**CAEP STANDARD 2: Clinical Partnerships and Practices**

**Gaps Analysis**

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**Committee Members:** Kay Broadwater (sabbatical), Lynn Brown (Chair), Hannah Cawley, Heather Crowe, Montana McCormick , Vicki McQuitty, Alicia Mueller, Betsy Neville, Judy Reber, Karen Pottash

**CAEP STANDARD 2: Clinical Partnerships and Practices**

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.

**I. Process:**

* The Standard 2 committee met 5 times from January – May to prepare the Gaps Analysis. The committee determined that a survey of EPP program representatives was needed to gather relevant data. The committee chair attended CAEPCON in San Diego and brought information back to the committee. The committee designed and disseminated the survey.
* Representatives of 13/15 EPP programs completed the committee-designed survey of CAEP Standard 2 key indicators. Respondents indicated:
  + **No** = **Your program does not do this at this time**
  + **Yes = Your program does this but you do not collect/have documentation at this time**
  + **Yes = Your program does this and you do collect/have documentation (please describe)**
* CPP conducted focus groups about CAEP Standard 2 indicators with Liaisons and Supervisors (March 9, 2016) and P-12 faculty reps (April 20, 2016)
* Additional CPP data was reviewed including MOU’s with 11 districts; diversity breakdowns by PDS
* PDS Council Recommendations based on review of EPP data sets were also available to the committee

**II. Findings based on a preponderance of the available data:**

**Component 2.1 Partnerships**

**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.

**Meets the standard - program does this and collects/has documentation**

* Partnership is collaboratively planned and implemented by University and site partners.
* University-based and site-based educators provide descriptive feedback to candidates**.**

**Gaps - Does not meet standard - program does not do this at this time**

* University-based faculty input is valued and considered during site-based curriculum development / revisions. Question for CAEP – is this N/A? or realistic at district or school level? This requires a high level of mutual collaboration to impact district curriculum across multiple LEA’s and multiple IHEs / EPPs.

**Partially meets standard - program does this but does not collect/have consistent documentation at this time**

* Observation instruments are collaboratively developed by University and site partners.
* Criteria for candidate expectations during clinical experiences are collaboratively developed.
* Candidates observe and implement at their sites effective teaching strategies linked to TU coursework.
* Site-based partners' input is valued and considered during TU curriculum development/revision.

**Component 2.2 Clinical Educators**

**Partners co-select, prepare, evaluate, support, and retain high-quality clinical educators**, both provider- and school-based, who demonstrate a positive impact on candidates’ development and P-12 student learning and development. In collaboration with their partners, providers use **multiple indicators** and appropriate technology-based applications to establish, maintain, and refine criteria for selection, professional development, performance evaluation, continuous improvement, and retention of clinical educators in all clinical placement settings.

**Meets the standard - program does this and collects/has documentation**

* No indicators in this category

**Gaps - Does not meet standard - program does not do this at this time**

* Criteria / characteristics for selection of clinical educators (EPP or LEA) are collaboratively developed by University and site partners
* Orientation materials for all clinical educators are available online. Yes for most handbooks no for mentor training modules.
* Clinical Educators evaluate each other Question for CAEP – Is there data to support the value of this indicator? The concern is re: IHE assuming a role in high stakes teacher evaluation process.
* Clinical educator partners share the results of these evaluations
* Data collected are used as appropriate in the counseling out of clinical educators
* Data collected are used by University-based and site-based clinical educators to modify selection criteria for clinical educators.

**Partially meets standard - program does this but does not collect/have consistent documentation at this time**

* Clinical educators (EPP and LEA) are collaboratively selected.
* Clinical educators (EPP and LEA) are oriented face-to-face and/or via technology.
* Data collected are used by University-based and site-based clinical educators to determine future assignments of candidates.
* Data collected are used by University-based and site-based clinical educators to make changes in clinical experiences. (Clinical judgments – how to document)
* Clinical educators receive coaching.

**Component 2.3 Clinical Experiences**

The provider works with partners to design clinical experiences of **sufficient depth, breadth, diversity, coherence, and duration to ensure that candidates demonstrate their developing effectiveness and positive impact on all students’ learning and development.** Clinical experiences, including technology-enhanced learning opportunities, are structured to have **multiple performance-based assessments** at key points within the program to demonstrate candidates’ development of the knowledge, skills, and professional dispositions, as delineated in Standard 1, that are associated with a positive impact of the learning and development of all P-12 students.

