A Pivot Toward Clinical Practice, Its Lexicon, and Renewing the Profession of Teaching
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 report. Over the past 2 years, the commission has developed a white paper that draws on foundational research from the field to define essential proclamations and tenets for effective clinical preparation. Grounded in these assertions, the paper presents recommendations in three key areas: (1) the components of a high-quality clinical preparation model, (2) a common lexicon to support consistent discourse about clinical practice, and (3) pathways through which to operationalize clinical practice.

To accompany the white paper, the CPC has produced multiple supporting documents 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 CPC aims to issue the full white paper in mid-2017, followed by the release of the supporting documents later in the year. The commission then plans to use the white paper as a foundation for ongoing work to promote the growth and operationalization of high-quality clinical educator preparation across the nation and the globe.

The following pages highlight the “Guiding Proclamation” and “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.

“...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 coursework 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 Blue Ribbon Panel on Clinical Preparation and Partnerships, 2010)
<table>
<thead>
<tr>
<th>Proclamation</th>
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<tr>
<td><strong>The Plumb Line Proclamation</strong></td>
<td>Clinical practice is the plumb line that anchors high-quality teacher preparation, building upon a strong foundation of pedagogy. Clinical practice is intrinsically linked to pedagogy and forms the plumb line that delineates high-quality educator preparation. The actual process of learning to teach requires sustained and ongoing opportunities to engage in authentic performance. Therefore, creating the conditions for clinically based educator preparation means creating systems that allow teacher candidates to develop over time through the coaching of accomplished practitioners.</td>
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<td><strong>The Pedagogy Proclamation</strong></td>
<td>As pedagogy is the science of teaching, the intentional integration of embedded pedagogical coaching 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.</td>
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<td><strong>The Mutual Benefit Proclamation</strong></td>
<td>Boundary-spanning, school-based, and university-based teacher educators play necessary, vital, and synergistic roles in clinical educator preparation. The clinical coaching of candidates is a vital and intensive endeavor that requires strategic and coordinated support. Professional educators need to reconceptualize their roles to effectively model best teaching practice and engage candidates as coteachers. They must also participate in ongoing professional development and have a responsibility to foster dispositional characteristics within teacher candidates that are the hallmark of successful educators.</td>
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<td><strong>The Skills Proclamation</strong></td>
<td>Clinical practice includes, supports, and complements efforts to improve teacher education as part of a commitment to continuous renewal. Mechanisms for teacher preparation and professional teacher development need to be aligned, research-based, and clinically embedded. Preparation programs must include the presence of high-level practices, and teacher educators cannot be beholden to existing assumptions about educator preparation or bounded by traditional practice.</td>
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<td><strong>The Partnership Proclamation</strong></td>
<td>Clinical partnerships are the foundation of highly effective clinical practice. Clinical partnership is the vehicle through which the renewal of teacher preparation is realized. 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.</td>
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<td><strong>The Developmental Proclamation</strong></td>
<td>Clinical partnerships are facilitated and supported through an understanding of the continuum of development and growth that typifies successful, mutually beneficial collaborations. The process of establishing, maintaining, and growing partnerships is nonlinear and requires diligent commitment by all partners. There are common stages and actions identified with successful partnerships, as well as unique characteristics specific to local contexts. Ongoing assessment of partnership is necessary to ensure continued efficacy and sustainability.</td>
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<td><strong>The Infrastructure Proclamation</strong></td>
<td>A sustainable and shared infrastructure is required for a 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.</td>
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<td><strong>The Empowerment Proclamation</strong></td>
<td>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 curricula and infrastructure 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 clinical experiences, as well as to be learner-ready once they matriculate into their own classrooms.</td>
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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 educator preparation practice and partnership across local contexts and varying levels of stakeholder engagement.

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 PK-24 responsibility for preparing future educators. A shared lexicon establishes a more unified profession and enables external stakeholders to more consistently understand the aspirations and real-world practice of the teaching profession.

THE POLICY AND PRACTICE EXPERTISE PROCLAMATION
Teaching is a profession requiring specialized knowledge and preparation. PK-24 educators, as experts within the profession, must drive and inform the process and visions for renewing educator preparation. All stakeholders committed to improving educator preparation must be willing to invest in advancing and sustaining high-quality clinical practice as a center point for renewal.

Educators must be highly qualified professionals, openly valued for their expertise. Policies in schools and universities must recognize and support the vital role that educators play in preparing the next generation of teachers. External stakeholders and policy makers are also vital allies. Support for efficacious models must be provided through dedicated funding streams and established policies that advance clinical partnerships.

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LEGEND

Commissioner
Institution/Organization
Clinical Education/Practice Affiliation/Role

ATE—Association of Teacher Educators
NAPDS—National Association of Professional Development Schools
CAEP—Council for the Accreditation of Educator Preparation
NBPTS—National Board for Professional Teaching Standards
HBCU—Historically Black Colleges and Universities
NNER—National Network for Educational Renewal