos; rather, universities and schools need to proceed in a true spirit of collaboration (Koppich, Prince, Guthrie, & Schuermann, 2009). High-functioning communication channels are especially critical after the partnership is enacted, as the task of refining and extending clinical partnerships demands the full commitment and active involvement of both teacher preparation programs and PK-12 school districts (Darling-Hammond, 2014).

Successful implementation of a clinical practice model requires a shift in definition of teacher educator roles and the consideration of “third spaces,” where practitioner and academic knowledge integrates in a way that better supports teacher candidates’ growth (Ikpeze, Broikou, Hildenbrand, & Gladstone-Brown, 2012; Williams, 2014; Zeichner, 2010). Such third spaces require teaching professionals to engage in “boundary-spanning, positions in which their work as teacher educators takes place both on university campuses as well as in [PK-12] school classrooms” (Ikpeze et al., 2012, p. 276).

Working in these third spaces flattens the hierarchy among university and PK-12 instructors, who must “have a foot in both worlds,” as the old saying goes. Each must understand the opportunities and demands inherent in both the PK-12 and the university setting. Gone are the days of the university “expert” appearing from time to time at the partner school to impose the curricular need of a teacher education course with little regard for what is happening in the school. A more successful approach includes creating hybrid roles for PK-12 teachers who work in the teacher preparation program.

Clinical practice intentionally connects course work and field work so that teacher candidates can experience, with support, the interplay between the two. This intentional connection encourages higher education faculty to plan course tasks jointly with school-based educators to be completed during the clinical experience. When these professionals plan together, coteaching in both settings is a natural extension of this relationship and serves as a potent model of professional practice for teacher candidates. Teacher candidates and the school- and university-based educators become active partners as they work with one another in applying pedagogical theories and high-impact approaches. The collaboration shapes the work in classrooms to address issues of PK-12 student engagement, teachers’ classroom management skills, teachers’ facilitation of discussions, differentiation of instruction, and authentic assessment of learning as everyone seeks to deepen their understandings and to hone their practice.

THE MUTUAL BENEFIT PROCLAMATION

Both school- and university-based teacher educators should be experienced, properly credentialed professionals who have a mutual respect and appreciation for each other's roles and responsibilities in preparing future educators. Their collaboration should enhance and strengthen the educational opportunities of the PK-12 students as well as of the teacher candidates they serve. Their roles and responsibilities should be distinct yet complementary. **School-based teacher educators** assume coaching and partnership responsibilities in addition to their oversight of PK-12 student learning. Their mentoring of teacher candidates is nonevaluative and includes such practices as focused observations, coaching, coteaching, direct dialogue, inquiry, and reflections on teaching. **University-based teacher educators**, who include clinical supervisors, clinical educators, clinical faculty members, and PDS liaisons, are responsible for evaluation, coaching, methods instruction, and partnership support.

In clinical practice, the activities of the school- and university-based teacher educators are coherently integrated, which requires reconceptualizing what is considered pedagogy within institutions of higher education. As part of teacher candidate preparation, university-based educators take on numerous instructional responsibilities within PK-12 schools. Through formal professional development offerings and informal opportunities in PK-12 classrooms, these faculty provide guidance to teacher candidates in classroom management, assessment, and engaging lesson development

Both school- and university-based teacher educators must be experienced, properly credentialed professionals who have a mutual respect and appreciation for each other's roles and responsibilities in preparing future educators.

throughout their clinical experiences (Henning, Gut, & Beam, 2015). Meanwhile, school-based educators provide insights that raise awareness among university-based educators and teacher candidates regarding the current PK-12 school culture and climate. This awareness results in better coaching and reflection on school-based

THE MUTUAL BENEFIT PROCLAMATION

experiences and how those experiences link to educational theory embedded in the teacher preparation curriculum and course work.

