CAEP State Alliance Clinical Partnership Design Team

Findings and Outcomes: Framework for the development of clinical partnership practice

Thursday, March 24, 2016, 3:00 p.m. - 4:00 p.m.

2016 Spring CAEP Conference
Sapphire IJ- Level 4
Hilton San Diego Bay Front, San Diego, California
WELCOME AND OVERVIEW OF THE SESSION

Amanda Lester, AACTE Facilitator Consultant
## Overview of Session

### Welcome to our Session

<table>
<thead>
<tr>
<th>Introduction and Background: The State Alliance Clinical Practice Design Team</th>
<th>Amanda Lester, AACTE Facilitator Consultant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Partnership A General Overview</td>
<td>Donna Mahar, SUNY Empire State College</td>
</tr>
<tr>
<td>A Rationale for Developing Mutually Beneficial Clinical Partnerships</td>
<td>Courtney Glazer, PhD, Cameron University</td>
</tr>
<tr>
<td>Identifying the Stages of Clinical Partnership Development</td>
<td>Christy Smith, University at Albany</td>
</tr>
<tr>
<td>The Role of the PK-12 Partner in Clinical Preparation</td>
<td>Lee Hicks, Troy City Schools</td>
</tr>
<tr>
<td>The Stakeholder Tool Kit</td>
<td>Jason Wingate, Troy University</td>
</tr>
<tr>
<td>Q &amp; A with presenters &amp; closing</td>
<td>Vicki Templet, Tulane University</td>
</tr>
<tr>
<td>Time Keeper</td>
<td>Shirley Lefever-Davis, Wichita State University</td>
</tr>
</tbody>
</table>
## Clinical Partnership Design Team

<table>
<thead>
<tr>
<th>Member</th>
<th>Organization &amp; Alliance State</th>
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<tbody>
<tr>
<td>Susan Benner</td>
<td>University of Tennessee, Knoxville (TN)</td>
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<tr>
<td>Melissa Cardenas</td>
<td>Ohio Board of Regents (OH)</td>
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<td>Jan Carpenter</td>
<td>Marylhurst University (OR)</td>
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<td>Donna Cooner</td>
<td>Colorado State University (CO)</td>
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<td>Janice Ewing</td>
<td>Wichita State University (KS)</td>
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<td>Courtney Glazer</td>
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<td>Lisa Gripppo-Gardner</td>
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<td>Lee Hicks</td>
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<td>Lisa Hyde</td>
<td>Athens State University (AL)</td>
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<tr>
<td>Shirley Lefever-Davis</td>
<td>Wichita State University (KS)</td>
</tr>
</tbody>
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<thead>
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<tbody>
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<td>Amanda Lester</td>
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<td>Donna Mahar</td>
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<td>Lourdes University (OH)</td>
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<tr>
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</tr>
<tr>
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<td>Tulane University (LA)</td>
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<tr>
<td>Jason Wingate</td>
<td>Troy University (AL)</td>
</tr>
</tbody>
</table>
Framework for the Development of Clinical Partnership Practice & Stakeholder Tool Kit

http://bit.ly/1puzGij

alester@aacte.org
INTRODUCTION AND BACKGROUND:
THE STATE ALLIANCE CLINICAL PARTNERSHIP DESIGN TEAM

Amanda Lester, AACTE Facilitator Consultant
What is the CAEP State Alliance?

- The Alliance is composed of thirteen states committed to major transformation of educator preparation policies and practices.

- Established in 2010 to implement recommendations of the report of the Blue Ribbon Panel on Clinical Preparation and Partnerships for Improved Student Learning.

- [http://caepnet.org/working-together/state-partners/state-alliance](http://caepnet.org/working-together/state-partners/state-alliance)
States in the Alliance

CAEP State Alliance for Clinically-Based Teacher Education

Founding States…AND KANSAS!
What is the CAEP State Alliance?

- Members of the Alliance are practitioner volunteers from member states, committed to supporting the advancement of clinical educator practice.

- CAEP State Alliance Clinical Practice Design Teams:
  - Clinical Partnerships (2.1)
  - Clinical Educators (2.2)
  - Clinical Experience (2.3)

- For the last 2.5 years, the Alliance Design Teams have engaged in research and resource development to support the field to grow and scale high quality clinical preparation, and as aligned with Standard 2.0
CAEP Standard 2.0

“The provider ensures that effective partnerships and high-quality clinical practice are central to preparation so that candidates develop the knowledge, skills, and professional dispositions necessary to demonstrate positive impact on all P-12 students’ learning and development.’
In the Fall of 2013, volunteer members from the State Alliance attended an Explorer’s Workshop Training at the Carnegie Foundation for the Advancement of Teaching. Through this process, a plan was developed to address the following problem: “...Weak systems for identifying, implementing, scaling, and sustaining (the three) key components of effective clinical programs...” (Standard 2.0)

In November 2013, additional Alliance State volunteers committed to investigating ways to strengthen the development of clinical partnerships using the same process... (Standard 2.1)
Our Task: Standard 2.1

*Partners* co-construct *mutually beneficial* P-12 school and community arrangements, including technology-based collaborations, for clinical preparation and *share responsibility for continuous improvement* of candidate preparation.