**Meets the standard - program does this and collects/has documentation**

* Budgets /Expenditures list available for IHE (exists for LEA’s – we do not have available to EPP at this time.)
* Program provides description of clinical experience goals.
* Program provides description of clinical experience operational design.
* Clinical experiences are being implemented as designed.
* Program monitors candidate progression and counseling / advising actions.
* Candidates evaluate site-based clinical educators.
* Candidates evaluate University-based clinical educators.

**Gaps - Does not meet standard - program does not do this at this time**

* No indicators in this category

**Partially meets standard - program does this but does not collect/have consistent documentation at this time**

* Program maintains scope and sequence matrix that charts depth, breadth and diversity of clinical experiences. (Addressed in SPAs)
* Clinical experiences incorporate the application of technology to enhance instruction and P-12 learning for all students.
* Clinical experiences are deliberate, purposeful, sequential, and assessed using performance based protocols.
* Candidates assess impact of instruction on student learning by using 2 comparison points in more than one clinical setting.
* Candidates assess impact of instruction using data to guide instruction on student learning in more than one clinical setting.
* Candidates assess impact of instruction on student learning by modifying instruction based on data in more than one clinical setting.
* Candidates assess impact of instruction by differentiating instruction on student learning in more than one clinical setting.

**III. Recommendations:**

**Evidence**:

1. Begin systematic documentation of collaborative efforts across EPP – Summer Strategic Planning is optimal place to start. Before and after revisions to syllabi, assessments, assignments, etc. with minutes to document decisions and participants.
2. Provide guidance to EPP program leads on setting up spreadsheets to capture data from signature assessments, etc.
3. Begin intentional, systematic documentation of collaborative sessions which include LEA and IHE partners in addition to PDS strategic planning.
4. Identify means of accountability for / documentation of clinical judgment or professional judgment. Important decisions may be made based on multiple sources such as observation, discussion, problem solving, discernment, and critical thinking. Maintain notes/logs to capture this process.
5. Recommended types of artifacts for programs to consider:
   1. Internship handbooks - specific sections
   2. Agendas/minutes of meetings - may show documentation of collaborative involvement, partnership implementation, etc.
   3. Strategic planning documents
   4. Syllabi (before and after revisions)
   5. Signature Assessments / Data from Signature Assessments
   6. Course assignments/ Data from course assignments
   7. Formative observations and summative evaluations of intern performance
   8. Demographic data charts
   9. Advising records
6. Participate in USC Mentor Qualities Survey to contribute to and ultimately gather national input re: mentor characteristics.
7. Develop TU Mentor training modules with customized components for individual programs. Post these online and develop hybrid methods for delivery.
8. Appoint and charge an EPP working group to revise and align the Program Evaluations, Employer Surveys and Alumni Surveys – with the goal of piloting the new survey in late November 2016.

**Questions for CAEP / Concerns**

1. Indicator: University-based faculty input is valued and considered during

site-based curriculum development / revisions. Question for CAEP – is this N/A? or realistic at district or school level? This requires a high level of mutual collaboration to impact district curriculum across multiple LEA’s and multiple IHEs / EPPs.

1. Indicator: Clinical Educators evaluate each other. Question for CAEP – Is there data to support the value of this indicator? The concern is re: IHE assuming a role in high stakes teacher evaluation process.
2. Define depth, breadth, coherence and diversity of field experiences
3. Define diversity of experience – at program level and/or intern level?
4. Speech/Language and Audiology SPA does not require intern observation

by IHE personnel. Does CAEP requirement apply?

1. Is N/A an option for some programs on some items?
2. If a program is SPA approved does that imply or is that aligned with CAEP approval?

**Focus Group Feedback:** Feedback from PDS Liaisons and Supervisors - March 9, 2016

* What are the most powerful/essential/non-negotiable indicators to support each component? The following indicators emerged:
  + Building relationships at the school/University level, as well as at the district level
  + Clear and consistent methods / lines of communication between mentor, supervisor and intern, and administration
* Recommendation going forward that we work to assess the existence of these relationships, lines of communication and their impact on the quality of the partnership.
* **As these were recommended as powerful and essential by our own PDS Faculty but do not appear in the CAEP indicators in isolation, we have an opportunity to incorporate these in our re-visioning of our programs.**