Hollins (2011) identifies a set of “epistemic practices”—focused inquiry, directed observation, and guided practice—that can be used by school- and university-based teacher educators to develop candidates’ professional knowledge. These practices engage teacher candidates, help them recognize the uncertainty associated with teaching and learning, and shape their professional habits and dispositions (Shulman, 2005a, 2005b). Shulman also refers to these practices as the signature pedagogy of teacher preparation, describing the importance of researching these practices:

Although signature pedagogy seems remarkably stable at any one point in time, they are always subject to change, as conditions in the practice of the profession itself and in the institutions that provide professional service or care undergo larger societal change. (2005b, p. 5)

In addition, Grossman et al. (2009) reconceptualized teacher preparation into three pedagogical categories—representations, decomposition, and approximations of practice:

Representations of practice comprise the different ways that practice is represented in professional education and what these various representations make visible to novices. *Decomposition of practice* involves breaking down practice into its constituent

parts for the purposes of teaching and learning. *Approximations of practice* refer to opportunities to engage in practices that are more or less proximal to the practices of a profession. (pp. 2055-2056)

By communicating regularly throughout each semester, the school- and university-based educators who are teaching methods courses can develop course readings and assessments to align more closely with the current classroom curriculum and practice. This intentional planning also provides a vehicle to expand relationships, encourage reflection, and provide increased opportunities to make connections between theory and classroom practice (Stanulis, 1995), while modeling effective pedagogical practice.

Collaboration between school and university communities also presents rich potential for joint professional development, research, and grant opportunities. Partners may uncover opportunities to investigate particular challenges within a school or district and work together to address the identified needs (Shroyer, Yahnke, Bennett, & Dunn, 2007) through teacher action research and joint scholarly inquiry.

A photograph of four diverse professionals standing in front of a vibrant, abstract wall with circular patterns in shades of orange, yellow, and green. From left to right: a woman with long dark hair wearing a black and white striped dress and a gold necklace; a man with dreadlocks and glasses wearing a dark suit jacket, a red and blue checkered shirt, and a blue tie; a woman with voluminous curly blonde hair wearing a pink long-sleeved shirt; and a woman with glasses and a black top with white geometric patterns. A semi-transparent white box is overlaid on the bottom half of the image, containing text.

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.

THE COMMON LANGUAGE PROCLAMATION

Tenet 1:

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 that is inherent and vital to effective clinical practice.

Tenet 2:

The application of a shared lexicon provides a common language through which the

expectations, roles, and responsibilities within clinical partnerships can be consistently articulated and understood.

Tenet 3:

Consistent use of a shared lexicon by all educators presents a unified professional image and enables external stakeholders to better understand the aspirations and real-world practice of the teaching profession within the contexts of policy development, funding, and evaluation.

Adoption of a common lexicon—that is, the vocabulary or language of a common body of knowledge—is imperative to unite and elevate the education profession. In contrast, disparate and locally distinct terminology related to educator preparation makes it difficult to communicate effectively about the profession across varied stakeholder groups and settings. A shared lexicon facilitates stability in the way future educators are prepared, supported, and inducted into the profession by providing a common understanding of terms (Zenkov, Dennis, & Parker, in review).

The profession will struggle to coalesce its voice without a shared lexicon and risks disjointed policy development, funding, and program evaluation that hinder rather than facilitate common goals and a more unified profession. Once all stakeholders can consistently

understand and use the language of the profession, they will better grasp and appreciate the attributes of clinical teacher preparation and clinical practice in which expectations, roles, and responsibilities within clinical partnerships are coherent and embraced by the field.



Note: A baseline lexicon for clinical practice appears on pages 12 and 13.



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.

THE EXPERTISE PROCLAMATION

Tenet 1:

While external stakeholders play a role in the development of policies and regulations that define guidelines, requirements, and processes for educator preparation and licensure, educators themselves must take the lead to guide, shape, and define the parameters and renewal of their profession.

Tenet 2:

School-based and university-based teacher educators share responsibility for preparing and supporting aspiring educators to enter the profession.

Tenet 3:

External stakeholders and policy makers are vital allies in the creation, support, and assurance of conditions and resources for the long-term success of clinical programs and partnerships.

Tenet 4:

As with other professions, support for efficacious models of embedded preparation, including paid residencies and internships, should be provided through dedicated and continuous streams of funding at the state and/or local level.

**Practitioners
are the experts
in the pedagogy
and content that
result in student
learning.**

Tenet 5:

Local-level policies in schools and universities must recognize and support the essential roles that school- and university-based teacher educators play in preparing the next generation of educators through appropriate tenure, promotion, and compensation policies.