*Partnerships* for clinical preparation can follow a range of forms, participants, and functions. They establish mutually agreeable expectations for candidate entry, preparation, and exit; ensure that theory and practice are linked; maintain coherence across clinical and academic components of preparation; and *share accountability for candidate outcomes*. 
Building a Clinical Innovation Collaborative: The Networked Improvement Science Process

1. Identify ... the problem
2. Generate ... ideas for change
3. Define ... measures
4. Test ... solutions
5. Scale ... what works
6. Share ... knowledge
Our Process as it Advanced: Cycles 1-3

- **Cycle 1:** What makes a partnership mutually beneficial?

- **Cycle 2:** Developing a guidance document to frame and guide the development of clinical partnership practice

- **Cycle 3:** Vetting the document through a “concentric circle” approach - State Alliance Peers and Our Partners
Our Process as it Advanced: Cycles 4-6

• **Cycle 4:** Vetting the document through a “concentric circle” approach - Call for feedback - CAEP Membership & Partners

• **Cycle 5:** Applying feedback to finalize the Framework and Visioning a Stakeholder Toolkit

• **Cycle 6:** Finalizing the Framework and Draft Toolkit & sharing what was learned
CLINICAL PARTNERSHIP: A GENERAL OVERVIEW

Donna Mahar, SUNY Empire State College
Clinical Partnership: A General Overview

• High-quality clinical practice is essential for preparing teacher candidates with the knowledge, skills and dispositions necessary to be effective teachers.

• CAEP Standard 2 is a call for us to re-envision clinically-based teacher preparation.

• Clinical partnerships play an important role in P-20 student learning.
Goal

• To draft a living framework for developing P-20 partnerships in alignment with CAEP Standard 2

• Framework Document Sections
  – Clinical Partnership General Overview
  – Rationale for Developing Mutually-Beneficial Clinical Partnerships
  – Stages of Clinical Partnership Development

• Tool Kits
Clinical Partnership: A General Overview

- Partnership designs may vary greatly but we suggest that there are essential elements that shape and define effective partnerships.

- Guiding Principles
  - Collaborative Development
  - Mutually Beneficial
  - Positive Impact
  - Sustaining and Generative
A RATIONALE FOR DEVELOPING MUTUALLY-BENEFICIAL CLINICAL PARTNERSHIPS

Courtney Glaser, Cameron University
Developing Clinical Partnerships

• Simultaneous Renewal (Goodlad 1994)
  ▪ All partners benefit from partnership
  ▪ Partners can articulate benefits they receive
  ▪ Essential for improvement of P-12 education and teacher education

• Strategic Partnerships (NCATE Blue Ribbon Panel 2010)
  ▪ Partners share responsibility
  ▪ All partners take on role of learner
Mutually-Beneficial Partnerships

• Improvements in P-12 student learning
  ▪ Co-Teaching (Bacharach, Heck & Dahlberg 2010)

• Scaffolding for teacher candidates
  ▪ Opportunity to enact strategies under guidance of mentor (Vygotsky 1978)

• Increased use of effective strategies & reflection for mentor teachers
  ▪ Professional Development Schools (Clark 1999)
Mutually-Beneficial Partnerships

• Reduced attrition rates for the profession
  ▪ Strong teacher prep program vs. alternative path (Darling-Hammond 2010)

• Continuous Improvement for EPP’s
  ▪ Capacity to study partnership effects
  ▪ Provide technical support to ensure maximum effectiveness
Rationale

• Developing Clinical Partnerships
  ▪ Simultaneous Renewal (Goodlad 1994)
  ▪ Strategic Partnerships (NCATE Blue Ribbon Panel 2010)

• Mutually-Beneficial Partnerships
  ▪ Improvements in P-12 student learning (Bacharach, Heck & Dahlberg 2010)
  ▪ Scaffolding for teacher candidates (Vygotsky 1978)
  ▪ Increased us of effective strategies & reflection for mentor teachers (Clark 1999)
  ▪ Reduced attrition rates for the profession (Darling-Hammond 2010)
  ▪ Continuous Improvement for EPP’s
IDENTIFYING THE STAGES OF CLINICAL PARTNERSHIP DEVELOPMENT

Christy Smith, University at Albany, SUNY
Clinical Partnership Development

Stages of School-EPP Partnership Development

- Networking / Exploring
- Establishing
- Maintaining / Growing
- Refining / Extending

Lifecycle of School-EPP Partnerships
Networking/Exploring

Characterized by research into potential partners to determine which align best in terms of benefits and missions.
Establishing

Characterized by close communication among partners. During this stage, implementation plans are detailed including the identification of key personnel, sharing of resources, and determining of necessary policies and procedures.
Maintaining/Growing

Characterized by regular monitoring of the partnership by partners and the advisory board. Attention is paid to the well-being of **ALL** participants.
Refining/Extending

Characterized by summative evaluation focused on P-12 student learning, candidate learning, and the strength of the partnership. Areas for improvement are identified.
Minor and Major Challenges