THE EXPERTISE PROCLAMATION

Teaching requires professional knowledge and skills that are grounded in theory and practice and developed over time. Practitioners are the experts in the pedagogy and content that result in student learning. Yet the application of teachers' expertise has largely been confined to their own students rather than shared and valued in other arenas.

In the clinical model of teacher preparation, both school-based and university-based teacher educators commit to a level of interaction with teacher candidates that demands they exercise their professional expertise, not viewing themselves as “just teachers” but as leaders to their aspiring colleagues. In addition, these teacher educators need to collaborate well beyond the classroom walls with other educators, administrators, and external stakeholders to provide the resources and embedded learning experiences that will support the development of candidates into professionals.

For all the promise of clinical preparation in preparing effective teachers, its potential is hampered by inconsistent availability of these resources. Financial concerns are a significant barrier for many candidates, who generally spend months in full-time clinical placements without financial compensation, while also paying tuition. When candidates have to fund their own training, especially without any guarantee of employment when they finish, entry to the teaching profession is limited to those who are able and willing to make these financial sacrifices.

The Bank Street College of Education Sustainable Funding Project has sought to address this challenge specifically for the residency model of clinical practice. The project's report *For the Public Good: Quality Preparation for Every Teacher* (DeMoss, 2016) posits that coteaching residencies should be the norm in teacher preparation and deserve support as a public good. It advocates for sustainable funding models that are—

- Nonpolitical, with money streams that will withstand leadership changes
- Public, not reliant on philanthropy or individual funding
- Adequate, providing supports for candidates fully engaged their learning experiences

The Bank Street authors suggest more specific strategies for funding paid residencies in a follow-up report, *Investing in Residencies, Improving Schools: How Principals Can Fund Better Teaching and Learning* (Fallon, 2017).

Aside from funding, other barriers must be addressed by the profession to achieve more robust and sustainable clinical preparation programs. The ongoing national rhetoric that devalues teaching as a profession must not be perpetuated by institutions of higher education, yet clinical faculty and other university-based teacher educators are often marginalized by institutional policies that fail to honor their professional assignments and contributions. Professionalizing the field of teaching requires commitment from all constituents. By taking

THE EXPERTISE PROCLAMATION

steps to change their campus culture, recognizing the policy contexts necessary to advance efficacious clinical practice, and supporting teacher preparation as a unit for professional career preparation, higher education leaders can also begin to change the national rhetoric.

Tenure and promotion is an important aspect of a career in academia, recognizing and rewarding faculty and staff for their contributions to their field, students, and institutions. Yet the important work of clinical faculty and staff is inadequately recognized in many tenure and promotion policies, making clinical work appear unattractive or not as valued as traditional academic activities. Institutions of higher education need to recognize that faculty and staff involved in clinical preparation play an extremely important role in the development of teacher candidates, adjusting tenure and promotion policies accordingly to provide career incentives for clinical work.

The difference between tenure and nontenure track (or similar designations) can be shockingly disparate. Job security, retirement benefits, health insurance, and other important factors are often on the line, and clinical faculty should not be relegated to a lesser class than other scholars in their institutions. Not only does this practice jeopardize the recruitment of high-quality clinical faculty, it also conflicts with the professionalization agenda in education by devaluing those who work in training the field—which only exacerbates the negative rhetoric about teaching. Instead, tenure and promotion

policies should recognize that the work of clinical faculty requires time and attention in areas that are not aligned with current categorical definitions. Institutions might make changes such as these:

- Consider work to establish clinical partnerships and conduct related evaluations and assessment as an academic equal to empirical research.
- Revise research and publication requirements to reflect the importance of planning and instruction in clinical practice settings.
- Offer course load reductions for clinical activities similar to grant releases.
- Count work as clinical faculty toward service requirements (if necessary).

In addition, clinical partners must work to establish a sufficient compensation program for school-based teacher educators. Stipends of a few hundred dollars do not accurately reflect the importance of the job they are doing and their specialized expertise.

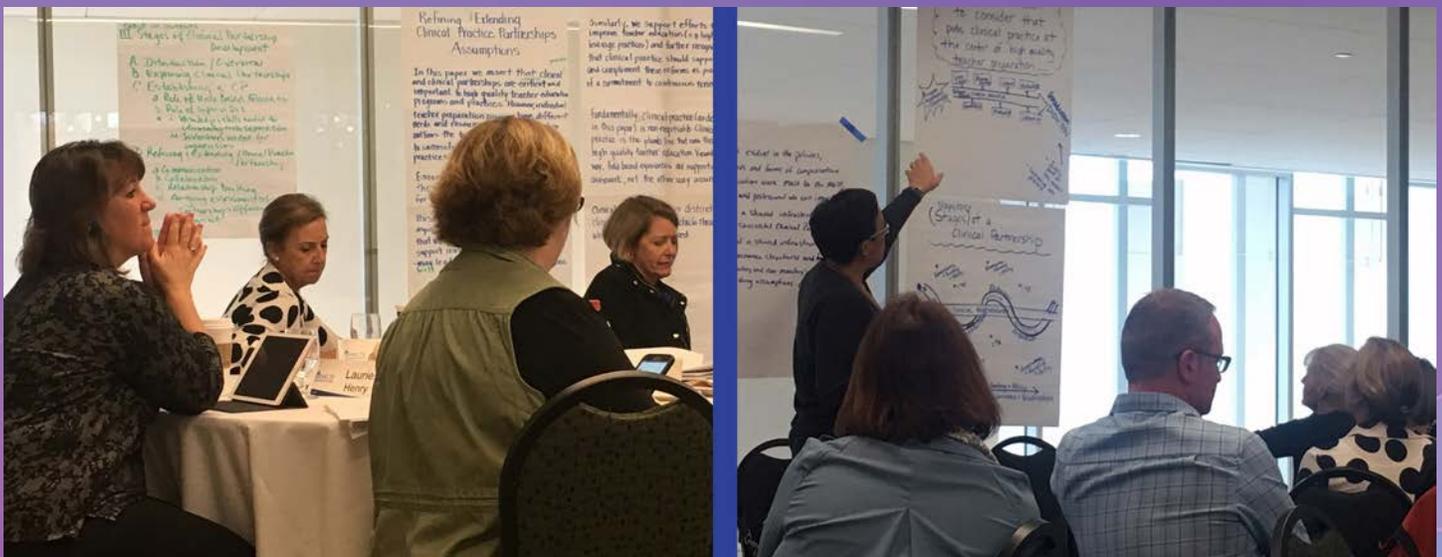
CONCLUSION

Clinical practice is central to high-quality teacher preparation, and effective clinical partnerships are its foundation, supporting the continuous renewal of educator preparation as well as of experienced educators' development as professionals and leaders. The benefits of clinical practice accrue to all involved, from PK-12 students to the university- and school-based teacher educators as well as the aspiring and novice educators for whom they serve as mentors, models, and guides. To fully realize these benefits, educators must take the lead in advancing and sustaining high-quality clinical practice, thus executing a critical pivot toward renewal of educator preparation and PK-24 student success.

The proclamations and tenets outlined in this paper are intended to strengthen, propel, and establish clinical practice as the means by which future educators are prepared and professional educators are empowered to meet the needs of all learners. Clinical practice has proven itself as an assured pathway to the preparation of effective educators as well as a structure through which the continuum of a unified profession is

nurtured and refined. The mutually beneficial partnerships that undergird effective clinical practice advance the profession and assure that pedagogy and effective practices are learned, refined, and mastered by aspiring educators under the guidance of skilled experts.

Professional educators are uniquely qualified and obligated to take the lead in operationalizing clinical practice. By codifying the proclamations and tenets in this paper and defining a common lexicon, the AACTE Clinical Practice Commission aims to inspire the profession to take action to advance clinical practice as the norm in educator preparation. Working together, educators can engage in renewal processes that address the unique characteristics of local contexts while simultaneously committing to clinical practice as the common pathway to achieving a unified, expert, and empowered profession that is highly regarded and is poised for the next generation of learners.



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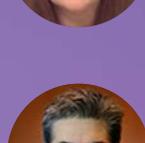
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