- Reaching a consensus regarding common goals/mission
- Funding sources
- Maintaining consistency across sites
- Resistance
- Forming a mutually-beneficial and collaborative professional environment
- Legitimization and assessment of clinical faculty within the EPP faculty/tenure system
- Agreeing on success measurements of partnership, students, interns, etc.
- Assuring and measuring P-12 student success
- Consistent use of vocabulary
Clinical Partnership Terminology Thesaurus

- Affiliated Schools
- Candidate
- Clinical Experience
- Clinical Practice
- Education Preparation Provider (EPP)
- Institution of Higher Education Educator
- Mentor Teacher
- P-12 Students
- School Community Members
THE ROLE OF THE PK-12 PARTNER IN CLINICAL PREPARATION

Lee Hicks, Troy City Schools
The Role of the PK-12 Partner

• Bring a PK-12 perspective to the group

- Shared the importance of establishing **personal** contact and relationships with local or surrounding PK-12 School Administration
  - Gather information on PK-12 system teacher needs, expectations
  - Open dialogue to gain an understanding of strengths and weaknesses of all stakeholders

- Discussed rules and regulations that govern decisions of PK-12 schools systems
The Role of the PK-12 Partner

- PK-12 school systems desire partnerships with post-secondary institutions
  - Selecting top teaching candidates
  - Improve curriculum
  - Expand programs
  - Create learning networks
Examples

• Current examples of Troy City Schools partnerships with Troy University:
  
  ▪ Pre-K and Kindergarten adaptive physical education instruction with Troy University education students
  
  ▪ Open observations and interaction with PK-12 teachers and students (daily)
  
  ▪ Troy University Courses taught at Charles Henderson High School by Troy University professors.
THE STAKEHOLDER TOOK KIT

Jason Wingate, Troy University
Stakeholder Toolkit: Audience

- Educator Preparation Programs (EPP’s)
- P-12 Teachers / Candidate Mentors
- P-12 Administrators (Community & Parents)
- Policymakers / Legislators
Stakeholder Toolkit: Guiding Questions

1. What does this stakeholder’s audience need to know?
2. Why should clinical practice be supported?
3. What challenges does this stakeholder group face when seeking to engage a clinical partnership?
Stakeholder Toolkit: Educator Preparation Programs (EPP’s)

1. **Flexibility of models including fluidity of the partnership’s needs** (identified by the cycle of continuous improvement: implement- evaluation-modify)
   -- Case studies/testimonials
   -- There’s strategic planning involved (steps/how to)
   -- Win-win

2. Embeds standards of high quality EPPs (accreditation, current research)

3. Develops the highest quality teacher candidates which will result in higher P-12 student achievement

4. Resources, Time, Data collection, Monitoring of implementation, Buy-in from EPP faculty, Scheduling of teacher candidates, Tenure/promotion policies
Stakeholder Toolkit: P-12 Teacher/Candidate Mentors

1. **Integration of Candidates into the P-12 setting** - Example:
   - **Initial**: 1 to 1 tutoring
   - **Final**: Additional support, unit lessons, co-teaching
   - **Mid**: Small group Single Lesson

2. Increases student/candidate engagement

3. Garners additional highly qualified classroom support

4. Promotes collaboration and learning/application of newest practice

5. Professional development, Understanding of what clinical practice is, Adjusting to a paradigm shift,

**Misconceptions**: mentor/candidates/EPP, Serving as a mentor to candidates in clinical practice context, State testing, Time/scheduling, Territoriality
1. **Partnership can strengthen existing staff/faculty’s skills; Benefit to schools, students, teachers**

2. Cost of clinical partnership: time/materials/personnel; supports from EPP

3. How to inform parents of partnership and benefits to their student (ie. additional support for students and added resources for learning)

4. Improves student education (candidate and P-12)

5. Improves specific problem/issue areas faced by the school

6. Advances shared training of candidates (teachers with active role in training future colleagues)

7. Potential new hires (pre-service teachers) prepared to work in the school community

8. **Provides testimonials of benefits**
Stakeholder Tool Kit: P-12 Administrators (Community & Parents)

8. Selling to Board of Education
9. Time for planning/co-building of program/creating related materials (initial time investment is considerable but may decrease as the partnership progresses)
10. Awareness of action steps needed for problem/struggling students
11. Finding an EPP that matches needs and mission of school/district
12. Issues resulting from mismatch between candidates and mentors
13. Faculty and teacher buy-in
14. Avoid under-qualified teacher mentors
1. Potential of increased student achievement and teacher efficacy as a result of this model of preparation
2. Innovative aspects of clinical partnership and preparation
3. Win-win for students, teachers, parents, community
4. Develops stronger teachers
5. Increases student test scores
6. Supports mutually beneficial outcomes for their constituents
7. Models “access” to educational opportunities and diversity
8. Money/advocating for resources
9. Engages constituent education professionals to inform the political process
10. Provides clarity on the narrative and benefits of clinical preparation
Questions?

Moderated by
Vicki Templet, Tulane University
THANK YOU!

For questions about the presentation and Design Team products contact:

Amanda Lester: alester@aacte.org